

EQUALITY COMMISSION FOR NORTHERN IRELAND

Response to the consultation by the Department of Health on 'Reintroduction of hospital car parking charges'

January 2024

Executive Summary

- 1.1 This response is set out in two parts providing advice relating to the development of the Department of Health proposed Hospital Car Parking Charges policy, as follows:
- Part 1 - Policy advice and information (Pages 5-14); and
 - Part 2 - Section 75 advice (Pages 15-17).¹
- 1.2 **Policy recommendation:** The Commission recommends that the Department identify and commit to specific measures which will mitigate the adverse impact of the reintroduction of hospital car parking charges on the promotion of equality of opportunity for the affected equality groups, or consider any alternate policies which might better promote equality of opportunity.
- 1.3 **Section 75 recommendation:** The Commission recommends the Department consider undertaking an EQIA on this proposed policy, ensuring that equality scheme commitments (including Commission advice regarding your Section 75 equality scheme commitments in this response), are followed.

¹ If you would like to discuss any aspect of this advice further, please contact the following Officers:

- **Part 1 - Policy advice:** Paul Noonan, pnoonan@equalityni.org or Tel: 02890 500600.
- **Part 2 - Section 75 advice:** Patrice Hardy, phardy@equalityni.org or Tel: 02890 500616

1 Introduction

- 1.1 The Equality Commission for Northern Ireland (the Commission) is an independent non-departmental public body established under the Northern Ireland Act 1998. We have a statutory remit to:
- promote equality of opportunity and affirmative action;
 - work towards the elimination of unlawful discrimination and harassment;
 - keep relevant legislation under review;
 - promote good relations between persons of different racial groups and good disability practice;
 - oversee the effectiveness of statutory equality and good relations duties on public authorities.²
- 1.2 The Commission welcomes the opportunity to respond to the Department of Health's consultation. This response draws on our work across a range of policy areas including that derived from our role as part of the 'Independent Mechanism' in Northern Ireland under the United Nations Convention on the Rights of Persons with Disabilities³ as well as our work to ensure the effectiveness of the Section 75 duties.

The Department's Consultation Document

- 1.3 The Department's consultation document outlines that the resource budget allocated by the Secretary of State for Northern Ireland for the period 2023-24 has resulted in a significant funding gap as a result of the cost of delivering health and social services increasing more rapidly than the resources available.

² Further information about The Commission's Role and Remit can be found via [the following link](#).

³ The Equality Commission for Northern Ireland and the Northern Ireland Human Rights Commission jointly perform the role, under Article 33 (2) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), of 'Independent Mechanism' in Northern Ireland (IMNI) to promote, protect and monitor the implementation of the Convention. Together with the Equality and Human Rights Commission (EHRC) and the Scottish Human Rights Commission (SHRC), we are designated as the United Kingdom Independent Mechanism (UKIM).

- 1.4 The Commission acknowledges the Department's assessment that while no budget has been agreed for 2024-25, the funding position won't significantly improve for Health and Social Care. The Department advises that, without additional funding becoming available, further reductions in services may have to be considered.
- 1.5 The Department is therefore seeking the views of the public and all interested parties on the 'Re-introduction of Hospital Parking Charges' as 'a fair and appropriate measure to generate additional income for the Health Service'.⁴
- 1.6 The Department notes that The Hospital Parking Charges Act (2022)⁵ which abolishes hospital car parking charges across Health & Social Care hospital sites in Northern Ireland for staff, patients and visitors, will come into operation on 12 May 2024, subsequently requiring the Department to find £10 million in recurrent costs per annum.
- 1.7 The consultation document states that if car parking charges were to be reinstated, the Department may allow for certain exemptions, for example:
- Enhancing exceptions for persons with a diagnosis of a terminal illness and relatives of in-patients who are terminally ill and/or receiving end of life care;
 - Enhancing exceptions for patients with mental health disabilities and those accessing addiction services as parking charges may act as a barrier to access treatment;
 - Providing 30 minutes of parking free across all chargeable sites which will help staff and public set down and collect persons / items;
 - Providing free staff parking to permitted pass holders;
 - Modernised payment systems.

⁴ Department of Health (2022): [Re-introduction of Hospital Car Parking Charges](#), p.3.

⁵ [Hospital Parking Charges Act 2023](#)

- 1.8 The Department proposes the repeal of the 2023 Act, either through the Northern Ireland Assembly or, in the event of continued suspension, through Parliament.
- 1.9 The Commission notes that most hospital car parking charges were abolished in Wales in 2008 and Scotland in 2009.⁶
- 1.10 The Commission notes that the Department of Health in England introduced non-mandatory guidance as NHS patient, visitor and staff car parking principles in 2014. The then-Secretary of State for Health, Jeremy Hunt, said on their publication that “these clear ground rules set out our expectations, and will help the public hold the NHS to account for unfair charges or practices”.
- 1.11 The principles include suggestions of groups to receive charging concessions:
- disabled people;
 - frequent outpatient attenders;
 - visitors with relatives who are gravely ill, or carers of such people;
 - visitors to relatives who have an extended stay in hospital, or carers of such people;
 - carers of people in the above groups where appropriate;
 - staff working shifts that mean public transport cannot be used.⁷
- 1.12 The guidance states that other concessions, including volunteers or staff who car-share, should be considered locally.

⁶ House of Commons Library (2021): [NHS hospital car parking policies in the UK](#), p.3.

⁷ House of Commons Library (2021): [NHS hospital car parking policies in the UK](#), p.7.

2 **Part One: Policy Advice & Information**

- 2.1 The Commission is concerned that the re-instatement of hospital car parking charges will have an adverse impact on those Section 75 groups most likely to experience poverty e.g. people with disabilities⁸, women and lone parents⁹, Travellers and Roma¹⁰, asylum seekers and refugees.¹¹
- 2.2 Whilst socio-economic disadvantage is not a specified ground under the equality legislation in Northern Ireland, the barriers and inequalities experienced by equality groups can be exacerbated by poverty and social exclusion.¹²
- 2.3 The Commission continues to proactively highlight the link between poverty and social exclusion, and the inequalities faced by individuals protected under the equality legislation across a number of areas of public policy, including social protection.¹³

⁸ Anti-Poverty Co-Design Group (2022): [Recommendations on the development of an Anti-Poverty Strategy for Northern Ireland](#), pp. 80-92.

⁹ Reed, H. and Portes, J. (2019): [Cumulative impact assessment of tax and social security reforms in Northern Ireland](#), pp. 63-64 (Oxford Economics for the Northern Ireland Human Rights Commission).

Reed, H. and Portes, J. (2021): [The impact of public spending changes in Northern Ireland](#), p. 96 (Oxford Economics for the Northern Ireland Human Rights Commission).

¹⁰ Cemlyn, C. et al (2009): [Inequalities experienced by Travellers and Gypsies - A Review](#) (University of Bristol and Buckingham New University).

Lucas, O. and Jarman, N. (2016): [Poverty and Ethnicity - Key Messages for Northern Ireland](#), p. 25 (Joseph Rowntree Foundation).

Public Health Agency (undated): [Roma Health and Wellbeing in Belfast](#).

¹¹ Refugee and Asylum Forum (2023): [Priorities for Action](#)

Murphy, F., & Vieten, U. M. (2017): [Asylum seekers' and refugee's experiences of Life in Northern Ireland](#) (Queen's University Belfast for The Executive Office).

Northern Ireland Community of Refugees and Asylum Seekers (2016): [The Effects of Destitution on Refugees in Northern Ireland](#).

Harding, S. Fitzpatrick, C. and Chapman, A. (2023): [Women's Experiences of the Cost-of-Living Crisis in Northern Ireland](#), p. 66 (Women's Support Network and Ulster University).

¹² See Equality Commission for Northern Ireland (2020): [Summary of policy positions relating to poverty and socio-economic disadvantage](#).

¹³ For example, the Commission drawn attention to the adverse impact of welfare reform on people belonging to a number of groups protected under equality legislation, including: disabled people; women and lone parents; younger people; mixed aged households and people from ethnic minority backgrounds and called for consideration of mitigating measures. See: ECNI (2018): [Welfare-Reform Policy Responses](#).

- 2.4 The Commission notes that although a Programme for Government has not been agreed for the current mandate¹⁴, the Northern Ireland Executive's draft Programme for Government (PfG) for 2016 to 2021 included proposed actions aimed at reducing the percentage of people living in absolute poverty and the percentage living in relative poverty.^{15 16}
- 2.5 The Commission has made it clear that we support the proposed Delivery Plan for PfG Indicators to address poverty in Northern Ireland to the extent that they can be utilised to address the poverty and social exclusion experienced by a range of equality groups¹⁷.
- 2.6 The Commission has participated in the Social Strategies Co-Design Groups established by the Department in 2020, including the Anti-Poverty Strategy Co-Design Group¹⁸, the Gender Strategy Co-Design Group¹⁹ and the Disability Strategy Co-Design Group.²⁰
- 2.7 As part of the Independent Mechanism for Northern Ireland (IMNI), the Commission made a submission to the CRPD inquiry under the Optional Protocol of the UNCRPD²¹, which focused on the impact of welfare reform on persons with

¹⁴ The Northern Ireland Executive's [Programme for Government draft Outcomes Framework](#) Consultation Document includes a number of references to poverty. For example, under the strategic outcome 'We have an equal and inclusive society where everyone is valued and treated with respect', a key priority area is identified as 'Tackling disadvantage in terms of welfare and poverty and providing support where it is needed...', whilst another key priority is identified as 'Promoting and respecting the rights of individuals...ensuring that everyone feels included' (p.16). Under the strategic outcome 'We have a caring society that supports people throughout their lives' a key priority area identified is 'Improving the quality of life of those of us with disabilities and supporting people to build a route out of poverty, administering an effective social security/benefits system to those who need it...' (p. 27).

¹⁵ In June 2014 the High Court ruled that the Northern Ireland Executive had failed to develop an anti-poverty strategy for Northern Ireland. This followed legal action by the human rights watchdog Committee on the Administration of Justice (CAJ) see:

Belfast Telegraph (30 June 2015): [Stormont Executive Failed To Develop An Antipoverty Strategy](#)

¹⁶ Northern Ireland Executive (2016): [Draft Programme for Government Framework 2016 to 2021](#).

The reduction of poverty is a key indicator; see pp. 13 and 15.

¹⁷ ECNI (2017): [Response to the proposed Delivery Plan for Programme for Government Indicators 19 & 28](#)

¹⁸ See: [Recommendations for the development of an Anti-Poverty Strategy - A position paper from the members of the Anti-Poverty Strategy Co-design Group](#) (2022).

¹⁹ See: <https://www.communities-ni.gov.uk/articles/gender-equality-strategy#toc-1>

²⁰ See: [New Disability Strategy | Department for Communities \(communities-ni.gov.uk\)](#)

²¹ Committee on the Rights of Persons with Disabilities (2017): [Inquiry concerning the UK carried out by the Committee under article 6 of the Optional Protocol to the Convention, Report of the Committee](#)

disabilities on the rights to independent living, employment and adequate standard of living and social protection.

2.8 We also made a submission to the UN Special Rapporteur on Extreme Poverty and Human Rights during his visit to the United Kingdom in 2018.²²

2.9 **The Commission emphasises the importance of ensuring progress to tackle long-standing inequalities and prevent the exacerbation of existing inequalities.**

Disabled People

2.10 Article 28, Adequate Standard of Living and Social Protection, of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)²³ obliges States Parties to ‘recognise the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability’.²⁴ Despite this, disabled people are more likely to experience poverty than non-disabled people.²⁵

2.11 The Joseph Rowntree Foundation have highlighted that: ‘Disabled people face a higher risk of poverty and have done so for at least the last 20 years. This is driven partly by the additional costs associated with disability and ill-health, and partly by many disabled people being less able to access work. With potential for work often limited, disabled people and/or families where someone is disabled frequently rely on benefits as a source of income, which at current rates will almost inevitably lead to higher poverty rates’.²⁶

2.12 The Foundation record that among working-age adults, those who are disabled are more than twice as likely to live in poverty than those who are not (38% and 17% respectively). An additional three million non-disabled people in poverty in the

²² Equality Commission for Northern Ireland (2018): [Submission to the United Nations Special Rapporteur on Extreme Poverty and Human Rights \(United Kingdom country visit\)](#).

²³ [United Nations Convention on the Rights of Persons with Disabilities](#)

²⁴ Article 28 UNCRPD: [Adequate standard of living and social protection](#)

²⁵ Reed, H. and Portes, J. (2019): [Cumulative impact assessment of tax and social security reforms in Northern Ireland](#) (NIHRC), paragraph 7.2, p. 101.

²⁶ Joseph Rowntree Foundation (2022): [UK Poverty 2022 - the essential guide to understanding poverty in the UK](#), p. 57.

UK live in a household where someone is disabled, meaning that, overall, nearly half of the 14 million people in poverty in the UK are affected by disability. Poverty is especially high among families where there is a disabled adult at nearly 33%. If there is also a disabled child, the poverty rate is 40% – more than twice the rate where there is no disability.

2.13 The Disability equality charity Scope UK has highlighted that ‘Life costs more for disabled people and their families, spending more on essential goods and services like, heating, insurance, equipment, and therapies. These extra costs mean disabled people have less money in their pocket than non-disabled people, or go without. The result is that disabled people are more likely to have a lower standard of living, even when they earn the same’.²⁷

2.14 Scope’s Disability Price Tag report 2023²⁸ found that:

- On average, disabled households (with at least one disabled adult or child) need an additional £975 a month to have the same standard of living as non-disabled households;
- If this figure is updated to account for inflation over the current period 2022/2023, these extra costs rise to £1,122 per month.
- On average, the extra cost of disability is equivalent to 63% of household income after housing costs;
- The average extra costs rise to £1,248 per month where there are two disabled adults in the household and at least two children. And for households with one disabled adult, one non-disabled adult and at least one child, the average extra cost is £634.

2.15 Research by the Ipsos Mori and the Trussell Trust (2023) found that nearly two thirds of people referred to food banks in the Trussell Trust network in Northern Ireland are disabled.²⁹

²⁷ See: <https://www.scope.org.uk/campaigns/extra-costs>

²⁸ Available at: <https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/>

²⁹ Ipsos and the Trussell Trust (2023): [Hunger in Northern Ireland](#), p. 13.

- 2.16 In 2016 the Committee on the Rights of Persons with Disabilities (CRPD) carried out an inquiry under article 6 of the Optional Protocol to the Convention^{30 31}.
- 2.17 The inquiry³² found that disabled people have been disproportionately affected by social security reforms and that they had resulted in a struggle for many disabled people to maintain an adequate standard of living.³³
- 2.18 Reports from several sources have subsequently shown how social security benefits rates have failed to keep pace with the increasing cost of living.³⁴ For example, the Joseph Rowntree Foundation and the Trussell Trust have revealed that the basic rate of Universal Credit falls short of what is needed to afford essentials and is now at its lowest ever level as a proportion of average earnings.³⁵
- 2.19 Fitzpatrick (2023) has highlighted that ‘Current benefit levels in NI are at an ‘all-time low’. When a centralised system of social security was introduced in GB in 1948, unemployment benefit was equivalent to 20 per cent of average weekly earnings; today’s equivalent (universal credit standard allowance) has

³⁰ This related to concerns regarding the adverse impact on persons with disabilities of the implementation of a process of reforms of legislation and policies by the UK State party.

³¹ ECNI assisted in the Northern Ireland leg of the Inquiry, in our capacity as part of the Independent Monitoring Mechanism for Northern Ireland – see: UKIM (2016): [Key concerns of the UK Independent Mechanism following the release of the CRPD Committee’s inquiry into the UK under Article 6 of the CRPD Optional Protocol, and the UK Government’s response](#)

³² CRPD Committee (2016): [Inquiry concerning the UK carried out by the Committee under article 6 of the Optional Protocol to the Convention, Report of the Committee](#) The Committee found that there had been ‘gross or serious violations’ of the rights of disabled people under the Convention on the Rights of Persons with Disabilities.

³³ “It has become evident that the committee has a very different perception on how human rights should be understood and implemented within the State Party. The committee is deeply concerned that the State Party still considers itself as a champion of human rights, the lack of demonstration of the commitments following the ratification of the convention and the following inconsistency with the State Party on disability policies”. See: Committee on the Rights of Persons with Disabilities (13 September 2017): [Summary Record of 349th meeting, CRPD/C/SR/349, paragraph 85, p. 13.](#)

³⁴ Loughborough University (2023): [The minimum income standard for the United Kingdom](#); Resolution Foundation (13 October 2022): [The Long Squeeze](#); Arnold, S., Caddick, D. and Krebel, L. (2021): [How our benefits system was hollowed out over ten years](#) (New Economics Foundation); Resolution Foundation (16 October 2019): [The benefit freeze has ended, but erosion of the social security safety net continue](#); UN Special Rapporteur on Extreme Poverty and Human Rights (2019): [Visit to the United Kingdom of Great Britain and Northern Ireland: Report of the Special Rapporteur on extreme poverty and human rights](#), p. 9; Rutherford, T. (2013): [Historical rates of social security benefits](#) (House of Commons Library).

³⁵ The Trussell Trust and the Joseph Rowntree Trust (2023): [An Essentials Guarantee](#) (Full Report), pp. 3 and 15; See also Joseph Rowntree Trust (2022): [Fifty years of benefit uprating](#). The report shows that in eight out of ten benefits upratings between 2013 and 2022, the basic rate of employment benefits had lost value with a freeze in benefits imposed during 2016-2019.

fallen to 12.5 per cent. The most recent uprating in April 2023 means that working age social protection is being maintained at the greatly diminished level of adequacy it had reached by the late 2010s'.³⁶

2.20 Article 25 of the UNCRPD, the right to Health, requires that States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall, inter alia:

- Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.³⁷

2.21 The UNCRPD Committee, in its (2017) concluding observations, highlighted, inter alia, the following concerns with respect to Article 25:

- uneven access to healthcare;
- systemic, physical, attitudinal, and communicative barriers which prevent d/Deaf and disabled people from accessing mainstream health services.³⁸

³⁶ Fitzpatrick, C. (2023): '[Imagining a new social security system in a new Ireland](#)', Agenda NI.

³⁷ [UN Convention on the Rights of Persons with Disabilities: Article 25 Health](#)

³⁸ United Nations Committee on the Rights of Persons with Disabilities (2017): [Concluding observations on the initial report of the United Kingdom of Great Britain and Northern Ireland](#), p. 12.

- 2.22 Toman et al (2022)³⁹ highlight that the right to the highest standard of attainable healthcare is of significant concern to d/Deaf and disabled people in Northern Ireland.⁴⁰ d/Deaf and disabled people are more likely to experience health inequalities, major health problems and have a lower life expectancy in comparison with their non-disabled counterparts.⁴¹
- 2.23 The creation of an additional barrier for disabled people to access health, through the re-introduction of car parking charges, may act as a disincentive for disabled people experiencing poverty to attend appointments, potentially leading to late presentation and requirement for acute intervention. In turn, this is likely to lead to additional costs being incurred by the Health Service in the medium to long-term and may risk a regression of UNCRPD rights under Articles 25 and 28.

Women and Lone Parents

- 2.24 The Commission has noted that women depend more on non-employment income than men, and that earnings and pensions gaps contribute towards the greater experience of poverty by women.⁴²
- 2.25 The Commission's research found that; disabled women are less likely to be in employment than disabled men⁴³; Traveller women are less likely to be employed than non-Traveller women⁴⁴ whilst there is evidence that lone parents, predominately women, in the private rented sector are more likely to experience relative poverty after housing costs have been deducted.⁴⁵

³⁹ Toman, N. et al (2022): [Progress towards the implementation of the UNCRPD in NI](#), p. 437.

⁴⁰ Department for Communities (2020): [Disability Strategy and Expert Advisory Panel: Report and Recommendations](#), p.94.

⁴¹ Disability Action (2017): [Alternative Report on the Implementation of the Convention on the Rights of Persons with Disabilities in Northern Ireland](#), paragraph 2.19.1, p. 24.

⁴² Equality Commission for Northern Ireland (2016): [Gender Equality: Policy Priorities and Recommendations](#), p. 48.

⁴³ Employment rates for disabled women rose from approximately 26% in 1998 to 31.5% in 2012; this compares to employment rates for disabled men which rose from approximately 32% in 1998 to 37.8% in 2012. It will be noted that this mirrors the pattern of differences in employment between non-disabled men and women but is less marked. OFMDFM (2015), Gender Equality Statistics 2015.

⁴⁴ Findings (based on the Republic of Ireland) from the [All-Ireland Traveller Health Study Our Geels](#) University College Dublin (2010), were that almost 90% of Traveller women are housewives or unemployed compared to only 22% of Irish mothers and 32% of their European counterparts. Less than 3% of Traveller mothers are in some form of employment.

⁴⁵ ECNI (2017): [Statement of Key Inequalities in Housing and Communities](#)

- 2.26 Research commissioned by the Northern Ireland Human Rights Commission on the impact of tax and welfare changes in Northern Ireland has highlighted the impact on lone parents, finding that ‘Losses are especially dramatic for lone parents, who lose around £2,250 on average – equivalent to almost 10% of their net income. Given that over 90 per cent of lone parents in Northern Ireland (as elsewhere in the UK) are women, this suggests an important gender imbalance in the impact of the reforms, with a particular group of women being adversely affected.’⁴⁶
- 2.27 The Financial Fairness Trust (2023) have also drawn attention to the financial difficulties experienced by lone parents⁴⁷, whilst research (2023) by Loughborough University for the End Child Poverty Coalition shows that ‘37 per cent of children in lone-parent households in Northern Ireland are experiencing poverty after housing costs are removed’.⁴⁸
- 2.28 Research (2023) by the Women’s Support Network and Ulster University has highlighted the widespread and damaging impacts of the Cost-of-Living Crisis on women: ‘There is no doubt that this crisis will affect much of society, however the poorest households are hit hardest and women are more likely to live in poverty across their lifetimes. Women are often described as acting as the “shock absorbers” of poverty in the home, going without food, heat and clothing to protect their children and other family members from the impacts of poverty when money is tight.’⁴⁹
- 2.29 The research also revealed that rural women often faced access poverty issues in terms of reduced access to services as well as increased transport costs. NI is the most car-dependent region of the UK⁵⁰, partly due to the rural nature of the region and to the lack of investment in public transport.

⁴⁶ Reed, H. and Portes, J. (2019): [Cumulative impact assessment of tax and social security reforms in Northern Ireland](#), p. 60 (Oxford Economics for the Northern Ireland Human Rights Commission).

⁴⁷ Financial Fairness Trust (2023): [Single parents and their children in Northern Ireland likely to experience significant financial struggles](#)

⁴⁸ Irish Times (4 June 2023): [Campaigners ‘gravely concerned’ about Northern Ireland child poverty](#)

⁴⁹ Harding, S. Fitzpatrick, C. and Chapman, A. (2023): [Women’s Experiences of the Cost-of-Living Crisis in Northern Ireland](#), p. 69 (Women’s Support Network and Ulster University).

⁵⁰ Over 70% of journeys are made by car and 87% of all journeys of one mile or over made by car.

2.30 Informants to the research highlighted a lack of access to public transport and the increased costs of running a car which many believed essential to rural living.⁵¹

2.31 The creation of additional barriers for women from poorer households, including those in rural areas, to access healthcare, may act as a disincentive for such women to attend appointments, potentially leading to late presentation and consequent requirement for acute intervention, leading to additional costs being incurred by the Health Service in the medium to long-term.

Older people

2.32 Age UK point out that people are likely to become most reliant on health services as they age and that older people are more likely to live with one or multiple long-term conditions - the majority of people over 85 are living with three or more.⁵²

2.33 The Government Office for Science published an evidence review, Inequalities in mobility and access in the UK transport system, in 2019 which said that “66% (7.8 million) of elderly people cannot reach a hospital within 30 minutes by public transport.” This was the case in both rural and urban areas.⁵³

2.34 Using data from the English longitudinal study of ageing wave 2012-2013, Age UK’s The future of transport in an ageing society (2015) argued that “those with longstanding illnesses are the least likely to use public transport.” 8% of older people in the study reported that they did not use public transport due to problems with mobility and 10% reported that their health prevented them from using public transport.⁵⁴

2.35 The creation of additional barriers for older people in poorer households to access health may act as a disincentive for such people to attend appointments, potentially leading to late presentation and consequent requirement for acute intervention, in turn leading to additional costs being incurred by the Health Service in the medium to long-term.

⁵¹ Harding, S. Fitzpatrick, C. and Chapman, A. (2023): [Women’s Experiences of the Cost-of-Living Crisis in Northern Ireland](#), p. 65 (Women’s Support Network and Ulster University).

⁵² Age NI (2019): [Improving Health Care](#).

⁵³ Cited in House of Commons Library (2021): [NHS hospital car parking policies in the UK](#), p.12.

⁵⁴ Ibid.

Conclusion

- 2.36 The Equality Commission has identified significant concerns that the 2023-24 Department's proposals for reintroducing hospital car parking charges in Northern Ireland may lead to new or further exacerbated inequalities for a number of protected equality groups.⁵⁵
- 2.37 **The Commission recommends that the Department should: identify and commit to specific measures which will mitigate the adverse impact of the reintroduction of hospital car parking charges on the promotion of equality of opportunity for the affected equality groups, or consider any alternate policies which might better promote equality of opportunity.**
- 2.38 If you would like to discuss any aspect of this policy advice, contact Paul Noonan, Senior Policy Officer,
Email: pnoonan@equalityni.org or Tel: 02890 500600

⁵⁵ For further details, see: <https://www.equalityni.org/budget>

3 Part Two: Section 75 Advice

- 3.1 The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an international human rights treaty that identifies the rights of disabled people as well as the obligations on Parliament and the Northern Ireland Assembly to promote, protect and ensure those rights. It aims to ensure that disabled people enjoy the same human rights as everyone else and that they can participate fully in society by receiving the same opportunities as others.
- 3.2 The current Revenue Raising Policy proposal consultation [doh-consultation-hospital-parking-charges consult doc 141123.pdf](#) *'is seeking views of whether the Hospital Parking Charges Act (2022) [Hospital Parking Charges Act 2022](#), which removes Hospital car parking charges, (due to commence in May 2024), should be repealed, so that these £10 million recurrent costs can be avoided and the current system for charging re-introduced.'*
- 3.3 Section 75 requires that designated public authorities equality assess (screen/EQIA) new/revised policies and monitor the impacts of those policies across the Section 75 grounds. It is **expected that designated public authorities will follow their equality scheme commitments** in complying with Section 75 i.e. in paying due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations. <https://www.health-ni.gov.uk/publications/equality-scheme-department-health-social-services-and-public-safety>.
- 3.4 Given the potential equality impacts on people in Northern Ireland and in line with equality scheme commitments, **an EQIA might reasonably have been expected**. There is a presumption that equality impact assessments are likely to be appropriate, to ensure that the appropriate level of regard is paid where the impacts of revenue raising measures, impact on a large number of people, where there may be a major impact on a smaller number of people or where the equality impacts are unknown. Departmental consideration of the particular impacts of car park charging on those people who need to use the car parks on a regular basis, for example older people, those with a disability, should form part of the equality assessment.

- 3.5 The 2012 screening presents **no evidence/data** as committed to in the Department's approved equality scheme. An equality assessment should include relevant and **up to date** quantitative and/or qualitative data/evidence to determine coherent assessment of impacts.
- 3.6 Further information on using data/evidence in equality assessments is available: [Section 75: Using Evidence in Policy Making - a signposting guide](#)
- 3.7 **Mitigations and alternative policies should also be considered** and presented in an equality assessment (EQIA/screening) e.g. consideration of re-introduction of car park charging different to the current policy and consideration of current charging exemptions.
- 3.8 The 2012 screening Paragraph 2.8 states regarding **Section 75 monitoring arrangements states:** *'There is no data collected on the uptake of HSC car parking by different groupings and it would be very difficult and resource intensive to do this on an ongoing basis.'* The Department is reminded that it must set out in an EQIA/Screening what Section 75 monitoring arrangements they will put in place and gather and publish the data in line with equality scheme commitments.
- 3.9 Further information on Section 75 monitoring is available:
- [Section 75: Monitoring Guidance for Use by Public Authorities](#)
 - [Addendum to the S75 Monitoring Guide](#)
- 3.10 **Recommended Departmental action:** The Commission recommends that the Department consider undertaking an EQIA is on this proposed policy – ensuring that equality scheme commitments (including Commission advice regarding your Section 75 equality scheme commitments in this response), are followed.
- 3.11 Any Departmental equality assessment should include relevant and up-to-date data, coherent assessment of impacts, consideration of mitigation and alternative policies presented and appropriate Section 75 monitoring arrangements put in place.

3.12 Further Section 75 advice:

- [Section 75: A Short Guide to Screening and EQIAs](#),
- [Practical Guidance on Equality Impact Assessment](#),
- [Section 75 Screening Training Video](#)

3.13 If you would like to discuss any aspect of this Section 75 advice, contact Patrice Hardy, Equality Manager - Public Sector at Email: phardy@equalityni.org or Tel: 02890 500616.

January 2024