



REPORT (FINAL)

Public Opinion Survey of Equality in Northern Ireland

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Executive Summary

This report presents the findings of a large-scale survey of public opinion on equality issues in Northern Ireland. The survey focused on a number of specific themes including: awareness and understanding and level of engagement with equality; bullying and stereotyping within education settings and access to educational support; unfair treatment in different settings; access to services; personal perception of safety; and, access and participation in public life.

The survey is based on a representative sample of 1023 adults, with respondents interviewed in their own home on a face-to-face basis using Computer Assisted Personal Interviewing (CAPI). Fieldwork was undertaken between 8 February and 3 March 2023. Survey fieldwork was conducted by Social Market Research (SMR) and in accordance with ISO20252.

Key Findings

Awareness, understanding and level of engagement with equality

- 39% agreed with the statement: *‘The term “equality” is meaningless to me in everyday life; it is not something I think about’* (neither agreed nor disagreed, 27%: disagreed, 31%: undecided, 4%).
- 79% agreed that equality and anti-discrimination laws in Northern Ireland are necessary (neither agreed nor disagreed: 11% disagreed: 5%: undecided, 6%).
- 76% agreed that public and shared spaces in Northern Ireland (e.g. leisure centres, parks, libraries and shopping centres) are open to all persons regardless of their personal characteristics (neither agreed nor disagreed, 16%: disagreed, 3%: undecided, 5%).
- 62% agreed that in general workplaces in Northern Ireland are welcoming and inclusive (neither agreed nor disagreed, 19%: disagreed, 9%: undecided, 10%).
- 59% agreed that workers are generally treated with dignity and respect (neither agreed nor disagreed, 19%: disagreed, 13%: undecided, 9%).

Prevalence of bullying or stereotyping in education settings

Among respondents

- 11% of respondents said they had experienced bullying or stereotyping in an education setting.
- Significantly higher levels of bullying or stereotyping were reported by respondents with particular characteristics including: those aged 16-24 (17%); those with a disability (21%); those describing their religion as other / none 12%; those who are LGBTQI+ (40%); those who are single (17%); and respondents describing their ethnicity as non-white British or Irish (24%).
- The most common grounds on which respondents believe they were subjected to bullying or stereotyping included: community background / religion (33%); political opinion (16%); and, gender (10%).
- Among those who said they had experienced bullying or stereotyping in an education

setting, 63% said they had experienced bullying or stereotyping in a post primary school, 34% in a primary school and 16% on the way to or from an education setting.

Other family members

- 11% reported that other family members had experienced bullying or stereotyping in an education setting (partner, 2%: a child, 6%: close family member of their extended family, 5%).
- The most common grounds on which other family members were subjected to bullying or stereotyping in an education setting included: community background / religion (21%); disability (17%); sexual orientation (10%); and gender (10%).
- Among those with a family member who had experienced bullying or stereotyping in an education setting, 59% said this happened in a post primary school, 37% in a primary school and 10% on the way to and from an education setting.

Equality of opportunity in education in terms of educational support

- 53% agreed with the statement: *'In general, everyone in Northern Ireland has access to the educational support they need to achieve their full potential'* (18% neither agreed nor disagreed: 11% disagreed: 18% were undecided).

Respondents

- 3% said that they personally needed additional support to access equality of opportunity in education.
- Among those needing additional support to access equality of opportunity in education, 70% said they needed this in primary school, 61% at post-primary school and 15% at College.
- Among those needing additional support to access equality of opportunity in education, most (76%) had accessed this support.

Other family members

- 7% said that a close family member had needed additional support to access equality of opportunity in education (partner, 0.3%: children, 4%: a close relative or family member of their extended family, 4%).
- Among those with a close family member that needed additional support to access equality of opportunity in education, 73% needed this in primary school, 53% at post-primary school and 7% at university.
- Among those with a close family member that needed additional support to access equality of opportunity in education, most (71%) close family members had accessed this support.

Prevalence of not being treated with dignity and respect because of personal characteristics

Among respondents

- 7% of respondents said that in the last 12 months they had experienced a situation where

they were not treated with dignity and respect in their workplace (4%), or the area where they live (2%) or when receiving health and social services (2%).

- Those with a disability (16%), those who describe their ethnicity as non-white British or Irish (16%), and those describing their religion as other /none (25%) were more likely to have experienced a situation where they were not treated with dignity and respect in their workplace, the area where they live or when receiving health and social care services.
- Community background (25%) was the most common reason for not being treated with dignity and respect in workplaces (in the area they live, race and disability were most common, 24%: when receiving health and social services, age was the most common factor, 40%).
- 12% had witnessed a situation in the last 12 months where others were not treated with dignity and respect in their workplace (6%), the area where they live (5%) or when receiving health and social services (2%).
- Race (29%) was the most common reason why others were not being treated with dignity and respect in their workplace (in the area they live, race was most common, 43%: when receiving health and social care services, age and disability were most common, 35%).

Access to broadband and online services

- 89% said that their household has reliable access to broadband.
- 90% said that their household has access to the appropriate technology (laptop, tablet or mobile phone) to access services for them and their family.
- Higher levels of confidence were recorded when accessing online shopping (79%), online banking (75%) and paying bills online (71%).
- Respondents were less confident when applying for benefits online (44%) and applying for jobs online (50%).

Access to health and social care services

- Respondents were most likely to find it difficult to access a GP or nurse at their doctors practice **during normal working hours i.e. 9am to 5pm** (45%) (A&E services, 31%: referrals to consultants, 27%: referrals to social care teams, 17%: referrals to mental health teams, 16%: pharmacy services, 1%).
- Respondents were most likely to find it difficult to access a GP or nurse at their doctors practice **outside of normal working hours i.e. before 9am and after 5pm** (26%) (A&E services, 21%: referrals to consultants, 15%: referrals to social care teams, 11%: referrals to mental health teams, 9%: pharmacy services, 7%).

Access to public transport

- 63% agreed with the statement: *'In general, I have access to public transport'*, (22% neither agreed nor disagreed: 11% disagreed: 5% were undecided).
- 31% agreed with the statement: *'I am reliant on public transport'*, (14% neither agreed nor

disagreed: 53% disagreed: 1% were undecided).

- 60% are satisfied with the frequency of public transport to access retail services (financial services, 56%: education settings, 54%: community facilities, 54%: health and care services, 52%).

Personal perception of safety

- 90% feel safe in their local area during the day (1% feel unsafe: 8% neither safe nor unsafe).
- Those less likely to feel safe in their local area during the day included: those with a disability (81%); LGBTQI+ respondents (84%); those who are Widowed (81%) and those describing their ethnicity as non-white British or Irish (76%).
- 71% feel safe in their local area after dark (7% feel unsafe: 20% neither safe nor unsafe: 3% undecided).
- Those less likely to feel safe in their local area after dark included: women (66%); those aged 65+ (50%); those with a disability (47%); those describing their religion as other / none (63%); and those who are widowed (40%).

Access and participation in public life

- 19% agreed with the statement: *'I am confident, I have the knowledge and understanding of how to apply for public appointments and other school and community boards'* (22% neither agreed nor disagreed: 48% disagreed: 1% already do this: 10% were undecided).
- 21% agreed with the statement: *'I would consider participating in voluntary or community work'* (20% neither agreed nor disagreed: 36% disagreed: 9% already do this: 14% were undecided).
- 13% agreed with the statement: *'I would consider applying to sit on a public board (such as a school's board of governors or a board for a publicly funded body)'* (17% neither agreed nor disagreed: 58% disagreed: 2% already do this: 10% were undecided).

Conclusions

The evidence from the survey shows that although a majority of the general public believe that equality and anti-discrimination laws in Northern Ireland are necessary, a significant number say that equality is not being something they think about in everyday life.

The survey reveals that a significant minority said that either they, or a family member, have experienced bullying or stereotyping in an education setting, with particular equality groups more likely to report this (e.g. those with a disability, non-white etc.). Bullying or stereotyping was most likely to have occurred in post primary schools for both respondents and other family members.

Just over half of those surveyed believe that everyone in Northern Ireland has access to the educational support they need to achieve their full potential. A significant minority said that either they or a family member needed additional support to access equality of opportunity in education, with most of those in need of additional support, able to access it.

A relatively small number of respondents had experienced in the last 12 months a situation where they were not treated with dignity and respect because of personal characteristics. This was more likely to have occurred in the workplace, and due to factors such as disability and ethnicity. In situations where respondents had witnessed others not being treated with dignity and respect, this commonly occurred in workplaces and in areas where others live, with race identified as the most common factor.

In terms of access to services, an overwhelming majority reported having reliable access to broadband as well as access to appropriate technology to access to online services. With the exceptions of applying for benefits and jobs online, most feel confident in accessing services such as banking, online shopping and paying bills. However, there are particular groups, such as those aged 60+, who are less confident in accessing services online.

Almost half said that it is difficult to access services at their GP practice during normal working hours, with not being able to get through on the phone, the most common problem.

Although a majority said they have access to public transport services, most say they are not reliant on public transport, with just over half satisfied with the frequency of public transport services to allow access to different services.

Most of those surveyed said they feel safe in their local area during the day, but this perception of personal safety drops significantly after dark, with those feeling less safe after dark more likely to be female, aged 60+, have a disability, be Catholic and be separated, widowed or divorced. In contrast, those who are non-white, and LGBTQI+, are less likely to feel safe during the day.

Finally, in relation to access and participation in public life the survey found that only a relatively small minority said they are confident that they have the knowledge and understanding of how to apply for public appointments, with limited interest in voluntary or community work, or applying to sit on a public board.

1. Introduction

In November 2022, the Equality Commission appointed Social Market Research (SMR) to undertake a public opinion survey on equality issues. The survey is based on a representative sample of Northern Ireland adults aged 16+.

1.1 Measuring Public Opinion on Equality Issues

Since its formation in 1999, the Commission has undertaken face-to-face, in home, public awareness surveys on a regular basis (e.g. 2000, 2002, 2006, 2010, 2016 etc.) as part of a process of monitoring changes in public attitudes and perceptions of equality over time. More recently, the Commission has undertaken telephone-based public awareness surveys using the many questions used in the previous face-to-face surveys. Furthermore, new questions developed for the telephone-based surveys have been used and adapted for this survey.

These surveys have proved invaluable in providing the Commission with an understanding of how public awareness and attitudes have changed from a baseline position, and to identify where gaps in awareness and knowledge about equality still exist. The outcomes from these previous surveys have also proved useful in directing the Commission to target resources at areas where public awareness and knowledge need to improve. Having conducted previous public opinion surveys on behalf of the Commission, we are familiar with the challenges and workarounds in conducting a survey of this nature and scale ensuring that it provides a robust evidence base to inform the work of the Commission as well as equality strategy and policy in Northern Ireland.

1.2 Strategic Context and the Value of the Survey

The Equality Commission has adopted an Outcomes Based Accountability (OBA) approach to the development of performance measures within its Corporate Plan. There are also linkages between the Commission's Corporate Plan and the Programme for Government (PfG), with the survey outputs helping to support the further development of equality indicators aligned to the PfG. It is also anticipated that the survey outcomes will contribute directly to measuring progress on equality with the Commission's strategic priorities: employment; education; access and participation; and mainstreaming and championing equality (e.g. under the strategic priority of access and participation, the survey provides an opportunity to measure access and participation in public and political life across Northern Ireland).

1.3 Research Aim

The overall research aim was to provide robust data on the general public's perceptions of and attitudes towards equality. Within this overall aim the survey also sought to generate indicators within the Equality Commission's Monitoring Framework for Measuring Equality in Northern Ireland ahead of the publication of a planned Statements of Equality in Northern Ireland in 2023. Within the overall research aim the survey focused specifically on:

- Public awareness, understanding and level of engagement with equality
- Equality of opportunity in education
- Personal experiences of unwanted and inappropriate behaviour by others
- Access to services
- Perception of personal safety
- Access and participation in public life

1.4 Methodology

The research is based on a nationally representative sample of Northern Ireland adults aged 16+. In total, interviews were conducted with 1023 adults. The survey was administered on an in-home and face-to-face basis using Computer Assisted Personal Interviewing (CAPI). The survey was conducted in accordance with ISO20252 of which Social Market Research is fully accredited.

1.4.1 Sampling

The survey was conducted using quota sampling with tightly controlled quotas applied for sex; age; SEG; religion; and local government district. Table 1.1 presents the sample profile compared with known population parameters. The 95% Confidence Intervals are also presented.

Table 1.1 Socio-Demographic Characteristics of the Northern Ireland Population (aged 16+) (n=1023)

		Sample %	Pop. %	95% CI
Sex	Male	48	49	44.9-51.1
	Female	52	51	48.9-55.1
	Male to female transgender	0.1	-	-0.1-0.3
Age	16-29	22	21	19.5-24.5
	30-49	33	33	30.1-35.9
	50-64	25	25	22.3-27.7
	65+	20	22	17.5-22.5
SEG	ABC1	47	47	43.9-50.1
	C2DE	53	53	49.9-56.1
Community background	Protestant	46	37	42.9-49.1
	Catholic	36	42	33.1-38.9
	Other	1	1	0.4-1.6
	None / religion not stated / refused	17	19	14.7-19.3
Local Authority Area	Antrim and Newtownabbey	8	8	6.3-9.7
	Ards and North Down	9	9	7.2-10.8
	Armagh City, Banbridge and Craigavon	11	11	9.1-12.9
	Belfast	18	19	15.6-20.4
	Causeway Coast and Glens	7	8	5.4-8.6
	Derry and Strabane	8	8	6.3-9.7
	Fermanagh and Omagh	6	6	4.5-7.5
	Lisburn and Castlereagh	8	8	6.3-9.7
	Mid and East Antrim	7	7	5.4-8.6
	Mid Ulster	8	8	6.3-9.7
	Newry, Mourne and Down	10	9	8.2-11.8

Source: Northern Ireland Census of Population (2021) (note that census data for social class is not yet available for 2021 and 2011 census data for this variable has been used)

1.4.2 Questionnaire

A copy of the survey questionnaire is included as an Appendix to this report.

1.4.3 Data Collection

The survey was conducted using Computer Assisted Personal Interviewing. Fieldwork on the survey was conducted between 8 February and 3 March 2023. A pilot survey was completed prior to the main survey. The survey questionnaire was revised following piloting. All interviews were conducted on a face-to-face basis with interviewers briefed before the commencement of fieldwork.

1.5 Notes on Reporting

Please note that due to rounding, row and column totals in tables and figures may not sum to 100. Also, please note that any differences between respondent subgroups alluded to in the report commentary are statistically significant to at least the 95% confidence level. The use of (-) within tables denotes less than 1%. Also note that zeros and response categories have been removed from charts where a figure is less than 0.5%.

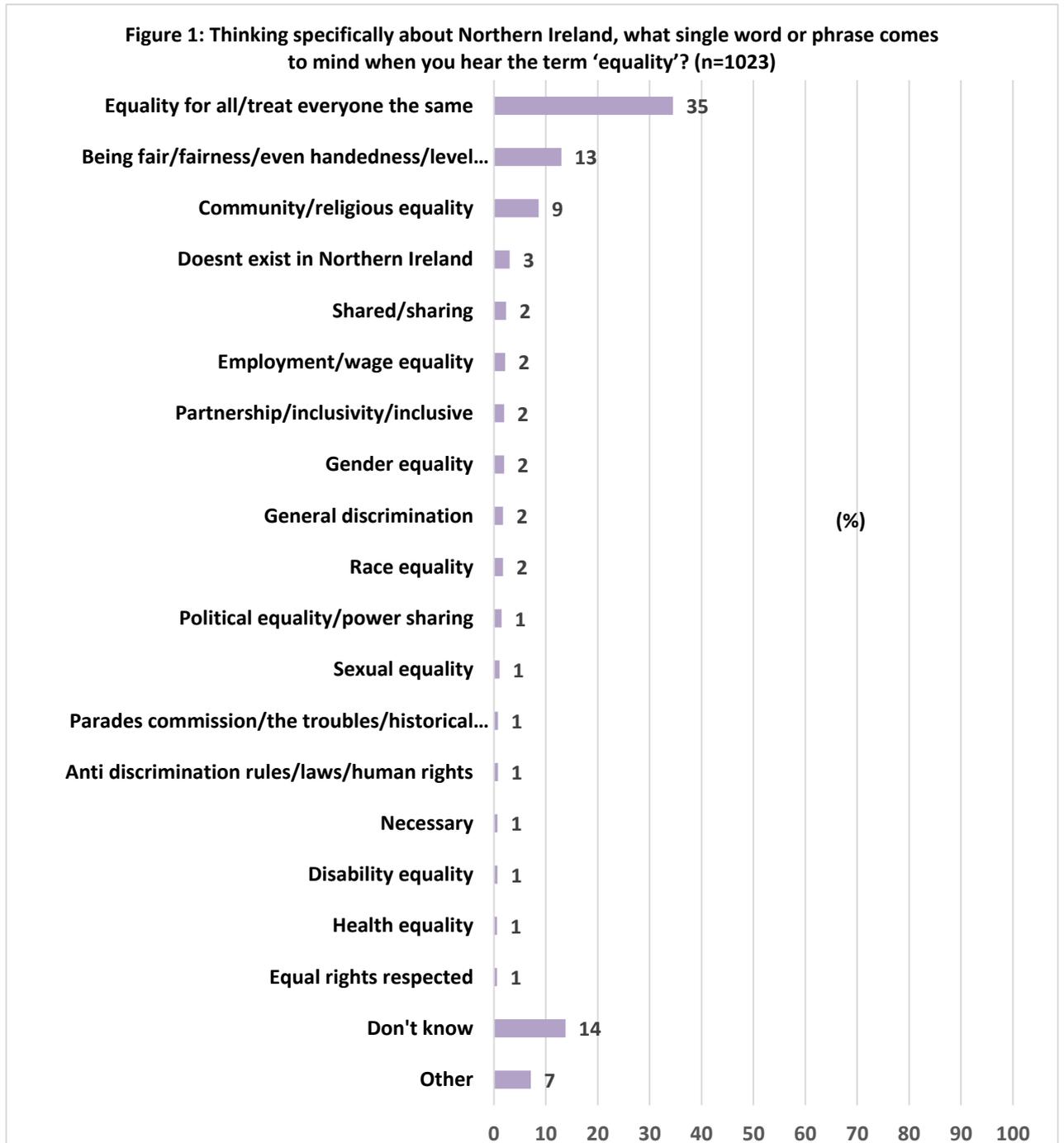
2. Survey Findings

2.1 Awareness, understanding and level of engagement with equality

2.1.1 Understanding of the term 'equality'

Respondents were asked to think specifically about Northern Ireland, and to say what single word or phrase comes to mind when they hear the term 'equality'.

Figure 1 shows that the most commonly cited response was 'equality for everyone / treating everyone the same' (35%).



There were a number of statistically significant differences in response between different equality groups, with those **more likely to disagree** with this statement being:

- Women (35%) compared with men (25%).
- Those aged under 65 compared to other age groups (16-29, 33%; 30-49, 32%; 50-64, 32%; 65+, 22%).

2.1.3 Equality in Northern Ireland

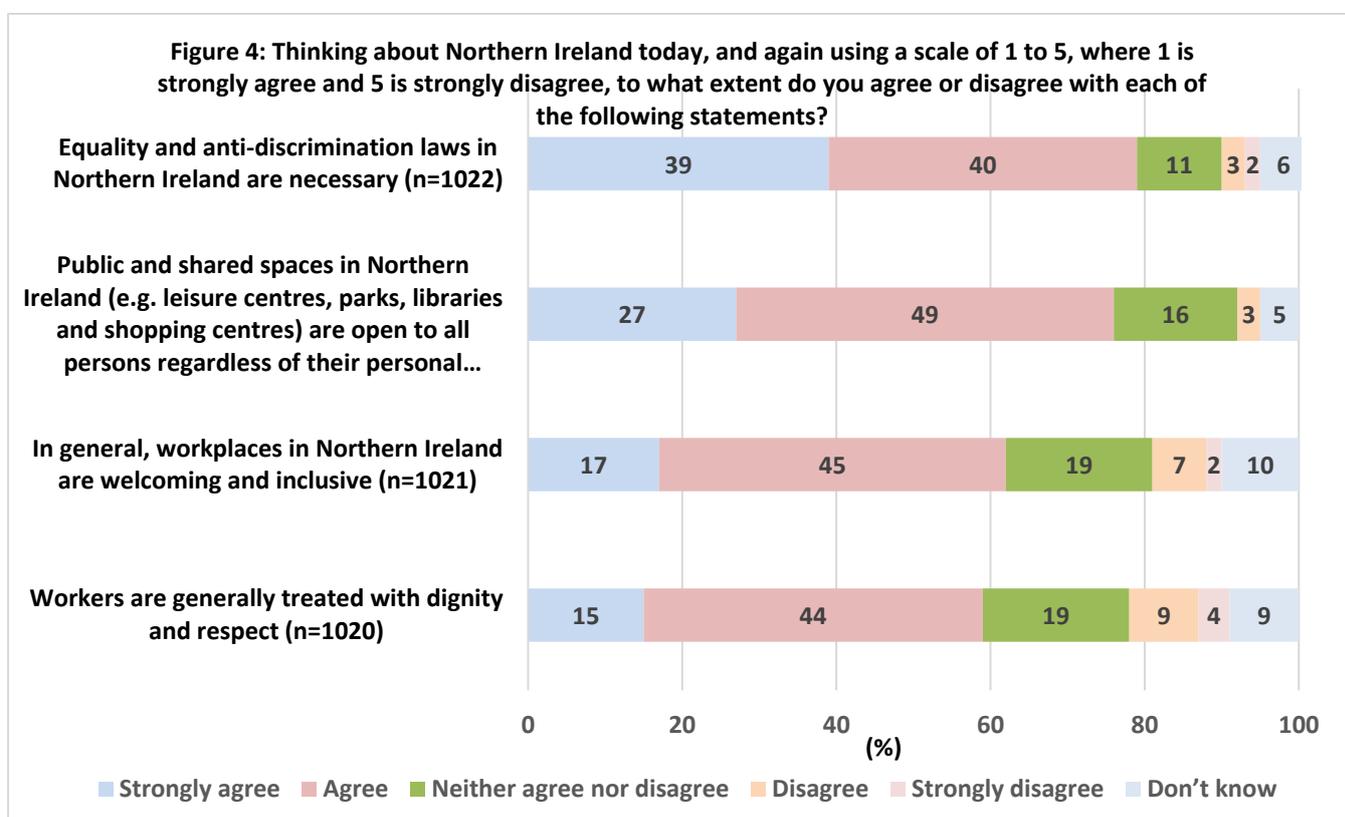
Respondents were asked to think about Northern Ireland today, and to say to what extent they agreed or disagreed with a series of statements relating to equality.

Figure 4 below shows that the highest level of agreement was recorded for the statement: **‘equality and anti-discrimination laws in Northern Ireland are necessary’** (79%) (note that this figure compares with 82% recorded in research conducted by the Commission in January 2022).

Approximately three out of four (76%) agreed with the statement: **‘public and shared spaces in Northern Ireland (e.g. leisure centres, parks, libraries and shopping centres) are open to all persons regardless of their personal characteristics’**.

Six out of ten (62%) respondents agreed with the statement: **‘in general, workplaces in Northern Ireland are welcoming and inclusive’** (note that this figure compares with 59% recorded in research conducted by the Commission in January 2022).

Almost six out of ten (59%) agreed with the statement **‘workers are generally treated with dignity and respect’** (note that this figure compares with 53% recorded in research conducted by the Commission in January 2022).



Those less likely to agree with the the statement: ***'Equality and anti-discrimination laws in Northern Ireland are necessary'*** included:

- Those aged 65+ (70%) compared to other age groups (16-29, 80%: 30-49, 80%: 50-64, 83%).
- Respondents with a disability (66%) compared to those with no disability (80%).
- Protestant respondents (74%) compared with Catholic, 82%: other / none, 87%.
- Unionist / Loyalist respondents (72%) (Nationalist / Republican respondents, 82%: neither Nationalist / Republican nor Unionist / Loyalist, 81%).

Those less likely to agree with the the statement: ***'In general, workplaces in Northern Ireland are welcoming and inclusive'*** included:

- Women (61%) compared with men (63%).
- Those aged 50+ compared to other age groups (16-29, 62%: 30-49, 67%: 50-64, 59%: 65+, 59%).
- Widowed (51%) respondents compared to married / cohabiting, 66%: single, 58%: separated / divorced, 59% respondents.
- Respondents with a disability (39%) compared to those with no disability (65%).
- Those without dependent children (60%) compared to those with dependent children (67%).
- Those describing their ethnicity as non-white British or Irish (43%) compared with those describing their ethnicity as white British or Irish (63%).

Those less likely to agree with the the statement: ***'Workers are generally treated with dignity and respect'*** included:

- Those aged 65+ (51%) compared to other age groups (16-29, 59%: 30-49, 68%: 50-64, 55%).
- Respondents with a disability (35%) compared to those with no disability (63%).
- Those with no dependent children (56%) compared to those with dependent children (67%).
- Widowed (35%) respondents (married/cohab. 64%: single, 55%: separated / divorced, 58%).

Those less likely to agree with the the statement: ***'Public and shared spaces in Northern Ireland (e.g. leisure centres, parks, libraries and shopping centres) are open to all persons regardless of their personal characteristics'*** included:

- Those aged 65+ (69%) compared to other age groups (16-29, 76%: 30-49, 78%: 50-64, 78%).
- Respondents with a disability (65%) compared to those with no disability (77%).
- Those with no dependent children (74%) compared to those with dependent children(80%).
- Widowed (64%) respondents (married/cohab. 78%: single, 74%: separated / divorced, 79%).

2.2 Equality of opportunity in education

2.2.1 Prevalence of bullying or stereotyping in education settings

Respondents were presented with the following definition of bullying:

DEFINITION OF BULLYING

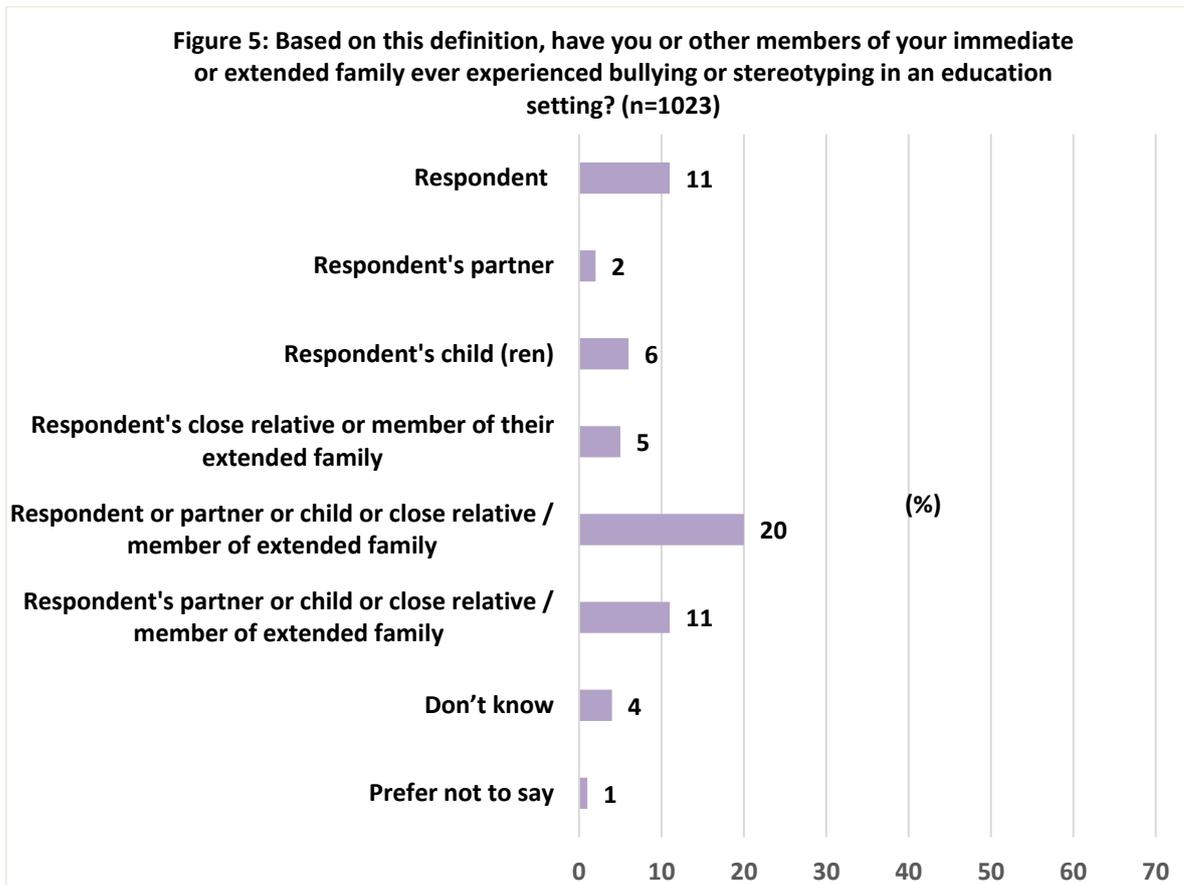
Bullying can be defined as behaviour that is usually repeated by one or more persons intentionally to hurt, harm or adversely affect the rights and needs of another or others.

Figure 5 shows that 11% of respondents said that based on this definition of bullying, they have experienced bullying or stereotyping in an education setting.

Two percent reported that their partner had experienced bullying or stereotyping, 6% said one of their children had experienced bullying or stereotyping in an education setting and 5% said that a close relative or family member had experienced bullying or stereotyping in an education setting. Four percent answered, don't know and 1% preferred not to say.

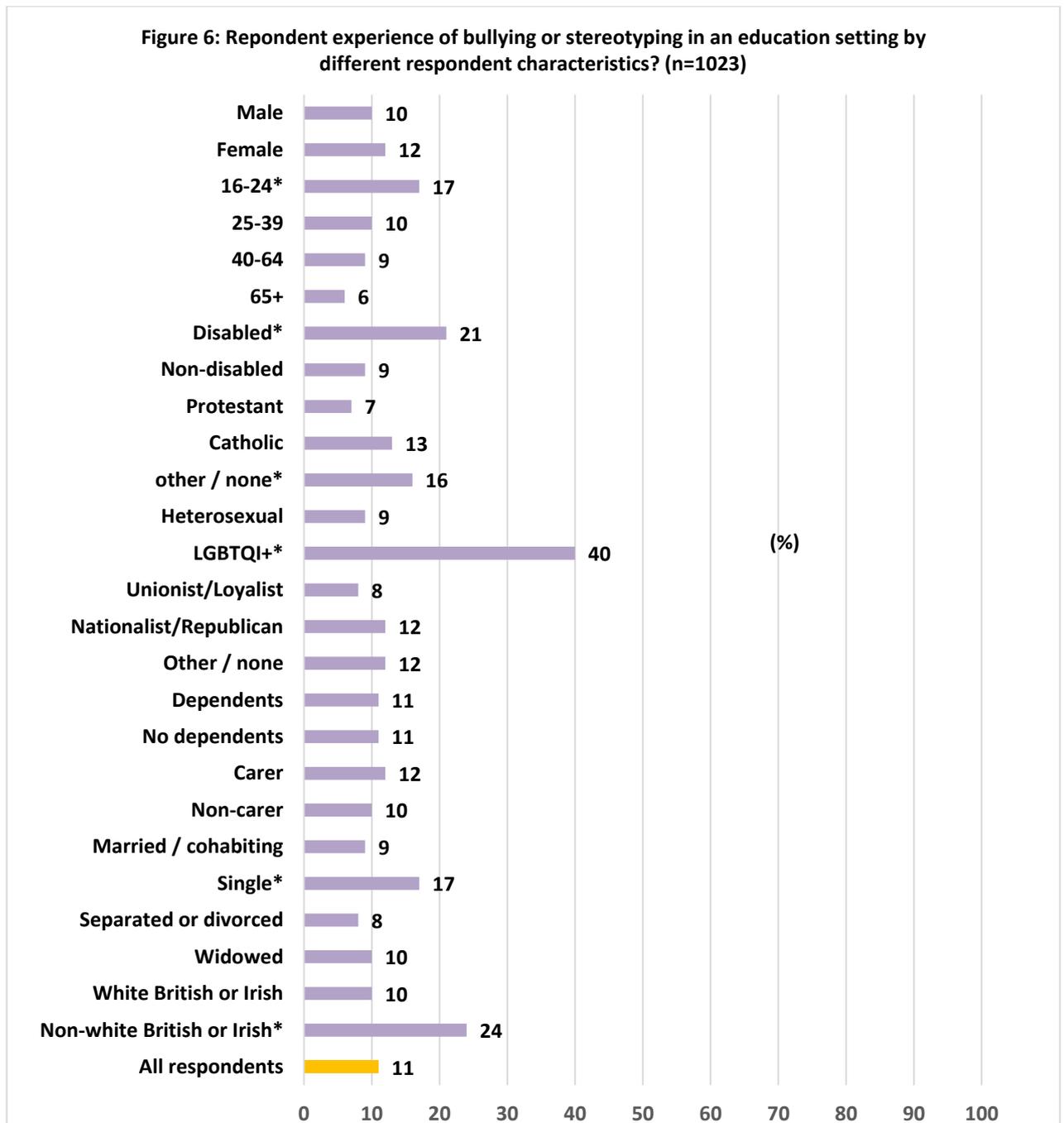
Twenty percent (20%) of respondents reported that they or their partner or their child (ren) or a close relative / member of their extended family had experienced bullying or stereotyping in an education setting.

Eleven percent (11%) said that their partner or child (ren) or a close relative or close family member had experienced bullying or stereotyping in an education setting.



2.2.2 Prevalence of bullying or stereotyping in education settings by equality category

Figure 6 shows that bullying or stereotyping was significantly¹ more likely to be reported by respondents with specific characteristics including: those aged 16-24 (17%) compared with other age groups; those with a disability (21%) compared with non-disabled respondents; those describing their religion as other / none (16%) compared to Protestant and Catholic respondents; those who are LGBTQI+ respondents (40%) compared to heterosexual respondents and those who describe their sexuality as other or none; those who are single (17%) compared with those are married / cohabiting, separated / divorced or widowed; and those describing their ethnicity as non-white British or Irish (24%) compared to those describing their ethnicity as White British or Irish.



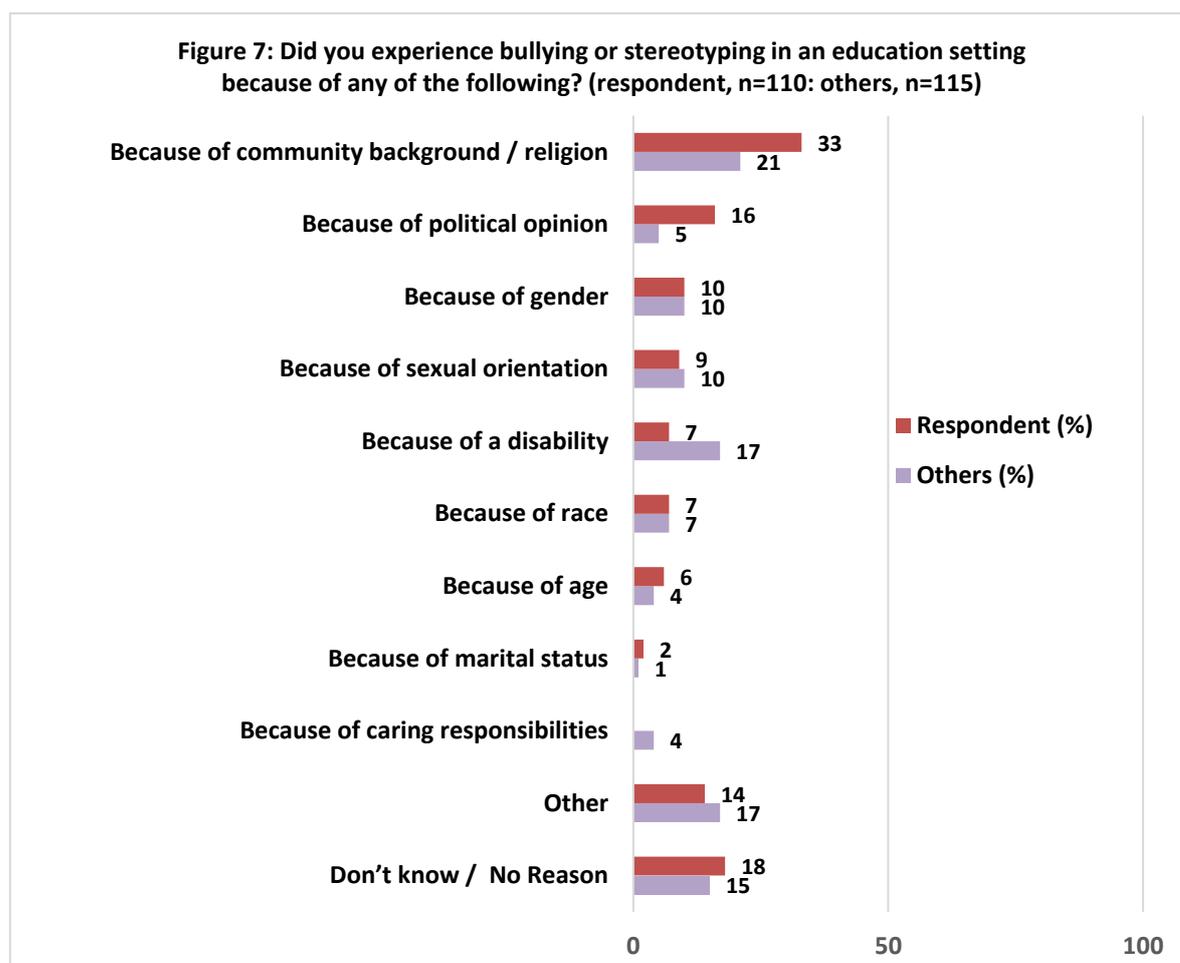
¹ An asterisk (*) denotes a statistically significant difference

2.2.3 Nature of bullying or stereotyping experienced in education settings

Respondents

The most common reasons why respondents said they have experienced bullying or stereotyping in an education setting related to community background / religion (33%), political opinion (16%) and gender (10%).

Other reasons why respondents said they experienced bullying or stereotyping in an educational setting included: sexual orientation (9%); disability (7%); race (7%); age (6%); and, marital status (2%). Fourteen percent cited other reasons², with 18% answering don't know / no reason.



Other family members

The most common reasons why respondents said other family members have experienced bullying or stereotyping in an education setting related to community background / religion (21%), disability (17%), sexual orientation (10%) and gender (10%).

² Included: a range of abuse that was hurtful and concerned her brothers health (n=1); because I was fat (n=1); because I was hard of hearing (n=1); because I was very quiet picked on (n=1); because of height (n=1); because they got away with it (n=1); clothes (n=1); general bullying at school (n=1); just because mangers think they have a right to put you down (n=1); just picked on (n=1); Learning difficulties (n=1); looks (n=1); personal appearance (n=1); personal looks (n=1); weight (n=1).

Other reasons why respondents said family members had experienced bullying or stereotyping in an education setting included: race (7%); political affiliation (5%); age (4%); caring responsibilities (4%); and, marital status (1%). Seventeen percent cited other reasons³, with 15% answering don't know / no reason.

2.2.4 Grounds on which bullying or stereotyping was experienced in education settings

Table 2.1 presents an overview of the different grounds on which respondents and other family members experienced bullying or stereotyping in education settings.

Respondents who said they had experienced bullying or stereotyping in education setting on the grounds of gender (n=11) were more likely to say that this was because they were female (7 cases or 64%).

Similarly, those who said they have family members who have experienced bullying or stereotyping in education settings because of sexual orientation (n=11) were more likely to say that this was due to their family member being gay (5 cases or 45%).

Table 2.1: Grounds on which respondents and family members experienced bullying or stereotyping in education settings

		Respondent (n=110)	Family member (n=115)
Gender	Female	7 (64%)	7 (64%)
	Male	4 (36%)	2 (18%)
	Female to Male transgender		1 (9%)
	Prefer not to say		1 (9%)
Ethnicity	White - British or Irish	1 (13%)	
	White - Eastern European	2 (25%)	
	Mixed race	3 (38%)	4 (50%)
	Black	1 (13%)	3 (38%)
	Other (American)	1 (13%)	1 (13%)
Community background	Protestant	7 (19%)	9 (35%)
	Catholic	27 (75%)	11 (42%)
	No religion	1 (3%)	
	Other religion		3 (12%)
	Prefer not to say	1 (3%)	1 (12%)
Sexual orientation	Gay	6 (60%)	5 (45%)
	Lesbian	2 (20%)	2 (18%)
	Bisexual	1 (10%)	
	Don't know		1 (9%)
	Prefer not to say	1 (10%)	3 (27%)
Age	16-29	4 (67%)	4 (100%)
	30-44	1 (17%)	
	Prefer not to say	1 (17%)	
Political affiliation	Unionist	1 (6%)	1 (17%)
	Neither Unionist nor Nationalist	2 (12%)	
	Nationalist	13 (77%)	4 (67%)
	Prefer not to say	1 (6%)	1 (17%)

³ Included: being fat (n=1); speech impediment (n=2); gap in teeth (n=1); because she was quiet (n=1); being different (n=1); bullying about looks (n=1); general bullying / moved school (n=1); health and physical reasons (n=1); looks different (n=1); no reason (n=3); and wearing glasses (n=1).

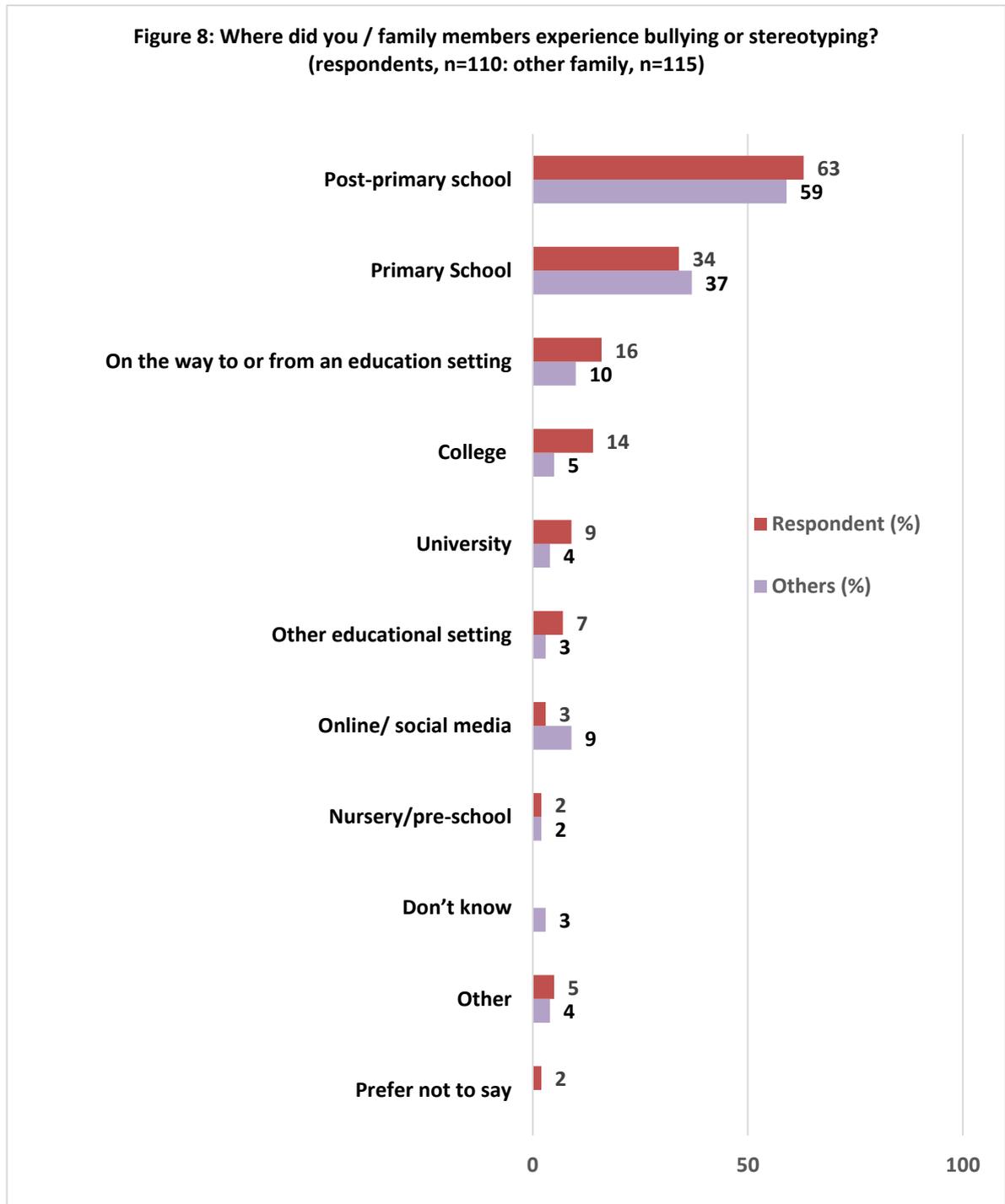
2.2.5 Settings where bullying or stereotyping occurred in education settings

Respondents

The most common settings where respondents said they had experienced bullying or stereotyping were post-primary schools (63%) and primary schools (34%).

Other Family members

The most common settings where respondents said family members had experienced bullying or stereotyping were also post-primary schools (59%) and primary schools (37%).

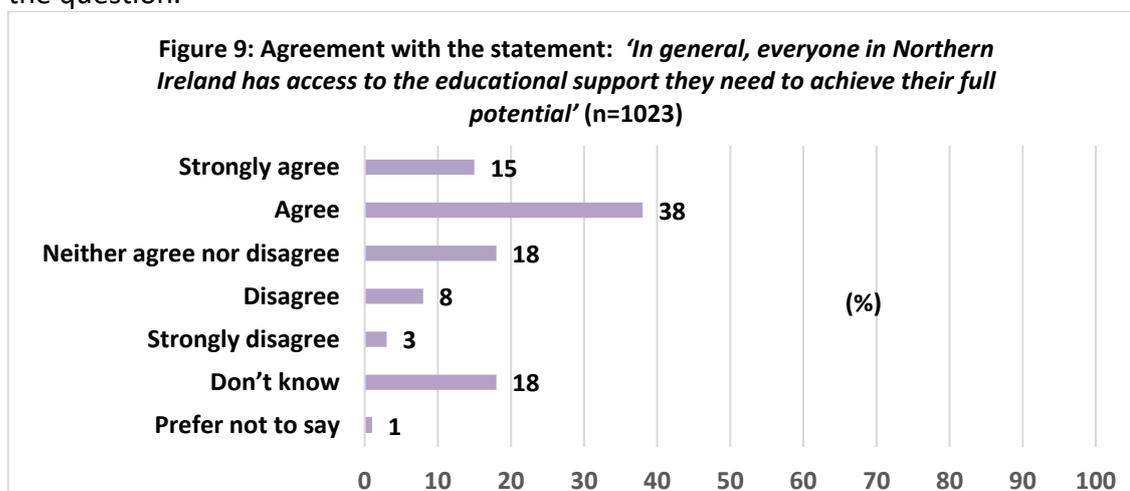


2.3 Equality of opportunity in terms of educational support

Respondents were asked to think about equality of opportunity in terms of educational support. For the purposes of the survey, educational support was defined as the availability of educational services and resources to assist pupils and students in their learning process.

Given this information they were asked to what extent they agreed or disagreed with the following statement: ***'In general, everyone in Northern Ireland has access to the educational support they need to achieve their full potential'***.

Figure 9 shows that just over half (53%) of respondents agreed with this statement (strongly agree, 15%; agree, 38%), with 18% neither agreeing nor disagreeing and 11% disagreeing (disagree, 8%; strongly disagree, 3%). Eighteen percent answered, 'don't know' and 1% preferred not to answer the question.



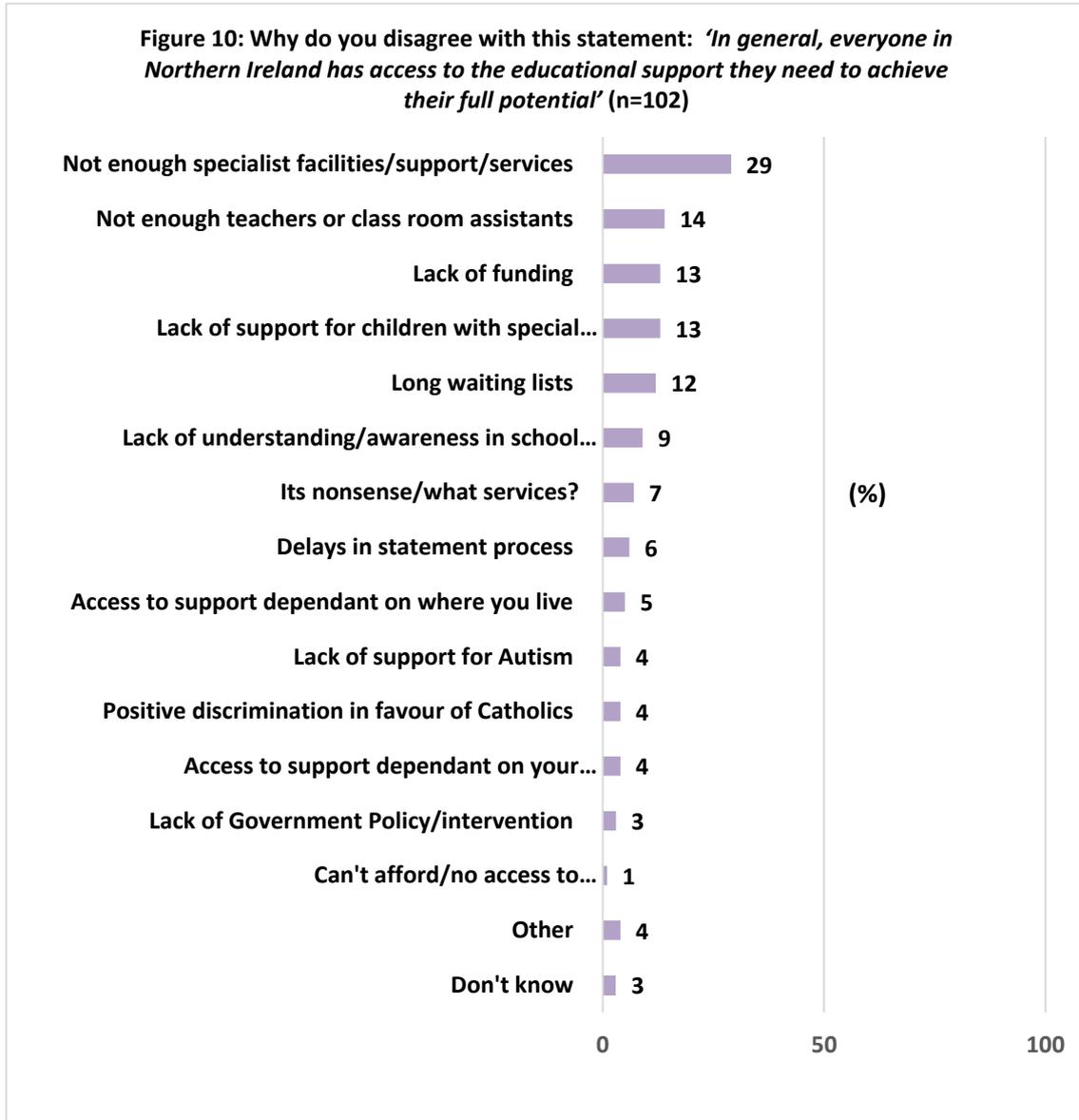
There were a number of statistically significant differences with those less likely to agree with the statement ***'In general, everyone in Northern Ireland has access to the educational support they need to achieve their full potential'*** including:

- Respondents with a disability (48%) compared to those with no disability (54%).
- Those with caring responsibilities (51%) compared to those without (54%).
- Those with dependent children (52%) compared to those without (54%).
- Widowed (44%) and single (45%) respondents compared to married/cohab. (57%) and separated / divorced respondents (54%).
- Catholic (49%) respondents were less likely to agree (Protestant, 58%; other / none, 61%).
- Nationalist / Republican (51%) respondents and those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (51%) (Unionist / Loyalist respondents, 61%).

Note that older respondents were proportionately more likely to answer don't know (16-29, 18%; 30-49, 15%; 50-64, 16%; 65+, 29%).

2.3.1 Reasons for disagreeing that everyone has access to the educational support they need

The most common reasons why respondents disagreed (n=102) with the statement *'In general, everyone in Northern Ireland has access to the educational support they need to achieve their full potential'*, included: not enough specialist facilities/support/services (29%); not enough teachers or class room assistants (14%); lack of funding (13%); lack of support for children with special needs/mental health (13%); and, long waiting lists (12%).

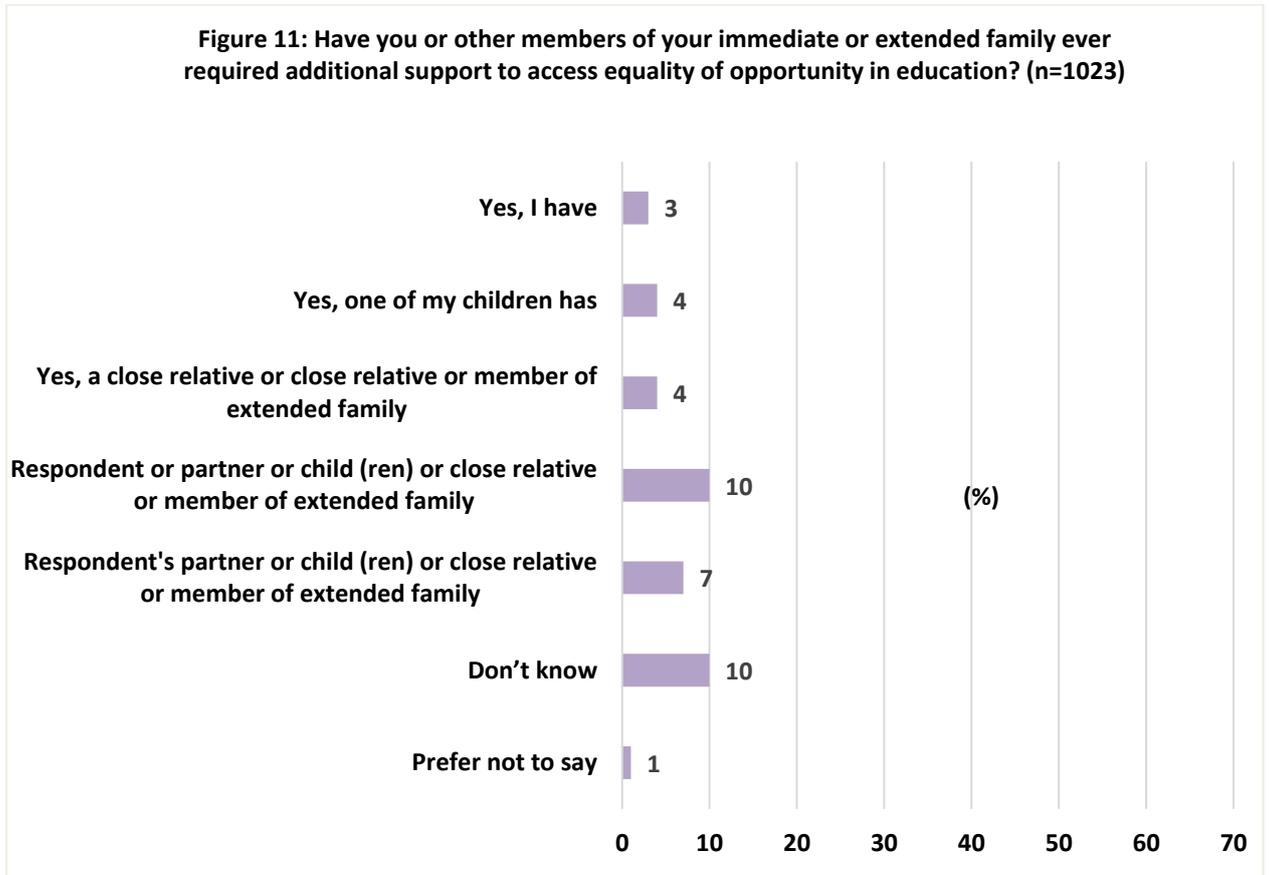


2.3.2 Needing additional support to access equality of opportunity in education

Figure 11 shows that 3% of respondents said that they needed additional support to access equality of opportunity in education (partner, 0.3%: children, 4%: a close relative or family member of their extended family, 4%).

One in ten respondents (10%) reported that either they or a family member needed additional support to access equality of opportunity in education. Ten percent said they didn't know, and 1% preferred not to say.

Seven percent (7%) said that their partner *or* child (ren) *or* a close relative *or* extended family member needed additional support to access equality of opportunity in education.



There were a number of statistically significant differences in response between different equality groups, with respondents **more likely to have required additional** support to access equality of opportunity in education including:

- Those aged 16-29 (9%) compared with other age groups (30-49, 2%: 50-64, 2%: 65+, 1%).
- Those with a disability (12%) compared to those with no disability (2%).
- Single respondents (92%) compared to those married/cohab. 2%: separated / divorced, 1%: widowed, 0%).

2.3.3 Types of additional support required

Respondents

Among respondents (n=33) who said they needed additional support to access equality of opportunity in education, the most common support included: extra classroom help/extra teaching assistants (24%); additional special needs support (18%); extra reading support (12%); one to one support (12%); help/support getting into College (9%); support filling in forms accessing specialist help (6%); and, access to specialist support (3%).

Other family members

Among respondents (n=75) who said that family members needed additional support to access equality of opportunity in education, the most common support included: additional special needs support (25%); extra help (general)/support/tuition (17%); one to one support (11%); additional time to complete exams/forms (8%); quicker access to special needs assessment - i.e. for dyslexia/autism (8%); extra classroom help/extra teaching assistants (5%); extra reading support (4%); provision of a support worker (4%); mental health/CAMS support (3%); English language support (3%); more teachers (1%); and, counselling (1%).

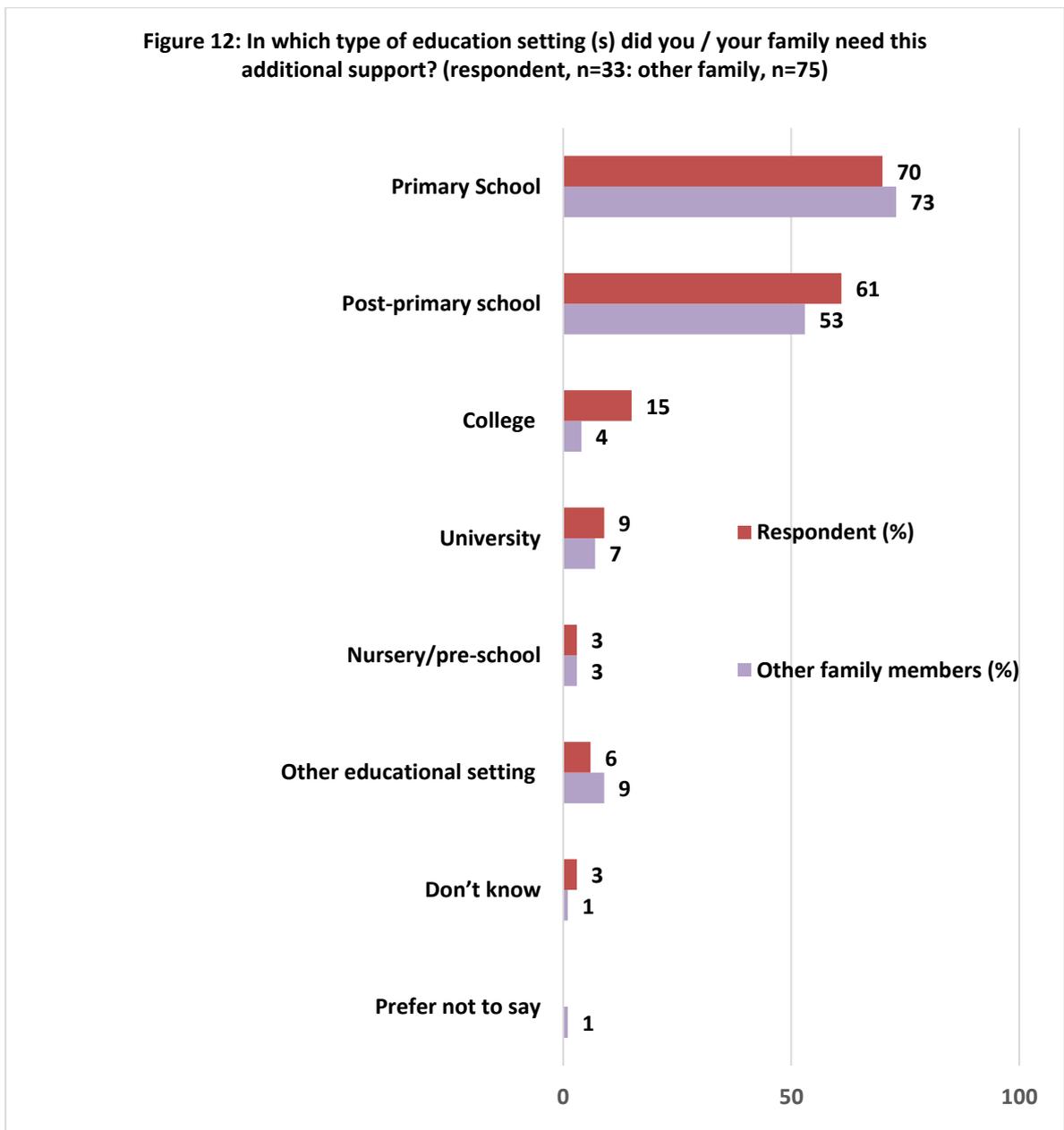
2.3.4 Education settings where the additional support is required

Respondents

The most common education settings where respondents said they needed additional support to access equality of opportunity in education were primary schools (70%) and post-primary schools (61%).

Other Family members

The most common settings where respondents said family members needed additional support to access equality of opportunity in education were also primary schools (73%) and post primary schools (53%).



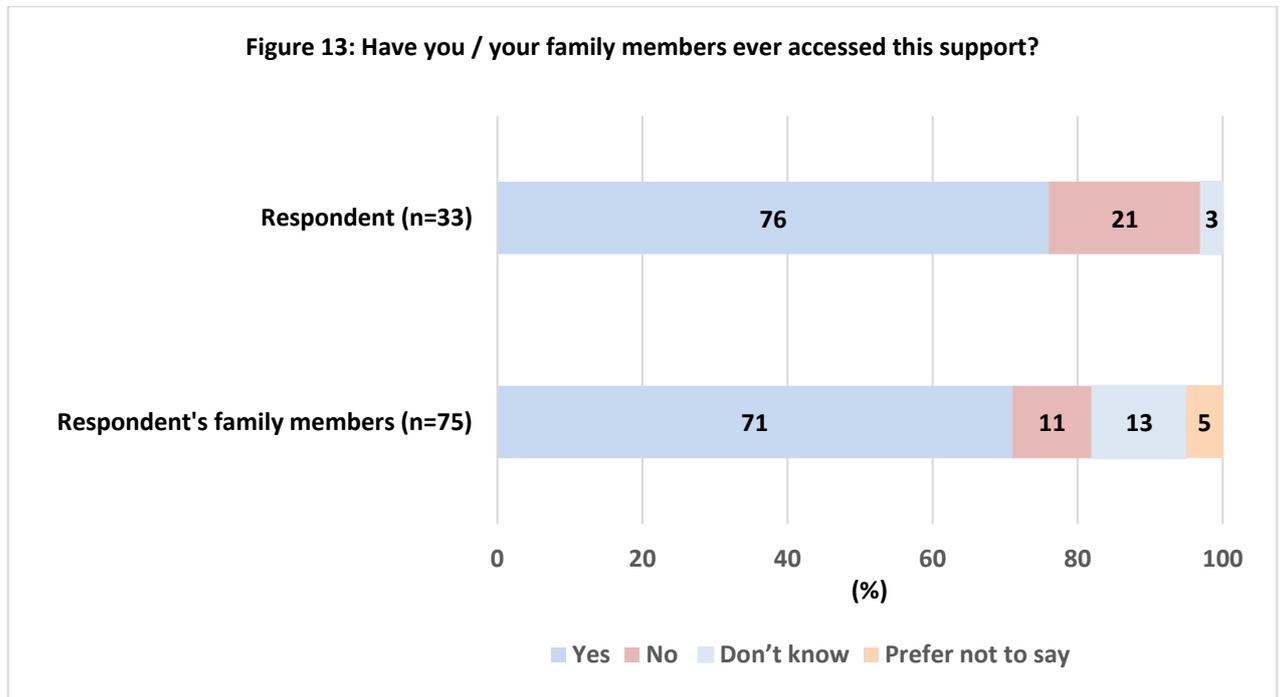
2.3.5 Availing of additional support to access equality of opportunity in education

Respondents

Among respondents who needed additional support (n=33), approximately three out of four (76%) said that they availed of it to access equality of opportunity in education, 21% had not and 3% answered, don't know.

Other Family members

Among family members identified by respondents as needing additional support (n=75), approximately seven out of ten (71%) had availed of it, 11% had not, 13% answered don't know, and 5% preferred not to say.



2.4 Personal experiences of unwanted and inappropriate behaviour by others

2.4.1 Prevalence of not being treated with dignity and respect

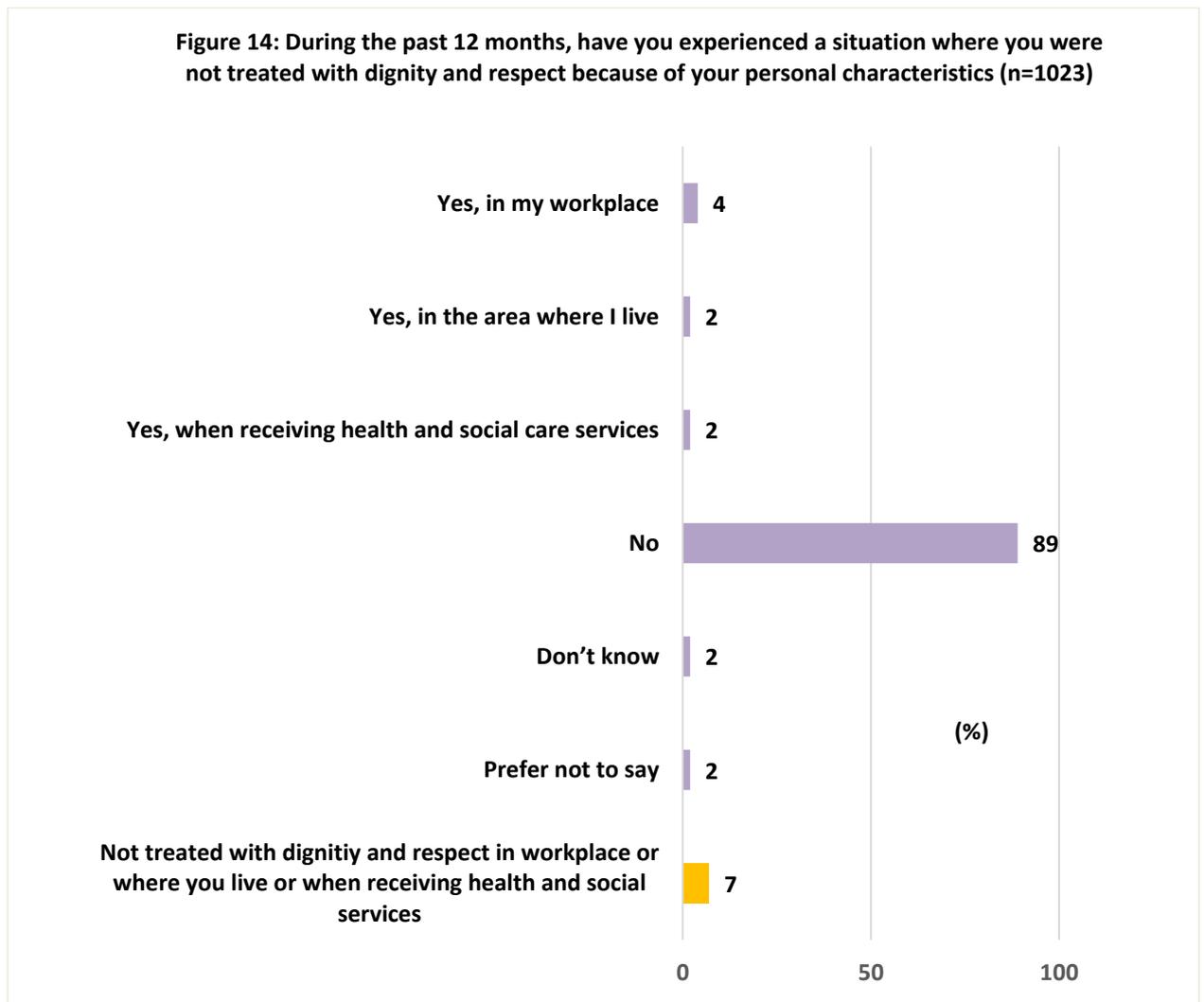
Respondents were asked if during the past 12 months, they have experienced a situation where they were not treated with dignity and respect because of their personal characteristics.

Figure 14 shows that 4% of respondents said they experienced a situation where they were not treated with dignity and respect in their workplace.

Two percent (2%) had experienced a situation where they were not treated with dignity and respect in the area where they live.

Two percent (2%) said they had experienced a situation where they were not treated with dignity and respect when receiving health and social care services.

Note that 7% of respondents said that in the last 12 months they had experienced a situation where they were not treated with dignity and respect in their workplace, the area where they live or when receiving health and social care services.



Not being treated with dignity and respect in the workplace

There were a number of statistically significant differences in response between different groups, with respondents **more likely to say they have not been treated with dignity and respect in their workplace** including:

- Those aged under 65 (16-29, 5%: 30-49, 4%: 50-64, 6%: 65+, 0%).
- LGBTQI+ (9%) respondents compared to straight respondents (3%).
- Those describing their ethnicity as non-white British or Irish (11%) compared with those describing their ethnicity as white British or Irish (4%).

Not being treated with dignity and respect when receiving health and social care services

Those more likely to report **not being treated with dignity and respect when receiving health and social care services** included: those aged 65+ (4%) compared to other age groups (16-29, 0%: 30-49, 1%: 50-64, 3%); those with a disability (7%) compared with non-disabled respondents (1%) and, those with caring responsibilities (6%) compared with those without caring responsibilities (1%).

Not being treated with dignity and respect in your workplace, or where you live or when receiving health and social care services

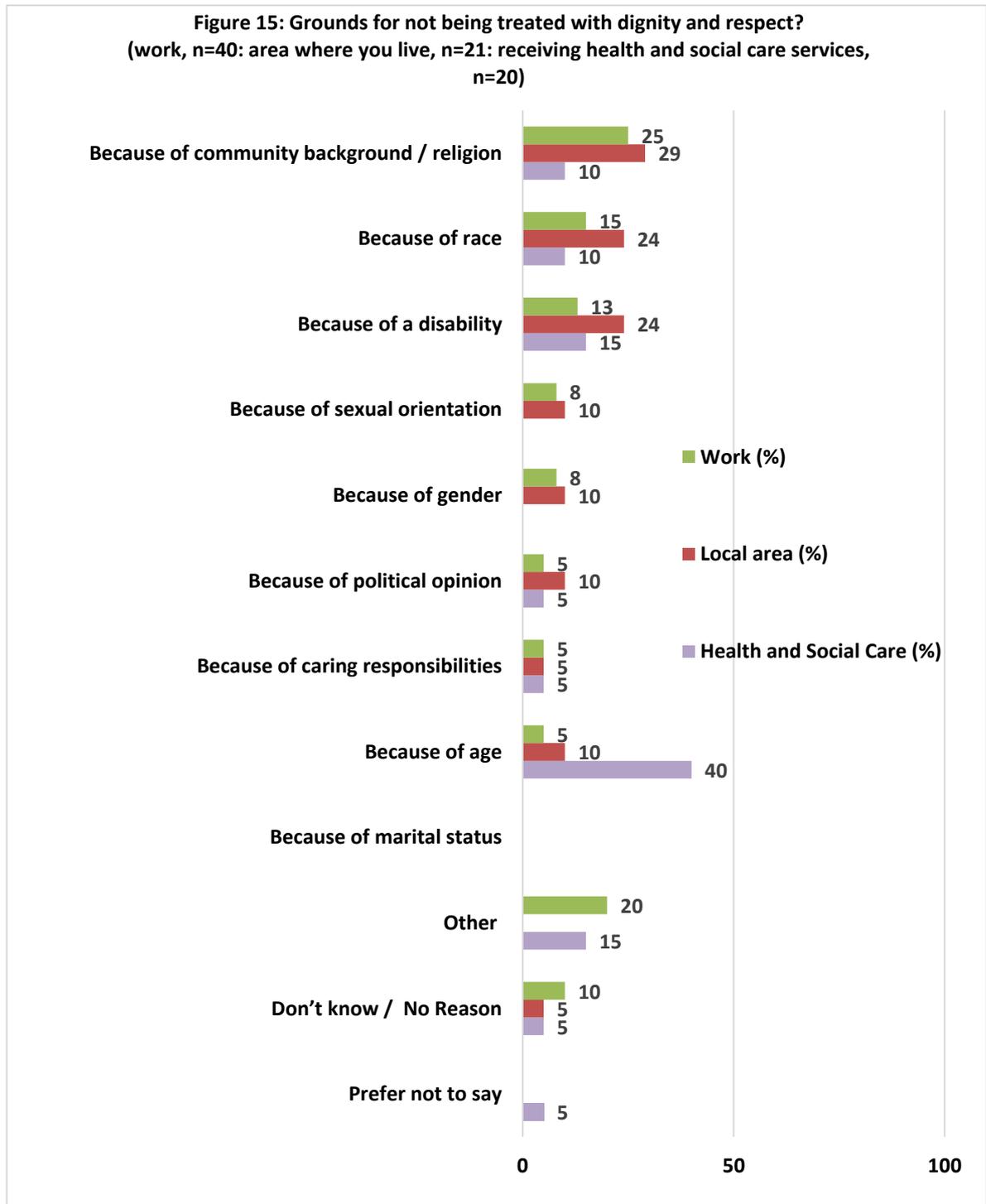
Those more likely to report **not being treated with dignity and respect in their workplace, or where they live or when receiving health and social care services** included: those with a disability (16%) compared with those with no disability (6%); and, those describing their ethnicity as non-white British or Irish (16%) compared with those describing their ethnicity as white British or Irish (7%).

2.4.2 Reasons for not being treated with dignity and respect in the last 12 months

The most common reason why respondents said they have not been treated with dignity and respect in their workplace was because of their community background (25%).

The most common reasons for not being treated with dignity and respect in their local area were race (24%) and disability (24%).

Respondents listed age (40%) as the most common reason for not being treated with dignity and respect when receiving health and social care services.



Other reasons why respondents said they were not treated with dignity and respect in their workplace included: because I'm a teacher (n=1); because they feel they can bully staff (n=1); just because managers get away with it (n=1); made fun off (n=1); my job (n=1); nature of job a lot of abuse of things hadn't gone customers way, especially religion abuse (n=1); picked on (n=1); and, work ethic (n=1).

Other reasons why respondents said they were not treated with dignity and respect when receiving health and social care services included: because of being poor (n=1); and, because there is no respect for NHS patients in NI (n=1); and, because there is no service for the poor (n=1).

2.4.3 Grounds on which respondents were not treated with dignity and respect

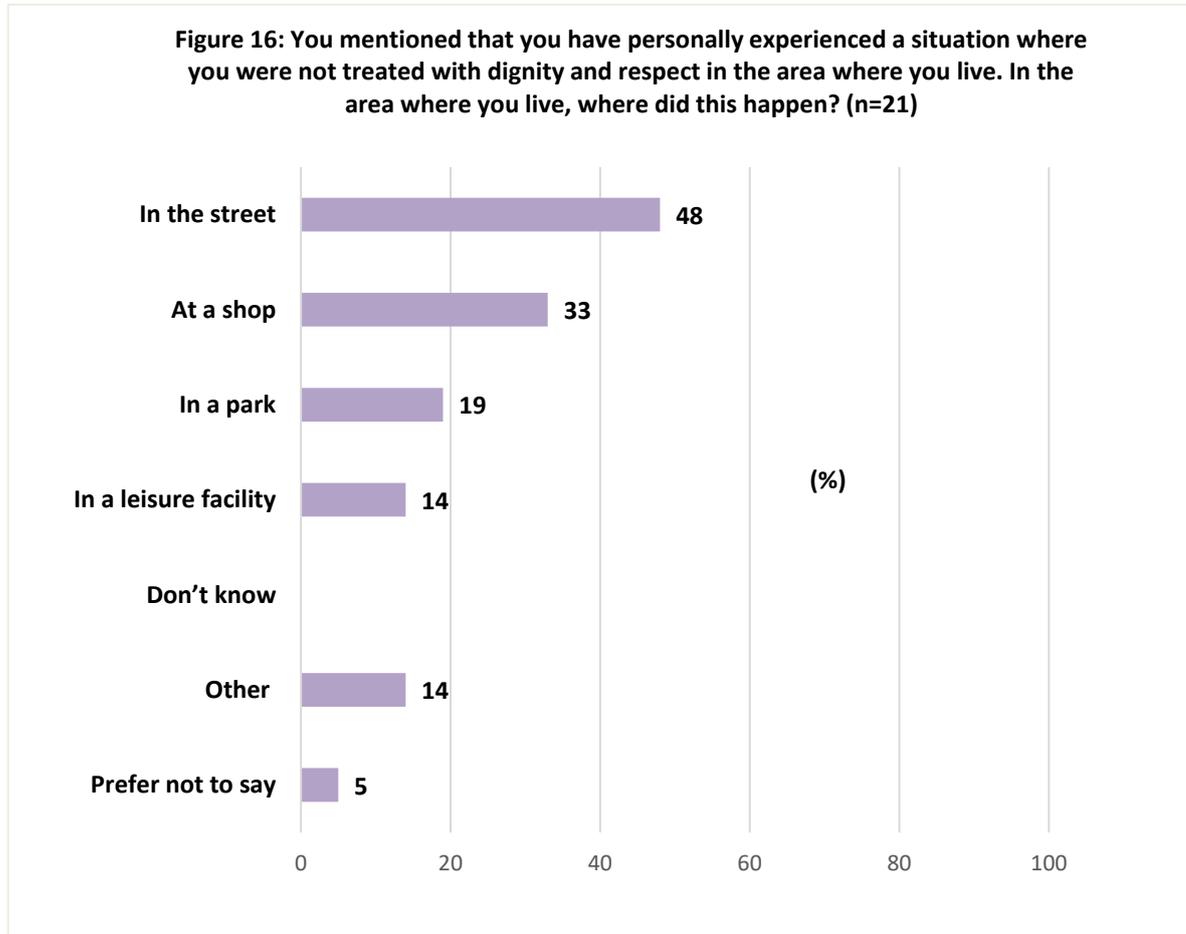
Because of the relatively small numbers, the figures on grounds for not being treated with dignity and respect have been combined for respondents' workplace, area where they live and when receiving health and social care services. Thus, the grounds for not being treated with dignity and respect included:

- **GENDER:**
Female (n=3); male (n=1); and, male to female transgender (n=1).
- **ETHNICITY:**
White (n=4); white – Eastern European (n=2); mixed race (n=2); other (n=2).
- **RELIGION:**
Protestant (n=4); Catholic (n=8); other (n=1); don't know (n=2); prefer not to say (n=1).
- **SEXUAL ORIENTATION:**
Gay (n=4); lesbian (n=1).
- **AGE:**
16-29 (n=3); 60+, n=9).
- **POLITICAL AFFILIATION:**
Unionist / Loyalist (n=1); Neither (n=1); Nationalist / Republican (n=3).

2.4.4 Not being treated with dignity and respect in the area where you live

Those (n=21) who said they have personally experienced a situation where they were not treated with dignity and respect in the area where they live were asked where this had happened.

Figure 16 shows that almost half (48%) of those not treated with dignity and respect in the area where they live said this had happened in the street, 33% at a shop, 19% at a park and 14% at a leisure facility. Fourteen percent cited other locations⁴, with 5% preferring not to say.



⁴ Included: at home (n=1); general remarks when out and about (n=1); and school (n=1).

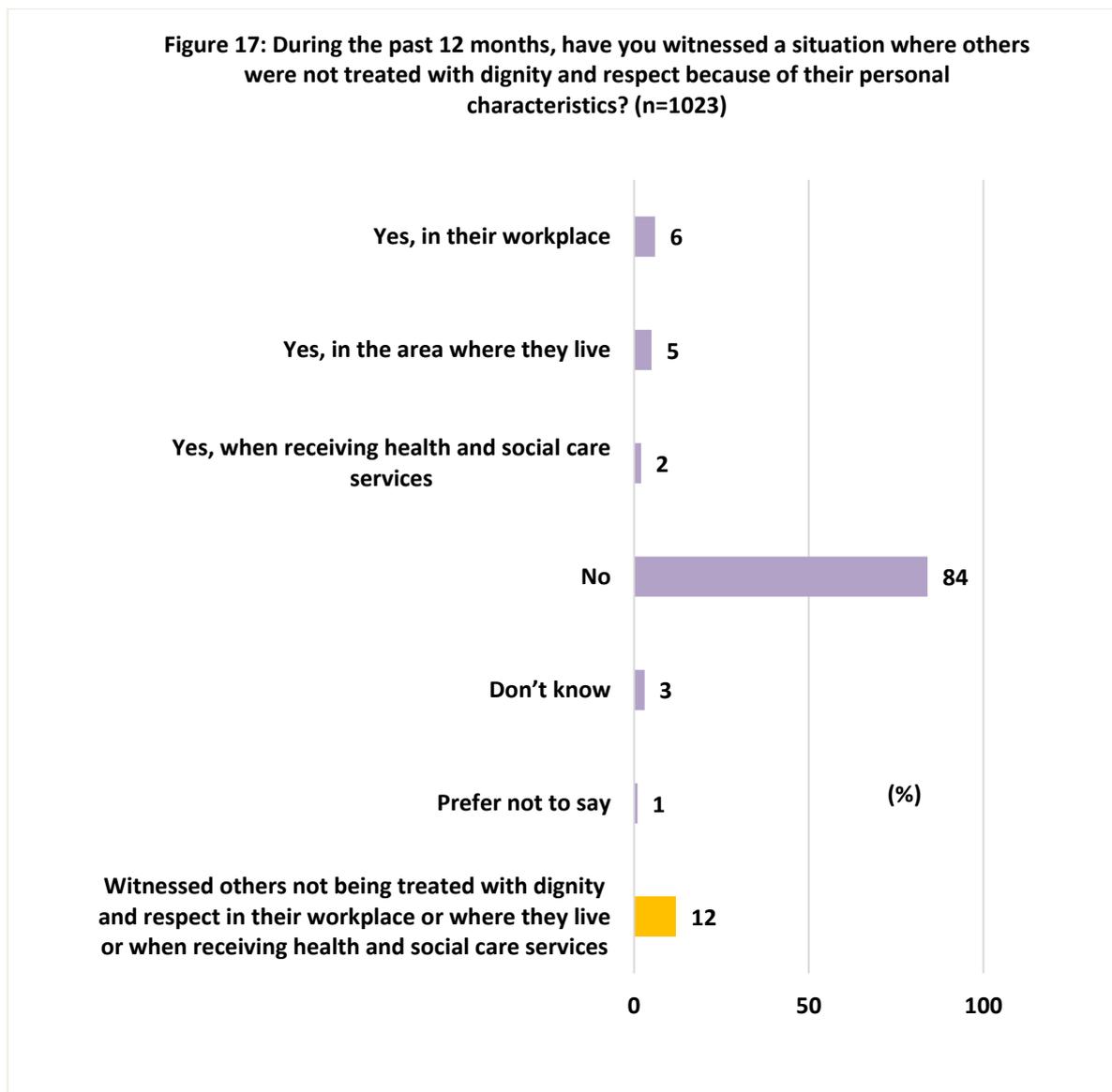
2.5 Witnessing others not being treated with dignity and respect because of personal characteristics

2.5.1 Prevalence of witnessing others not being treated with dignity and respect

Respondents were asked if during the past 12 months, they had witnessed a situation where others were not treated with dignity and respect because of their personal characteristics.

Figure 17 shows that 6% of respondents said they witnessed a situation where others were not treated with dignity and respect in their workplace, 5% said they witnessed others not being treated with dignity and respect where they live and 2% said they witnessed others not being treated with dignity and respect when receiving health and social care services.

Note that 12% of respondents said that in the last 12 months they had witnessed a situation where others were not treated with dignity and respect in their workplace, the area where they live or when receiving health and social care services.



Witnessing others not being treated with dignity and respect in their workplace

There were two statistically significant differences in response with younger respondents more likely to report having witnessed a situation where others were not treated with dignity and respect in their workplace because of their personal characteristics (16-29, 9%: 30-49, 6%: 50-64, 7%: 65+, 1%), and the same was true for single (8%) and separated / divorced (9%) respondents compared with those who are married / cohabiting (5%) and widowed (0%).

Witnessing others not being treated with dignity and respect where they live.

There was one statistically significant difference in response with those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (8%) more likely to report having witnessed a situation where others were not treated with dignity and respect where they live because of their personal characteristics (Unionist / Loyalist, 2%: Nationalist / Republican, 5%).

Witnessed others not being treated with dignity and respect when receiving health and social care services.

Those respondents *more likely to say they have witnessed a situation where others have not been treated with dignity and respect when receiving health and social care services* included: women (3%) compared with men (0%); those aged 50-64 (4%) compared with other age groups (16-29, 0%: 30-49, 2%: 65+, 2%), and those with caring responsibilities (4%) compared to those without (2%).

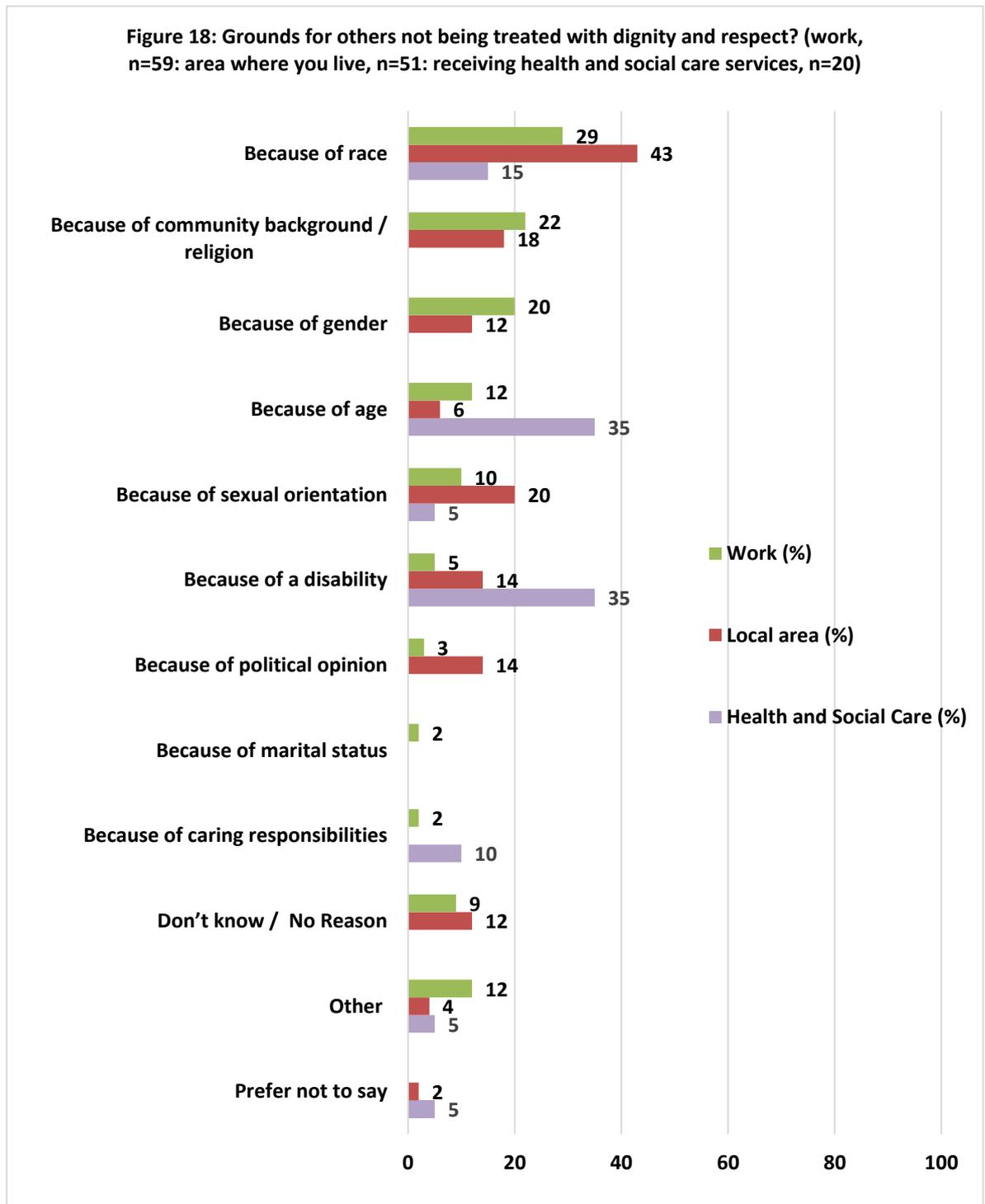
Witnessing others not being treated with dignity and respect in their workplace, or where they live or when receiving health and social care services.

Those respondents *more likely to say they have witnessed a situation where others have not been treated with dignity and respect either in their workplace, where they live or when receiving health and social care services* included: women (14%) compared with men (10%); those aged 50-64 compared with other age groups (16-29, 14%: 30-49, 11%: 50-64, 15%: 65+, 7%), and those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (16%) (Unionist / Loyalist, 8%: Nationalist / Republican, 12%).

2.5.2 Reasons others were not being treated with dignity and respect in the last 12 months

Respondents

The most common reason why respondents said others had not been treated with dignity and respect in their workplace was because of race (29%). The most common reasons for others not being treated with dignity and respect in their local area was also race (43%). The most common reasons for others not being treated with dignity and respect when receiving health and social care services were disability (35%) and age (35%).



Other reasons why respondents said others were not treated with dignity and respect at work included: abuse in a shop (n=1); because of profession (n=1); because of their job (n=1); bullying by managers (n=1); disrespect from a manager (n=1); picked on (n=1); and, told they weren't working when they were (n=1).

Other reasons why respondents said others were not treated with dignity and respect in the area where they live included: because of their appearance (n=1); and, there are no services for poor people (n=1).

Other reasons why respondents said others were not treated with dignity and respect when receiving health and social care services included: because patients are dying because of NHS (n=1).

2.5.3 Grounds on which others were not treated with dignity and respect

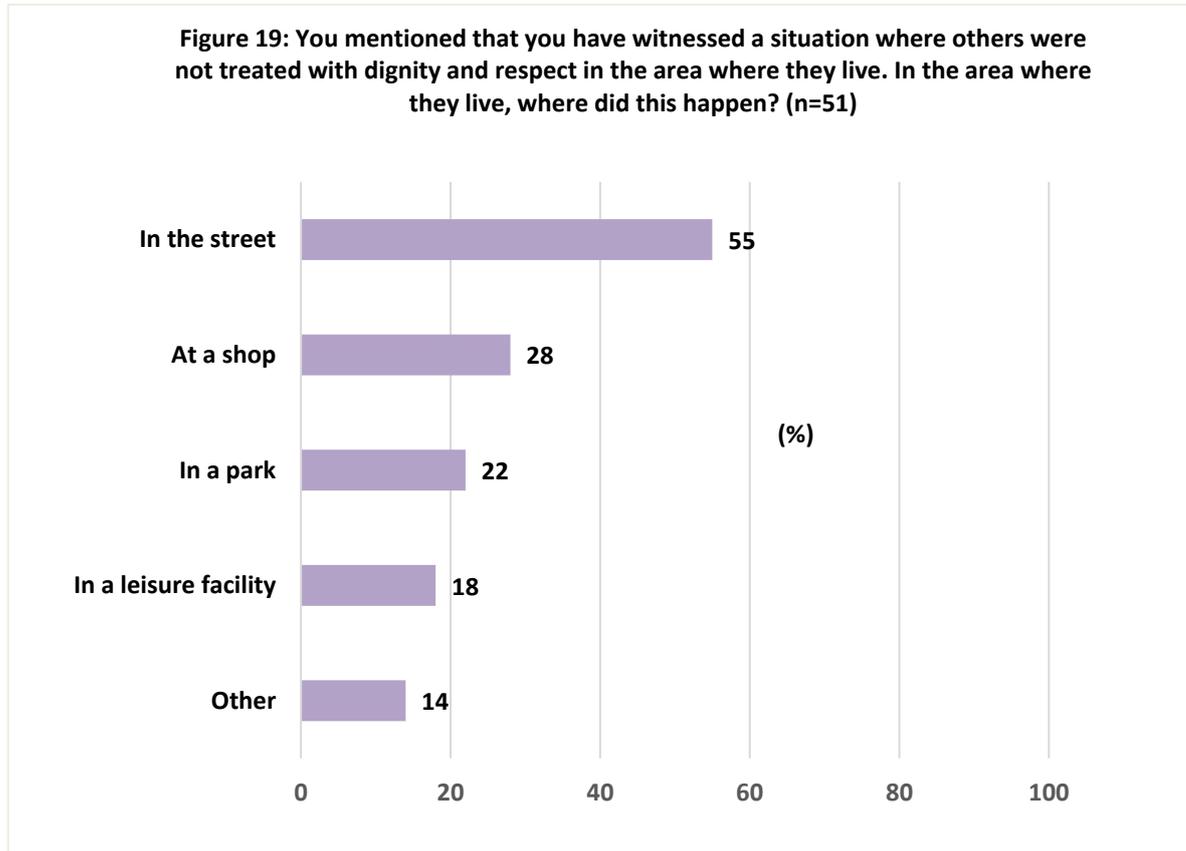
Because of the relatively small numbers, the figures on the grounds for others not being treated with dignity and respect have been combined for workplace, area where they live and when receiving health and social care services. Thus, the grounds why respondents said others were not treated with dignity and respect included:

- **GENDER:**
Female (n=9); male (n=3); male to female transgender (n=2); and, other (n=1); don't know (n=1).
- **ETHNICITY:**
White – British or Irish (n=4); Irish Traveller (n=3); white – Eastern European (n=12); mixed race (n=9); black (n=2); Chinese (n=1); other (n=2).
- **RELIGION:**
Protestant (n=7); Catholic (n=6); other (n=4); don't know (n=3).
- **SEXUAL ORIENTATION:**
Straight (n=1); gay (n=10); bisexual (n=2); don't know (n=1).
- **AGE:**
16-29 (n=1); 30-44 (n=1); 45-59 (n=2); 60+ (n=10); don't know (n=1); prefer not to say (n=1).
- **POLITICAL AFFILIATION:**
Unionist / Loyalist (n=1); Neither (n=1); Nationalist / Republican (n=6); other (n=1).

2.5.4 Witnessing others not being treated with dignity and respect in the area where they live

Those (n=51) who said they have witnessed a situation where others were not treated with dignity and respect in the area where they live were asked where this had happened.

Figure 19 shows that 55% of those who witnessed situations where others were not being treated with dignity and respect in the area where they live, witnessed this in the street, 28% at a shop, 22% at a park and 18% at a leisure facility. Fourteen percent cited other locations⁵.

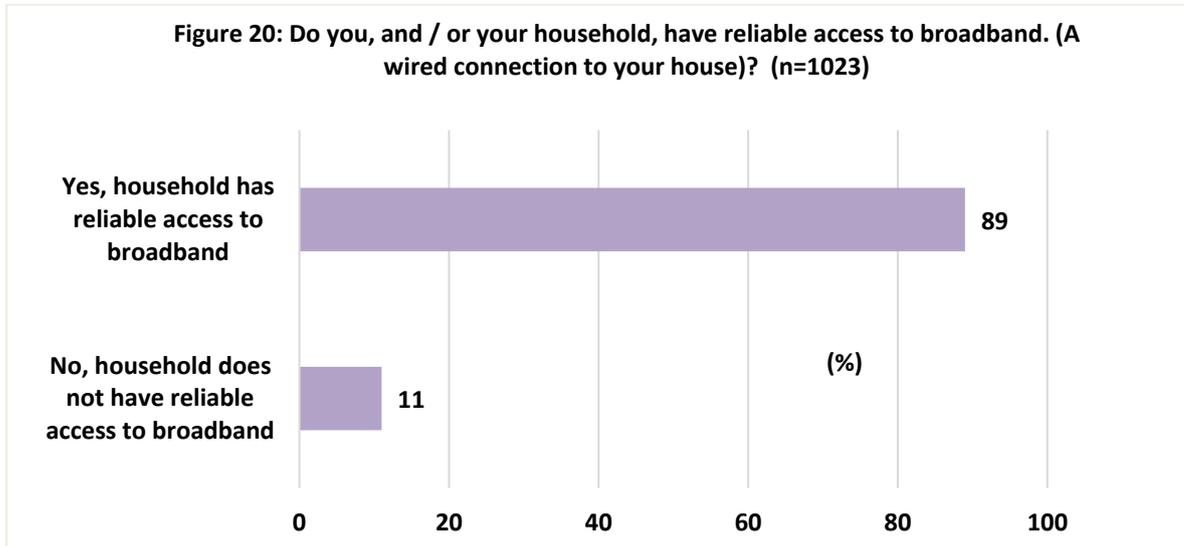


⁵ Included: bar (n=1); community setting (n=1); doctors surgery (n=1); it's happening everyday as my vote is ignored at Stormont (n=1); restaurant (n=1); school (n=1).

2.6 Access to services

2.6.1 Access to broadband

Almost nine out of ten (89%) respondents said that their household has reliable access to broadband, with 11% saying they do not.

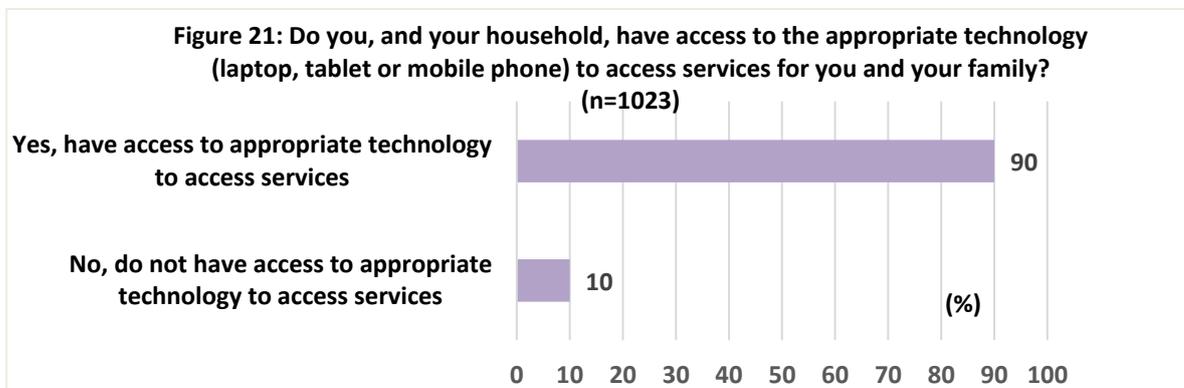


Those less likely to say their household has reliable access to broadband included:

- Those aged 65+ (65%) compared to other age groups (16-29, 95%; 30-49, 96%; 50-64, 93%).
- Respondents with a disability (62%) compared to those with no disability (92%).
- Those with no dependent children (84%) compared to those with dependent children (97%).
- Widowed (49%) respondents compared to married/cohabiting (91%), single (93%) and separated / divorced (94%) respondents.

2.6.2 Access to the appropriate technology to access services

Nine out of ten (90%) respondents said that their household has access to the appropriate technology (laptop, tablet or mobile phone) to access services for them and their family, with 10% saying they do not.



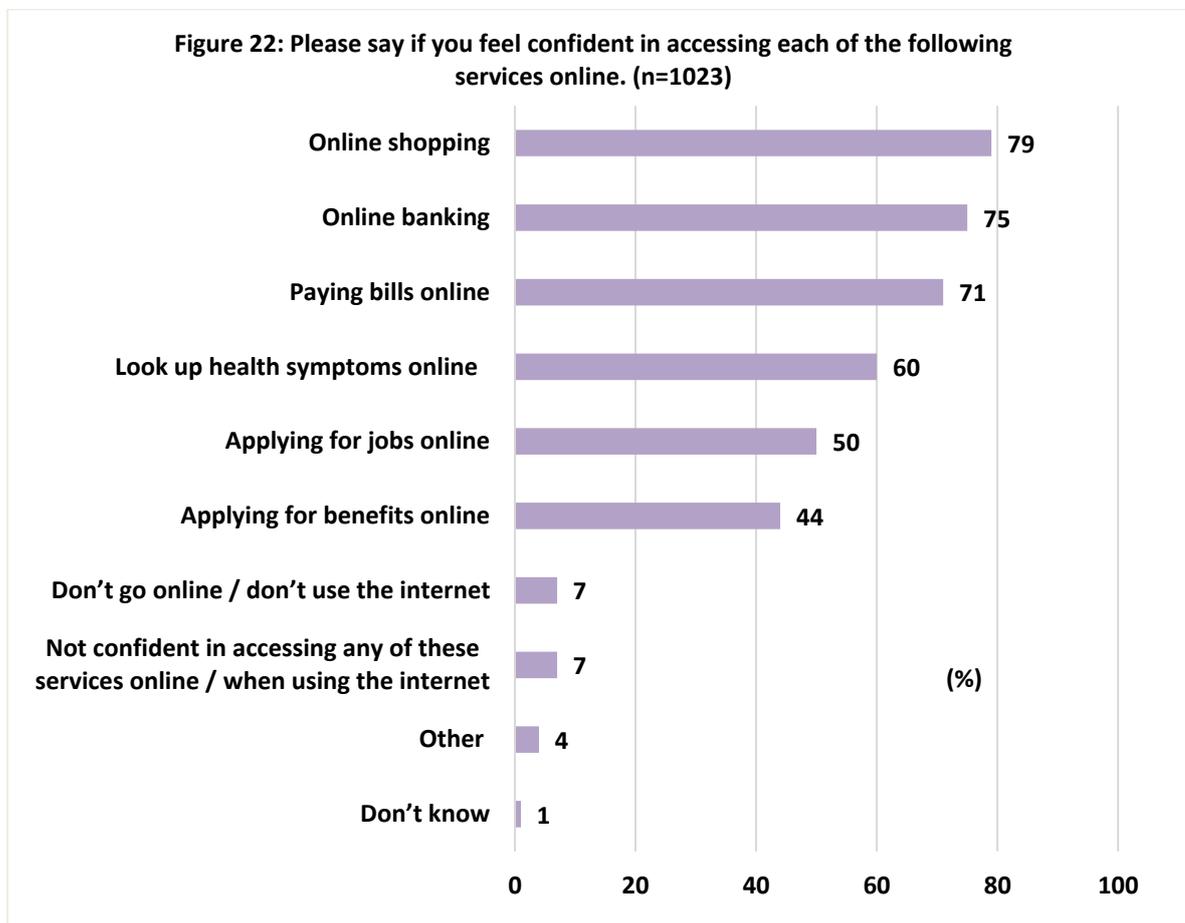
Those less likely to say their household has access to the appropriate technology (laptop, tablet or mobile phone) to access services for them and their family included:

- Those aged 65+ (68%) compared to other age groups (16-29, 96%: 30-49, 97%: 50-64, 95%).
- Respondents with a disability (71%) compared to those with no disability (93%).
- Those with no dependent children (86%) compared to those with dependent children (98%).
- Widowed (51%) respondents (married/cohab. 92%: single, 94%: separated / divorced, 96%).

2.6.3 Confident in accessing different services online

Respondents were asked to say if they feel confident in accessing a range of services online. Figure 22 shows that most respondents were confident accessing online shopping (79%), banking services (75%) and paying bills online (71%).

Relative to other services, respondents were less confident applying for benefits online (44%) and applying for jobs online (50%).



There were a number of statistically significant differences in relation to confidence in accessing different services online, with those *less likely* to be confident accessing services including:

Online shopping:

- Men (76%) compared with women (83%).
- Those aged 65+ (38%) compared to other age groups (16-29, 94%; 30-49, 94%; 50-64, 80%).
- Respondents with a disability (39%) compared to those with no disability (85%).
- Those with no dependent children (72%) compared to those with dependent children (94%).
- Widowed (29%) respondents (married/cohab. 80%; single, 88%; separated / divorced, 83%).

Online banking:

- Men (73%) compared with women (78%).
- Those aged 65+ (35%) compared to other age groups (16-29, 91%; 30-49, 91%; 50-64, 74%).
- Respondents with a disability (38%) compared to those with no disability (80%).
- Straight respondents (75%) compared to LGBTQI+ respondents (88%).
- Unionist/Loyalist (72%) and Nationalist/Republican (72%) respondents (neither Unionist / Loyalist nor Nationalist / Republican, 80%).
- Those with no dependent children (67%) compared to those with dependent children (92%).
- Widowed (24%) respondents compared to married/cohab. 77%; single, 83%; separated / divorced, 74%)

Paying bills online:

- Those aged 65+ (34%) compared to other age groups (16-29, 85%; 30-49, 86%; 50-64, 70%).
- Respondents with a disability (37%) compared to those with no disability (76%).
- Straight respondents (70%) compared to LGBTQI+ respondents (91%).
- Those with no dependent children (62%) compared to those with dependent children (89%).
- Widowed (27%) respondents (married/cohab. 74%; single, 77%; separated / divorced, 64%).

Applying for benefits online:

- Those aged 65+ (14%) compared to other age groups (16-29, 61%; 30-49, 57%; 50-64, 37%).
- Respondents with a disability (26%) compared to those with no disability (47%).
- Straight respondents (44%) compared to LGBTQI+ respondents (63%).
- Those with no dependent children (36%) compared to those with dependent children (62%).
- Widowed (10%) respondents compared to married/cohab. 43%; single, 58%; separated / divorced, 39%.

Applying for jobs online:

- Those aged 65+ (12%) compared to other age groups (16-29, 75%; 30-49, 64%; 50-64, 40%).
- Respondents with a disability (21%) compared to those with no disability (54%).
- Straight respondents (49%) compared with LGBTQI+ respondents (74%).
- Those with no dependent children (42%) compared to those with dependent children (66%).
- Carers (43%) compared with non-carers (52%).
- Widowed (11%) respondents compared to married/cohab. 48%; single, 67%; separated / divorced, 38%.

Look up health symptoms online:

- Men (54%) compared with women (65%).
- Those aged 65+ (31%) compared to other age groups (16-29, 70%; 30-49, 72%; 50-64, 59%).
- Respondents with a disability (33%) compared to those with no disability (64%).
- Those with no dependent children (52%) compared to those with dependent children (76%).
- Widowed (29%) respondents compared to married/cohab. 62%: single, 62%: separated / divorced, 68%.

2.6.4 Accessing health and social care services in normal working hours

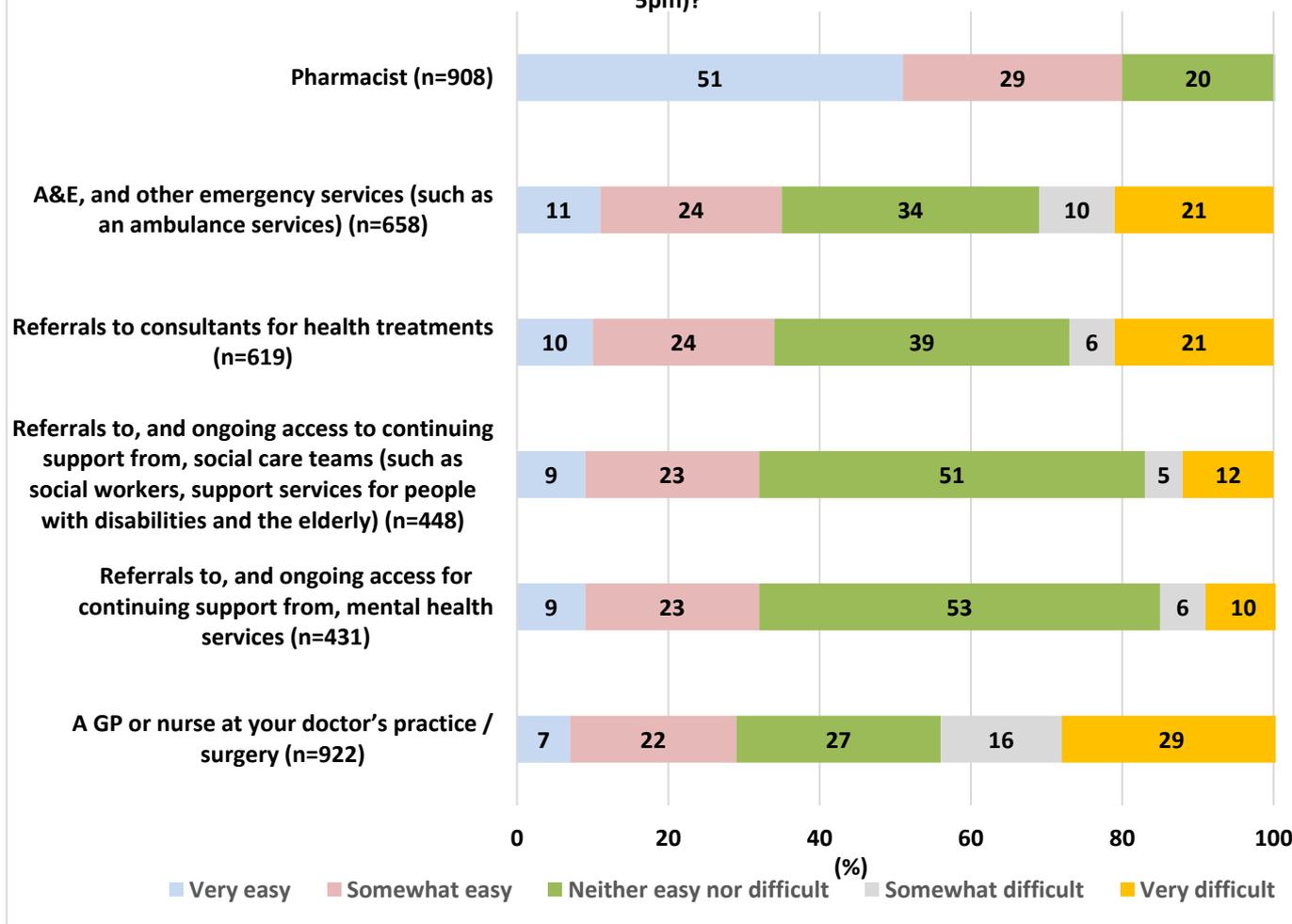
Respondents were asked to think generally about Health and Social Care in Northern Ireland, and using a scale from 1 to 5 where 1 is very easy and 5 is very difficult, to say how easy or difficult they have found accessing a range of health services **in normal working hours (i.e. 9am-5pm)**.

Figure 23 shows that respondents were most likely to say that pharmacy services (80%) are easy to access during normal working hours, with 1% finding it difficult.

In contrast respondents were least likely to say that accessing a GP or nurse at their GP Practice is easy (29%) in normal working hours, with almost half (45%) saying that it is difficult.

Approximately one third of respondents believe that accessing emergency services is easy (35%) in normal working hours with 31% believing it is difficult, with a similar pattern of response for referrals to consultants for hospital treatments (easy, 34%; difficult, 27%). Access to social care teams in normal working hours was perceived to be easy by 32% (difficult, 17%), with access to mental health services perceived to be easy by 32% (difficult, 16%) (*Note that for the purposes of analysis, respondents who answered, don't know or refused to say were excluded from this analysis*).

Figure 23: Thinking generally about Health and Social Care in Northern Ireland, how easy or difficult have you found it accessing the following health services IN NORMAL WORKING HOURS (i.e. 9am-5pm)?



There were a number of statistically significant differences:

Those more likely to find it **difficult to access a GP or nurse at your doctor's practice / surgery in normal working hours** included:

- Those with a disability (60%) compared to those with no disability (43%).
- Those with caring responsibilities (58%) compared to those without (42%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (47%) (Unionist / Loyalist, 44%; Nationalist / Republican, 40%).

Those more likely to find it **difficult to access A&E and other emergency services (such as an ambulance services) in normal working hours** included:

- Those aged 50-64 (37%) compared with other age groups (16-29, 23%; 30-49, 31%; 65+, 34%).
- Those with a disability (51%) compared to those with no disability (29%).
- Those with caring responsibilities (45%) compared to those without (29%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (34%) (Unionist / Loyalist, 31%; Nationalist / Republican respondents, 25%).

Those more likely to find it **easy to access pharmacy services in normal working hours** included:

- Women (83%) compared with men (76%).
- Those with a disability (89%) compared to those with no disability (79%).
- Those with caring responsibilities (90%) compared to those without (78%).

Those more likely to find it **difficult to access referrals to consultants for health treatments in normal working hours** included:

- Those with a disability (47%) compared to those with no disability (23%).
- Those with caring responsibilities (43%) compared to those without (22%).
- Widowed (35%) respondents compared to married/cohab. 26%: single, 23%: separated / divorced, 28%
- Nationalist / Republican (32%) respondents (Unionist / Loyalist, 23%: neither Unionist / Loyalist nor Nationalist / Republican respondents, 26%).

Those more likely to find it **difficult to access referrals to, and ongoing access for continuing support from, mental health services in normal working hours** included:

- Those with a disability (42%) compared to those with no disability (12%).
- LGBTQI+ respondents (31%) compared to those who are straight (14%).
- Those with caring responsibilities (30%) compared to those without (12%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (18%) (Unionist / Loyalist, 13%: Nationalist / Republican respondents, 12%).

Those more likely to find it **difficult to access referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly) in normal working hours** included:

- Those with a disability (36%) compared to those with no disability (14%).
- Those with caring responsibilities (36%) compared to those without (13%).
- Separated or divorced respondents (24%) compared to married/cohab. 17%: single, 14%: widowed, 18%).
- Nationalist / Republican (20%) respondents (Unionist / Loyalist, 14%: neither Unionist / Loyalist nor Nationalist / Republican, 17%).

2.6.5 Reasons for finding it difficult to access health and social care services in normal working hours

A GP or nurse at your doctor's practice / surgery

The most common reasons why respondents (n=413) believe it is difficult to access a GP or nurse at their doctor's practice / surgery in normal working hours included: difficulties in contacting the service by phone (41%); unable to get an appointment (29%); long waiting times to get an appointment (9%); and, difficulty getting an appointment even when you get through by phone (7%).

A&E, and other emergency services (such as an ambulance services)

The most common reasons why respondents (n=208) believe it is difficult to access A&E, and other emergency services (such as an ambulance services) in normal working hours included: long waiting (and unacceptable) times (64%); busy and overcrowded (7%); staff shortages (6%); long waits for ambulances (3%); and, no beds / people waiting in corridors (3%).

Pharmacist

The most common reasons why respondents (n=5) believe it is difficult to access pharmacy services in normal working hours included: opening times (n=2); rota (n=1); wrong medication or medication not available (n=1); and, don't know (n=1).

Referrals to consultants for health treatments

The most common reasons why respondents (n=165) believe it is difficult to access referrals to consultants for health treatment in normal working hours included: waiting times / lists (65%); being unable to get a GP appointment to get a referral (10%); unable to get a referral (7%); not hearing back (4%); unable to contact consultants (3%); and, staff shortages impacting on the availability of referrals (3%).

Referrals to, and ongoing access for continuing support from, mental health services

The most common reasons why respondents (n=66) believe it is difficult to access referrals to, and ongoing access for continuing support from, mental health services in normal working hours included: long waiting lists / backlog (56%); unable to get a GP appointment to get a referral (11%); unable to get help or support (8%); shortage of staff / overstretched services (8%); and, not hearing back (6%).

Referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly)

The most common reasons why respondents (n=76) believe it is difficult to access referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly) in normal working hours included: long waiting lists / backlog (47%); lack of services and support available (11%); difficult to get appointments/no appointments (9%); lack of funding (9%); staff shortages (9%); and, no referrals (4%).

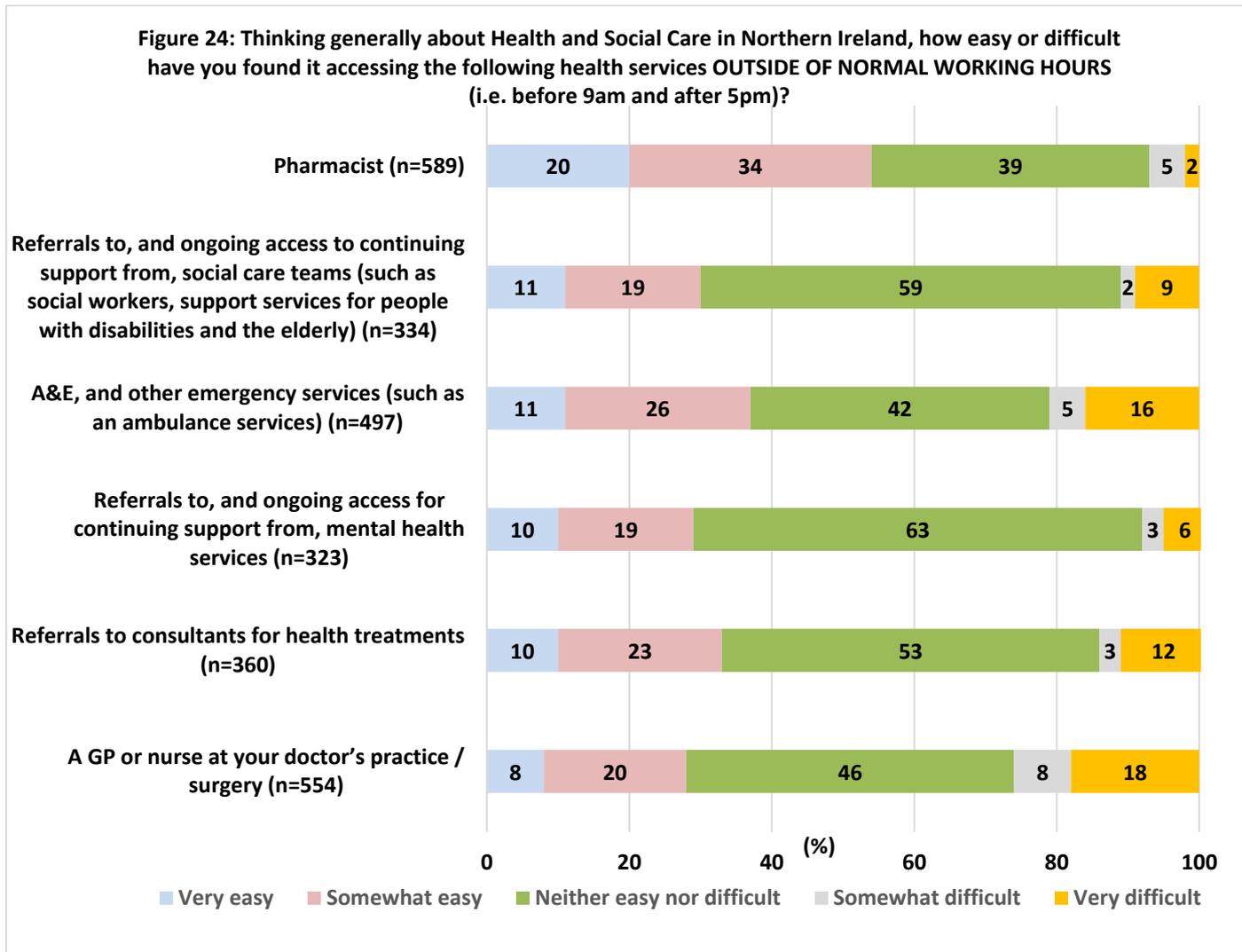
2.6.6 Accessing health and social care services outside of normal working hours

Respondents were asked to think generally about Health and Social Care in Northern Ireland, and using a scale from 1 to 5 where 1 is very easy and 5 is very difficult, to say how easy or difficult they have found accessing a range of health services **outside of normal working hours (i.e. before 9am and after 5pm)**.

Figure 24 shows that respondents were most likely to say that pharmacy services (54%) are easy to access outside of normal working hours, with 7% saying that accessing pharmacy services is difficult.

In contrast respondents were least likely to say that accessing services at their GP Practice outside of normal working hours is easy (28%), with approximately a quarter (26%) saying that it is difficult.

Just over one third of respondents believe that accessing emergency services out of hours is easy (37%) with 21% believing it is difficult, with a similar pattern of response for referrals to consultants for health treatments (easy, 33%: difficult, 15%). Access to social care teams was perceived to be easy by 30% (difficult, 11%), with access to mental health services outside of normal working hours perceived to be easy by 29% (difficult, 9%) (*Note that for the purposes of analysis, respondents who answered, don't know or refused to say were excluded from this analysis*).



There were a number of statistically significant differences:

Those more likely to find it **difficult to access a GP or nurse at your doctor's practice / surgery outside of normal working hours** included:

- Those with a disability (42%) compared to those with no disability (23%).
- Those with caring responsibilities (37%) compared to those without (23%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (27%) (Unionist / Loyalist, 22%; Nationalist / Republican, 24%).

Those more likely to find it **difficult to access A&E and other emergency services** (such as an ambulance services) **outside of normal working hours** included:

- Those with a disability (36%) compared to those with no disability (20%).
- Those with caring responsibilities (44%) compared to those without (17%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (26%) (Unionist / Loyalist, 14%; Nationalist / Republican respondents, 14%).

Those less likely to find it **easy to access pharmacy services outside of normal working hours** included:

- Women (58%) compared with men (48%).
- Those with dependent children (56%) compared to those without (52%).
- Non-carers (55%) compared with carers (48%).

Those more likely to find it **difficult to access referrals to consultants for health treatments outside of normal working hours** included:

- Those with a disability (32%) compared to those with no disability (12%).
- Those with caring responsibilities (37%) compared to those without (11%).
- Widowed (41%) respondents compared to married/cohab. 14%: single, 10%: separated / divorced.

Note that Nationalist / Republican respondents (47%) were more likely to say they find it easy to access referrals to consultants for health treatments outside of normal working hours (Unionist / Loyalist, 37%; neither Unionist / Loyalist nor Nationalist / Republican respondents, 23%).

Those more likely to find it **difficult to access referrals to, and ongoing access for continuing support from, mental health services outside of normal working hours** included:

- Women (11%) compared with men (5%)
- Those with a disability (27%) compared to those with no disability (7%).
- Those with dependent children (18%) compared to those without (4%).
- Those with caring responsibilities (21%) compared to those without (7%).
- Separated or divorced respondents (33%) compared to married/cohab. 7%: single, 7%: widowed, 0%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (9%) (Unionist / Loyalist, 6%; Nationalist / Republican respondents, 8%).

Those more likely to find it **difficult to access referrals to, and ongoing access to continuing support from, social care teams** (such as social workers, support services for people with disabilities and the elderly) **outside of normal working hours** included:

- Those with a disability (38%) compared to those with no disability (9%).
- Those with dependents (19%) compared to those without (8%).
- Those with caring responsibilities (33%) compared to those without (9%).
- Separated or divorced respondents (33%) compared to married/cohab. 9%: single, 12%: widowed, 9%).
- Those describing their political affiliation as neither Unionist / Loyalist nor Nationalist / Republican (14%) (Unionist / Loyalist, 6%: Nationalist / Republican respondents, 12%).

2.6.7 Reasons for finding it difficult to access health and social care services outside of normal working hours

A GP or nurse at your doctor's practice / surgery

The most common reasons why respondents (n=141) believe it is difficult to access a GP or nurse at their doctor's practice / surgery included: closed / no service out of normal working hours (27%); can't get through on phone - rings out/constantly engaged (26%); can't get an appointment (18%); long waiting times to see a doctor (6%); and, staff shortages (6%).

A&E, and other emergency services (such as an ambulance services)

The most common reasons why respondents (n=106) believe it is difficult to access A&E, and other emergency services (such as an ambulance services) outside of normal working hours included: long waiting times (62%); staff shortages (12%); busy and overcrowded (11%); and, long waits for ambulances (4%).

Pharmacist

The most common reasons why respondents (n=46) believe it is difficult to access pharmacy services outside of normal working hours included: restricted opening times (30%); closed (26%); difficulty identifying which one is on rota (17%); and, finding a pharmacy that is open (7%).

Referrals to consultants for health treatments

The most common reasons why respondents (n=51) believe it is difficult to access referrals to consultants for health treatment outside of normal working hours included: waiting times / lists (29%); closed (20%); no availability out of hours (16%); can't get a GP appointment to get a referral (10%); and, no appointments / referrals available (8%).

Referrals to, and ongoing access for continuing support from, mental health services

The most common reasons why respondents (n=27) believe it is difficult to access referrals to, and ongoing access for continuing support from, mental health services outside of normal working hours included: closed (30%); no service after 5pm (15%); long waiting times / lists / (15%); difficult to get appointments (11%); and, staff shortages (11%).

Referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly)

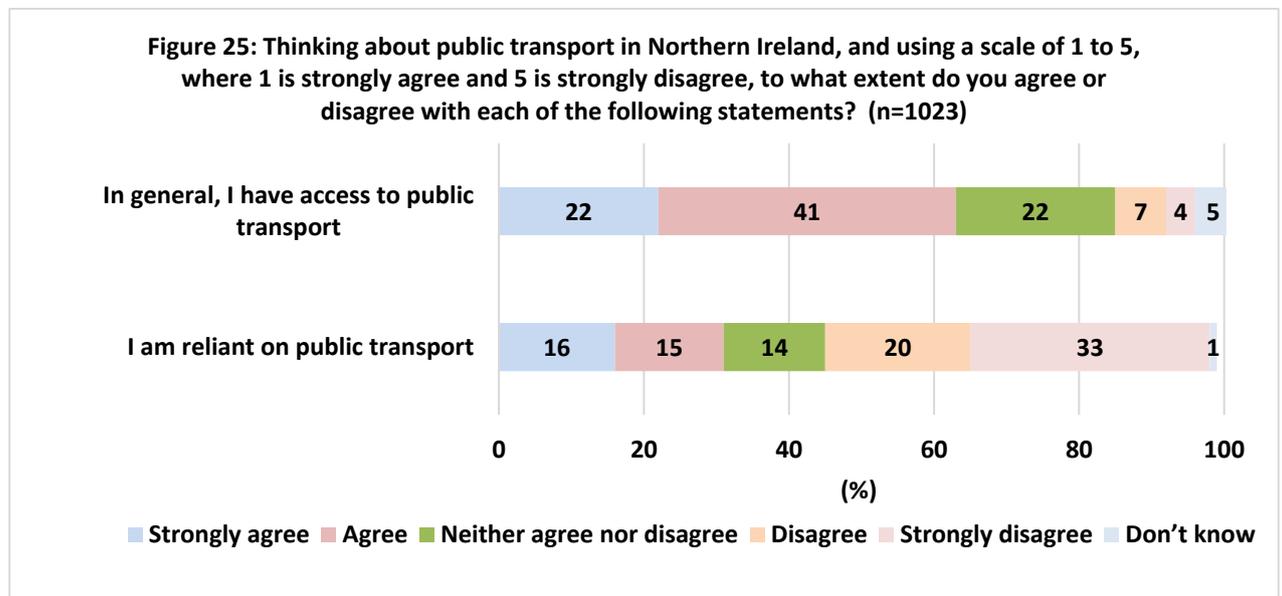
The most common reasons why respondents (n=37) believe it is difficult to access referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly) outside of normal working hours included: staff shortages (23%); closed (17%); long waiting lists (17%); unable to contact (9%); and, no support available (9%).

2.6.8 Access to public transport

Respondents were asked to think generally about public transport in Northern Ireland, and using a scale from 1 to 5 where 1 is strongly agree and 5 is strongly disagree, to what extent they agreed or disagreed with statements relating to access and reliance on public transport.

Figure 25 shows that 63% agreed with the statement: ‘In general, I have access to public transport’, with 22% neither agreeing nor disagreeing and 11% disagreeing. Five percent were undecided.

In relation to the statement: ‘I am reliant on public transport’, 31% agreed, 14% neither agreed nor disagreed, and 53% disagreed. One percent answered, don’t know.



Those more likely to agree with the statement ‘I am reliant on public transport’ include:

- Women (35%) compared with men (27%).
- Those aged 16-29 (48%) (30-49, 20%: 50-64, 21%: 65+, 45%).
- Those with a disability (49%) compared to those with no disability (29%).
- Those with no dependent children (38%) compared to those with dependent children (19%).

- Non-carers (32%) compared with carers (29%).
- Widowed (51%) respondents compared to married/cohab. 25%: single, 46%: separated / divorced.

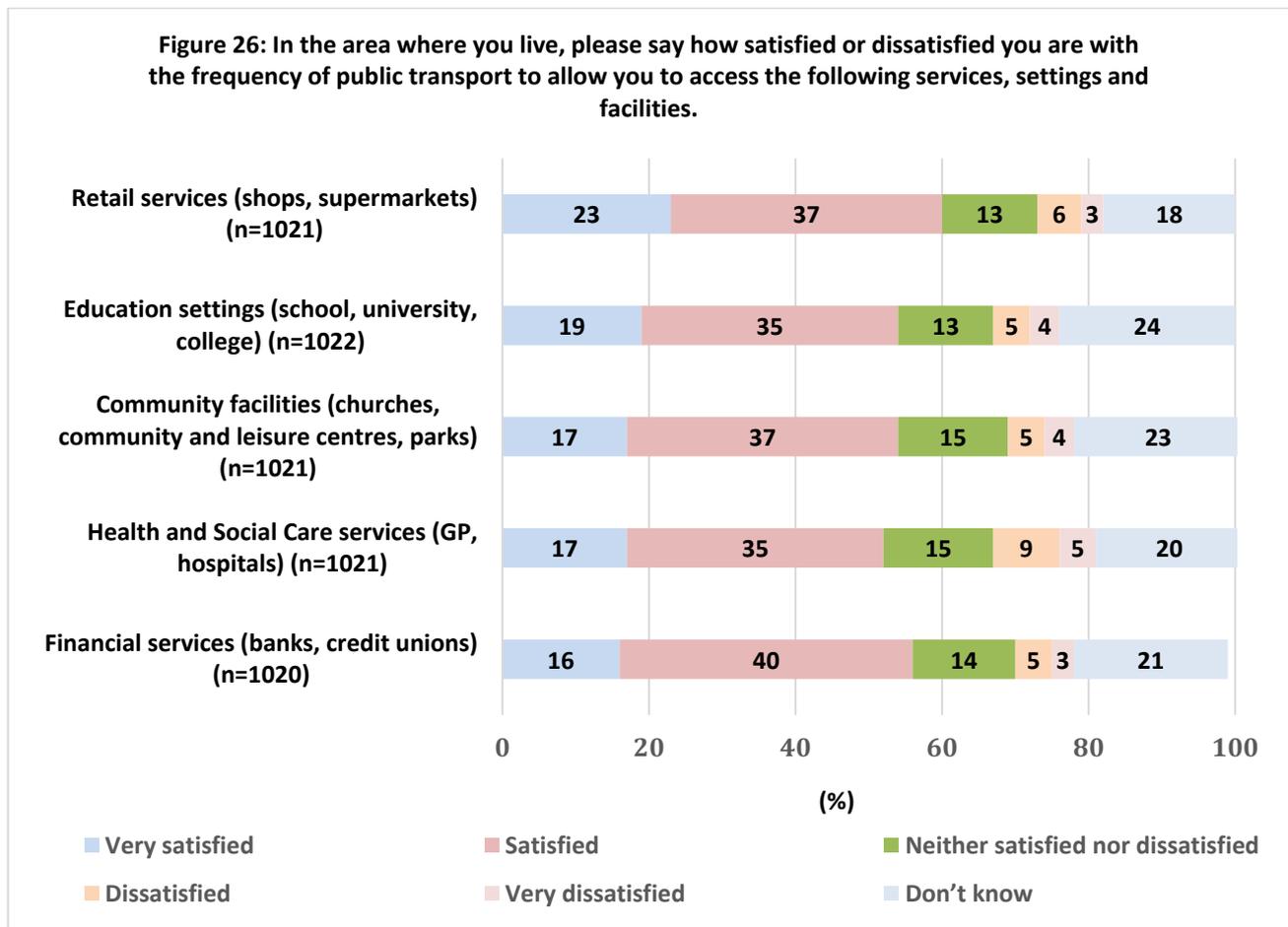
Those more likely to disagree with the statement that ‘In general, I have access to public transport’ include:

- Those with a disability (15%) compared to those with no disability (10%).

2.6.9 Satisfaction with frequency of public transport to access different services

Respondents were asked about the area where they live, and to say how satisfied or dissatisfied they are with the frequency of public transport to allow them to access different services, settings, and facilities.

Figure 26 shows that respondents were most likely to be satisfied with the frequency of public transport to allow them to access retail services (60%), followed by financial services (56%), education settings (54%), community facilities (54%) and health and care services (52%).



Note that for the sub analysis by equality group those who answered ‘don’t know’ to each statement have been removed.

Key Differences

Frequency of public transport to access **'financial services (banks, credit unions)'**

- Disabled respondents (54%) were less likely to be satisfied than those with no disability (57%).
- Those with dependent children (52%) were less likely to be satisfied than those with no dependent children (59%).
- Carers (51%) were less likely to be satisfied than non-carers (58%).
- Those who are neither Unionist / Loyalist nor Nationalist / Republican (48%) were less likely to be satisfied (Unionist / Loyalist, 64%: Nationalist / Republican, 63%).

Frequency of public transport to access **'retail services (shops, supermarkets)'**

- Respondents with a disability (17%) compared to those with no disability (80%) were more likely to be dissatisfied.
- Those with dependent children (53%) compared to those without (64%) were less likely to be satisfied.
- Carers (53%) were less likely to be satisfied compared with non-carers 62%).
- Those describing their ethnicity as non-white British or Irish (38%) were less likely to be satisfied compared with white British or Irish (61%) respondents.
- Those who are neither Unionist / Loyalist nor Nationalist / Republican (52%) were less likely to be satisfied (Unionist / Loyalist, 69%: Nationalist / Republican respondents, 64%).

Frequency of public transport to access **'health and Social Care services' (GP, hospitals)**

- Those with a disability (25%) were more likely to be dissatisfied compared to those with no disability (13%).
- Carers (22%) were more likely to be dissatisfied compared with non-carers (13%).
- Those who are neither Unionist / Loyalist nor Nationalist / Republican (45%) were less likely to be satisfied (Unionist / Loyalist, 60%): Nationalist / Republican respondents, 55%).

Frequency of public transport to access **'education settings' (school, university, college)**

- Younger respondents were more likely to be satisfied (16-29, 63%: 30-49, 55%: 50-64, 50%: 65+, 51%).
- Those with a disability (47%) were less likely to be satisfied compared with those with no disability (56%).
- Those who are neither Unionist / Loyalist nor Nationalist / Republican (49%) were less likely to be satisfied (Unionist / Loyalist, 62%: Nationalist / Republican respondents, 58%).

Frequency of public transport to access **'community facilities' (churches, community and leisure centres, parks)**

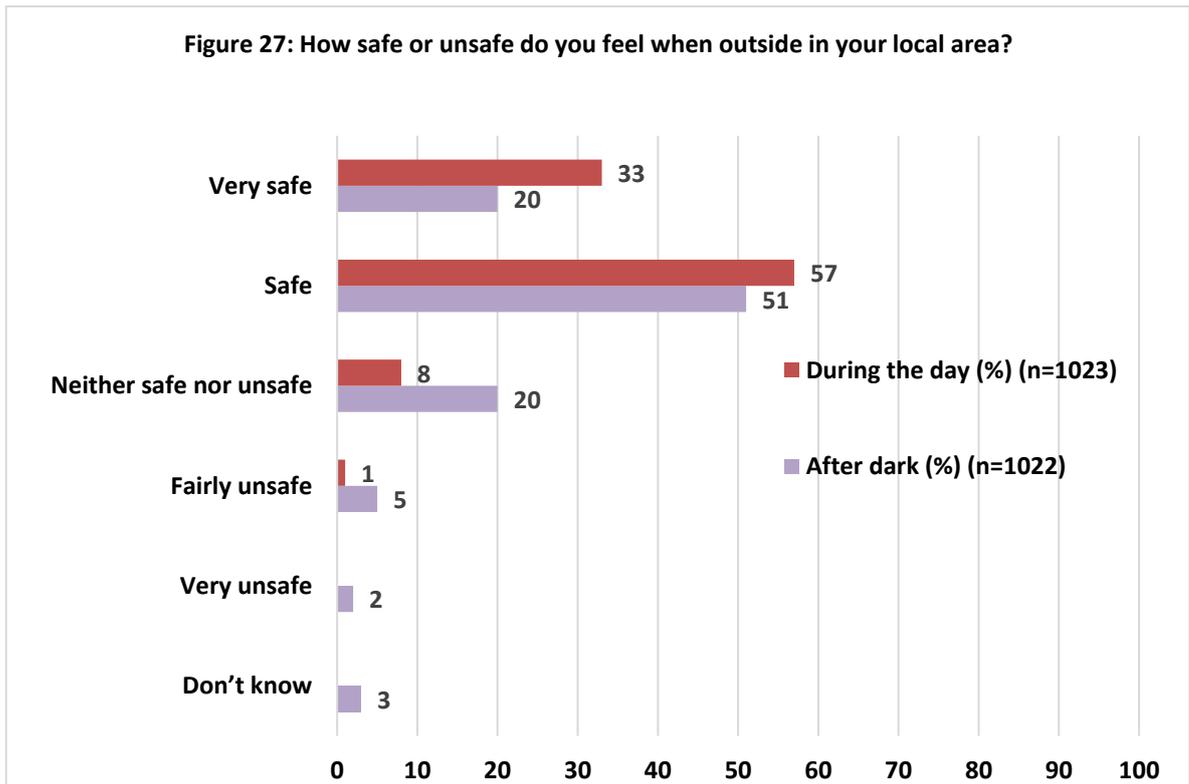
- Those with a disability (47%) were less likely to be satisfied compared with those with no disability (54%).
- Carers were less likely to be satisfied (44%) compared with non-carers (56%).
- Those who are neither Unionist / Loyalist nor Nationalist / Republican (47%) were less likely to be satisfied (Unionist / Loyalist, 61%: Nationalist / Republican respondents, 57%).

2.7 Personal perception of safety in the local area

Respondents were asked about their perception of safety and how safe or unsafe they feel when outside in their local area during the day and after dark.

Figure 27 shows that 90% said they feel either very safe (33%) or safe (57%) in the local area during the day, with 8% feeling neither safe nor unsafe and 1% feeling fairly unsafe.

In contrast, 71% said they feel either very safe (20%) or safe (51%) in the local area after dark, with 20% feeling neither safe nor unsafe and 7% feeling unsafe (5% fairly unsafe and 2% feeling very unsafe). Three percent were undecided.



Key Differences

Feeling safe when outside in their local area **during the day**

- Men (90%), compared with women (92%), were less likely to say they feel safe.
- Respondents with a disability (81%), compared to those with no disability (92%), were less likely to say they feel safe.
- LGBTQI+ respondents (84%) were less likely to say they feel safe compared to straight respondents (92%).
- Those with no dependent children (89%) compared to those with dependent children (94%) were less likely to say they feel safe.

- Widowed (81%) respondents were less likely to say they feel safe during the day compared to married/cohab. 93%: single, 88%: separated / divorced, 93% respondents).
- Those describing their ethnicity as non-white British or Irish were less likely to say they feel safe during the day (76%) compared with those describing their ethnicity as white British Irish (92%).

Feeling safe when outside in their local area **after dark**

- Women (66%), compared with men (76%), were less likely to say they feel safe.
- Those aged 65+ (50%) compared to other age groups were less likely to say they feel safe (16-29, 80%: 30-49, 76%: 50-64, 73%).
- Respondents with a disability (47%) compared to those with no disability (74%) were less likely to say they feel safe.
- Those who described their religion as other / none (63%) were less likely to say they feel safe in their local area after dark (Protestant, 76%: Catholic, 69%).
- Those with no dependents (68%), compared to those with dependents (77%), were less likely to say they feel safe.
- Widowed (40%) respondents were less likely to say they feel safe when outside after dark compared to married/cohab. 74%: single, 74%: separated / divorced, 61% respondents).

2.7.1 Reasons for feeling unsafe

Outside in their local area **during the day (n=9)**

The most common reasons why respondents said they feel unsafe outside in their local area **during the day** included: a lot of homeless people (n=1); not a safe area / a lot of drugs (n=1); scared of folk looking for bank details or entrance to house (n=1); some dodgy characters (n=1); there are some dangerous people about (n=1); there could be people with drugs about (n=1); this is a ghetto (n=1); times have changed / crimes etc. (n=1); and, too many gangs (n=1).

Outside in their local area **after dark (n=69)**

The most common reasons why respondents said they feel unsafe outside in their local area **after dark** included: high levels of violent crime (20%); teenagers / young people hanging around (15%); drug issues (12%); very dark / no street lighting (99%); and, just feel unsafe / frightened (6%).

2.8 Access and participation in public life

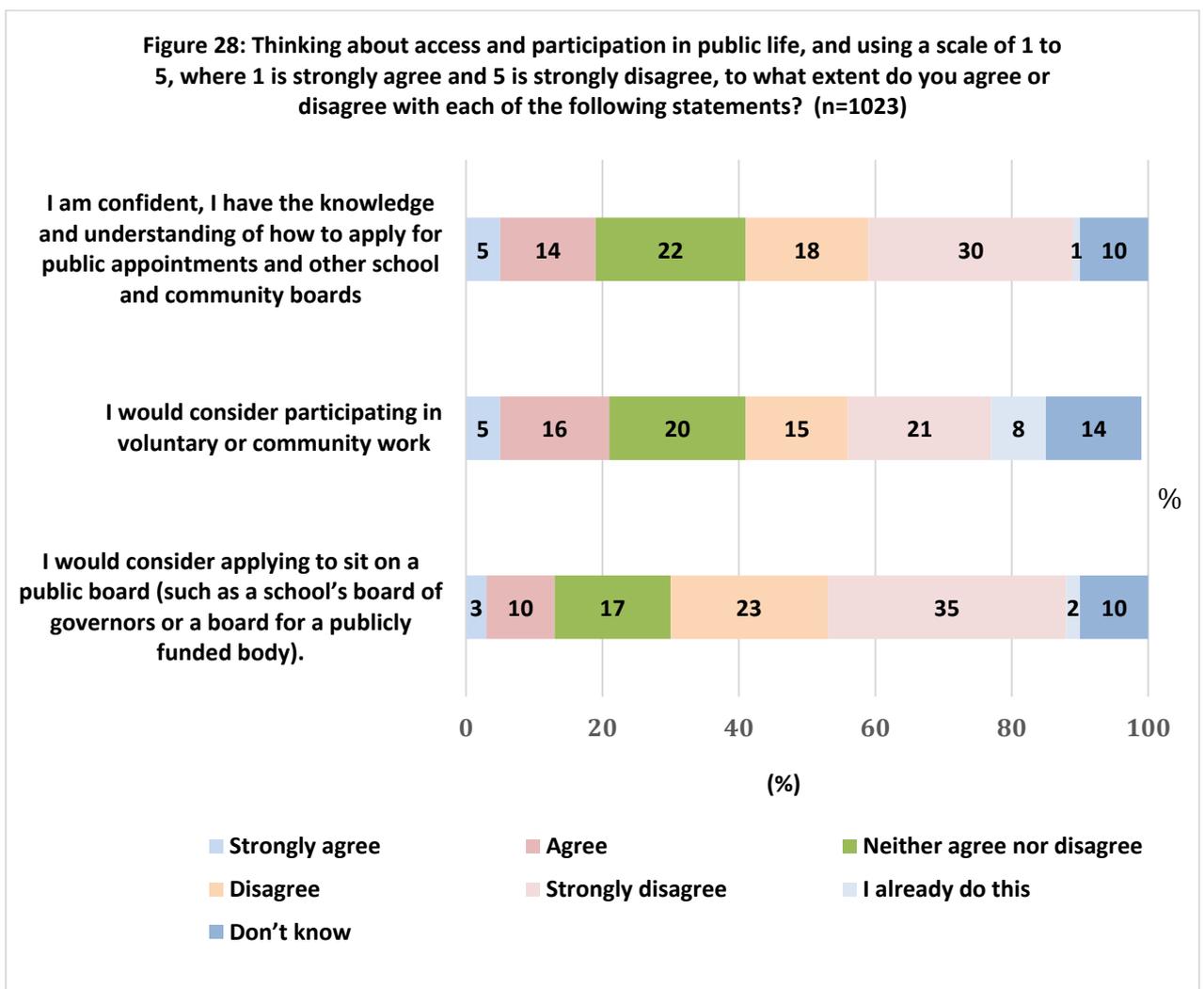
2.8.1 Attitudes to access and participation in public life

Respondents were asked to think about access and participation in public life, and using a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree, were asked to say to what extent they agreed or disagreed with a number of statements.

Figure 28 shows that 19% agreed with the statement *‘I am confident, I have the knowledge and understanding of how to apply for public appointments and other school and community boards’*, 22% neither agreed nor disagreed and 48% disagreed. One percent said they already do this, and 10% answered, don’t know.

Approximately one in five (21%) agreed with the statement *‘I would consider participating in voluntary or community work’*, with 20% neither agreeing nor disagreeing and 36% disagreeing. Eight percent said they already do this and 14% were undecided.

Thirteen percent (13%) agreed with the statement *‘I would consider applying to sit on a public board (such as a school’s board of governors or a board for a publicly funded body)’*, with 17% neither agreeing nor disagreeing and 58% disagreeing. Two percent said they already do this and 10% were undecided.



Key Differences (please note that this analysis excludes respondents who either do each of the following or refused to answer each question)

I would consider participating in voluntary or community work (those less likely to agree)

- Men (16%) compared with women (29%).
- Those aged 65+ compared to other age groups (16-29, 30%: 30-49, 27%: 50-64, 20%: 65+, 11%).
- Respondents with a disability (13%) compared to those with no disability (24%).
- Those describing their political affiliation as either Unionist/ Loyalist (21%) or Nationalist / Republican (19%) (neither Unionist / Loyalist nor Nationalist / Republican, 27%).
- Those with no dependent children (20%) compared to those with dependent children (30%).
- Non-carers (22%) compared to carers (28%).
- Widowed respondents (married/cohab. 21%: single, 31%: separated / divorced, 21%: widowed, 11%).

I would consider applying to sit on a public board (such as a school's board of governors or a board for a publicly funded body) (those less likely to agree)

- Men (10%) compared with women (16%).
- Those aged 65+ compared to other age groups (16-29, 17%: 30-49, 17%: 50-64, 10%:65+, 6%).
- Respondents with a disability (6%) compared to those with no disability (14%).
- Those with no dependent children (10%) compared to those with dependent children (20%).
- Non carers (12%) compared with carers (18%).
- Heterosexual/ straight (13%) compared with LGBTQI+ (26%) respondents.
- Separated / divorced (7%) or widowed (8%) respondents compared to respondents who are married / cohabiting (12%) or single (19%).

I am confident, I have the knowledge and understanding of how to apply for public appointments and other school and community boards (those less likely to agree)

- Those aged 65+ compared to other age groups (16-29, 21%: 30-49, 25%: 50-64, 18%: 65+, 9%).
- Respondents with a disability (7%) compared to those with no disability (21%).
- Heterosexual/ straight (19%) compared with LGBTQI+ (35%) respondents.
- Those with no dependents (15%) compared to those with dependents (28%).
- Non-carers (19%) compared with carers (23%).
- Widowed respondents (married/cohab. 20%: single, 22%: separated / divorced, 15% ; widowed 5%).

Appendix (Questionnaire)

QUESTIONNAIRE – MAIN SURVEY

Public Opinion Survey of Equality in Northern Ireland

18 January 2023

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Belfast
BT9 6DJ

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INTERVIEWER SCREENING:

Pre-amble

Good morning/afternoon/evening. My name is _____ from Social Market Research and I am conducting a survey on behalf of the Equality Commission for Northern Ireland. The survey is on public attitudes to equality issues in Northern Ireland.

SHOWCARD A

The survey is anonymous and confidential and you or your household cannot be identified in any way, and your views will be extremely valuable to the Equality Commission. Please note you will be asked for your personal details at the end of the survey but these details will not be linked to the answers you have given during the survey, they are purely used for validation purposes (i.e. to make sure the survey was conducted correctly, when we carry out our quality control checks). You or your household cannot be identified in any way.

By participating, we accept that you are opting in to freely submit information and personal data on a consensual basis. **The Equality Commission** will retain the anonymised data that you provide and will use it solely for statistics or research purposes. The Equality Commission treats all the data it holds with respect, keeping it secure and confidential. Any data collected or held by The Equality Commission for statistics or research purposes will not be disclosed for other purposes. Your rights are protected under GDPR.

You may withdraw or terminate this interview at any time you wish and you do not have to answer every question.

X1. Are you happy to participate in this survey? **(Single Code)**

Yes	1	Proceed
No	2	Thank and close

X2. Sample point

X3. Interviewer number

Section A: Awareness, understanding and level of engagement with equality

- A1. Thinking specifically about Northern Ireland, what single word or phrase comes to mind when you hear the term 'equality'?

--

- A2. On a scale of 1 to 5 (where 1 is strongly agree and 5 is strongly disagree), to what extent do you agree or disagree with the following statement? **Single Code**

'The term "equality" is meaningless to me in everyday life; it is not something I think about'

SHOWCARD B

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

- A3. Thinking about Northern Ireland today, and again using a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree, to what extent do you agree or disagree with each of the following statements? **Code for each statement**

SHOWCARD B

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

A	Equality and anti-discrimination laws in Northern Ireland are necessary
B	In general, workplaces in Northern Ireland are welcoming and inclusive
C	Workers are generally treated with dignity and respect
D	Public and shared spaces in Northern Ireland (e.g. leisure centres, parks, libraries and shopping centres) are open to all persons regardless of their personal characteristics

Section B: Equality of opportunity in education

INTERVIEWER READ OUT: Bullying can be defined as behaviour that is usually repeated by one or more persons intentionally to hurt, harm or adversely affect the rights and needs of another or others.

- B1. Based on this definition, have you or other members of your immediate or extended family ever experienced bullying or stereotyping in an education setting? **Select all that apply**

SHOWCARD C

Yes, I have	1
Yes, my partner has	2
Yes, one of my children has	3
Yes, a close relative or member of my extended family has	4
No	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

ASK FOR EACH FLAGGED AT B1

- B2A. Did (substitute from B1) experience bullying or stereotyping in an education setting because of any of the following? **Select all that apply**

SHOWCARD D1

Because of gender	1
Because of race	2
Because of community background / religion	3
Because of sexual orientation	4
Because of a disability	5
Because of age	6
Because of caring responsibilities	7
Because of political opinion	8
Because of marital status	9
Other (please specify)	10
<i>Don't know / No Reason</i>	11
<i>Prefer not to say</i>	12

ASK B2B FOR EACH FLAGGED AT B2A (only B2A_1, B2A_2, B2A_3, B2A_4, B2A_8, B2A_10)

B2B. Did (substitute from B1) experience bullying or stereotyping in an education setting because of personal characteristics?

(INTERVIEWERS NOTE: Read out only if required: for example, because you are gay, a woman, disabled or you are of a different ethnicity, etc) CODE ALL MENTIONED – SHOWCARD D2

B2B_1		B2B_2		B2B_3		B2B_4		B2B_5		B2B_8	
Female	1	White - British or Irish	1	Protestant	1	Straight	1	16-29	1	Unionist	1
Male	2	White - Irish Traveller	2	Catholic	2	Gay	2	30-44	2	Neither Unionist nor Nationalist	2
Female to Male transgender	3	White - Roma	3	No religion	3	Lesbian	3	45-59	3	Nationalist	3
Male to female transgender	4	White - Eastern European	4	Other religion	4	Bisexual	4	60+	4	other	4
Other (please specify)	5	White – other (please specify)	5	Don't know	5	Other (please specify)	5	Don't know	5	Don't know	5
Don't know	6	Mixed race	6	Prefer not to say	6	Don't know	6	Prefer not to say	6	Prefer not to say	6
Prefer not to say	7	Asian	7			Prefer not to say	7				
		Black	8								
		Chinese	9								
		Other (please specify)	10								
		Don't know	11								
		Prefer not to say	12								

ASK FOR EACH FLAGGED AT B1

B3. Where did (substitute from B1) experience bullying or stereotyping? **Select all that apply**

SHOWCARD E

Nursery/pre-school	1
Primary School	2
Post-primary school	3
University	4
College	5
Other educational setting	6
Online/ social media	7
On the way to or from an education setting	8
Other (please specify)	9
Don't know	10
Prefer not to say	11

- B4. **INTERVIEWER READ OUT:** Please think about equality of opportunity in terms of education support. By education support we mean the availability of educational services and resources to assist pupils and students in their learning process.

On a scale of 1 to 5 (where 1 is strongly agree and 5 is strongly disagree) to what extent do you agree or disagree with the following statement? **Single Code**

'In general, everyone in Northern Ireland has access to the educational support they need to achieve their full potential'

SHOWCARD F

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

ASK IF B4 EQ 4 OR 5

- B5. Why do you *disagree* with this statement?

- B6. Have you or other members of your immediate or extended family ever required additional support to access equality of opportunity in education? **Select all that apply**

SHOWCARD G

Yes, I have	1
Yes, my partner has	2
Yes, one of my children has	3
Yes, a close relative or member of my extended family has	4
No	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

ASK FOR EACH FLAGGED AT B6

- B7. What kind of additional support has (substitute from B6) required?

ASK FOR EACH FLAGGED AT B6

- B8. In which type of education setting (s) did (substitute from B6) need this additional support? **Select all that apply**

SHOWCARD H

Nursery/pre-school	1
Primary School	2
Post-primary school	3
University	4
College	5
Other educational setting	6
<i>Don't know</i>	9
<i>Prefer not to say</i>	10

ASK FOR EACH FLAGGED AT B6

B9. Has (substitute from B6) ever accessed this support? **Single Code**

Yes	1
No	2
<i>Don't know</i>	3
<i>Prefer not to say</i>	4

Section C: Personal experiences of unwanted and inappropriate behaviour by others

INTERVIEWER READ OUT: The Equality Commission is interested in finding out more about peoples' experiences of not being treated with dignity and respect based on their personal characteristics.

C1. During the past 12 months, have you experienced a situation where you were not treated with dignity and respect because of your personal characteristics? **Select all that apply**

(Interviewer read out only if required: personal characteristics may include being gay, being a woman, being disabled or being of a different ethnicity)

SHOWCARD I

Yes, in your workplace	1
Yes, in the area where you live	2
Yes, when receiving health and social care services	3
No	4
<i>Don't know</i>	5
<i>Prefer not to say</i>	6

ASK FOR EACH FLAGGED AT C1

C2. When you were not treated with dignity and respect (**SUBSTITUTE FROM C1**), was this because of any of the following? **Select all that apply**

SHOWCARD J1

Because of gender	1
Because of race	2
Because of community background / religion	3
Because of sexual orientation	4
Because of a disability	5
Because of age	6
Because of caring responsibilities	7
Because of political opinion	8
Because of marital status	9
Other (please specify)	10
<i>Don't know</i>	11
<i>Prefer not to say</i>	12

ASK C3 FOR EACH FLAGGED AT C1 AND C2 (only C2A_1, C2A_2, C2A_3, C2A_4, C2A_8, C2A_10)

C3. Were you not treated with dignity and respect (SUBSTITUTE FROM C2) because of personal characteristics?

(INTERVIEWERS NOTE: Read out only if required: for example, because you are gay, a woman, disabled or you are of a different ethnicity, etc) CODE ALL MENTIONED – SHOWCARD J2

C3_1		C3_2		C3_3		C3_4		C3_5		C3_8_8	
Female	1	White - British or Irish	1	Protestant	1	Straight	1	16-29	1	Unionist	1
Male	2	White - Irish Traveller	2	Catholic	2	Gay	2	30-44	2	Neither Unionist nor Nationalist	2
Female to Male transgender	3	White - Roma	3	No religion	3	Lesbian	3	45-59	3	Nationalist	3
Male to female transgender	4	White - Eastern European	4	Other religion	4	Bisexual	4	60+	4	other	4
Other (please specify)	5	White – other (please specify)	5	Don't know	5	Other (please specify)	5	Don't know	5	Don't know	5
Don't know	6	Mixed race	6	Prefer not to say	6	Don't know	6	Prefer not to say	6	Prefer not to say	6
Prefer not to say	7	Asian	7			Prefer not to say	7				
		Black	8								
		Chinese	9								
		Other (please specify)	10								
		Don't know	11								
		Prefer not to say	12								

ASK IF C1 EQ 2

C4. You mentioned that you have personally experienced a situation where you were not treated with dignity and respect in the area where you live. In the area where you live, where did this happen? **DO NOT PROMPT – CODE ALL MENTIONED**

In the street	1
In a park	2
In a leisure facility	3
At a shop	4
Other (please specify)	5
Don't know	6
Prefer not to say	7

C5. And likewise, during the past 12 months, have you witnessed a situation where others were not treated with dignity and respect based on their personal characteristics? **(Select all that apply)**

(Interviewer read out only if required: personal characteristics may include being gay, being a woman, being disabled or being of a different ethnicity)

SHOWCARD K

Yes, in their workplace	1
Yes, in the area where they live	2
Yes, when they were receiving health and social care services	3
No	4
Don't know	5
Prefer not to say	6

ASK FOR EACH FLAGGED AT C5

C6. When others were not treated with dignity and respect (**SUBSTITUTE FROM C5**), was this because of any of the following? **Select all that apply**

SHOWCARD L1

Because of gender	1
Because of race	2
Because of community background / religion	3
Because of sexual orientation	4
Because of a disability	5
Because of age	6
Because of caring responsibilities	7
Because of their political opinion	8
Because of marital status	9
Other (please specify)	10
<i>Don't know</i>	11
<i>Prefer not to say</i>	12

ASK FOR EACH FLAGGED AT C5 AND C6 (only C6_1, C6_2, C6_3, C6_4, C6_8, C6_10)

C7. You said that others were not treated with dignity and respect (**SUBSTITUTE FROM C6**). Was this because of their personal characteristics?

(INTERVIEWERS NOTE: Read out only if required: for example, because you are gay, a woman, disabled or you are of a different ethnicity, etc) CODE ALL MENTIONED - SHOWCARD L2

C7_1		C7_2		C7_3		C7_4		C7_5		C7_8	
Female	1	White - British or Irish	1	Protestant	1	Straight	1	16-29	1	Unionist	1
Male	2	White - Irish Traveller	2	Catholic	2	Gay	2	30-44	2	Neither Unionist nor Nationalist	2
Female to Male transgender	3	White - Roma	3	No religion	3	Lesbian	3	45-59	3	Nationalist	3
Male to female transgender	4	White - Eastern European	4	Other religion	4	Bisexual	4	60+	4	other	4
Other (please specify)	5	White – other (please specify)	5	Don't know	5	Other (please specify)	5	Don't know	5	Don't know	5
Don't know	6	Mixed race	6	Prefer not to say	6	Don't know	6	Prefer not to say	6	Prefer not to say	6
Prefer not to say	7	Asian	7			Prefer not to say	7				
		Black	8								
		Chinese	9								
		Other (please specify)	10								
		Don't know	11								
		Prefer not to say	12								

ASK IF C5 EQ 2

- C8. You mentioned that you have witnessed a situation where others were not treated with dignity and respect in the area where they live. In the area where they live, where did this happen? **DO NOT PROMPT – CODE ALL MENTIONED**

In the street	1
In a park	2
In a leisure facility	3
At a shop	4
Other (please specify)	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

Section D: Access to services

- D1. Do you, and / or your household, have reliable access to broadband. (A wired connection to your house)? **Single Code**

Yes	1
No	2
<i>Don't know</i>	3
<i>Prefer not to say</i>	4

- D2. Do you, and your household, have access to the appropriate technology (laptop, tablet or mobile phone) to access services for you and your family? **Single Code**

Yes	1
No	2
<i>Don't know</i>	3
<i>Prefer not to say</i>	4

- D3. Please say if you feel confident in accessing each of the following services online? **Select all that apply - SHOWCARD M**

Online shopping	1
Online banking	2
Paying bills online	3
Applying for benefits online	4
Applying for jobs online	5
Look up health symptoms online	6
Other (please specify)	10
Not confident in accessing any of these services online / when using the internet	11
Don't go online / don't use the internet	12
<i>Don't know</i>	12
<i>Prefer not to say</i>	13

D4. Thinking generally about Health and Social Care in Northern Ireland, and using a scale from 1 to 5 where 1 is very easy and 5 is very difficult, how easy or difficult have you found it accessing the following health services **in normal working hours (i.e. 9am-5pm)? (Code for each) - SHOWCARD N**

Very easy	1
Somewhat easy	2
Neither easy nor difficult	3
Somewhat difficult	4
Very difficult	5
<i>Don't know / haven't needed this service / does not apply to me</i>	6
<i>Prefer not to say</i>	7

A	A GP or nurse at your doctor's practice / surgery
B	A&E, and other emergency services (such as an ambulance services)
C	Pharmacist
D	Referrals to consultants for health treatments
E	Referrals to, and ongoing access for continuing support from, mental health services
F	Referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly)

ASK FOR EACH FLAGGED AT D4 (SOMEWHAT OR VERY DIFFICULT)

D5. Why have you found it difficult to access (SUBSTITUTE FROM D4) **in normal working hours?**

INTERVIEWER READ OUT: I now want to ask you about Health and Social Care services in Northern Ireland.

D6. Thinking generally about Health and Social Care in Northern Ireland, and using a scale from 1 to 5 where 1 is very easy and 5 is very difficult, how easy or difficult have you found it accessing the following health services **outside of normal working hours (i.e. before 9am and after 5pm)? Code for each**

SHOWCARD N

Very easy	1
Somewhat easy	2
Neither easy nor difficult	3
Somewhat difficult	4
Very difficult	5
<i>Don't know / haven't needed this service / does not apply to me</i>	6
<i>Prefer not to say</i>	7

A	A GP or nurse at your doctor's practice / surgery
B	A&E, and other emergency services (such as an ambulance services)
C	Pharmacist
D	Referrals to consultants for health treatments
E	Referrals to, and ongoing access for continuing support from, mental health services
F	Referrals to, and ongoing access to continuing support from, social care teams (such as social workers, support services for people with disabilities and the elderly)

ASK FOR EACH FLAGGED AT D6 (SOMEWHAT OR VERY DIFFICULT)

D7. Why have you found it difficult to access (SUBSTITUTE FROM D6) **outside of normal working hours?**

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INTERVIEWER READ OUT: I now want to ask you about public transport in Northern Ireland (by public transport I mean buses and trains).

D8. Thinking generally about access to public transport in Northern Ireland, and again using a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree, to what extent do you agree or disagree with each of the following statements? **(Code for each)**

SHOWCARD O

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

A	I am reliant on public transport
B	In general, I have access to public transport

D9. In the area where you live, please say how satisfied or dissatisfied you are with the frequency of public transport to allow you to access the following services, settings and facilities. **(Code for each)**

SHOWCARD P

Very satisfied	1
Satisfied	2
Neither satisfied nor dissatisfied	3
Dissatisfied	4
Very dissatisfied	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

A	Financial services (banks, credit unions)
B	Retail services (shops, supermarkets)
C	Health and Social Care services (GP, hospitals)
D	Education settings (school, university, college)
E	Community facilities (churches, community and leisure centres, parks)

Section E: Personal Perception of safety

INTERVIEWER READ OUT: Now, I would like to ask you some questions about your perception of safety in your local area.

E1. How safe or unsafe do you feel when outside in your local area? **(Code for each)**

SHOWCARD Q

Very safe	1
Safe	2
Neither safe nor unsafe	3
Fairly unsafe	4
Very unsafe	5
<i>Don't know</i>	6
<i>Prefer not to say</i>	7

A	During the day
B	After dark

ASK FOR EACH (E1A EQ 4 OR 5 AND E1B EQ 4 OR 5)

E2. Why do you feel unsafe in your local area (SUBSTITUTE AS APPROPRIATE)?

Section F: Access and participation in public life

F1. Finally, thinking about access and participation in public life, and using a scale of 1 to 5, where 1 is strongly agree and 5 is strongly disagree, to what extent do you agree or disagree with each of the following statements?

SHOWCARD R

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5
I already do this	6
<i>Don't know</i>	7
<i>Prefer not to say</i>	8

A	I would consider participating in voluntary or community work
B	I would consider applying to sit on a public board (such as a school's board of governors or a board for a publicly funded body).
C	I am confident, I have the knowledge and understanding of how to apply for public appointments and other school and community boards

Section G: Respondent Background Characteristics

G1. Which of the following describes how you think of yourself? **Single Code**

SHOWCARD S

Male	1
Female	2
Female to Male transgender	3
Male to female transgender	4
In another way (please specify)	5
Don't know	6
Prefer not to say	7

G2. What age are you?

G3. **INTERVIEWER READ OUT:** The Disability Discrimination Act defines 'disabled' as: "A physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities" for at least 12 months. This definition is intended to include all forms of physical and mental disability, including sensory impairment, mental illness and learning disabilities.

Having heard the above definition, do you consider yourself or someone else in the household to have a disability?

Select all that apply

Yes, myself	1
Yes, someone else in my household	2
No	3
Don't know	4
Prefer not to say	5

G4. What is your community background? **Single Code**

SHOWCARD T

Protestant	1
Catholic	2
Other religion (please specify)	3
None	4
<i>Don't know</i>	5
<i>Prefer not to say</i>	6

ASK IF G4 EQ 4

G5. What is the community background in which you were brought up? **Single Code**

SHOWCARD T

Protestant	1
Catholic	2
Other religion (please specify)	3
None	4
<i>Don't know</i>	5
<i>Prefer not to say</i>	6

G6. What is your employment status? SHOWCARD Z - CODE ONE ONLY

SHOWCARD U

Self-employed	1
Working Full-time	2
Working Part-time	3
Seeking work for the first time	4
Unemployed, i.e. not working but actively seeking work	5
Looking after home and family	6
Unable to work due to permanent illness or disability	7
Not actively seeking work but would like to work	8
Not working and not seeking work	9
On a government scheme	10
Retired	11
Student	12
Other (Please specify)	13
Refused	99

G6a. What is your occupation, or if not employed, what is the occupation of the highest income earner in your household?

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G6b. INTERVIEWER RECORD SOCIAL GRADE FROM EITHER OCCUPATION OF RESPONDENT OR IF NOT EMPLOYED, OCCUPATION OF THEIR HEAD OF HOUSEHOLD. NOTE THAT GRADE SHOULD MATCH QUOTA SHEET CODE ONE ONLY

A	B	C1	C2	D	E
1	2	3	4	5	6

G7. Which of the following best describes your sexual orientation? **Single Code**

SHOWCARD V

Straight/Heterosexual	1
Gay or Lesbian	2
Bisexual	3
Other sexual orientation (please specify)	4
Don't know	5
Prefer not to say	6

G8. Generally speaking, do you think of yourself as a Unionist/Loyalist, a Nationalist/Republican or neither?
Single Code

SHOWCARD W

Unionist or Loyalist	1
Nationalist or Republican	2
Neither	3
<i>Don't Know</i>	4
<i>Prefer not to say</i>	5

- G9. Are you personally responsible for any children of school age. School age includes any children from primary one until year 14. **Single Code**

(Interviewers note: ONLY READ OUT IF NECESSARY. Primary one children tend to be aged 4 to 5, and year 14 tends to include those aged 17 to 18. Year 14 is also known as Upper 6th. Please do not include any children attending pre-school).

Yes	1
No	2
Don't know	3
Prefer not to say	4

- G10. Do you care for any other adults, e.g. elderly or disabled relatives? **Single Code**

Yes, an elderly person	1
Yes, a person with a disability	2
No	3
<i>Don't know</i>	4
<i>Prefer not to say</i>	5

- G11. What is your current Marital status? **Single Code**

SHOWCARD X

Married/In a Civil Partnership	1
Single	2
Widowed	3
Divorced	4
Separated	5
Living with partner	6
<i>Prefer not to say</i>	7

- G12. How would you describe your national identity? **Single Code**

SHOWCARD Y

Northern Irish	1
British	2
Irish	3
Other (please specify)	4
None of these	5
Prefer not to say	6

G13. What ethnic background are you from? **Single Code**

SHOWCARD Z

White - British or Irish	1
White - Irish Traveller	2
White - Eastern European	3
White - Roma	4
White other (please specify)	5
Mixed - white and black Caribbean	6
Mixed - white and black African	7
Mixed - white and Asian	8
Mixed other (please specify)	9
Asian or Asian British\Irish - Indian	10
Asian or Asian British\Irish - Pakistani	11
Asian or Asian British\Irish - Bangladeshi	12
Asian or Asian British\Irish - Other	13
Black or Black British\Irish - Caribbean	14
Black or Black British\Irish - African	15
Black or Black British\Irish - Other	16
Chinese	17
Other (please specify)	18
Refused	19

G14. Which local council area do you live in? **(Single Code)**

SHOWCARD AA

Antrim and Newtownabbey Borough Council	1
Ards and North Down	2
Armagh City, Banbridge and Craigavon	3
Belfast	4
Causeway Coast and Glens	5
Derry and Strabane	6
Fermanagh and Omagh	7
Lisburn and Castlereagh	8
Mid and East Antrim	9
Mid Ulster	10
Newry, Mourne and Down	11

G15. What type of area do you live in? **(Single code)**

City	1
A town	2
A village	3
Rural or countryside	4

G16. Finally, what are the first part of your postcode? (e.g. BT74, BT9 etc.)

(INTERVIEWERS NOTE: if required: explain that this is so we can identify the area in Northern Ireland in which the participant lives)