



age
equality

FULL

Age Equality

Policy Priorities and Recommendations

Equality Commission

FOR NORTHERN IRELAND

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1 Executive Summary

1.1 The Equality Commission has a statutory remit in relation to age equality. The purpose of this paper is to inform policy development to advance age equality in Northern Ireland by setting out the Equality Commission's high-level age equality policy recommendations.

1.2 These policy recommendations have been developed following a comprehensive review of the evidence base and engagement with key stakeholders.

Priority areas for action

1.3 To advance age equality, we recommend that government, officials and key stakeholders act to address the following policy priorities, including via the Programme for Government and Budget: the Active Ageing Strategy; the Children and Young People's Strategy; and the wider policies and programmes of government.

LAW REFORM: Protect people of all ages from unjustified age discrimination in the provision of goods, facilities and services.

Comprehensive legislation should be introduced to give protection to people of all ages, including children and young people, against unjustifiable direct and indirect discrimination, as well as harassment and victimisation. The legislation should permit lawful positive action; should include exceptions which are narrowly construed and objectively justified; and should grant the Commission a range of general duties and powers, including enforcement powers. We also reiterate our call for reform of the Commission's powers in relation to the age employment legislation.

HEALTH, SOCIAL CARE AND WELL-BEING: Meet the specific needs of older and younger people across a range of equality groups.

Action for younger people should include the provision of adequate age appropriate mental health support services; transition services from child to adult services; and support for young trans people. For older people, action should include the provision of effective care in the community; raising awareness and uptake of the use of assistive technologies; and meeting the specific needs of older LGB and trans people in domiciliary, residential and nursing care.

EMPLOYMENT: Reduce the proportion of young people who are NEET; reduce long-term unemployment amongst older people.

Targeted action is required, particularly for those who may face additional barriers due to Section 75 identities. Mentoring, targeted careers advice and wider support for those at, or approaching, school leaving age could help match career aspirations and skills to job prospects. Co-ordinated action is needed to tackle perceived and actual barriers facing older people in returning to, and remaining in, work – including with regards to stereotypes; life-long learning and education; training and development opportunities; and pathways to work.

EDUCATION: Improve the participation of older people; young carers; looked after children; and those within the juvenile justice centre.

Actions should tackle barriers to older people participating in life-long and further education; ensure collaboration between Departments to identify young carers and provide services to both support them and improve their educational outcomes; provide tailored support to ensure the effective participation in education of every looked after child; and ensure that children and young people in the juvenile justice centre have access to an appropriate education curriculum.

HOUSING AND ACCOMMODATION: Across all tenures, ensure accessible accommodation, energy efficiency, and access to a comprehensive fuel-brokering scheme.

We recommend the application of the Lifetime Homes Standard and wheelchair housing design standard to all new builds across all tenures; provision of easy to access adaptation services; sufficient capacity to provide care and support for care home residents; and research to better understand the accommodation requirements of older people. Action is also required to further advance energy efficiency and to implement a fuel-brokering scheme to secure competitive rates across all tenures.

PARTICIPATION IN PUBLIC LIFE: Ensure the active participation of younger and older people; address over-arching barriers.

Action is required to encourage younger people to apply for public appointments; and for public authorities to more effectively and meaningfully engage with and foster the active participation of people of all ages in public policy development and decision making, including to tackle over-arching structural and personal barriers to active participation.

PREJUDICE AND SOCIAL ATTITUDES: Challenge age-based negative and prejudicial attitudes, addressing their impact on individuals.

We recommend further exploration of how prejudicial attitudes impact on older people's health and lifestyle choices; training for police incorporating challenging negative and prejudicial attitudes towards children and young people; and promoting children and young people's positive contribution to society. The fear of crime among older people should be addressed.

WELFARE AND SOCIAL PROTECTION: Further mitigate equality impacts of Welfare Reform; address the number of looked after children within the criminal justice system.

Action is needed to assess the impact of Universal Credit on low income mixed age couples; ensure that the withdrawal of housing benefit to unemployed 18-21 year olds does not result in a rise in youth homelessness; address the needs of single tenants aged 35 years and under when renting in the private rented sector. Action is also required to reduce the number of looked after children subject to Police and Criminal Evidence Order (PACE) detentions, and to address their overrepresentation within the criminal justice system.

2 Introduction

- 2.1 The focus of this paper is to highlight public policy proposals and recommendations to tackle a range of inequalities experienced by differing age groups in Northern Ireland. It is intended that the adoption of the Commission's age equality policy priorities and recommendations will help advance age equality.
- 2.2 The Equality Commission (the Commission) has a statutory remit in relation to age equality to work towards the elimination of discrimination and harassment; to promote equality of opportunity between persons of differing age groups; to keep under review the working of the Age Regulations. The Commission also has responsibility for overseeing the effectiveness of statutory equality duties on public authorities – which include a duty on public authorities to have due regard to the need to promote equality of opportunity between persons of different ages.
- 2.3 Whilst socio-economic disadvantage is not a specified ground under the equality legislation, the barriers and inequalities experienced by equality groups can be exacerbated by poverty and social exclusion. The Commission continues to stress the need for urgent action to address poverty and social exclusion experienced by those protected under the equality legislation.

Changing Demographics

- 2.4 Overall, the Northern Ireland population is projected to increase¹, with natural growth² projected to be the main driver of this increase.
- 2.5 However, we also expect to see a shift in population structure, with an increase in the proportion of people aged 65 and over to almost one in four of the population³.
- 2.6 By 2039, the number of persons aged 14 years and under is projected to decrease by 12,000, moving from 19% of the population to 17%⁴. In the same period, the number of persons aged 65 and over in Northern Ireland is projected to increase by 214,000, moving

¹ Northern Ireland Statistics and Research Agency (Oct 2015) [2014-based Population Projections for Northern Ireland](#)

² 'Natural growth' is used to refer to the balance in births over deaths. It does not include in or out migration.

³ Northern Ireland Statistics and Research Agency (Oct 2015) [2014-based Population Projections for Northern Ireland](#)

⁴ Northern Ireland Statistics and Research Agency (Oct 2015) [2014-based Population Projections for Northern Ireland](#)

from 15% of the population to almost 25%. Women at this age will significantly outnumber men of this population group⁵.

Improving the Legislative and Public Policy Framework to advance Age Equality

The Commission's work to advance age equality

- 2.7 The policy recommendations in this paper build on existing Commission age policy positions and recommendations.
- 2.8 The Commission has, for example, consistently called for equality law to be strengthened to prohibit age discrimination outside the workplace⁶. A number of government's proposals⁷ broadly reflected the Commission's recommendations for reform of age legislation to include goods and services. However, we were disappointed that the 2015 proposals did not include protections for children and young people under the age of 16, and that draft legislation was not introduced in the subsequent Assembly mandate. We continue to argue strongly that protection against age discrimination should apply to all ages.
- 2.9 In the area of Health, social care and well-being, we have called for and welcomed⁸ Transforming Your Care's⁹ proposals to address the future health needs of an increasing and ageing population but have also noted our concerns that some provisions could result in a diminution of care services. We also continue to call for action to ensure effective care in the community, including the transition from institutional to community based health services.
- 2.10 We have highlighted the issue of youth unemployment, and of the need to take specific action to address the high concentrations of young people Not in Education, Employment or Training (NEET) in Northern Ireland.
- 2.11 We have sought to highlight the need for appropriate accommodation for older people and continue to call¹⁰ for the

⁵ Northern Ireland Statistics and Research Agency (Oct 2015) [2014-based Population Projections for Northern Ireland](#)

⁶ ECNI (2015) [Response to OFMDFM consultation on Age GFS legislation](#)

⁷ OFMDFM (2015) [Proposals to extend age discrimination](#)

⁸ ECNI (2013) [Response to consultation on Transforming Your Care](#)

⁹ Department of Health, Social Services and Public Safety (Dec 2011) [Transforming Your Care: A Review of Health and Social Care in Northern Ireland](#)

¹⁰ ECNI (2012) [Response to consultation DSD Housing Strategy Facing the Future](#)

Lifetime Homes Standard to be introduced into building regulations to all new builds across all tenures.

- 2.12 We have also called for action to address stereotyping and prejudicial attitudes, for example research has identified prejudicial attitudes towards older people as an equality issue in the provision of health, social care and well-being.

Public Policy Context - Current opportunities

- 2.13 The context for this work includes the Department of Education's development of a Children and Young People's Strategy 2017-2027¹¹ for Northern Ireland to replace the 'A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016'^{12 13}.
- 2.14 Further, the Active Ageing Strategy 2016-2021¹⁴ seeks to shape public policy to take account of the increasing number of adults aged 65 and over in Northern Ireland. The consultation¹⁵ on the Strategy's indicators provided an opportunity for the Commission to input¹⁶ into how its impact can be measured.
- 2.15 Our recommendations for the 2016-21 PfG highlighted the importance of a focus on advancing equality of opportunity for individuals at *all key stages* of life, including when transitioning from childhood to adulthood, as well as for older people.
- 2.16 We have developed similar policy recommendations and called for action, including via overarching equality strategies in other areas, including disability, gender, race and sexual orientation¹⁷.
- 2.17 We look forward to the opportunity to work closely with a range of officials and stakeholders to advance equality of opportunity and good relations through the work of government.

¹¹ Department of Education website accessed on 12 April 2017 – [Children and Young People's Strategy 2017-2027](#)

¹² OFMDFM (Jun 2006) [A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016](#)

¹³ Role of lead department moved from OFMDFM to Department of Education in May 2016

¹⁴ Role of lead department moved from OFMDFM to Department for Communities in May 2016

¹⁵ OFMDFM (2016) [Active Ageing Strategy 2016-2021 Indicators consultation](#)

¹⁶ ECNI (2016) [Response to OFMDFM consultation on Active Ageing Strategy Indicators 2015-2021](#)

¹⁷ IMNI (Jul 2014) [Working Paper: UNCRPD Jurisdictional 'Parallel' Report on Implementation in Northern Ireland](#); ECNI (Oct 2015) [Gender Equality: Policy Priorities and Recommendations](#); ECNI (May 2014) [Racial Equality: Policy Priorities and Recommendations](#); ECNI (Oct 2013); [Promoting Sexual Orientation Equality: Policy Priorities and Recommendations](#)

3 Law Reform: Protect people of all ages from unjustified age discrimination in the provision of goods, facilities and services.

- 3.1 Comprehensive legislation should be introduced to give protection to people of all ages, including children and young people, against unjustifiable direct and indirect discrimination, as well as harassment and victimisation. The legislation should permit lawful positive action; should include exceptions which are narrowly construed and objectively justified; and should grant the Commission a range of general duties and powers, including enforcement powers. We also reiterate our call for reform of the Commission's powers in relation to the age employment legislation.
- 3.2 Reforming, strengthening and updating Northern Ireland equality law will help tackle inequalities, simplify and harmonise the equality legislation, and address the significant gaps in protection between equality law in Great Britain and Northern Ireland.
- 3.3 We also continue to recommend the inclusion of a commitment in the PfG to extend age discrimination legislation to the provision of goods, facilities and services.

Supporting Rationale

- 3.4 In Northern Ireland, unlike in Great Britain, there is currently no protection against age discrimination in harassment and victimisation in the provision of goods, facilities and services.
- 3.5 The Commission has a long-standing position calling for equality law to be strengthened to prohibit age discrimination outside the workplace and identified the introduction of legislation to prohibit age

discrimination in goods, facilities and services as a priority area for action¹⁸.

3.6 We have set out in detail our proposals for reform of the age discrimination legislation outside the workplace^{19 20 21}. In summary, we recommend that the legislation:

- provides protection against unlawful age discrimination to people of all ages, including children and young people;
- covers the provision of goods, facilities and services, including health and social care; financial services; the exercise of public functions by public bodies; private clubs and associations; charities; accommodation;
- gives protection against unjustifiable direct and indirect discrimination, as well as harassment and victimisation on grounds of age, and should permit the taking of lawful positive action. We recommend that direct age discrimination can only be justified where a social policy objective is being pursued and the measures adopted to achieve that social policy are proportionate;
- includes a range of exceptions which are narrowly construed and objectively justified. For example, we support the inclusion of an exception for charities; a statutory authority exception; a limited exception for premises; and an exception for service providers to meet specific justifiable needs. We do not support the inclusion of specific exceptions for providers of health and social care or financial services; a blanket exception that permits concessionary services for all ages; and exceptions for age related holidays, residential park homes and immigration;
- grants the Commission a range of general duties and powers, including enforcement powers, in order to ensure the legislation is effectively enforced and complied with. We reiterate our call for reform of the Commission's powers in relation to the age employment legislation²² including, for example, the need for powers to conduct formal investigations under the age employment regulations.

¹⁸ ECNI (Feb 2009) [Proposals for legislative reform](#)

¹⁹ ECNI (2012) [Proposals for reform: Strengthening Protection for all ages'](#): Full Report

²⁰ ECNI and NICCY (2013) [Recommendations for reform: strengthening protection for children and young people'](#), Full Report

²¹ ECNI (August 2015) [Age GFS Briefing Paper](#)

²² ECNI response to OFMDFM pre-consultation draft Employment Equality (Repeal of Retirement Age Provisions) Regulations (Northern Ireland) 2011 on changes to default retirement age in 2011 (unpublished) See also recommendation in [ECNI Response to OFMDFM consultation on SEB](#) in 2004 in which the Commission called for harmonisation of its powers of investigation across all equality grounds.

- 3.7 We consider there is a robust case for strengthening the age equality legislation. In particular, the introduction of this legislation would:
- help address key inequalities, including prejudicial ageist attitudes experienced by older people and children and young people due to their age when accessing services;
 - ensure that legislation in Northern Ireland keeps pace with legislative developments that improved protection against age discrimination for adults in other parts of the United Kingdom (UK) and the Republic of Ireland²³;
 - ensure parity with protection against unlawful discrimination when accessing goods and services which exists in the other equality grounds.
- 3.8 Our recommendations for reform are informed by robust and compelling evidence of age discrimination experienced by children and young people and older people. This includes independent research commissioned by the Commission in 2008 which found “*numerous examples of direct and indirect age discrimination across the scope of financial services in Northern Ireland*”²⁴. A further report ‘Strengthening protection for all ages against discrimination outside the workplace’²⁵ (2014) also highlighted examples of potential age discrimination experienced by older people when accessing health and social care, financial services and other services, such as retail.
- 3.9 Our recommendations have also been informed by expert legal briefings on the legal implications of including children and young people within the proposed age GFS legislation^{26 27}.
- 3.10 We had welcomed the commitment by the Executive in its *Programme for Government 2011-15*²⁸ (PfG) to extend age discrimination legislation to the provision of goods, facilities and services. We have also recommended that this legislation gives

²³ Legislation prohibiting age discrimination against adults in the provision of goods, facilities and services came into effect in Great Britain in October 2012 and in the Republic of Ireland in 2000.

²⁴ B Fitzpatrick, I Kingston, commissioned by ECNI (2008) [Older People's Access to Financial Services](#)

²⁵ ICR commissioned by ECNI (March 2014) [Strengthening protection for all ages against age discrimination outside the workplace](#)

²⁶ R Allen and D Masters, April 2014 jointly commissioned by ECNI/NICCY (April 2013) [Expert Briefing: strengthening protection for children and young people](#)’ and [Executive Summary](#)

²⁷ Dee Masters, commissioned by ECNI (August 2015) [Proposals for Reform of Age Discrimination in the Provision of Goods, Facilities and Services](#)

²⁸ NI Executive [PfG 2011-2015](#)

protection to people of *all* ages. However, despite a consultation²⁹ (2015) on legislation to introduce age discrimination legislation to cover the provision of goods, facilities and services (GFS) to cover ages 16 and over, the legislation was not introduced before the end of the 2011-2015 Assembly mandate, and it was not included in the draft Programme for Government for the subsequent Assembly mandate.

²⁹OFMDFM (Jul 2015) [Consultation on Proposals to extend Age Discrimination Legislation \(Age Goods, Facilities and Services\)](#)

4 HEALTH, SOCIAL CARE AND WELL-BEING:

Meet the specific needs of younger and older people across a range of equality groups.

- 4.1 Action for younger people should include the provision of adequate mental health support services; transition services from child to adult services; and support for young trans people. For older people, action should include the provision of effective care in the community; raising awareness and uptake of the use of assistive technologies; and meeting the specific needs of older LGB and trans people in domiciliary, residential and nursing care.
- 4.2 Younger people in Northern Ireland face particular barriers, with specific issues including access to age appropriate mental health services, and the transition from youth to adult services. Our ageing society will likely further impact on health care services, as the numbers of older people, particularly those over 85, increase. During the period 2004 to 2014 the expansion of this age group ‘was more than five times higher than the overall population growth rate for the same period’^{30 31}.
- 4.3 Longer life expectancy is not being matched by parallel increases in healthy life expectancy. Northern Ireland fares worst of all regions in the United Kingdom in this regard. For example, while women in the United Kingdom can expect to have 63.9 years of disability free life, women from Northern Ireland can expect 60.3 years³². Rates of disability and ill health increase with age. The rate of disability

³⁰ OFMDFM & NISRA (Dec 2015) [A profile of older people in Northern Ireland – Annual Update 2015](#) (p15)

³¹ In the decade between 2004 and 2014 the population aged 85 and over increased by 41.0% compared to overall population growth rate of 7.4%

³² OFMDFM (Aug 2009) [A Profile of Older People in Northern Ireland](#). Belfast NISRA

among those aged over 85 is 67% compared with only 5% among young adults³³.

The Department of Health (DoH) should ensure that provisions for Child and Adolescent Mental Health Services (CAMHS) are adequate to meet the mental health needs of all children and young people.

- 4.4 Children and young people in Northern Ireland face particular barriers in relation to access to mental health treatment. Specific issues relate to the provision of funding to ensure services are age appropriate and provide adequate services to support children and young people with mental health needs.
- 4.5 While progress has been made on the reduction of the number of treatments on adult wards in Northern Ireland since the Bamford Review, the availability of inpatient CAMHS treatment for young people in Northern Ireland remains limited³⁴. This results in young people aged under 18 with mental health difficulties being treated in an age inappropriate manner due to being on adult psychiatric wards³⁵.

Supporting Rationale

- 4.6 Almost a quarter of Northern Ireland's population are children under 18 years of age and it is estimated that 20% experience significant mental health issues³⁶. Adult psychiatric wards are an unsuitable environment for young people with mental health difficulties.
- 4.7 The Beechcroft in-patient unit was opened in Belfast in May 2010 to increase capacity for children and young people needing assessment or treatment for complex mental illness that could not be assessed or safely treated in the community. Despite this, in 2014, 19 children were admitted to adult wards³⁷. While this is a

³³ Department of Health, Social Services and Public Safety (Dec 2011) [Transforming Your Care: A Review of Health and Social Care in Northern Ireland](#)

³⁴ The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

³⁵ The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

³⁶ The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

³⁷ Children's Law Centre and Save the Children (2015) [NI NGO Alternative Report to the UN Committee on the Rights of the Child](#) Annex 1

welcome reduction from 197 admissions between April 2007 and September 2009³⁸, it remains an issue to be fully addressed.

- 4.8 The Royal College of Psychiatrists conducted a survey looking at the difficulty of accessing beds for young people. It reported that across the United Kingdom, 61.9% of young people were being held in inappropriate settings such as paediatric and adult wards and police cells³⁹. The UN Committee on the Rights of the Child's concluding observations in 2016 recommended that the UK *'expedite the prohibition of placement of children with mental health needs in adult psychiatric wards or police stations, while ensuring provision of age-appropriate mental health services and facilities'*⁴⁰.
- 4.9 Mental health issues relating to self-harm and eating disorders are prevalent amongst young people. Northern Ireland has the highest rates of self-harm⁴¹ in the UK and Ireland and the prevalence of young people under the age of 18 who self-harm is increasing. Between the years 2012/13 to 2014/15 the number of under 18s presenting at hospitals due to self-harm rose by 27%.
- 4.10 A 2015 review of eating disorder services in Northern Ireland⁴², reported that the peak age of onset of eating disorders is 13 to 18 years of age, with an increasing number now developing disorders under the age of 10 years. It found that around 1-2% of adolescents/young people develop some form of eating disorders. Between the period April 2011 to March 2015 a total of 83 young people were admitted to Beechcroft for treatment of eating disorders⁴³.
- 4.11 While mental health care in Northern Ireland has made significant progress over the past 5 years, investment in Children and Family Services is approximately 30% less than in other parts of the United

³⁸RQIA (2011) [Independent Review of Child and Adolescent Mental Health Services in Northern Ireland](#)

³⁹ The Royal College of Psychiatrists (Mar 2015) [Survey of in-patient admissions for children and young people with mental health problems](#)

⁴⁰ UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 60 (c)

⁴¹ The term 'self-harm' was derived from the term 'parasuicide'. The definition of 'parasuicide' was developed by the World Health Organisation (WHO)/ Euro Multicentre Study Working Group as: *'An act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.'*

⁴² The Regulation and Quality Improvement Authority (Dec 2015) [Review of Eating Disorders in Northern Ireland](#) Pg 13

⁴³ The Regulation and Quality Improvement Authority (Dec 2015) [Review of Eating Disorders in Northern Ireland](#) Pg 21

Kingdom⁴⁴. The UN Committee on the Rights of the Child recommended that the UK ‘*rigorously invest in CAMHS and develop strategies at national and devolved levels*’⁴⁵.

The Department of Health (DoH) should ensure the early availability of services and hormone suppressants to meet the needs of young trans people.

- 4.12 We recommend that consideration is given to further developing the service provision for young trans people, including taking account of any learning from the delivery of the ‘Knowing our Identity’ (Koi) service⁴⁶ locally, and the ‘Gender Identity Development Service (GIDS)’⁴⁷ in Great Britain.
- 4.13 Further, given the exacerbating impact of puberty on gender dysphoria⁴⁸, we also recommend that consideration is given to lowering the age at which hormone suppressants are available in Northern Ireland. While hormone suppressants are currently available to those aged 15 to 18⁴⁹, they are available in Great Britain from 12 years old.

Supporting Rationale

- 4.14 The Institute for Conflict research’s 2013, ‘Grasping the Nettle’⁵⁰ reported that young trans people were at high risk of developing mental health problems if not provided with appropriate support. The report cites their experience of emotional distress and social stigma which can lead to transphobic bullying in schools.
- 4.15 For young trans people⁵¹ the onset of puberty has a detrimental impact on their emotional well-being as their bodies become

⁴⁴ Children’s Law Centre and Save the Children (2015) [NI NGO Alternative Report to the UN Committee on the Rights of the Child](#) Annex 1, CLC FOI request

⁴⁵ UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 60 (b)

⁴⁶ Belfast HSCT ‘[Knowing Our Identity: Gender Development service for Northern Ireland](#)’ Leaflet

⁴⁷ NHS England introduced a service framework for the ‘Gender Identity Development Service (GIDS) for Children and Adolescents’ for the period 2016 to 2020.

⁴⁸ “Gender Dysphoria (GD) describes the distress that is caused by a discrepancy between a person’s gender identity and that person’s sex classified at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b)” quoted from [NHS England E13/S\(HSS\)/e 1](#)

⁴⁹ In some instances young trans people in NI can be referred to the services available in GB

⁵⁰ Institute for Conflict Research (Feb 2013) [Grasping the Nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland](#)

⁵¹ Young trans people (gender variant children) have a self awareness that their gender identity does not correspond to cultural expectations with their assigned birth sex.

increasingly discordant with their gender identities⁵². Early intervention, including through hormone suppressants, has the potential to benefit individuals and prevent costly interventions, including prolonged mental health support, inpatient psychiatric admissions and complex surgical interventions⁵³.

4.16 As noted by NHS England:

“Gender Dysphoria (GD) can be more distressing in adolescence due to the pubertal development of secondary sex characteristics and increasing social divisions between genders. As a result, adolescents can be at risk of self-harm, despair and can become vulnerable to relationship difficulties, social isolation and stigma⁵⁴”.

4.17 Hormone suppressants suspend a person’s pubertal development allowing young people to explore their gender identity, prevent distressing permanent physical changes and improve their mental health⁵⁵.

4.18 In August 2014, Northern Ireland introduced a new part-time service for trans people aged 18 and under, ‘Knowing Our Identity (Koi)’⁵⁶ located at Beechcroft⁵⁷ in Belfast. The service provides access to hormone suppressants which is limited to those aged 15 to 18⁵⁸.

4.19 However, an apparent inconsistency in the age at which young trans people can access hormone suppressants exists between Great Britain and Northern Ireland. In 2011 the National Research Ethics Service gave approval to the Great Britain clinic, Tavistock and Portman NHS Foundation, to reduce the minimum age of access from 16 to 12⁵⁹.

4.20 Figures from Great Britain demonstrate that the number of referrals of young trans people has increased over time. In 2009/10 there were 97 referrals and in 2015/16 the number increased to 1,419.

⁵² The International Planned Parenthood Federation (IPPF) (Mar 2014) [Over-protected and Under-served: A multi-country study on legal barriers to young people’s access to sexual and reproductive health services](#)

⁵³ The International Planned Parenthood Federation (IPPF) (Mar 2014) [Over-protected and Under-served: A multi-country study on legal barriers to young people’s access to sexual and reproductive health services](#)

⁵⁴ NHS England E13/S(HSS)/e 1 - [NHS STANDARD CONTRACT FOR GENDER IDENTITY DEVELOPMENT SERVICE FOR CHILDREN AND ADOLESCENTS](#)

⁵⁵ Institute for Conflict Research (Feb 2013) [Grasping the Nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland](#)

⁵⁶ Belfast HSCT ‘[Knowing Our Identity: Gender Development service for Northern Ireland](#)’ Leaflet; and GenderJam website information on [Trans healthcare in Northern Ireland](#)

⁵⁷ Beechcroft’s primary services are; mental health, mental health for families and CAMHS

⁵⁸ In some instances young trans people in NI can be referred to the services available in GB

⁵⁹ NHS England E13/S(HSS)/e 1 - [NHS STANDARD CONTRACT FOR GENDER IDENTITY DEVELOPMENT SERVICE FOR CHILDREN AND ADOLESCENTS](#) – page 26.

85% of those referred in 2015/16 were aged between 12 and 18⁶⁰. In the first year of opening of the Kol service, there were 30 referrals⁶¹ and from August 2014 to September 2016 a total of 134 young people had accessed this service⁶².

- 4.21 NHS England introduced a service framework for the '*Gender Identity Development Service (GIDS) for Children and Adolescents*'⁶³ for the period 2016 to 2020. The aim of the service is to provide a highly specialised service for children and adolescents up to their 18th birthday who are experiencing features of gender dysphoria or need support to explore their gender identity. The range of services provided via GIDS in GB appears wider than under Kol, for example: including crisis response; speech and language therapy (to change voice to appropriate gender); and group psychotherapy / psychosocial support group.

Effective processes should be put in place to ensure the successful transition from youth to adult health services.

- 4.22 During the transition from child to adult care, adolescents can be left with no service until eligibility for adult healthcare services and associated delivery responsibilities are established⁶⁴. This can result in a child having services withdrawn before commensurate adult provision is made available. In addition, young people with specific care needs can experience a lack of support when making the transition from one service to another.
- 4.23 It is vital that individuals are not left without support, simply due to a change in their age. Overarching policy processes are needed to provide early planning and preparation for adolescents during their transition to adult health, social care and well-being services.

Supporting Rationale

- 4.24 A 2014 review⁶⁵ in Great Britain by the Care Quality Commission considered a broad range of transitions by speaking with 180 young people (or parents of young people) aged between 14 and 25 with

⁶⁰ The Tavistock and Portman NHS Foundation (2016) [Gender Identity Development Service Statistics](#)

⁶¹ The Identity Trust: Focus (Feb 2016) newspaper article – '[At least 10 transgender children living in Northern Ireland say they are living in the wrong body](#)'

⁶² NI Assembly, Ms Clare Bailey, MLA Green Party (Tabled 12/9/16) [AQW2875/16-21](#)

⁶⁴ Care Quality Commission (Jun 2014) [From the pond to the sea: Children's transition to adult health services](#)

⁶⁵ Care Quality Commission (Jun 2014) [From the pond to the sea: Children's transition to adult health services](#)

complex health needs. It found that *'only 50% of young people and their parents said they had received support from a lead professional during the process leading up to transition to adult services.'*

- 4.25 The National Institute for Health and Care Excellence's 2015 consultation on draft Guidelines for the 'Transition from children's to adults' services' identified groups of young people who are at particular risk of a loss of continuity of care. The groups identified were: *"young people with complex and multiple needs (Crowley et al. 2011), child and adolescent mental health service users (Singh et al. 2010), young people with palliative care needs and life limiting conditions (Children and Young People's Health Outcomes Forum 2012) and young people leaving residential care (Beresford and Cavet 2009)"*⁶⁶.
- 4.26 In Northern Ireland, a 2013 Barnardo's⁶⁷ report on transitions found that the *"move from child to adult services is often characterised by a reduction in levels and type of service provision."* Similarly, a 2012 report by NICCY⁶⁸ reported that *"young people with learning disabilities continue to encounter significant difficulties on transition from ... child to adult health and social care."*
- 4.27 Further, there is some evidence of a total absence of transition, with some care effectively ceasing where no comparable adult service is available. For example, NICCY has highlighted a complaint it received whereby a 14/15 year old was discharged from an Attention Deficit Hyperactivity Disorder (ADHD) children's service, but no adult service was available to provide ongoing assistance⁶⁹.
- 4.28 Research undertaken in 2013⁷⁰ reported that in the United Kingdom only 15% of young people with ADHD made a transition into adult services. A survey in 2013⁷¹ of Trusts in the East Midlands found that while there was an increased awareness of the condition

⁶⁶ National Institute for Health and Care Excellence (Sept 2015) [Draft Guideline: Transition from children's to adults' services](#)

⁶⁷ Dr Berni Kelly, QUB for Barnardo's (2013) [Don't Box Me In. Disability, identity and transitions into young adult life](#)

⁶⁸ Lundy, Laura; Byrne, Bronagh and McKeown, Paschal (2012) [Review of Transitions to Adult Services for Young People with Learning Disabilities](#) p.48

⁶⁹ ECNI and NICCY (Oct 2013) [Strengthening Protection for Children and Young People when accessing goods, facilities and services: Recommendations for Reform](#) – Full report

⁷⁰ Swaran P Singh & Helena Tuomalnen (Sept 2015) [Transition from child to adult mental health services: needs, barriers, experiences and new models of care](#)

⁷¹ Hall, CL; Newell, K; Taylor, J; Saval, K; Swift, KD; Hollis, C (Jul 2013) ['Mind the Gap' – mapping services for young people with ADHD transitioning from child to adult mental health services](#)

continuing into adulthood there were limited guidelines and communications on the transition between child and adult services.

Ensure effective care in the community, addressing any issues with direct payments; homecare visits; and transport to community care services.

- 4.29 Government must ensure that care in the community arrangements guarantee a sufficient quality of care to support individuals to live at home, where it is their wish and it is appropriate for them to do so.
- 4.30 While the move under ‘Transforming Your Care’⁷² to a person centred approach to social care is welcomed, it is important that direct payment rates from Health and Social Care Trusts are sufficient to deliver effective care. Visit times must also be sufficient to ensure quality of care. Further, the availability of affordable transport is key, particularly in rural areas, to accessing community care services, especially for older people without access to a car.

Supporting Rationale

- 4.31 In 2013, the Commission welcomed⁷³ the intended outcome of the new model to deliver increasingly accessible health, social care and well-being provision centred round the “home hub”⁷⁴. This, as an alternative to hospitalisation or institutionalised care, has the potential to provide increased independence and autonomy.
- 4.32 From a service user perspective, the Northern Ireland Pensioners Parliament’s health and social care survey⁷⁵ revealed that 30% of older people believed that domiciliary care is provided on a ‘one size fits all’ approach. It found that this approach leaves older people vulnerable and does not meet the requirements of an ageing population.
- 4.33 ‘Transforming Your Care’⁷⁶ includes the provision of a person centred approach to social care through Self Directed Support or direct payments. Currently funding for direct payments varies

⁷² Health and Social Care Board (Oct 2012): [“Transforming Your Care” Draft Strategic Implementation Plan, Executive Summary](#).

⁷³ ECNI consultation response to [Transforming your care – From vision to action](#)

⁷⁴ Health and Social Care Board (Oct 2012): [“Transforming Your Care” Draft Strategic Implementation Plan, Executive Summary](#), para 1, Pg 3: ‘Home as the hub for care for older people, with more services provided at home and in the community.

⁷⁵ NI Pensioners Parliament (May 2015) [Health and Social Care Survey](#)

⁷⁶ Health and Social Care Board (Oct 2012): [“Transforming Your Care” Draft Strategic Implementation Plan, Executive Summary](#).

between Health and Social Care Trusts⁷⁷. The variation in direct payment rates between Trusts may however impact on the delivery of effective care – e.g. the ability of those wishing to avail of this support to employ their own personal assistant.

- 4.34 A 2012 survey⁷⁸ by the United Kingdom Homecare Association (UKHA) found that 87% of respondents in Northern Ireland reported that Trusts were commissioning very short homecare visit times for older people (28% of visits by care workers were for 15 minutes per call).
- 4.35 Age NI consider the ability to provide adequate social care in short home visits compromises older people's personal care, safety and dignity.⁷⁹ This was supported by 87% of providers in Northern Ireland who reported concerns about undertaking personal care tasks within a short time frame⁸⁰. Further, the Northern Ireland Pensioners Parliament (NIPP) cited that three quarters of older people surveyed by them considered that 15 minutes per visit was inadequate to provide the care at home that is required to meet their needs⁸¹.
- 4.36 The Commissioner for Older People for Northern Ireland has warned⁸² of increasing evidence of times when domiciliary care is insufficient to meet the care needs of older people or is inadequate in quality. COPNI further highlighted that the level of need that an older person must have before domiciliary care is provided is increasing, reducing the opportunity for early intervention and that time slots allocated for the provision of care were being reduced.
- 4.37 Unison⁸³ cites the impact of insufficient timeslots that has 'led to some homecare workers leaving clients in terrible conditions ...' while others 'refused to adhere to the time limits they were set.'
- 4.38 Whilst the time allocated for visits is an important consideration the overall quality of the care package is key to the effectiveness of community care.
- 4.39 A 2013 survey by the Patient Client Council⁸⁴ identified that the '*availability of suitable and affordable transport*' is an important

⁷⁷ For example between the Western and Northern Trusts the difference of hourly rate funding is £1.79.

⁷⁸ UKHCA (2012) [Commissioning Survey 2012: Care is Not a Commodity](#)

⁷⁹ Age NI (2014) Briefing for HSPPS Committee [TYC and older people](#)

⁸⁰ UKHCA (2012) [Commissioning Survey 2012: Care is Not a Commodity](#)

⁸¹ NI Pensioners Parliament (May 2015) [Health and Social Care Survey](#)

⁸² The Commissioner for Older People (Oct 2015) Domiciliary Care in Northern Ireland: A Report of the Commissioner's Summit

⁸³ Unison (2013) [Time to care – A Unison Report into Homecare](#)

⁸⁴ Patient Client Council (2013) [Transport Issues in Accessing Health and Social Care Services](#)

factor in getting the most out of health, social care and well-being services. The NI Pensioners Parliament's survey⁸⁵ reported that half of the older people surveyed experienced difficulty in travelling to hospital appointments.

- 4.40 The NI Pensioners Parliament recommended that patients should always receive information about transport options with the notification of their appointments. This should include a location map, information on public and community transport options, as well as details of the Hospital Travel Costs Scheme and non-emergency passenger ambulance transport service.

Raise awareness and uptake amongst older people of assistive technologies to access health, social care and well-being services.

- 4.41 The development of the Health and Social Care Board's eHealth and Care Strategy for Northern Ireland's^{86 87} framework sets out a range of measures to increase the use of innovative technologies in the delivery of health and social care over a five year period from 2016 to 2020.
- 4.42 Any radical shift in the provision of health, social care and well-being will require support to develop understanding of the new technologies. When introducing systems that make use of IT and/or the internet it will be important to take into account lower rates of IT awareness and/or internet usage by older people⁸⁸ or people with sensory disabilities compared to that of the general population. Safeguards should also be put in place to ensure that the use of these technologies does not lead to social isolation. This could include through regular face to face meetings to review health needs.

Supporting Rationale

- 4.43 In December 2011, the Northern Ireland Health Minister provided £18m over a 6-year period to fund a tele-monitoring service⁸⁹. The

⁸⁵ Northern Ireland Pensioners Parliament (Oct 2016) [Northern Ireland Pensioners Parliament: Transport to Hospital Appointments Report](#)

⁸⁶ Health and Social Care Board (Mar 2016) [eHealth and Care Strategy for Northern Ireland](#)

⁸⁷ Role of lead department moved from the Health and Social Care Board to Department of Health in May 2016

⁸⁸ Age UK , [Introducing another World: older people and digital inclusion](#),

⁸⁹ The Telemonitoring NI service is a partnership between the Department of Health, Centre for Connected Health and Social Care (CCHSC), Public Health Agency (PHA) and a business consortium TF3. The service is delivered by the TF3 consortium in partnership with the health and social care trusts. It is currently only provided to patients with heart disease, stroke, some respiratory conditions and diabetes.

assistive technologies proposed would be designed to remove the need to travel to local health centres or clinics.

- 4.44 The tele-monitoring service comprises units in the home to monitor and measure temperature, blood pressure and other vital signs, and collate the answering of specific questions, sending all data collected via phone lines or WiFi to remotely based medical staff. Patients using tele-monitoring are supported by local healthcare specialists, such as a nurse and/or clinician. Contact by the healthcare specialist is to occur when the individual is 'identified as having deteriorating symptoms', but there may be less contact when their condition is stable⁹⁰.
- 4.45 In Northern Ireland, in 2012/13 61% of those in the 60-69 age bracket had access to the internet, but this dropped dramatically to 28% for those aged 70 and over. This contrasts with over 90% of the under 40s having access. These differences may be driven by, and contribute to, lesser familiarity with related technologies⁹¹. While not disaggregated by age, more recent (2016) data⁹² shows that Northern Ireland had the lowest recent internet usage of any UK region at 82% compared to the UK average of 87.9%. Furthermore, 16.2% of people in Northern Ireland had never used the internet compared to 10.2% across the UK as a whole.
- 4.46 In terms of promoting new technologies, the Northern Ireland Executive's campaign to promote awareness of the digital switchover from analogue to digital television⁹³ was evaluated as effective⁹⁴ in raising awareness of the new technology amongst older and disabled people. The lessons from this or other relevant campaigns could be considered with regard to their application to raising awareness of the benefits of new assistive technologies in the provision of health, social care and well-being services.

Ensure that older people of differing sexual orientations and transgender people have their domiciliary, residential or nursing care needs fully met.

- 4.47 Older lesbian, gay and bisexual (LGB) and trans people can have different family support networks to the wider population and thus

⁹⁰ PHA website (2016) [Telemonitoring NI](#)

⁹¹ Age UK (2009) [Introducing another World: older people and digital inclusion](#), page 5

⁹² ONS (2016) [Internet users in the UK: 2016](#)

⁹³ Digital UK (2012) [Digital TV switchover 2008-2012 Final Report](#)

⁹⁴ Digital UK (2012) [Digital TV switchover 2008-2012 Final Report](#)

potentially differing needs for domiciliary, residential or nursing care support when compared to heterosexuals. In addition, older LGB and trans people's experience of growing up in Northern Ireland may make them more reluctant⁹⁵ than others to disclose their sexual orientation, sex, gender or medical history.

- 4.48 To better meet these needs, health care workers providing care in residential or nursing care support, should receive specific training in the provision of intimate care for these groups, and in the needs and sensitivities of LGB and trans people. Further, any decisions on care plans and in the sharing of information between medical facilities and/or care providers should include the care recipient.

Supporting Rationale

- 4.49 Studies have reported that LGB and trans people are:
- two and a half times as likely to live alone⁹⁶;
 - twice as likely to be single⁹⁷; and
 - four and a half times as likely to have no children to call upon in times of need⁹⁸.
- 4.50 This may result in a lack of informal care being available, potentially leaving an increased proportion of LGB and trans individuals with the only option of moving into a nursing home or residential care.
- 4.51 The care needs and sensitivities of LGB and trans people may also not be taken into account by service providers in the provision of domiciliary, residential and nursing care⁹⁹ and service provision may thus not meet the specific needs of all residents and those receiving respite care.
- 4.52 Further, a study¹⁰⁰ by the Rainbow Project and Age NI (2011) on making care homes more inclusive for LGB and trans people identified a lack of training provided to those working in care homes.

⁹⁵ For example - only 14% of older people had been open to healthcare providers about their sexuality. Heaphy et al (2003), referred to in Equality and Human Rights Commission (2010) [Don't look back? Improving health and social care service delivery for older LGB users](#)

⁹⁶ The Rainbow Project and Age NI (2011) [Making this home my home: Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people](#)

⁹⁷ The Rainbow Project and Age NI (2011) [Making this home my home: Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people](#)

⁹⁸ Dr H Fish (2007) [Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff](#)

⁹⁹ ARK(NI) (2013) Policy Brief, [Moving towards a sexual orientation strategy for Northern Ireland](#)

¹⁰⁰ Joint Equality and Human Rights Forum, Edited by Zappone K (2003) [Re-thinking Identity: The Challenge of Diversity](#)

For example the provision of intimate care for transgender people may disclose a person's history.

- 4.53 In 2014 the Public Health Agency¹⁰¹ developed guidelines to address the health inequalities experienced by older LGB and trans people in a range of care services. '*See me, hear me, know me*¹⁰² provides guidance such as training for staff, use of language, and not making assumptions. The guidelines were disseminated to all registered nursing, day care, residential and domiciliary care providers and are available on the Public Health Agency's website.
- 4.54 In the absence to date of a review of the implementation of the use of the guidelines, we reiterate the importance of ensuring that specific steps are taken to meet the requirements of older LGB and trans people in residential and nursing home care. This should be done via a proactive approach within policies and procedures to deliver person centred provision of resources and support for older LGB and trans people.

¹⁰¹ Developed in partnership with Age NI, The Rainbow Project, Here NI, Unison, RQIA and the Independent Health and Care Providers

¹⁰² Public Health Agency (Mar 2014) [See Me, Hear me, Know me: Guidelines to support the needs of Older Lesbian, Gay, Bisexual and Transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care](#)

5 Employment: Reduce the proportion of young people who are NEET; reduce long-term unemployment amongst older people.

- 5.1 Targeted action is required, particularly for those who may face additional barriers due to Section 75 identities. Mentoring, targeted careers advice and wider support for those at, or approaching, school leaving age could help match career aspirations and skills to job prospects. Co-ordinated action is needed to tackle perceived and actual barriers facing older people in returning to, and remaining in, work – including with regards to stereotypes; life-long learning and education; training and development opportunities; and pathways to work.
- 5.2 In addition to economic benefits, access to employment provides opportunities for fulfilment and socialisation in the workplace. The prohibition of age discrimination in the workplace is well established¹⁰³. As government seeks to increase labour market participation and increase the duration of working lives, persistent age-related barriers to employment will potentially impact on greater numbers of those in, or seeking, employment.

Target actions, advice and support to reduce the proportion of young people who

¹⁰³ ECNI (2011) [Equality Awareness Survey](#) found that 46% of respondents were aware that age was a protected ground and 69% were aware that discrimination in the workplace is prohibited.

are Not in Education, Employment or Training (NEET).

- 5.3 Effective targeted action is required, particularly for those who may face additional barriers to training and the labour market due to Section 75 identities. For example, lone parents who are predominately women¹⁰⁴, may require assistance with childcare, while disabled people may require support in relation to transport, additional costs and/or securing reasonable adjustments. Government should use regular monitoring and disaggregated reporting to ensure maximum uptake of opportunities and subsequent progression into employment.
- 5.4 Mentoring, targeted careers advice and wider support for those at, or approaching, school leaving age could help match aspirations to job prospects; encouraging actions to gain required skills and/or deal with any wider issues. A close match between the available training courses and labour market opportunities may also support more direct access to employment.

Supporting Rationale

- 5.5 Northern Ireland has historically had one of the highest rates of young people not in education, employment or training (NEET)¹⁰⁵ in the United Kingdom¹⁰⁶, and figures experience fluctuation which is not apparent in other regions.
- 5.6 Spending time NEET is linked to lifelong problems associated with worklessness, poverty, limited employment opportunities, poor pay and ill-health. People who are unemployed in their youth also have lower average life satisfaction and lower wages, so suffering a long-term scar compared to other unemployed adults¹⁰⁷.
- 5.7 Pathways to Success (2012) is an overarching strategy to address the issue of young people who are NEET, with a particular focus on helping young people who face barriers to participation. An evaluation in 2013 reported success in achieving confidence and educational achievement of its participants. However, it

¹⁰⁴ Dr Russell, R. (Jun 2014) [Census 2011: Key Statistics at Northern Ireland and LGD level](#)

¹⁰⁵ NEET is defined as those who are not in employment, Government supported training and full-time education.

¹⁰⁶ NI Statistics and Research Agency (Feb 2017) [Northern Ireland Labour Market Report February 2017](#). Between October and December 2016 the percentage of 16-24 year olds deemed to be NEET was 13.3%. While the rate has decreased by 4.3 percentage points over the year, Northern Ireland continues to have an overall level of those classified as NEET broadly similar to the United Kingdom average of 10.7%.

¹⁰⁷ Bell and Blanchflower, quoted in Prof R McQuaid, Dr E Hollywood, Dr J Canduela, Edinburgh Napier University Employment Research Institute (Jul 2010) ['Employment Inequalities in an economic downturn'](#)

acknowledged issues around the 'extent to which actions in the plan translate into impacts on numbers of young people NEET'¹⁰⁸.

- 5.8 A number of government initiatives are being delivered to assist individuals into education, employment or training^{109 110}. Young people aged 18 to 24 claiming Job Seekers Allowance (JSA) for a continuous period of nine months are referred to a government funded Steps 2 Success programme¹¹¹.
- 5.9 The Northern Ireland Peace Monitoring Report, Number Four¹¹², reported that the 'Steps 2 Success' programme does "*not create employment for long-term unemployed*". 'Steps 2 Success' statistics for the period October 2014 to December 2015 reported that 28% of all participants were helped into employment. Of this group 37% were from the JSA 18-24 participants¹¹³.
- 5.10 Currently, reporting on government programmes does not detail the young person's progression through different training programmes. This creates a lack of disaggregated data due to a lack of tracking the movement of young people between government led programmes. The Department should use regular monitoring and disaggregated reporting to ensure maximum uptake of opportunities and subsequent progression into employment.
- 5.11 For young people who are already disengaged with conventional education, early intervention and a proactive approach is needed. The scoping study for the initiatives stated that: "*For preventative actions to be effective, intervention must be at an early stage*"¹¹⁴. Mentoring and career advice is important for young people who may be more at risk of becoming NEET to provide consistency and assist with their progression.
- 5.12 Research¹¹⁵ cited by the former Departments for Employment and Learning and Enterprise, Trade and Investment, found that: 'there is

¹⁰⁸ Department for the Economy; Centre for economic and social Inclusion (Mar 2013) [Evaluation of Pathways to Success NI: Final Report](#)

¹⁰⁹ DEL (2012) Pathways to Success (NEETS strategy); DEL (2012) [Skills to Succeed](#)

¹¹⁰ Role of lead department moved from Department of Employment and Learning to Department for Communities in May 2016

¹¹¹ People aged 25 years and over claiming JSA for a continuous period of twelve months are referred to the Steps 2 Success programme

¹¹² Wilson, R; Community Relations Council (Jul 2016) [Northern Ireland Peace Monitoring Report, Number Four](#)

¹¹³ Department for Communities (Feb 2017) [Steps 2 Success Statistical Bulletin: Northern Ireland Statistics from October 2014 to December 2016](#)

¹¹⁴ Department of Education and Learning (2013) [A Scoping Study of those young people Not in Education, Employment or Training \(NEET\) in Northern Ireland](#)

¹¹⁵ Department for Employment and Learning and Department of Enterprise, Trade and Investment (Apr 2015) [Enabling Success – Supporting the transition from economic inactivity to employment A strategy to](#)

a reasonably strong case to be made that careers education, information, advice and guidance-related interventions can and do make a difference in terms of increased levels of personal confidence and self-esteem'. The report also highlighted the positive correlation between information, advice and guidance and increased participation in employment.

- 5.13 A Careers Strategy Joint Action plan 2015-2016¹¹⁶ between the former Department for Employment and Learning and Department of Education has been developed as an action from the 2014 Careers Review^{117 118}. We welcome this plan, and look forward to evidence of its effective implementation, both in terms of resource and outcomes. For example evidence of the success of Workable (NI) launched in 2016 to provide long-term support to people with disabilities into employment and the provision of additional careers adviser support for young people identified as being at risk of becoming disengaged with the education system.
- 5.14 Evidence from successful interventions in other jurisdictions is informative. For example, the Netherlands has one of the lowest numbers of young people Not in Education, Employment or Training¹¹⁹. There the policy focus includes a wider societal and economic consideration rather than focusing on the education system alone. Early intervention is used to reduce the number of early school leavers through the use of preventative measures and actions. For example:
- Progression through the education system is supported by career guidance;
 - Expert support is provided for students facing personal, family or learning related challenges;
 - Students are encouraged to choose courses which provide opportunities for further study and better employment;
 - A more accurate match between the labour market and available training courses is sought; and

[tackle economic inactivity in Northern Ireland](#), citing D. Hughes & G. Gratton, 'Literature review of research on the impact of careers and guidance-related interventions', CfBT Education Trust, 2009

¹¹⁶ DEL and DENI (2015) [Careers Strategy Joint Action Plan 2015-2016](#)

¹¹⁷ Department for Employment and Learning (Oct 2014) [Careers Review 2014: A report by an independent panel of experts in education and employers on careers education and guidance in Northern Ireland](#)

¹¹⁸ Role of lead department moved from DEL and DENI to Department of Education in May 2016

¹¹⁹ In 2013 young people NEET in the United Kingdom was 12.6% compared to 4.5% in the Netherlands – figures taken from OECD iLibrary (2014) [Society at a Glance](#): Figure 4.7 'more young people are unemployed or inactive and not in education nor in training (NEET)

- A focus on high quality craftsmanship skills is provided.

The Departments for the Economy and Education should work in partnership to deliver coordinated actions to reduce long-term unemployment amongst older people.

- 5.15 The share of people in Northern Ireland classed as long-term unemployed is higher for the over 50s age group¹²⁰. Despite the fall in unemployment figures, the percentage of people aged 50 years and over claiming long-term unemployment benefits has increased by 2 percentage points over a three year period¹²¹.
- 5.16 Targeted action is needed to tackle perceived and actual barriers facing older people in returning to, and remaining in, work – including with regards to stereotypes; life-long learning and education; training and development opportunities; and pathways to work.

Supporting Rationale

- 5.17 2014 research¹²² looked at the key employment challenges facing the 50+ age group and found that ‘early exit from the workforce’ is driven, in part, by high rates of long-term unemployment. Once out of work, the over 50s find it more challenging to return to paid employment than any other age group which, may result in them leaving the labour force altogether.’ It found that, with the focus of government resources on training and providing employment opportunities for young people, the unemployment issue for people aged over 50 is hidden.
- 5.18 Evidence from the Pensioners Parliament indicated that while still fairly small in number overall, the number of older people expressing concerns about training and employment opportunities remains higher than it was in recent years¹²³.
- 5.19 ‘Steps 2 Success’ is a mandatory government training programme for people aged 18 and over claiming long-term unemployment

¹²⁰ Long-term unemployed’ is a percentage of unemployed who have been unemployed for 12 months or more sourced from the Labour Force Survey

¹²¹ NISRA long term claimants over 50 (January 2014 to March 2017) – [comparison of figures between March 2014 to March 2017]

¹²² The Prince’s Initiative for Mature Enterprise in partnership with the International Longevity Centre (Oct 2014) [The Missing Million: Illuminating the employment challenges of the over 50s](#)

¹²³ [Northern Ireland Pensioner’s Parliament Report 2014](#),

benefits for specific periods of time¹²⁴. A statistical bulletin reported that during the period October 2014 to December 2015 the share of participants moving into employment decreases as their age increases. For the age groups 25 and under and 25-49, 37% and 28% respectively moved into employment but for participants aged 50 and over only 16% moved into employment¹²⁵.

5.20 Older people consider that they face specific difficulties in securing employment¹²⁶. In a 2015 DWP survey, 53% of over 50s felt employers were not interested in employing them because of their age¹²⁷. 23% of over 50s currently in employment felt they are viewed 'less favourably than younger workers' and 15% reported experiencing age discrimination in the workplace¹²⁸. Research commissioned by the Department for Employment and Learning¹²⁹ viewed learning as life-long and an important factor in increasing employability, however there remain perceived barriers to education identified by older people¹³⁰.

5.21 A 2017 UK Government strategy 'Fuller Working Lives'¹³¹ aims to 'support individuals aged 50 years and over to remain in and return to the labour market and tackle the barriers to doing so'¹³². The strategy lists five actions to support older workers:

1. Legislation to support Fuller Working Lives.
2. Empowering change through others.
3. Supporting those who need more help.
4. Reforming the adult skills system.
5. Improving the Jobcentre Plus offer for older workers.

5.22 The Commission welcomes this strategy and recommends that, in conjunction with the devolved Northern Ireland strategies such as

¹²⁴ People aged 24 years and under claiming JSA for a continuous period of nine months and people aged 25 years and over claiming JSA for a continuous period of twelve months are referred to the Steps 2 Success programme

¹²⁵ Department for Communities (Feb 2017) [Steps 2 Success Statistical Bulletin: Northern Ireland Statistics from October 2014 to December 2016](#)

¹²⁶ Department of Work and Pensions (Jan 2015) [Helping people save more for their retirement through workplace pensions](#)

¹²⁷ Department of Work and Pensions (Jan 2015) [Helping people save more for their retirement through workplace pensions](#)

¹²⁸ Department for Work and Pensions (Jan 2015) [Attitudes of the over 50s to fuller working lives](#)

¹²⁹ Department of Employment and Learning (Feb 2012) [Removing the Barriers to Learning](#)

¹³⁰ The issue of education for older people is explored in the education section of this paper

¹³¹ Department for Work and Pensions (Feb 2017) [Fuller Working Lives: A Partnership Approach](#)

¹³² Department for Work and Pensions (Feb 2017) [Fuller Working Lives: Evidence Base 2017](#)

Pathways to Success, it targets actions to deliver outcomes which reduce the proportion of older people who are long-term unemployed.

6 Education: Improve the participation of older people; young carers; looked after children; and those within the juvenile justice centre.

- 6.1 Actions should tackle barriers to older people participating in life-long and further education; ensure collaboration between Departments to identify young carers and provide services to both support them and improve their educational outcomes; provide tailored support to ensure the effective participation in education of every looked after child; and ensure that children and young people in the juvenile justice centre have access to an appropriate education curriculum.
- 6.2 Education plays a key role in determining a person's life chances and opportunities in terms of social and economic mobility¹³³. We believe that everyone regardless of age has the right to be treated fairly and have the opportunity to fulfil their potential¹³⁴.

The Department for the Economy should tackle barriers to older people participating in life-long and further education.

- 6.3 The Commission welcomes that the Northern Ireland Strategy for Further Education¹³⁵ provides a context to tackle the barriers perceived and/or faced by older people and looks forward to its review to *'develop policy proposals on the most appropriate roles'* and *'to identify the main barriers which inhibit different groups of*

¹³³ ECNI (2007) [Statement of Key Inequalities in Northern Ireland](#)

¹³⁴ ECNI and NICCY (2013) [Strengthening Protection for Children and Young People when accessing goods, facilities and services](#),

¹³⁵ DEL (2016) [Skills to succeed Further Education Means Success](#)

*learners (for example by age and level of learning) from participating in provision*¹³⁶.

- 6.4 Northern Ireland has the highest proportion of adults in the United Kingdom with no educational qualifications¹³⁷. We therefore call for the development of policy proposals which will remove the barriers to education perceived and/or experienced by older people.

Supporting Rationale

- 6.5 Data indicates that the proportion of people who lack basic or have no qualifications, whilst decreasing for all age groups over time, still remains highest amongst older age groups¹³⁸. This is coupled with a decline in the number of older enrolees in further education¹³⁹.
- 6.6 The Northern Ireland Strategy for Further Education provides a context to tackle the barriers perceived and/or faced by older people through, for example: the provision of on-going support; consideration of the views of older people in determining training methods; and the use of technology to provide flexibility for caring responsibilities.
- 6.7 The majority of participants in research commissioned by the previous Department for Employment and Learning¹⁴⁰ viewed learning as life-long and an important factor in increasing employability. However, there remain perceived barriers to education identified by older people, including:
- that traditional teaching techniques are not considered to engage older people;
 - the length of time away from studying;
 - new digital technologies;
 - previous negative experiences of the education system;
 - that education establishments and education are for younger people;
 - caring responsibilities; and

¹³⁶ Department for the Economy (2016) [Programme for Implementation](#) (Pg 30)

¹³⁷Office of the First Minister and Deputy First Minister [Active Ageing Strategy 2014 -2020 consultation](#),

¹³⁸ Burns, S., Leitch, R. and Hughes, J. Research undertaken on behalf of ECNI (Mar 2015) [Education Inequalities in Northern Ireland](#) Table 4.3 Highest qualification proportions by age in the NI population

¹³⁹ Burns, S., Leitch, R. and Hughes, J. Research undertaken on behalf of ECNI (Mar 2015) [Education Inequalities in Northern Ireland](#) Figure 4.4 Share of enrolees on non-accredited courses by age, 2007/08 – 2011/12

¹⁴⁰ Department of Employment and Learning (Feb 2012) [Removing the Barriers to Learning](#)

- stereotypical views regarding older people¹⁴¹.

The Departments of Health and Education should work in collaboration to identify young carers and provide services to both support them and improve their educational outcomes.

- 6.8 By working in collaboration, the Education and Health Departments could better identify carers; raise awareness among young carers of supports potentially available; provide signposting to relevant DE and DoH services; and improve monitoring and data collection.
- 6.9 We welcome the ‘*Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff*’¹⁴² guidance produced¹⁴³ by the Education Authority and the Health and Social Care Board. The guidance seeks to make young carers more visible to teachers and to assist teachers in supporting their needs. We recommend that the mainstreaming of the guidance within schools is monitored and reviewed.

Supporting Rationale

- 6.10 For young carers, the requirement to provide care can result in low educational attainment and make the transition into adulthood more difficult, with regard to going into further education or securing employment.
- 6.11 The full extent of young people providing care in Northern Ireland is unknown but it is estimated that 8,352 young people provide care, with an average age of 12¹⁴⁴. Northern Ireland research shows that while six out of ten young carers provide care for less than 10 hours per week, one in ten provides care for 30 hours or more per week¹⁴⁵. Providing high levels of care and receiving no support can result in

¹⁴¹ ECNI (Mar 2015) [Education Inequalities in Northern Ireland](#) (final report)

¹⁴² Education Authority and Health and Social Care Board (2017) [Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff](#)

¹⁴³ The Children and Young People’s Strategic Partnership Young Carers Group comprising the Health and Social Care Board produced the guidance in partnership with the Education Authority; Action for Children NI; Barnardo’s NI; Gingerbread NI and Carers Trust NI.

¹⁴⁴ Crossroads Care <http://www.crossroadsyoungcarers.co.uk/young-carers/>

¹⁴⁵ Devine, P and Lloyd, K Economic and Social Research Council (2011) [Research update, Number 76 ‘Young Carers Too’](#)

limited time for school work and home work¹⁴⁶, thereby impacting educational attainment.

- 6.12 Furthermore, 2004 research found that in the United Kingdom more than a fifth of all young carers experienced educational problems, which is 'more marked' in the 11 to 15 year old age group. This age is of particular concern as it is a time when young people are making decisions about their careers¹⁴⁷.
- 6.13 Research undertaken in England¹⁴⁸ also showed that young carers obtained lower levels of educational attainment at GCSE level, equivalent to nine grades¹⁴⁹ lower than their peers. This disadvantage has been found to continue with 75% of 16-18 year old carers spending time not in education, employment or training (NEET), compared to 25% of their non-carer peers¹⁵⁰. There is no reason to suggest that Northern Ireland is different from the rest of the United Kingdom.
- 6.14 Of the young carers that are assessed in Northern Ireland, only a small number receive any support for their caring responsibilities¹⁵¹. A further consideration is a lack of awareness among young carers that the assistance they provide at home constitutes care¹⁵². This can act as a barrier to young carers accessing supports.

The Departments of Education and Health should provide tailored support to ensure the effective participation in education of every looked after child.

- 6.15 Evidence shows that looked after children have poorer educational achievements when compared to their peers. The Department of Education and the Department of Health should work together to provide a co-ordinated and consistent approach, including via their duty within the Children's Services Co-operation Act (Northern Ireland) 2015¹⁵³, to ensure the effective participation in education of every looked after child.

¹⁴⁶ Dearden, C. and Becker, S. (2004) [Young Carers in the UK: The 2004 Report](#). London: Carers UK

¹⁴⁷ Dearden, C. and Becker, S. (2004) [Young Carers in the UK: The 2004 Report](#). London: Carers UK

¹⁴⁸ Children's Society (2013) ['Hidden from View : the experience of young carers in England'](#)

¹⁴⁹ 'the difference between 9 Bs and 9 Cs'

¹⁵⁰ Audit Commission (2010) [Against the odds: Targeted briefing – Young carers](#). London: Audit

¹⁵¹ Crossroads Care <http://www.crossroadsyoungcarers.co.uk/young-carers/>

¹⁵² Patient and Client Council (2011) [Young Carers in Northern Ireland: A report of the experiences and circumstances of 16 year old carers](#)

¹⁵³ [Children's Services Co-operation Act \(Northern Ireland\) 2015](#)

6.16 Further, consistency is also needed across Trusts to address the geographical variations that currently exist¹⁵⁴ in allocating and implementing Personal Education Plans for children in care.

Supporting rationale

6.17 In the period 2014/15, only 27% of looked after children¹⁵⁵ attained 5 or more GCSE/GNVQs at grades A*-C compared to 82% of the general school population. Whilst achievement grades in Northern Ireland during the period 2011/12 to 2014/15 for all of the school population has shown a slight improvement (+5%) the difference in educational attainment is constant at over 50% lower for looked after children compared to the general school population¹⁵⁶.

6.18 During the same period in England the attainment gap between looked after children and the general school population narrowed by 10 percentage points between 2011/12 and 2015/16¹⁵⁷.

6.19 In order to provide support and assistance teaching staff and carers should have an awareness and understanding of the issues and barriers that looked after children face in an educational setting. The Children and Young People's Strategy 2017-2027 consultation document¹⁵⁸ acknowledged the need to support looked after children during their education and as they transition out of education and care, to ensure they experience positive outcomes.

6.20 To support looked after children's aspirations on their educational achievement the Department for Education in England issued statutory guidance for local authorities¹⁵⁹ as part of their duty to safeguard and promote their welfare. For example included in the statutory guidance:

- intervention strategies and on-going support for those who have fallen behind with school work;
- provision of suitable education where a child is not in school (e.g. because of temporary or permanent exclusion);

¹⁵⁴ For example only 80% of looked after children of school age had a PEP within the Northern Trust, compared to 92% within the Belfast Trust.

¹⁵⁵ Figures in the following paragraphs are for children who have been in care for a period of 12 months or more

¹⁵⁶ In the period 2011/12, 20% of looked after children attained 5 or more GCSE/GNVQs at grades A*-C compared to 78% of the general school population. Department of Health (Jul 2013) [Children in care in Northern Ireland 2011-12 Statistical Bulletin](#)

¹⁵⁷ Department for Education (Mar 2017) [Outcomes for Children Looked After by Local Authorities in England as at 31 March 2016](#)

¹⁵⁸ Department of Education (2017) [Children and Young People's Strategy 2017-2027 consultation document](#)

¹⁵⁹ Department for Education (Jul 2014) [Promoting the education of looked after children: Statutory guidance for local authorities](#)

- support for short and long-term academic achievements, aspirations and careers advice, guidance and financial information about further and higher education, training and employment;
- out-of-school hours learning activities, study support and leisure activities; and
- school attendance and, where appropriate, behaviour support.

6.21 In 2011 the Department of Health, Social Services and Public Safety introduced Personal Education Plans (PEP)¹⁶⁰¹⁶¹ for looked after children in education as a step forward in highlighting potential barriers, for example absenteeism. We welcomed the introduction of PEP as a potentially effective tool to highlight the barriers looked after children may face in an educational setting. To assist with its effectiveness, teachers and carers participating in PEP reviews should be aware of the social, emotional and mental health issues looked after children face in an educational setting.

6.22 Some of the factors affecting looked after children's educational achievement identified in 2011 by the Department of Education remained a factor in 2014/15. For example:

- suspension from school – looked after children are five times more likely to be suspended from school when compared to the general population;
- lengthy absenteeism – 67% of looked after children missed between 1 and 24 days of school; and
- cautioned or convicted – 8% of looked after children aged 10 and over had been cautioned or convicted of an offence¹⁶².

6.23 As at 30 September 2015, 87% of school age looked after children had a PEP in place and of those 90% had it reviewed within the previous six months¹⁶³. There are however geographical variations, for example 80% of looked after children of school age had a PEP within the Northern Trust, compared to 92% within the Belfast Trust. To assist the effective participation of looked after children in

¹⁶⁰ N I Assembly, Research and information briefing paper. Caroline Perry (Dec 2014) [Looked after children – educational policy and practice](#)

¹⁶¹ PEP is undertaken at 6 monthly intervals and is designed as a record of the young person's educational history which identifies actions needed to enable the individual to fulfil his or her potential. It will inform the UNOCINI and Court proceedings, and critically influence the Care Plan.

¹⁶² Department of Health (Jul 2016) [Children in care in Northern Ireland 2014-15 Statistical Bulletin](#)

¹⁶³ Department of Health (Jul 2016) [Children in care in Northern Ireland 2014-15 Statistical Bulletin](#)

education, consistency is needed across the Trusts in allocating and implementing PEPs.

Ensure children and young people in the juvenile justice centre have access to an appropriate education curriculum

- 6.24 Children and young people in the juvenile justice centre (JJC) in Northern Ireland have historically not had the same access to the full education curriculum as their peers.
- 6.25 Since 2015, a review of the core curriculum against the requirements of Education Other Than At School (EOTAS) provision has been carried out¹⁶⁴. The Commission welcomes this step and calls for ongoing monitoring to ensure effective and comprehensive education provision, particularly in light of the negative issues associated with reductions in staffing levels, noted in the 2015 review by the Criminal Justice Inspection NI¹⁶⁵.

Supporting Rationale

- 6.26 Education is crucial to providing young offenders with the skills and training they need to improve their life chances and assist in reducing reoffending.
- 6.27 An inspection report in 2002 by the Social Services Inspectorate and the Education and Training Inspectorate¹⁶⁶ raised '*serious concerns about the breadth and balance of the curriculum*' and that training for young people over the compulsory school age was not provided.
- 6.28 A 2015 inspection of the JJC by the Criminal Justice Inspection NI,¹⁶⁷ found that although provision of education had improved to '*good*' in 2011 the results from this latest 2015 inspection reduced the rating down to '*satisfactory*'. The report noted that lack of education is in part due to staff reductions¹⁶⁸ in the Education Learning Centre (ELC) resulting in a reduction in time that children

¹⁶⁴ Youth Justice Agency (Jul 2016) [YJA Annual Report & Accounts 2015-16](#)

¹⁶⁵ Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#)

¹⁶⁶ Social Services Inspectorate and Education and Training Inspectorate (Jun 2002) [Secure Care: An inspection of secure accommodation at Shamrock House and Linden House](#)

¹⁶⁷ Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#)

¹⁶⁸ Between the inspection in 2011 and 2015 the ELC team reduced by half from six to three.

spend in education from a potential 23.45 hours per week to a maximum of 14 hours per week¹⁶⁹.

- 6.29 Provision of education is important for all children and in particular those within the youth justice system. The 2015 juvenile justice centre inspection found that of the children and young people *'all had histories of non-attendance or disrupted schooling, most had complex needs, with low levels of attainment'* in comparison to their peers.
- 6.30 The Education Learning Centre provides accredited courses in literacy, numeracy, Information Communication Technology (ICT), catering, physical education, science, horticulture, digital media and car mechanics and unaccredited classes in woodwork. In addition, qualifications accredited by the Open Network College are run for personal development by residential staff. However due to staff reductions during the time of the inspection all personal development programmes were cancelled¹⁷⁰.
- 6.31 Since the 2015 inspection responsibility for education at the JJC transferred¹⁷¹ to the Education Authority, making it an Education Otherwise Than At School (EOTAS) centre. This has the effect of entitling those within the centre to *'a broad education which reflects their individual needs and abilities'*¹⁷². Furthermore, a reduction from the curriculum entitlement framework can only be agreed following an assessment of the young person's individual needs and abilities. A review of the core curriculum against the requirements of EOTAS provision has been carried out¹⁷³.

¹⁶⁹ Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#)

¹⁷⁰ Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#) p37

¹⁷¹ in May 2016

¹⁷² DENI (2014) [Guidance for Education Otherwise than at School](#)

¹⁷³ Youth Justice Agency (Jul 2016) [YJA Annual Report & Accounts 2015-16](#)

7 HOUSING AND ACCOMMODATION: Across all tenures, ensure accessible accommodation, energy efficiency, and access to a comprehensive fuel- brokering scheme.

- 7.1 We recommend the application of the Lifetime Homes Standard and wheelchair housing design standard to all new builds across all tenures; provision of easy to access adaptation services; sufficient capacity to provide care and support for care home residents; and research to better understand the accommodation requirements of older people. Action is also required to further advance energy efficiency and to implement a fuel-brokering scheme to secure competitive rates across all tenures.
- 7.2 The Commission considers that everyone in Northern Ireland should have access to suitable, secure, affordable and energy efficient accommodation. Where living independently is not appropriate, suitable residential care should be available.

Accessible housing standards should be applied to all new builds, including, as a minimum, the extension of the Lifetime

Homes Standard to new builds across *all* tenures.

- 7.3 More needs to be done to ensure that all new builds in private tenures comply with accessible standards, so as to better facilitate individuals to remain in their homes as they age or as their needs change. We note recognition within the draft Programme for Government delivery plans of the need to increase the provision of accessible homes¹⁷⁴.
- 7.4 While Part R of the Building Regulations - 'Access and Facilities for Disabled People'¹⁷⁵ has applied to all new *private* sector builds since 2001, providing basic access standards in dwellings, these Building Regulations do not include the Lifetime Homes Standard that were adopted for all *social* housing in 1998.

Supporting Rationale

- 7.5 The Lifetime Homes Standard uses a set of 16 design criteria to build homes that are inclusive, accessible and adaptable. It is complemented by wheelchair standard housing *'the designs of which have been evolving to meet the needs of assisted wheelchair users and carers'*¹⁷⁶.
- 7.6 In our Statement on Key Inequalities in Housing and Accommodation¹⁷⁷ we set out the benefits¹⁷⁸ of amending Part R to include the Lifetime Homes Standard for privately owned housing. These include:
- savings on future adaptations, heating and costs associated with household accidents;
 - delaying moves into residential care;
 - reduced need for temporary residential care; and
 - savings in healthcare and re-housing costs.
- 7.7 We note recognition within the draft Programme for Government delivery plans of the need to increase the provision of accessible homes¹⁷⁹. Over time the universal application of accessible standards would significantly reduce the need for formal care services and costly home adaptations in the future. We urge the

¹⁷⁴ NI Executive (2017) [PfG Delivery Plan indicators 8 and 48](#)

¹⁷⁵ [The Building Regulations \(Northern Ireland\) 2000, Part R](#)

¹⁷⁶ NI Executive (2013) [Interdepartmental Review of Housing Adaptation Services](#)

¹⁷⁷ ECNI (Apr 2017) [Statement on Key Inequalities in Housing and Communities in Northern Ireland](#)

¹⁷⁸ ECNI (2012) [Response to DSD consultation on the Housing Strategy: Facing the Future](#)

¹⁷⁹ NI Executive (2017) [PfG Delivery Plan indicators 8 and 48](#)

extension of the Lifetime Homes Standard to all new builds across *all* tenures.

Easy to access adaptation services should be implemented to ensure older people's independence in their own home.

- 7.8 Maintaining older residents in their own homes (as long as it is viable and they wish it) is a core element to securing and maintaining personal independence. To allow this housing adaptations may be required, driven by changing needs with age or following any discharge from hospital.
- 7.9 We recommend¹⁸⁰ that the Northern Ireland Housing Executive (NIHE) (or others as appropriate) ensure there are sufficiently resourced adaptation services across all tenures, setting out key targets and associated performance indicators via an outcome focused action plan.
- 7.10 Adaptations funding is currently only available to persons with a disability. We therefore also recommend that consideration is given to extending the Disabled Facilities Grant to older non-disabled people with health needs.

Supporting Rationale

- 7.11 The average cost of a home adaptation is estimated at £6,000 compared to an average cost of £26,000 per annum for residential care¹⁸¹. It is therefore clear that, without sufficient support for home adaptations, the overall cost to the state will be much higher.
- 7.12 2013 research on the future housing aspirations of older people found that within the age group 50 to 70, 72% rated ability to access a grant to help with repairs / welfare adaptations as important¹⁸². Similarly, in 2009, the Northern Ireland Housing Executive's House Condition Survey identified concern amongst stakeholders that there are few resources available to support older people making improvements to their own home¹⁸³.

¹⁸⁰ ECNI (May 2013), [Response to the Northern Ireland Housing Executive's consultation on the Inter-Departmental Review of Housing Adaptations Services](#)

¹⁸¹ Oldman, J. Age UK (Jul 2014) [Housing in Later Life](#)

¹⁸² Department for Social Development (Mar 2013) [Research on the Future Housing Aspirations of Older People: A summary report by the Housing Executive on behalf of the DSD](#)

¹⁸³ Northern Ireland Housing Executive (May 2011) [House Condition Survey 2009](#)

- 7.13 In 2016, as in 2009, the NIHE House Condition Survey¹⁸⁴ records 2.4% of properties as unfit.
- 7.14 While ‘Transforming Your Care’ aims to provide necessary care and support within the home setting to meet the demand for independent living for an increasingly ageing society, the Disabled Facilities Grant is currently the only grant available for adaptations and is usually means tested¹⁸⁵.
- 7.15 Funding for this grant was around £10m for 2014/2015¹⁸⁶. However, NIHE’s annual report for 2014/15 states that they received fewer than the target number of applicants for the Disabled Facilities Grant. The budget for 2015/16 was £8.9m, and over 200 fewer grants were processed year on year¹⁸⁷.

Trusts should ensure there is sufficient capacity to care for permanent care home residents (where they wish it), and that they provide for all older residents requiring care and support.

- 7.16 Should the Department of Health’s¹⁸⁸ plans proceed to reduce residential accommodation for older people¹⁸⁹ it will be vital that older residents are assured that they will receive the same level of care and support in alternative accommodation.
- 7.17 Should the DoH plans proceed, we also recommend the mandatory inclusion of an assessment of the quality and services available in alternative care options. Compliance with the best practice guide ‘*The Reconfiguration of Statutory Residential Homes*’¹⁹⁰ on the role of advocacy and the importance of infrastructure is recommended.

Supporting Rationale

- 7.18 Residential care homes provide a community setting, safety and care support for older people. Although funded by Trusts (in part or

¹⁸⁴ https://www.nihe.gov.uk/nihcs_2016_preliminary_report.pdf

¹⁸⁵ unless applying for a disabled child under the age of 17

¹⁸⁶ Northern Ireland Housing Executive (2015) [Annual Report 2015](#)

¹⁸⁷ NIHE (2016) [Annual Report 2016](#)

¹⁸⁸ Role of lead department moved from Department of Health, Social Services and Public Safety to Department of Health (DoH) in May 2016

¹⁸⁹ DHSSPS [Transforming Your Care: A review of health and social care in Northern Ireland](#)

¹⁹⁰ Health and Social Care Board (Nov 2013) [Making Choices: Meeting the current and future accommodation needs of older people – Good Practice Guide – Reconfiguration of Statutory Homes, November 2013](#)

fully), care and accommodation may be delivered by an independent provider.

- 7.19 ‘Transforming Your Care’¹⁹¹ proposed to reduce residential accommodation for older people. In 2013 the Minister for Health, Social Services and Public Safety announced proposals to reduce the number of statutory residential homes.
- 7.20 The Health and Social Care Board postponed the closures and in 2015 carried out consultations on the proposed closure of ten of the nineteen statutory residential care homes in Northern Ireland. Trusts carried out individual consultations on the plans as they affected them and a final decision is awaited from the Minister of Health.
- 7.21 While the ‘Reconfiguration of Statutory Residential Homes’ guidance¹⁹² states that “Trusts should provide detailed information about the characteristics of care homes, if possible including an indication of quality and facilities to support choice”¹⁹³, it does not have to include details on quality and facilities.
- 7.22 The inclusion of a mandatory assessment would provide some assurance to both residents and relatives/carers that the quality of alternative provision would not be less than that provided in the statutory care home and mitigate potential adverse impact.
- 7.23 Further, removal of the option of statutory residential care in areas and without availability of the necessary adaptations to the home, or alternative residential accommodation, may result in older people remaining longer in hospital.

Undertake further research to understand the accommodation needs, preferences and expectations of older people.

- 7.24 The demographic trend of an ageing population is contributing to an increase in demand for support services and specialised housing in

¹⁹¹ DHSSPS (2011) [Transforming Your Care: A review of health and social care in Northern Ireland](#)

¹⁹² Health and Social Care Board (Nov 2013) [Good Practice Guide – Reconfiguration of Statutory Residential Homes](#), (Version 2.3, 23 September 2013)

¹⁹³ Health and Social Care Board (Nov 2013) [Good Practice Guide – Reconfiguration of Statutory Residential Homes](#), (Version 2.3, 23 September 2013) page 6

old age¹⁹⁴. However it is also the case that sheltered housing has become less attractive to fit, active older people¹⁹⁵.

- 7.25 Research into housing needs and preferences, and geographical patterns of need may assist the Northern Ireland Housing Executive; Housing Associations; and the nine councils in assessing the demand and supply needs for future social housing.

Supporting Rationale

- 7.26 At the end of March 2014 the age group that experienced the longest social housing waiting times to be re-housed was the 60 to 64 years age group¹⁹⁶.
- 7.27 Despite the longest waiting times for the 60 to 64 years age group, the supply of Northern Ireland Housing Executive (NIHE) dwellings for older people fell from around 31,200 in 1991 to 27,500 in 2009/10¹⁹⁷.
- 7.28 In addition, the location of specialised and age specific accommodation is proportionately high in Belfast which has the lowest proportion of the older population¹⁹⁸. Absolute and relative (geographical) availability may therefore be contributory reasons that the 60 to 64 years age group has the longest wait for social housing.

Given the impact of fuel poverty on older people, we recommend actions to further advance energy efficiency and to implement a fuel-brokering scheme across all tenures.

- 7.29 While progress has been made, including improvements in energy efficiency through the Affordable Warmth Scheme and the requirements of an Energy Performance Certificate¹⁹⁹, addressing

¹⁹⁴ Northern Ireland Housing Executive (Aug 2008) [Older People Housing Policy Review Action Plan 2008 – 2010](#)

¹⁹⁵ Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

¹⁹⁶ Wallace, A (2015) [Housing and Communities' Inequalities in Northern Ireland](#)

¹⁹⁷ Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

¹⁹⁸ Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

¹⁹⁹ From 2008 all properties, including new builds and properties for sale, are required to hold an Energy Performance Certificate. The EU Performance of Buildings Directive (Part F) has been introduced in stages into NI building requirements.

fuel poverty should remain a priority for action, as highlighted in the Active Ageing Strategy 2016 – 2021.

- 7.30 In addition to further advancing energy efficiency, an energy brokerage scheme open to all tenures should be implemented to allow the group purchase of fuel at more competitive rates than is possible by individual households.

Supporting Rationale

- 7.31 Fuel poverty impacts most on older people across both social and private housing tenures in Northern Ireland²⁰⁰. In Northern Ireland in 2011²⁰¹ 52% of people aged 60 to 74 years were in fuel poverty, rising to 66% of those aged 75 years and over, compared to 34% of the under 60 age group.
- 7.32 2015 research²⁰² shows that of older people living in households that are owned outright, 15% were in relative poverty after housing costs. When comparing this to pensioners living in NIHE/Housing Association dwellings, a similar figure (17%) were likely to be in poverty after housing costs.
- 7.33 The Energy Act 2010 in Great Britain enabled the introduction of ‘social tariffs’, which have since been replaced by ‘warm home discounts’. This scheme, which will run until 2021, offers discounted gas and electricity prices from energy suppliers to vulnerable customers, in particular, those over 60 living in fuel poverty or on a low income²⁰³.
- 7.34 A 2010 feasibility study carried out by the Northern Ireland Housing Executive found scope for energy brokerage should switching mechanisms be put in place in Northern Ireland. Action 12 of the Fuel Poverty Strategy for Northern Ireland²⁰⁴ provides for an energy brokerage scheme to enable social housing providers to broker energy costs for their tenants at a competitive rate. The Fuel Poverty Strategy for Northern Ireland however made no reference to older people who live in private tenure households.

²⁰⁰ Public Health Agency, 2013

²⁰¹ Public Health Agency, 2013

²⁰² Department for Social Development (Sept 15) [Households Below Average Income, Northern Ireland, 2013-14](#)

²⁰³ Ofgem (Nov 2011) [Monitoring Suppliers' social programmes 2010-2011](#)

²⁰⁴ Department for Social Development (Mar 2011) [Warmer Healthier Homes: Fuel Poverty Strategy for Northern Ireland](#)

- 7.35 The proposed brokerage scheme was to be introduced through the Housing (Amendment) Bill, however the Bill as drafted²⁰⁵ does not include an energy brokerage scheme for Northern Ireland.
- 7.36 The introduction of legislation in Northern Ireland similar to the Energy Act 2010 in Great Britain would likely help alleviate some of the difficulties associated with fuel poverty.

²⁰⁵ Introduced to the NI Assembly in 2015 and awaiting Royal Assent

8 PARTICIPATION IN PUBLIC LIFE: Ensure the active participation of younger and older people; address over-arching barriers.

- 8.1 Action is required to encourage younger people to apply for public appointments; and for public authorities to more effectively and meaningfully engage with and foster the active participation of people of all ages in public policy development and decision making including to tackle over-arching structural and personal barriers to active participation.
- 8.2 Active participation and engagement in public, political and civil life by younger and older people contributes to an integrated society and peoples feeling valued.
- 8.3 Participation needs to occur not only generally but also at the decision-making level to ensure full participation and a more informed policy decision making process²⁰⁶. This includes providing support for those who may be interested in participating in public life, such as capacity building.

Encourage younger people to apply for public appointments; address institutional barriers; and deliver capacity building.

- 8.4 Greater participation by younger people in public appointments would help to ensure a more informed policy decision making process. As part of a range of actions to encourage applications from younger people, new avenues of promotion could be explored

²⁰⁶ ECNI (Oct 2007) [Statement on Key Inequalities in Northern Ireland](#)

and implemented to raise awareness of opportunities, and their relevance among younger age groups.

- 8.5 Consideration should be given to exploring and addressing any institutional barriers to appointment. Consideration could also be given to the production of more online guides and competency-based interviewing. We support initiatives which build capacity and gain apprentice style experience of board membership through training, experience and mentoring support.

Supporting Rationale

- 8.6 In 2015/16²⁰⁷ only 1% of appointments to public boards in Northern Ireland were to people under the age of 30. This is a decrease from 3% in 2014/15²⁰⁸ and is considerably lower than other age bands.
- 8.7 In a 2009 study, 52% of young people under the age of 30 reported that it had never occurred to them to apply for a public appointment compared to 26% of people over the age of 30²⁰⁹.
- 8.8 In 2014, the Commissioner for Public Appointments reported that *“our public boards are missing out on skills, knowledge and perspectives that exist throughout the community. This is not conducive to optimal performance by our boards...”*²¹⁰.
- 8.9 The Commissioner for Public Appointments also reported in 2014 that when younger people (under the age of 30) were asked why they had not applied for a public appointment opportunity they indicated that they were *“reluctant to submit themselves to a recruitment process that they see as ‘not for them’ ”*²¹¹.

Public authorities should take steps to more effectively foster the active participation of people of all ages in public policy

²⁰⁷ The Executive Office (May 2017) [Public Appointments Annual Report for Northern Ireland 2015/16](#)

²⁰⁸ OFMDFM (2015) [Public Bodies and Public Appointments annual report 2014/15](#)

²⁰⁹ Common Purpose (Jan 2009) [Diversity of representation in public appointments: A study by Common Purpose](#)

²¹⁰ The Commissioner for Public Appointments Northern Ireland (Jan 2014) [Under-representation and lack of diversity in public appointments in Northern Ireland](#)

²¹¹ The Commissioner for Public Appointments Northern Ireland (Jan 2014) [Under-representation and lack of diversity in public appointments in Northern Ireland](#)

development and decision making, including to tackle over-arching barriers.

- 8.10 To ensure the active participation of younger and older people, there is a need to tackle over-arching barriers to active participation including: structural barriers; physical and communication needs; personal capacity and confidence; and stereotypes and prejudice
- 8.11 Public authorities must ensure the active and meaningful participation of children and give due weight to their views in designing laws, policies, programmes. We recommend an evaluation of the effectiveness of the ‘Departmental Children’s Champions’ in “*ensur[ing] children’s and young people’s interests are fostered and their views sought on policy and strategy issues*”²¹².
- 8.12 We recommend that Departments ensure the fulfilment of the aim of the 2016 Active Ageing Strategy²¹³ to ensure “*the active participation and citizenship of older people in decision-making on policies and in the provision of services*”²¹⁴, not only in the delivery of actions associated with the Strategy, but across the development, delivery and review of all Government policies and services more generally.

Supporting Rationale

(i) Children and young people

- 8.13 Research on engagement with young people has noted inconsistencies in levels of engagement; of children not being consulted at the same time as adults; and has raised questions about the meaningfulness of engagement.
- 8.14 The Commission’s 2008 guidance to the public sector ‘Let’s Talk Let’s Listen’²¹⁵ explains why and how public authorities should consult with and involve children and young people. Specific guidance on effective consultation was developed by the Commission as a result of our recognition of the particular challenges in effectively involving children and young people.

²¹² Dr Bryne, B and Prof Lundy, L Queen’s University of Belfast, Nov 2011, [Barriers to Effective Government Delivery for Children in Northern Ireland](#), published by the Northern Ireland Commissioner for Children and Young People

²¹³ OFMDFM (2016) [Active Ageing Strategy 2016-2021](#)

²¹⁴ OFMDFM (2016) [Active Ageing Strategy 2016-2021](#) page 7

²¹⁵ ECNI (May 2008) [Let’s Talk, Let’s Listen: Guidance for public authorities on consulting and involving children and young people](#)

- 8.15 Despite the guidance, research carried out by Queen’s University of Belfast²¹⁶ in 2011 identified a number of issues with public sector engagement with children and young people, including:
- inconsistencies between and within departments on levels of engagement with children and young people.
 - questioning how meaningful engagement has been.
 - children not being consulted with, and at the same time as adults.
- 8.16 The UN Committee on the Rights of the Child’s Concluding Observations in 2016 recommended that the UK Government “establish structures for the active and meaningful participation of children and give due weight to their views in designing laws, policies, programmes and services at the local and national level ...”²¹⁷.
- 8.17 The Ten Year Children and Young People’s Strategy (2006-2016) led to the establishment of Champions in each Government Department with responsibilities which included to “*encourage departments to ensure children’s and young people’s interests are fostered and their views sought on policy and strategy issues*”²¹⁸. Given the noted inconsistencies, we would therefore welcome an evaluation of the effectiveness of the ‘Departmental Children’s Champions’ in securing improvement in this area.

(ii) Older people

- 8.18 Older people, although well represented in public appointments, report more generally that they feel they are not fully involved in policy making.
- 8.19 Age NI’s key indicators on the quality of older people’s lives found that ‘the percentage of older people who think that Government does not make a sufficient effort to listen to their needs and experiences’ has remained high and broadly stable over time, with

²¹⁶ Dr Bryne, B and Prof Lundy, L Queen’s University of Belfast (Nov 2011) [Barriers to Effective Government Delivery for Children in Northern Ireland](#), published by the Northern Ireland Commissioner for Children and Young People

²¹⁷ UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 30 (a)

²¹⁸ Dr Bryne, B and Prof Lundy, L Queen’s University of Belfast, Nov 2011, [Barriers to Effective Government Delivery for Children in Northern Ireland](#), published by the Northern Ireland Commissioner for Children and Young People

80%²¹⁹ feeling this to be the case in 2011, and 77% of that view in 2014²²⁰.

8.20 Additionally, 2015 research indicates that older people identified a number of specific barriers²²¹ to effective participation, which include:

- lack of training and education skills of older people and government staff involved with participation sessions;
- lack of experience in participation;
- low self esteem and confidence;
- time of commitment and information;
- physical barriers, for example - transport infrastructure may not facilitate attendance at the engagement events; and
- confidence and lack of digital knowledge.

8.21 The 2016 Active Ageing Strategy²²² and its outworking represent a real opportunity for government to publicly encourage and increase active participation of older people in formulating policies that directly affect their lives. Among its strategic aims is: *'To achieve the active participation of older people in all aspects of life including ... the active participation and citizenship of older people in decision-making on policies and in the provision of services'*²²³.

²¹⁹ Age NI (2011) [Agenda for Later Life 2011: Priorities for Northern Ireland's ageing society](#)

²²⁰ Age NI (2015) [Agenda for Later Life 2015: Public policy for later life in Northern Ireland](#)

²²¹ ECNI (2015) Dr Banks, G, Rooney, and F, Hamilton, (2015) Inequalities in Participation in Public Life in Northern Ireland (pending) (Figures taken from Evaluation Trust and South West Foundation (2009))

²²² OFMDFM (2016) [Active Ageing Strategy 2016-2021](#)

²²³ OFMDFM (2016) [Active Ageing Strategy 2016-2021](#) page 7

9 PREJUDICE AND SOCIAL ATTITUDES: Challenge age-based negative and prejudicial attitudes, addressing their impact on individuals.

- 9.1 We recommend further exploration of how prejudicial attitudes impact on older people's health and lifestyle choices; training for police incorporating challenging negative and prejudicial attitudes towards children and young people; and balanced media reporting to ensure fair representation of young people. The fear of crime among older people should also be addressed.
- 9.2 The Commission's vision for Northern Ireland is as a shared, integrated and inclusive place, a society where difference is respected and valued, based on equality of opportunity and fairness for the entire community.
- 9.3 Prejudice and negative attitudes prevent this vision from becoming a reality.

Further explore how prejudicial attitudes impact on older people's health and lifestyle choices²²⁴, and the key actions that will overcome any identified issues.

- 9.4 Studies and attitudinal surveys suggest that prejudicial attitudes may be an issue in the provision of health and social care generally for

²²⁴ A focus on Lifestyle choices is about enabling older people to make independent choices about how they live, taking part in activities, interests and having their opinions valued

older people, but a more detailed exploration of the specific situation in Northern Ireland is currently lacking.

- 9.5 To identify specific priorities for action in Northern Ireland, we call for targeted research to examine any prejudicial attitudes in the delivery of health, social care and wellbeing services, and their impact on older people's health.

Supporting Rationale

- 9.6 While a detailed consideration of the situation in Northern Ireland is currently lacking, in 2015 ARK's survey found that 20% of older people felt that they did not have equal access to health or social care²²⁵.
- 9.7 Further, the 2014 Northern Ireland Life and Times²²⁶ survey found that 30% of respondents thought that health and social care workers treat older people less favourably as a result of their attitudes to them.
- 9.8 More tangentially, Age Sector Platform's 2016 Northern Ireland survey²²⁷ highlighted that 69.3% of respondents felt that accessing health and social care was a top concern.
- 9.9 A 2009 Healthcare Commission report covering England and Wales cited, among ageist practices in delivering service as '*ageist negative attitudes based on stereotypes and prejudice*'²²⁸. The report also set out that prejudicial attitudes towards older people have been identified as a cause of inequality in the provision of health, social care and well-being services. Examples²²⁹ of age-based prejudice identified include:
- being excluded from conversations or 'talked over' as though the individual does not exist; and
 - proactive and preventative lifestyle changes for older people compared to younger people are less likely to be discussed and areas such as health promotion for older people is limited.

²²⁵ Devine, P & Carney, G.M. Northern Ireland Life and Time Survey, Access Research Knowledge (Jun 2015) [Is Northern Ireland a good place to grow old?](#)

²²⁶ ARK (2014) NILT, [Attitudes towards older people](#)

²²⁷ Age Sector Platform (2014) [Northern Ireland Pensioners Parliament Report 2014](#) p12

²²⁸ Healthcare Commission (Mar 2009) [Equality in Later Life](#), p31

²²⁹ Healthcare Commission (Mar 2009) [Equality in Later Life](#), p31

Training for police should incorporate challenging negative and prejudicial attitudes towards children and young people.

- 9.10 The review of the youth justice system in 2011 highlighted a need to challenge, within the police service, negative and prejudicial attitudes towards children and young people.
- 9.11 We welcomed the Justice Minister's 2015 announcement²³⁰ of a comprehensive scoping study into how children who may be impacted by the justice system are dealt with. We recommend that evidence is published to demonstrate improvements in outcomes and/or the priority actions that are required.

Supporting Rationale

- 9.12 The total number of young people involved in youth justice services in 2015/16 was 1 in every 200 young people in Northern Ireland²³¹.
- 9.13 In 2011 the Department of Justice reported that negative attitudes towards children and young people suggested that 38% of those aged 25 years and under who came into contact with the police said they experienced disrespectful behaviour²³².
- 9.14 The All Party Parliamentary Group for Children stated in its 2014 report²³³ that children and young people in Great Britain have a profound lack of trust in police. Although focused on GB, the report provides potentially relevant lessons. They include:
- first contact with the police is vital in shaping children and young people's attitudes; and
- 9.15 for many the first contact will be as a victim or suspected offender. Therefore, the way police carry out processes or the way they treat children who are arrested and detained is vital for building trust and respect.

²³⁰ Justice Minister Ford announcement in May 2015 on [scoping study into how children who may be impacted by the justice system are dealt with](#)

²³¹ Youth Justice Agency (Sept 2016) [Statistical Bulletin 1/2016: Youth Justice Agency Annual Workload Statistics 2015/16](#)

²³² Department of Justice (2011) [Review of youth justice system in Northern Ireland](#)

²³³ All Party Parliamentary Group for Children (Oct 2014) ["It's all about trust": Building good relationships between children and police – Report of the Inquiry held by the All Party Parliamentary Group for Children 2013-2014](#)

The Children and Young People's Strategy and action plans should include a focus on balanced media reporting.

- 9.16 Society's perception of children and young people is reinforced by negative media stories. However, actual police crime figures do not support this negative media image of children and young people, who are more likely to be victims of crime rather than perpetrators.
- 9.17 Action is required to ensure balanced reporting with media reporting also reasonably covering children and young people's achievements and their positive contributions to society.

Supporting Rationale

- 9.18 We welcome the proposed indicator in the Children and Young People's Strategy's consultation document²³⁴ to measure the "percentage of young people who feel the media represents young people fairly".
- 9.19 In 2016, the UN Committee on the Rights of the Child's Concluding Observations recalled "*its previous recommendation that the State party take urgent measures to address the 'intolerance of childhood' and general negative public attitudes towards children, especially adolescents, within society, including in the media*"²³⁵.
- 9.20 2014 research found that 80% of young people felt they were unfairly represented in the media, and that the words most commonly associated with teenagers, youth and young people were 'binge-drinking', 'yobs' and 'crime'²³⁶.
- 9.21 Negative media representation reinforces a perception amongst adults that young people gathered on the street corner are going to be abusive in their behaviour²³⁷. In a survey conducted in 2010, 30% of young people reported being treated with disrespect because they were a young person, either 'regularly' or 'all the time'²³⁸.
- 9.22 Ipsos MORI's 2004 survey on behalf of 'Young People Now' found that, over a 2-week period, 57% of negative stories in the media

²³⁴ Department for Education (Dec 2016) [Children and Young People's Strategy 2017-2027 Consultation Document](#)

²³⁵ UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 22

²³⁶ Birdwell, J and Bani, M. Demos (Feb 2014) [Introducing Generation Citizen](#)

²³⁷ Dr Williams, R. The Guardian (Feb 2008) [It's adults, not young people, who are a public menace](#)

²³⁸ Young Life and Times Survey (2010) [Rights and perceptions](#)

were about young people, of these 32% related to media articles on violence / crime / anti-social behaviour in comparison to 8% of media articles on young people's achievements²³⁹.

- 9.23 Young people interviewed during 2015 research undertaken by Queen's University of Belfast²⁴⁰ into media reporting called for more positive media reporting. Two examples provided were, 'young people doing good within the community' and 'young people volunteering'.

Government should take action to address the fear of crime among older people.

- 9.24 Actions must not only focus on tackling crime but also the perception of the prevalence of crime against older people. While a number of strategies²⁴¹ exist to reinforce actual and perceived safety, evidence suggests that delivery is dependent on adequately resourced and targeted actions across Government policy. Delivery of commitments within action plans is therefore essential.
- 9.25 We have recommended that the Programme for Government²⁴² includes a commitment to take actions to address the fear of crime amongst older people. We further recommend the adoption of specific outcomes and associated measures towards tackling the fear of crime amongst older people.

Supporting Rationale

- 9.26 While the likelihood of an older person being a victim of crime is low²⁴³, in 2016 almost half (48%) identified fear of crime as a major concern²⁴⁴. In this context we welcome that the *Safer Ageing*²⁴⁵ strategy recommends the adoption of Northern Ireland Crime Survey figures to monitor progress, or otherwise, on older people's perception and fear of crime.
- 9.27 Crimes which may be targeted at older people because they are perceived as vulnerable or potentially easy to steal from include

²³⁹ Ipsos MORI (Oct 2004) [Media Image of Young People](#)

²⁴⁰ Gordon, Faith; McAlister, Siobhán; Scraton, Phil. Queen's University of Belfast (2015) [Behind the Headlines: Media Representation of Children and Young People in Northern Ireland: Summary of Research Findings](#)

²⁴¹ Such as the Community Safety Strategy, 'Building Safer, Shared and Confident Communities 2012-2017 / Policing and Community Safety Partnerships / Active Ageing Strategy 2016-2021

²⁴² ECNI (Jan 2017) response to draft Delivery Plan for Indicator 1: [Prevalence rate \(% of the population who were victims of any NI Crime Survey crime\)](#) (Para 1.14)

²⁴³ PSNI (2015) [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2014/15](#)

²⁴⁴ Age Sector Platform (2016) [Pensioners' Parliament Report](#)

²⁴⁵ Northern Ireland Office (2009) [Safer Ageing: A Strategy and Action Plan for Ensuring the Safety of Older People](#)

financial abuse, theft, muggings, doorstep theft, distraction burglary or rogue traders²⁴⁶.

- 9.28 In 2015/16, there were 17 crime victims aged 65 or over per 1000 of that population. This contrasts with 54 crime victims aged 18-64 per 1000 of that population²⁴⁷. Crime rates are therefore substantially lower within the older age group.
- 9.29 However, Age NI looked at the wider societal impact of crime on older people and found that 66% of older people who took part in the survey believe fear of crime is the biggest problem facing older people. 22% stated that fear of crime is a barrier to engaging with their communities and 17% feel trapped in their own home²⁴⁸.
- 9.30 In this context, we welcome schemes such as Linking Generations Northern Ireland's Intergenerational Practice Programme which ran from September 2013 to March 2015. In the evaluation²⁴⁹ of the project 81% of younger people stated that the project helped them to understand how older people could be fearful of them and 92% of older people said they felt safer around younger people. We also welcome the introduction in 2015 of a 'nominated neighbour' scheme²⁵⁰ by the Police Service of Northern Ireland in partnership with the Commissioner for Older People in Northern Ireland (COPNI)²⁵¹.

²⁴⁶ Crown Prosecution Service (undated) [Crimes against older people: CPS Prosecution Policy](#)

²⁴⁷ PSNI (2016) [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2015/16](#)

²⁴⁸ Age NI Home Safety & Community - [Community Safety](#)

²⁴⁹ The Atlantic Philanthropies & Linking Generations Northern Ireland (Dec 2015) [Evaluation of the Linking Generations Northern Ireland Programme 2011 - 2014](#) (pg 10)

²⁵⁰ The purpose of the scheme, introduced in 2015, is for an older person to hand a card instructing an unknown caller to speak to a 'nominated neighbour' who will check the caller's identity

²⁵¹ COPNI (Nov 2015) [Statement on crime against older people](#)

10 WELFARE AND SOCIAL PROTECTION: Further mitigate equality impacts of Welfare Reform; address the number of looked after children within the criminal justice system.

- 10.1 Action is needed to assess the impact of Universal Credit on low income mixed age couples; ensure that the withdrawal of housing benefit to unemployed 18-21 year olds does not result in a rise in youth homelessness; address the needs of single tenants aged 35 years and under when renting in the private rented sector. Action is also required to reduce the number of looked after children subject to Police and Criminal Evidence Order (PACE) detentions, and to address their overrepresentation within the criminal justice system.

Assess the impact of Universal Credit on low income mixed age couples.

- 10.2 The introduction of Universal Credit provisions relating to Pension Credit²⁵² will have an adverse financial impact on low income couples where one partner is aged below the State Pension Age. Under the new provisions couples on low income will not be able to claim Pension Credit until both parties reach the State Pension Age.

²⁵² Pension Credit is income-related and provides a 'top-up' on weekly income if below the 'Guarantee Credit' income. At August 2017 – Pension credit tops up weekly income to: £159.35 if single and £243.25 if a couple.

- 10.3 Targeting of low income pensioners below the ‘Guarantee Credit’²⁵³ income, should be a priority in the Department for Communities ‘Improving Benefit Uptake’²⁵⁴ programme. For members of any specific equality groups who are receiving their full entitlement and yet remaining in poverty, action is required.

Supporting Rationale

- 10.4 In 2015/16²⁵⁵, 17% of pensioners in Northern Ireland were in relative poverty, a similar rate to previous years²⁵⁶.
- 10.5 In 2013 independent research, undertaken by the Institute for Fiscal Studies, examining Welfare Reform and poverty in Northern Ireland reported that such low income couples would be treated more harshly in the Universal Credit means test and would be one of the main losers at its introduction²⁵⁷.
- 10.6 The research argued that this proposal would affect 2.4% of all couples with 45% of them losing substantially. It estimated the average loss will be £76.61 per week equivalent to 25% of disposable income²⁵⁸.
- 10.7 During the year 2015/16 the ‘Improving Benefit Uptake’ scheme targeted 2,500 people with potential entitlement to Attendance Allowance and State Pension Credit. Of the 2,150 who responded to the initial contact letter or were contacted by telephone, 868 (40%) received a benefit entitlement check. Of the checks 569 (65%) were identified as being entitled to Social Security or passported benefit²⁵⁹. This demonstrates the need to continuously assess the impact of changes to benefits to ensure older people receive all entitlements due to them.

²⁵³ This is a top up of weekly income if it is below a stipulated level, £159.35 for single people and £243.25 for couples

²⁵⁴ Department for Communities (Sept 2016) [Supporting People – Maximising Income through the Uptake of Benefits 01 April 2016 - 31 March 2019](#)

²⁵⁵ Department for Communities (May 2017) [Northern Ireland Poverty Bulletin](#)

²⁵⁶ 2011/12 – 20%; 2012/13 – 20%; 2013/14 – 21%; 2014/15 – 20%. These statistics are taken from the Family Resource Survey, and the 2015/16 figure of 17% is not deemed a statistically significant change.

²⁵⁷ Institute for Fiscal Studies (2013) [Universal Credit in Northern Ireland: what will its impact be, and what are the advantages?](#)

²⁵⁸ At December 2015 – Pension credit will top up your weekly income to: £159.35 if single and £243.25 if a couple.

²⁵⁹ Department for Communities (Sept 2016) [Supporting People – Maximising Income through the Uptake of Benefits 01 April 2016 - 31 March 2019](#)

Ensure that the withdrawal of housing benefit to unemployed 18-21 year olds does not result in a rise in youth homelessness.

- 10.8 The 2015 summer budget announced the removal of the housing benefit element of Universal Credit for out-of-work young people aged 18-21 from April 2017²⁶⁰. Implementation in Northern Ireland commenced, on a rolling basis, from September 2017²⁶¹.
- 10.9 In June 2015, 3,800 claimants in Northern Ireland under the age of 22 claimed housing benefit, receiving an average of £54 per week²⁶². Of these claimants, it has been indicated that 800 would be directly affected by the removal of housing benefit by the introduction of Universal Credit²⁶³. Action is required to assess the impact on individuals and avoid any rise in homelessness.

Supporting Rationale

- 10.10 Crisis UK has stated that, for some young people, the provision of housing benefit is all that stands between them and homelessness²⁶⁴. Young people seeking independent living is not always through personal choice.
- 10.11 The impact of these benefit changes in Northern Ireland may be greater than in other United Kingdom regions as a result of high youth unemployment rate and the higher long term unemployment rate of 49.7% compared to the UK average rate of 29.1%²⁶⁵.

The Department for Communities should take targeted action to address the needs of single tenants aged 35 years and under when renting in the private rented sector.

- 10.12 Changes to Housing Benefit²⁶⁶ have resulted in single people aged 35 years old and under being entitled only to a shared accommodation rate. This is lower than the full housing benefit rate. Young people aged under 35 have been negatively affected by

²⁶⁰ Parliament UK (Aug 2015) [Research Briefings: Housing Benefit: withdrawing entitlement from 18-21 year olds](#)

²⁶¹ Department for Communities website 2017 - Universal Credit implementation timeline NI

²⁶² Housing benefit is currently available to people if they pay rent, rates, have a low income, savings or if not in work.

²⁶³ Department for Social Development (Sept 2015) [The Impact of the Summer Budget 2015](#)

²⁶⁴ Crisis UK (May 2015) [Access to housing benefit for 18-21 year olds](#)

²⁶⁵ Northern Ireland Statistics & Research Agency (Mar 2016) [Northern Ireland Labour Market Report: March 2016](#)

²⁶⁶ Northern Ireland Housing Executive's website: [Benefits and Grants/Local Housing Allowance](#)

Welfare Reform measures, as regards their ability to secure and sustain private rented sector accommodation, in the absence of available social housing.

- 10.13 We welcome the commitment within the draft Programme for Government delivery plan²⁶⁷ to develop affordable housing solutions to meet the needs of single people aged under 35 on benefits. We recommend that the Department for Communities, in its review of the role and regulation of the private rented sector, also includes targeted action to address the needs of single tenants aged 35 years and under when renting in the private rented sector.

Supporting rationale

- 10.14 Research to date has been of small scale but found that since the changes to Housing Benefit came into force around one in ten landlords no longer rent to under 35 year old single people²⁶⁸. Furthermore, over one third of landlords participating in the research stated that they might cease letting to single tenants under the age of 35 and in receipt of this benefit.
- 10.15 The cost of private renting is 50% more expensive than social housing²⁶⁹ and accounts for 17 to 20% of total housing in comparison to social rented sector which makes up 15% of total housing²⁷⁰. Tenants are responsible for any shortfall between their housing benefit and their rent, and as the benefit decreases, the shortfall increases.
- 10.16 The Homelessness Monitor 2016 England found that between December 2011 and August 2015, 25-34 year old single people in receipt of housing benefit in the private rented sector fell by almost 47,400 (39.4%). For existing claimants only some of the 11% of the reduction (in local housing allowance being paid) was attributable to landlord rent reductions, with the bulk of the reduced entitlement having to be met by claimants. For almost half, of the affected group, this involved cutting back on other expenditures on household 'essentials' and nearly a third borrowing from family or friends.

²⁶⁷ NI Executive (2016) [Delivery plan: Number of households in housing stress](#)

²⁶⁸ Centre for Regional Economic and Social Research, Sheffield Hallam University funded by the Department for Social Development (Mar 2014) [Monitoring the impact of recent measures affecting Housing Benefit and Local Housing Allowances in the private rented sector in Northern Ireland: Final Report](#)

²⁶⁹ Joseph Rowntree Foundation (Nov 2014) [What will the housing market look like in 2040?](#)

²⁷⁰ Northern Ireland Housing Executive, [Northern Ireland Housing Market: Review & Perspectives 2014-2017](#)

- 10.17 In Northern Ireland this is a potentially emergent barrier for those aged 35 and under single people in obtaining private rented homes²⁷¹. The findings of the Northern Ireland Homelessness Monitor reported that ‘some key informants felt that the impact of the Shared Accommodation Rate on younger single people under 35 had already been greater than is generally recognised’²⁷².

Reduce the number of looked after children subject to PACE detentions, and to address their overrepresentation within the criminal justice system.

- 10.18 The Children’s Law Centre and Include Youth have raised concerns²⁷³ that PACE²⁷⁴ powers “are not used as a measure of last resort, in line with the United Nations Convention on the Rights of the Child, but instead have been employed in the absence of alternative accommodation, a concern also raised by the Criminal Justice Inspection Northern Ireland.”
- 10.19 The Review of the Youth Justice System in Northern Ireland²⁷⁵ recommended development of an appropriate range of supported accommodation to reduce the use of the JJC as a place of safety under PACE²⁷⁶. It recommended that looked after children should not be placed in custody where this would not have been an outcome for children in the general population²⁷⁷. Despite this, in 2015/16 36% of all transactions²⁷⁸ within the JJC were with looked after children, a similar rate to previous years²⁷⁹.

Supporting rationale

- 10.20 PACE remands and transactions account for around 90% of all Juvenile Justice Centre (JJC) admissions. These admissions occur when a child is refused bail by the police, and needs to be detained in a ‘place of safety’.

²⁷¹ Wallace, A (2015) [Housing and Communities’ Inequalities in Northern Ireland](#)

²⁷² Crisis (Nov 2016) [The homeless monitor: Northern Ireland 2016](#)

²⁷³ Children’s Law Centre and Include Youth (2016) [Joint Briefing Paper for the Committee for Justice - Concerns around regression of implementation of the Hillsborough Agreement and the recommendations of the Youth Justice Review](#)

²⁷⁴ Police and Criminal Evidence Order 1989

²⁷⁵ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

²⁷⁶ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 8

²⁷⁷ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 19

²⁷⁸ Transactions are new admissions and internal changes of status from PACE to remand

²⁷⁹ Youth Justice Agency (2016) [Annual Workload Statistics 2015/16](#) reported: 2014/15 - 39%; 2013/14 - 42%; 2012/13 38%; 2011/12 - 32%

- 10.21 In 2011, the Review of the Youth Justice System in Northern Ireland²⁸⁰ recommended development of an appropriate range of supported accommodation to reduce to an absolute minimum the use of the JJC as a place of safety under PACE²⁸¹. It recommended that use of the JJC as a ‘place of safety’ should be limited to one or two places²⁸². The report further recommended that looked after children should not be placed in custody where this would not have been an outcome for children in the general population²⁸³.
- 10.22 The 2011 Review of the Youth Justice System in Northern Ireland²⁸⁴ acknowledged that a disproportionate number of looked after children in the criminal justice system is common to most countries. It attributes this to the life experiences they may have had such as abuse, neglect, poor educational attainment and family strife, and also due to their looked after status.
- 10.23 It also stated that a child in a care home is more likely to be referred to the police for trivial offences, than a child living in a family home. This is supported by the Magistrates’ Association’s evidence to a House of Commons Justice Committee²⁸⁵ which expressed concern about seeing children in court for breaking crockery.
- 10.24 A 2014 Howard League working paper²⁸⁶ reported that: *“the offending rates of looked after children in England are now four times that of all other children”*²⁸⁷. It cites research that: *“the consequences of official intervention at an early stage are that desistance is far less likely”* (McAra and McVie 2007). Potential solutions proffered include protocols between care homes and the police around when intervention is required, and greater use of restorative justice to divert young people away from the formal criminal justice system.
- 10.25 A number of the recommendations from the Review of the Youth Justice System in Northern Ireland²⁸⁸ were not achieved, and the 2015 final report by the Criminal Justice Inspectorate²⁸⁹ into

²⁸⁰ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

²⁸¹ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 8

²⁸² Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 18

²⁸³ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 19

²⁸⁴ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

²⁸⁵ Cited at page 3 of Howard League (2014) [Achieving justice for children in care and care-leavers](#)

²⁸⁶ Howard League (2014) [Achieving justice for children in care and care-leavers](#)

²⁸⁷ Howard League (2014) [Achieving justice for children in care and care-leavers](#) Pg 4

²⁸⁸ Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

²⁸⁹ Criminal Justice Inspectorate (2015) [Progress on implementation of review of the Youth Justice Review recommendations](#)

implementation of the review found that a specialist ‘place of safety’ facility was unlikely to be developed, that due to the increased number of children being remanded to the JJC the recommendation of limiting it to one or two places was not met, and that while being a looked after child was not specifically recorded as a reason for remand ‘the statistics suggested otherwise’²⁹⁰.

- 10.26 In March 2016 the then Minister for Justice, David Ford, delivered a Ministerial Statement²⁹¹ to the Assembly on the findings of a scoping study into children in the justice system. He stated that: *‘Regarding the use of custody, the steering group is clear that it is all too easy for children to enter the JJC. Its proposals therefore focus on the need to establish alternative accommodation options, especially short term overnight calm down spaces.’*
- 10.27 As regards progress in this regard, the Department of Justice confirmed²⁹² in 2017 that it has been prioritising the proposals including the use of the JJC. However, tackling the rate of looked after children within the criminal justice system does not appear to be within their priority actions.

²⁹⁰ Criminal Justice Inspectorate (2015) [Progress on implementation of review of the Youth Justice Review recommendations](#), at page 48

²⁹¹ NI Assembly (2016) [Children in the Justice System: Scoping Study, Ministerial Statement 14 March 2016](#)

²⁹² By email dated 7 March 2017

11 Conclusion

11.1 The Commission have developed these age equality policy recommendations following a comprehensive review of the evidence base and engagement with key stakeholders. We recommend that government, officials and key stakeholders act to address the following policy priorities:

- **LAW REFORM:** Protect people of all ages from unjustified age discrimination in the provision of goods, facilities and services.
- **HEALTH, SOCIAL CARE AND WELL-BEING:** Meet the specific needs of older and younger people across a range of equality groups.
- **EMPLOYMENT:** Reduce the proportion of young people who are NEET; reduce long-term unemployment amongst older people.
- **EDUCATION:** Improve the participation of older people; young carers; looked after children; and those within the juvenile justice centre.
- **HOUSING AND ACCOMMODATION:** Across all tenures, ensure accessible accommodation, energy efficiency, and access to a comprehensive fuel-brokering scheme.
- **PARTICIPATION IN PUBLIC LIFE:** Ensure the active participation of younger and older people; address over-arching barriers.
- **PREJUDICE AND SOCIAL ATTITUDES:** Challenge age-based negative and prejudicial attitudes, addressing their impact on individuals.
- **WELFARE AND SOCIAL PROTECTION:** Further mitigate equality impacts of Welfare Reform; address the number of looked after children within the criminal justice system.

Further Information

11.2 For further information, including key point briefing and summary versions of this document, see www.equalityni.org/Age

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