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Cover Image: depiction of the most commonly occurring words and phrases in further general comments section of the consultation questionnaire

Section 1: Introduction

1. The Active Ageing Strategy consultation document was published for public consultation on 21 February 2014.
2. This followed a period during which OFMDFM officials worked closely with the Ageing Strategy Advisory Group and then produced the Active Ageing Strategy, the title of which emphasises the key mechanism, active ageing, which can maximise the quality of life of people as they get older and can minimise they may face. The new Strategy highlights the very positive role that older people play in society and identifies the key issues facing older people which form barriers to active ageing.
3. The consultation period ended on 23 May 2014. This report provides an overview of the consultation process and highlights key comments which were raised in relation to the proposals outlined in the draft Active Ageing Strategy.

Section 2: The Consultation Process

Launch of Public Consultation

1. The consultation was launched at the Belfast Pensioner's Parliament on 21 February 2014.
2. Consultation documents were issued by email and hard copy to around 1900 individuals and groups. The groups were asked to circulate to their members. Those contacted included:
 - The Guidance on Distribution of Departmental Publications and Consultation Documents (184 people: all MLAs, MPs MEPs etc);
 - Section 75 consultation list (this includes voluntary and community and faith groups) (566 groups);
 - Delivering Social Change database (865 groups – this covers all S75 groups - relating to religious belief, political opinion, older people, children, equality, race, gender, marital status, sexual orientation, disability, those with and without dependants);
 - Database containing groups that have attended previous OFMDFM events (164 older peoples groups);
 - The Ageing Strategy Advisory Group were asked to share the consultation letter with their mailing lists. (13 groups - Commissioner for Older People for Northern Ireland, Older Women's Network, ECNI, Volunteer Now, Age NI, Age Sector Platform, Belfast Health Development Unit, Age Sector Platform, Rural Community Network, Irish Congress of Trade Unions, Engage with Age, CARDI, Law Centre);
 - Rural Enabler network (15 groups in this network and they shared with their lists);
 - Neighbourhood Renewal Partnership (38 groups and they shared with their lists);
 - Victims Groups (70 groups); and
 - Departmental Representatives.
3. Advertisements in papers were based on advice from the Executive Information Service based on circulation in the various counties as follows:

County	Newspapers
Antrim	Ballymena Chronicle / Ballymena Guardian
Fermanagh	Tyrone Constitutional / Fermanagh Herald / Impartial Reporter
Tyrone	Mid-Ulster Mail / Tyrone Courier
Armagh	Lurgan Mail / Portadown News / Ulster Gazette
Down	Newry Reporter / Newry Democrat
Londonderry	Londonderry Sentinel / Derry Journal / Derry News / Derry Post
Belfast	Belfast News / Ulster Star / Newtownards Chronicle / Co Down Spectator / Andersonstown News

Public Consultation

4. People were invited to provide their comments and views in a variety of ways:

- **Consultation Questionnaire**

The consultation document was accompanied by a questionnaire, developed by OFMDFM's Research Branch, to assist stakeholders in considering the proposals and submitting associated views. The questionnaire was available: online via Survey Monkey, in the electronic versions of the documents available online and distributed by email, and in hard copies of the document (as a removable insert). Detailed analysis of the responses to the consultation questionnaires is available in **Section 5**.

- **Written responses**

Respondents were encouraged, but not required, to use the consultation questionnaire. All responses were welcome and accepted – in the form of letters or otherwise by email or post. Detailed analysis of the written responses received is available in **Section 6**.

- **Public Consultation Events**

Nine public consultation events were held in April and May 2014 in venues that were accessible and known to various stakeholder groups. More information on these events is detailed in **Section 7**.

Consultation with Key Stakeholders

5. In addition to the online responses, written responses and formal public consultation events, we have sought to obtain the views of people who do not usually participate in consultation exercises. We have held a consultation event arranged through the Alzheimer's Society to learn of the priorities of those affected by dementia illnesses and have closely studied the report produced following the consultation process that Age NI completed with people living in nursing homes about what is most important to them.¹ We also spoke with representatives of minority ethnic groups to develop an understanding of the key issues they face.

1 Review of Minimum Standards in Nursing Homes. Engagement with residents in nursing homes May 2014 http://www.dhsspsni.gov.uk/nursing_homes_consultation_-_age_ni_report.pdf

Section 3: Responses received

1. A total of 130 responses were formally submitted to the Department during the consultation period. Of the **130** responses received, **100** were made via the online consultation questionnaire, while the remaining **30** responded with hardcopy written submissions. A list of organisations that submitted responses to the consultation is attached at Annex A.
2. In addition to these responses, three hundred people attended the public consultation events. All the comments received have been considered individually in this report and common issues drawn together to provide an overall summary of the salient points emerging from the consultation. The responses have not been weighted but rather all have been considered equally with attempts made to draw out the common issues raised.

Section 4: Key views which emerged from the online consultation questionnaires

Summary

1. The proposed vision and strategic aims were well supported by respondents, with the vast majority agreeing with their inclusion in the strategy.
2. One theme which did emerge from the comments in relation to the strategic aims, however, was the need for more clarity. It was suggested that the strategy would benefit from more specific targets and outcomes under each aim.
3. Linked to this, there was a perceived imbalance in the amount of information and number of issues raised under each of the strategic aims. It was suggested that while the 'Independence' and 'Care' aims were dealt with in great detail, the other strategic aims were less well articulated. Respondents also suggested that as the strategic aims were interlinked and interdependent, they should be more closely aligned in the strategy.
4. The main issues raised in the comments section in relation to the strategic aims included transport, digital inclusion, health and care issues, and housing.
5. Looking at the signature programmes specifically, the response was again overwhelmingly positive, with the vast majority of respondents agreeing with the inclusion of each programme.
6. In relation to the signature programmes under the 'Participation' strategic aim, respondents highlighted the benefits of adopting an intergenerational approach in terms of supporting participation, and fostering empathy and understanding between generations. By introducing an intergenerational element to digital inclusion, for example, it was argued that older people would feel not just more digitally but also socially included. In general, respondents felt that the signature programmes proposed for this strategic aim were quite limited and could address a range of additional areas including isolation and loneliness among older people.
7. Enabling older people to remain in their homes for as long as possible, and ensuring that they get the appropriate domiciliary care and general support to be able to do so was a major issue raised in relation to the programmes proposed under the 'Care' strategic aim.
8. Respondents felt that the signature programmes proposed under the 'Self-fulfilment' strategic aim, while welcome, did not adequately reflect the breadth of the aim itself. It was suggested that these programmes were too focused on older people remaining in the workforce and developing the skills with which to do so and, as such, ignored

the benefits of other activities which contribute to an older person's sense of self-fulfilment, including a range of other educational, art, leisure-based activities and voluntary programmes.

9. In relation to the signature programmes proposed under the 'Dignity' aim, respondents mentioned the need to challenge stereotypes of ageing. It was suggested that adopting an intergenerational approach was a good way to address this issue.
10. In terms of the six Phase 2 signature programmes that respondents would like to go ahead first, given the choice, "*Poverty (Benefit uptake)*" was the most commonly selected programme. Respondents also prioritised "*Transport – (Improved Rural Transport)*" and signature programmes proposed under the theme of care.
11. Respondents were also invited to provide any further, more general, comments which they may have in relation to the proposed strategy. Many chose to reiterate much of what was said in the other open-ended questions. One major theme that did emerge was the importance of joined-up, partnership working across the government (both local and regional), statutory, community, voluntary and private sectors. Respondents also reiterated the need for more clear and specific targets in the strategy, with a suggestion that consideration should be given to adopting an outcomes-based approach.

Detailed analysis of the online questionnaire responses

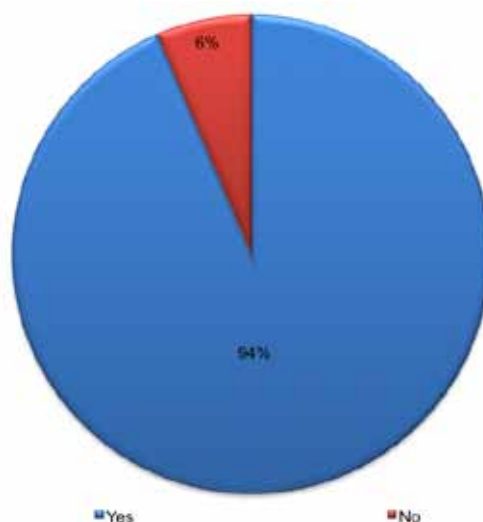
13. This section provides an overview of the responses to the consultation questionnaire designed by OFMDFM Statistics and Research Branch for the draft Active Ageing Strategy.
14. This questionnaire was designed to assist stakeholders in considering the strategy's proposals and enable them to submit associated views directly relevant to the content contained within the draft document as well as any wider comments they may have had.
15. The questionnaire was available for completion online (via a link provided in the consultation document, the summary version and on the OFMDFM website) through the Survey Monkey facility. Hard and electronic copy responses were also accepted and these were available within the consultation document, for download on the OFMDFM website, and at the different consultation events. Hard and alternative format copies were also available upon request.
16. In addition to multiple choice questions, respondents were also given the opportunity to provide additional detail in the form of open-ended questions in each part of the strategy. A detailed content analysis has been undertaken in order to identify key and recurring themes and suggestions.

17. A number of formal written responses which did not fit the format of the questionnaire were also received and these were separately examined and analysed by the Active Ageing Team within OFMDFM.
18. It should be noted that not all respondents answered every question and therefore any statistics quoted are based on the number of those who responded to each individual question and not the overall number of questionnaire responses.
19. Please note that 'agree' and 'strongly agree', and 'disagree' and 'strongly disagree' responses have been generally aggregated in the commentary but not in the charts.² Due to rounding, percentages in the charts may not sum exactly to those used in commentary.

The strategic context

20. The first section of the consultation questionnaire sought respondents' views on the adoption of the UN Principles for Older Persons as the basis on which to develop the strategy's strategic aims. As Figure 2 illustrates, a vast majority of respondents (87 out of 93 or 94%) agreed with this approach. Only six respondents (6%) disagreed with this approach.

Figure 2: Respondents' views on whether the UN Principles for Older Persons are a good basis on which to develop the strategy's strategic aims



21. Despite this high level of agreement, around one third of respondents (32 out of 93) chose to provide further comments on the UN Principles. Many welcomed the adoption of the UN Principles, arguing that they provide a good foundation for developing the strategy. A number of respondents, however, suggested ways in which the approach

² This also applies to 'strongly positive' and 'mainly positive', and 'mainly negative' and 'strongly negative' for the question relating to the effect of the strategy on Section 75 groups.

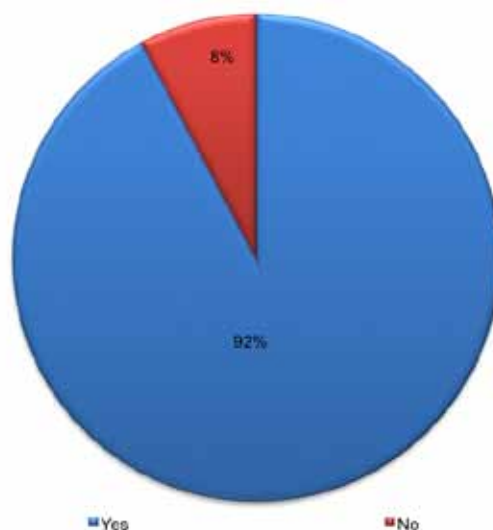
could be improved, including greater clarity in terms of the relationship and inter-connectedness between the UN Principles and the eight dimensions of the World Health Organisation’s Age Friendly Framework, and the inclusion of a diagram to describe the overlap and interdependency of the different strategic aims.

22. Some respondents felt that it was important to ensure that these principles are developed beyond the aspirational stage. It was suggested that interpreting and making positive concrete implementations on the basis of these principles will prove difficult.
23. Respondents also stated that certain aims were not particularly well articulated or defined. It was suggested that while strategic aims 1 and 2 (‘Independence’ and ‘Participation’) were well articulated, aims 3, 4 and 5 (‘Care’, ‘Self-fulfilment’ and ‘Dignity’) were not, and that SMART objectives were missing under each aim, making the document difficult to read, with vague statements under several aims. It was also suggested that the headline concept of the ‘Dignity’ principle was “less clearly defined and enforceable than the actual substance of the principle, i.e. human rights and equality.” Indeed, the importance of ensuring that the human rights of older people are protected was mentioned by a few respondents.

Vision

24. ***“Northern Ireland is an age friendly region in which people, as they get older, are valued and supported to live actively to their fullest potential; with their rights and dignity protected.”***
25. Respondents were asked whether they agreed with this proposed vision. Ninety responded to this question and the results are summarised in Figure 3. Again, the vast majority of respondents (83 out of 90 or 92%) agreed with this vision, with only 7 (8%) not agreeing.

Figure 3: Responses to the question “Do you agree with the vision?”

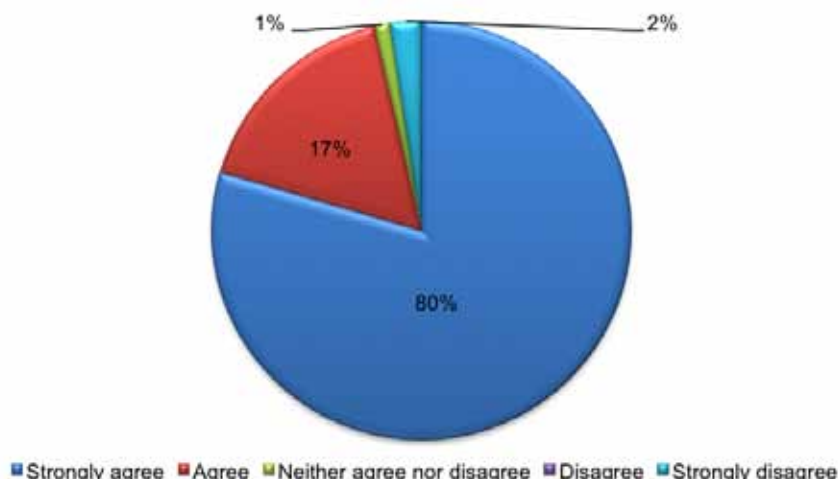


26. Thirty-eight respondents provided additional comments on this vision. There was widespread support for the vision among those who commented, including the concept of a World Health Organisation age-friendly Northern Ireland, although many expressed concerns and reservations.
27. A number of comments received expressed concern that while the vision was aspirational, it will require commitment, engagement, cross-departmental support and, importantly, the provision of adequate resources in order to see it realised. Other comments stated concerns that this vision was “words” rather than action, suggesting it was quite far removed from the reality older people currently experience.
28. Linked to this, a number of respondents felt that the wording “*Northern Ireland is an age friendly region...*” does not accurately reflect the reality. Some suggested that Northern Ireland is not currently an age-friendly region; with others arguing that this should be an ongoing process with the vision reflecting this. Suggested alternative wording included; “*Northern Ireland is committed to being an age friendly region...*” and “*Northern Ireland will hope to be an age friendly region...*”
29. Issues related to the rights of older people were also raised by respondents. Comments included including the protection of rights directly in the vision, and that age-related discrimination legislation in Northern Ireland does not currently cover the provision of goods, facilities and services.
30. Other more general comments included the need to recognise that ageing is a process that begins at birth and continues throughout life, and the importance of making reference to health in the vision statement.

Strategic Aims

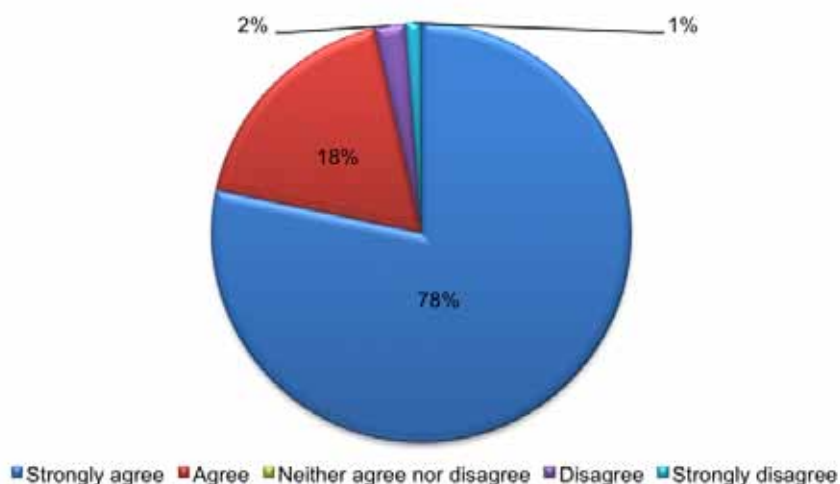
31. In order to achieve this vision, the Active Ageing Strategy identified five strategic aims based on the UN Principles; ‘Independence’, ‘Participation’, ‘Care’, ‘Self-fulfilment’ and ‘Dignity’.
32. Respondents were asked how strongly they agreed or disagreed with each proposed strategic aim. A majority of respondents either agreed or strongly agreed with the inclusion of each strategic aim, while only small proportions either ‘neither agreed nor disagreed’, or disagreed or strongly disagreed.
33. **Strategic Aim 1 – Independence:** Of the 83 that responded, 80 (96%) either agreed or strongly agreed that it was appropriate for inclusion in the Active Ageing Strategy (Figure 4).

Figure 4: Respondents' views on the inclusion of Strategic Aim 1 – Independence



34. Looking at the ‘Independence’ strategic aim specifically, access to social networks and technology were issues raised by a number of respondents. It was felt that the use of social networks and technology generally, including eHealth, could promote independent living but should not be a replacement for human contact. The importance of ensuring that hard copy information was also easily available for older people, with better use of school facilities, libraries and doctors’ surgeries, was also stressed.
35. **Strategic Aim 2 – Participation:** Again there were 83 responses to this question and again 80 (or 96%) either agreed or strongly agreed with its inclusion (Figure 5).

Figure 5: Respondents' views on the inclusion of Strategic Aim 2 – Participation

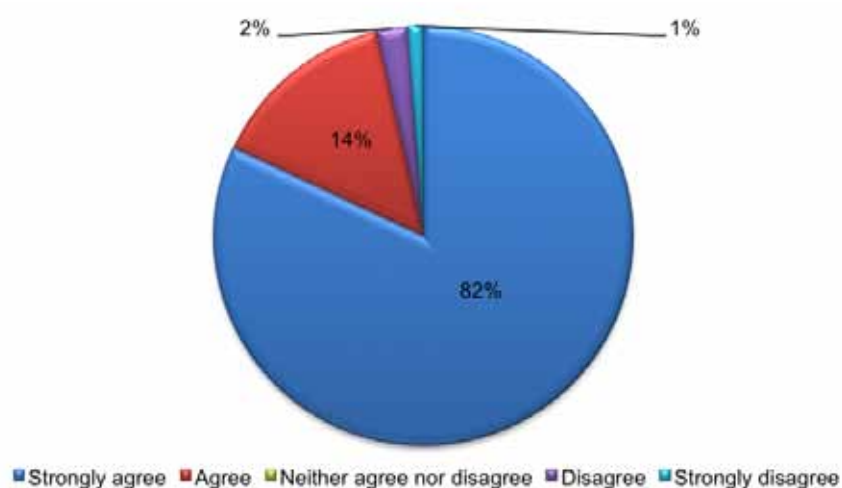


36. The importance of volunteering and supporting volunteering in relation to the ‘Participation’ strategic aim was raised by a number of respondents. Promoting volunteering through raising awareness among those approaching retirement age and educating people on value of active participation was also highlighted. Respondents also

pointed out the benefits of volunteering in terms of health improvements, engagement after retirement and maintaining independence.

37. Other issues raised by respondents in relation to the 'Participation' strategic aim included the importance of ensuring that older people are involved in decision-making on policy-making, commissioning, planning and the delivery of services for older people (echoing much of what was proposed in the strategic aim), and the high costs, in terms of room hire and insurance, which are "*driving older people's groups out of business*".
38. **Strategic Aim 3 – Care:** Again 83 responded to this question, and once again 80 (or 96%) either agreed or strongly agreed that it was appropriate for inclusion in the Active Ageing Strategy (Figure 6).

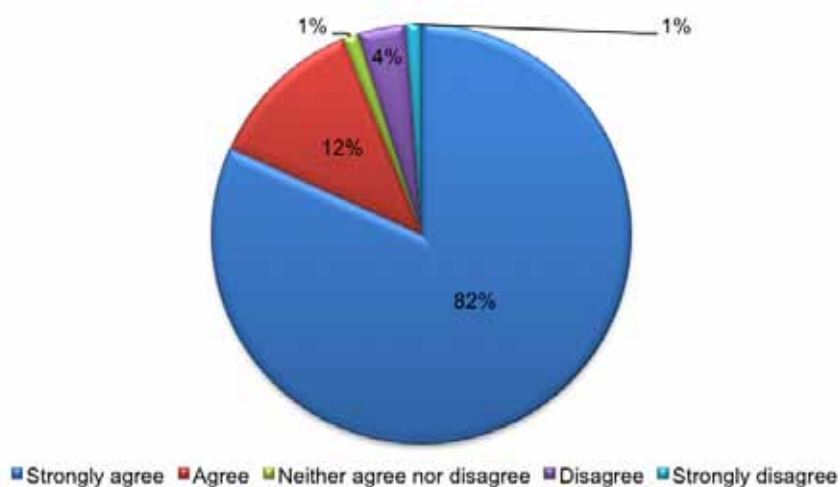
Figure 6: Respondents' views on the inclusion of Strategic Aim 3 – Care



39. Respondents raised a number of issues directly relevant to the 'Care' strategic aim. The most commonly raised issue was that of carers. The importance of ensuring that both paid and family carers get adequate support and training was emphasised, with comments including the lack of time and pay home carers receive to do their job, and a perceived decline in the availability and standard of respite care.
40. Another issue raised was that of funding, including the funding of care and the health service, with a particular reference to a perceived lack of resources.
41. Other issues raised in relation to the 'Care' strategic aim included the need for an increased reference to health and wellbeing in the document, including the inclusion of actions such as increased health literacy, and the particular care-related needs and concerns of certain groups of older people, including those in residential and nursing homes and those of different sexual orientation.

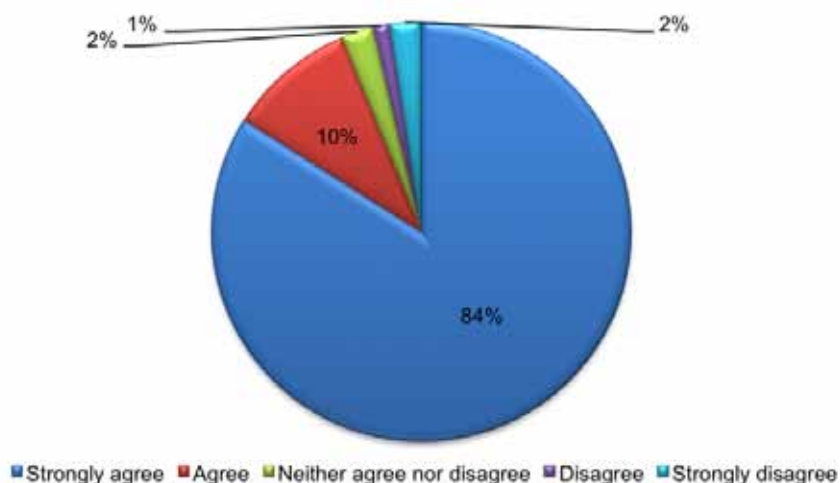
42. **Strategic Aim 4 – Self-fulfilment:** Eighty-two responded to this question and 77 (94%) either agreed or strongly agreed with its inclusion in the strategy (Figure 7).

Figure 7: Respondents’ views on the inclusion of Strategic Aim 4 – Self-fulfilment



43. In relation to the ‘Self-fulfilment’ strategic aim funding, in terms of allowing groups to operate to their full potential, accessing transport and for physical adaptations, was mentioned, as was the importance of arts and leisure activities and facilities. It was also suggested that this aim should contain more about preparation for retirement.
44. **Strategic Aim 5 – Dignity:** Eighty-one responded to this question and 76 (94%) either agreed or strongly agreed with its inclusion in the strategy (Figure 8).

Figure 8: Respondents’ views on the inclusion of Strategic Aim 5 – Dignity



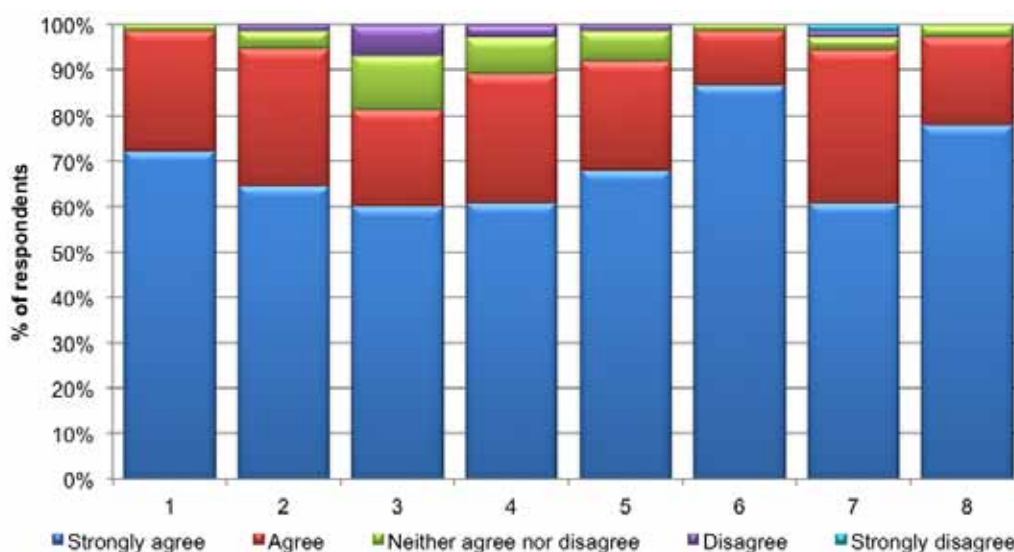
45. In relation to the ‘Dignity’ strategic aim, a number of respondents felt that respect was of vital importance to older people – something that is already included in the proposed strategic aim. Other points raised by respondents in relation to this strategic

aim included: the lack of equality legislation protecting older people when accessing goods, facilities and services compromises the strategic aim; that the “Dignity Code” proposed by the National Pensioners’ Convention should be mentioned; the need to focus on the now and the future rather than the past; the issue of mixed sex wards; and the importance, in terms of maintaining dignity, of older people being seen and treated as soon as possible.

Signature Programmes – Strategic Aim 1 (Independence)

46. Delivery on each of these strategic aims will be supported by a number of signature programmes. For the first strategic aim (‘Independence’), eight proposed signature programmes were included in the consultation document. Respondents were asked how strongly they agreed or disagreed that each programme was appropriate to achieving this strategic aim.
47. As Figure 9 shows, a strong majority of respondents either agreed or strongly agreed with the inclusion of each signature programme. Indeed, with the exceptions of “Fuel Poverty/Affordable Warmth” and “Housing – (Accessible Homes – Private Sector)”, over 90% of respondents either agreed or strongly agreed that each programme was appropriate.
48. For “Housing – (Accessible Homes – Private Sector)”, 66 out of 74 respondents (89%) either agreed or strongly agreed, while six out of 74 (8%) neither agreed nor disagreed, and two out of 74 (3%) either disagreed or strongly disagreed with its inclusion.
49. The lowest levels of agreement related to the “Fuel Poverty/Affordable Warmth” signature programme; 61 out of 75 respondents (81%) either agreed or strongly agreed with its inclusion and nine out of 75 (12%) neither agreed nor disagreed. This signature programme also provoked the highest levels of disagreement, although only five out of 75 (7%) either disagreed or strongly disagreed with its inclusion.

Figure 9: Respondents’ views on whether each signature programme is appropriate to achieving Strategic Aim 1 (Independence)



Key

- 1 = Active Ageing (Age Friendly Environments)
- 2 = Poverty (Benefit uptake)
- 3 = Fuel Poverty/Affordable Warmth
- 4 = Housing – (Accessible Homes – Private Sector)
- 5 = Housing – (Accessible Homes – Public Sector)
- 6 = Transport – (Improved Rural Transport)
- 7 = Transport – (Easier Travel)
- 8 = Fear of Crime

50. For the “Active-Ageing (Age Friendly Environments)” signature programme, the comments were generally positive. One issue raised was the need for greater emphasis on intergenerational relationships and working in order to foster greater understanding and respect among generations. Comments suggested developing a regional positive ageing campaign, involving local Age-friendly Partnerships, to promote the value of older people, to encourage respect and to improve intergenerational relationships. Another respondent pointed to examples of best practice, including the Welsh (Age-Friendly Communities) and American (Communities for All Ages) approaches, which focus on an applying an all-age ‘lens’ in developing age-friendly environments. Other suggested examples included making schools hubs for intergenerational activity by rolling out the Belfast-based ‘An Age-friendly School Project’ throughout Northern Ireland, and horticultural activities.

51. Relating to the second signature project, “Poverty (Benefit Uptake)”, a number of suggestions emerged with regards to improving benefit uptake. The importance of improving awareness and clarity in relation to what benefits are available was mentioned. Suggested actions to realise this included ensuring that those who have never claimed benefits are aware of what is available, an automatically implemented benefits check scheme for those who reach certain criteria (i.e. a certain age or retirement), ensuring that relatives or paid carers know about the options and entitlements available to older people, and the use of media campaigns to improve awareness. Another issue raised

in relation to this was the need to challenge the negative views or stigma associated with benefit uptake, which leaves many older people reluctant to apply for benefits. In relation to the proposed offer of a full and confidential benefit entitlement check, respondents stressed the importance of a confidential, personalised service, with one pointing out that in some cases older people would not feel comfortable using a phone line and, in this sense, a service which actually visits older people in their homes would be beneficial.

52. In relation to the third signature programme, “*Fuel Poverty/Affordable Warmth*”, many respondents questioned why this scheme seemed to only extend to two council areas (Mid-Ulster and Newtownabbey) and is not available across the whole of Northern Ireland. There seemed to be a great deal of confusion over this, and it was suggested that if the intention is to eventually expand the initiative regionally, the programme should clearly state this, along with an agreed timeframe for implementation.
53. In relation to the fourth signature programme, “*Housing – (Accessible Homes – Private Sector)*”, a number of respondents felt that the preferred option in terms of promoting accessibility features contained within the proposed consultation, i.e. a voluntary code of good practice, would not deliver significant change in the quality, cost or supply of housing with access needs. There was a feeling among these respondents that legislation, informed by the experience in Scotland, would be more effective.
54. In relation to the fifth signature programme, “*Housing – (Accessible Homes – Public Sector)*”, respondents were broadly supportive of the proposal for the introduction of an Accessible Housing Register. However, a number of issues were raised in relation to this, including: concern that the proposal was quite limited; a desire for more information on the rationale informing the proposal, along with projections of its direct benefits to older people and specific information on how it supports active ageing; the fact that demand for accessible homes far exceeds supply, especially in rural areas; and concern that such a register does not already exist.
55. More respondents chose to comment on signature programme six, “*Transport – (Improved Rural Transport)*”, than any other programme, with an emphasis on the importance to older people of transport, and rural transport in particular, in terms of supporting good physical health and well-being, maintaining independence, reducing social isolation, and increasing access to local services including education and health services. Transport was described as a “lifeline” for older people by a number of respondents.
56. In relation to the seventh signature programme, “*Transport (Easier Travel)*”, respondents again stressed the importance of transport to older people. It was felt that the proposed signature programme could go further or be strengthened to make the use of public transport easier, with suggestions including: the introduction of a travel wallet; monitoring good standards of customer care; supporting greater use of Disability

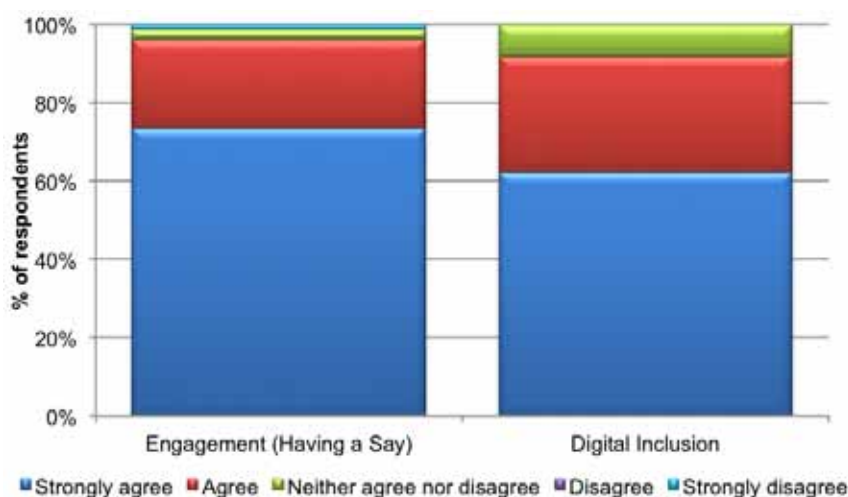
Action Transport Schemes; and the development of dropped curbs to enhance ease of transport. Another concern raised was that perhaps technology was not the best way to provide information for older people, with a suggestion that it would be better to “keep it simple”.

57. A number of respondents commented on the eighth and final signature programme, “*Fear of Crime*”, although key themes were difficult to identify. Respondents mentioned the benefits of developing intergenerational approaches in tackling a fear of crime and anti-social behaviour, something mentioned in the proposed signature programme. Other issues raised by more than one respondent were the importance of community policing, and the importance of safe homes, including home safety schemes.

Signature Programmes – Strategic Aim 2 (Participation)

58. For the second strategic aim (‘Participation’), two signature programmes were proposed and respondents were again asked how strongly they agreed or disagreed with their inclusion.
59. Again, the vast majority of respondents either agreed or strongly agreed that these signature programmes were appropriate to achieving the ‘Participation’ strategic aim (Figure 10).
60. For the “*Engagement (Having a Say)*” signature programme, 76 respondents offered their opinion and 73 (96%) either agreed or strongly agreed, two (3%) neither agreed nor disagreed and only one (1%) disagreed or strongly disagreed with its inclusion.
61. Seventy-four respondents offered an opinion on the “Digital Inclusion” signature programme, and 68 (92%) either agreed or strongly agreed with its inclusion, while six (8%) neither agreed nor disagreed. No one disagreed or strongly disagreed that this signature programme was appropriate to achieving the ‘Participation’ strategic aim.

Figure 10: Respondents’ views on whether each signature programme is appropriate to achieving Strategic Aim 2 (Participation)

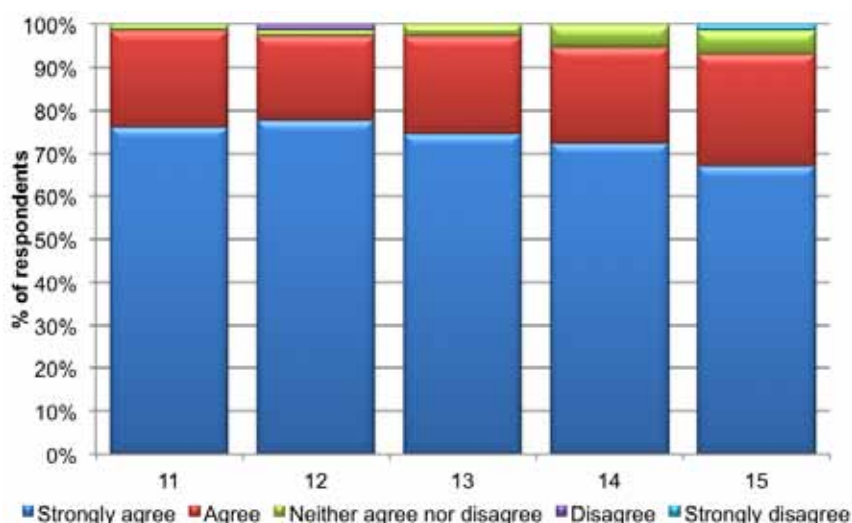


62. A number of respondents commented on the “*Engagement (Having a Say)*” signature programme although key themes were difficult to identify. One issue that did arise was the importance of real and meaningful engagement with older people, and ensuring that their views are fed directly into policy development. It was suggested that the effective implementation of the entire proposed strategy requires the establishment of an engagement process where older people are involved, and it was felt that this needed to be made clearer in the document. Another issue was the importance of recognising, addressing and, where possible, removing or reducing barriers to participation for older people, for example caring responsibilities or limited access to transport.
63. In relation to the “*Digital Inclusion*” signature programme, many respondents felt that it was important to make use of and build on existing facilities and resources that older people use, and importantly, are comfortable using. Examples of these include the Silver Surfers initiative run by Business in the Community and Libraries NI, and work done by Southern Regional College and the Southern Trust in supporting access to and the use of IT for older people. It was also suggested that linking this programme to environments where older people were comfortable, including the Verbal Arts Centre’s Reading Rooms project or the Libraries NI Knitting Clubs, would be beneficial. Libraries, which are already part of the broader GO ON initiative, have a number of particular strengths in relation to digital inclusion, including: staff skills and relationships with customers; existing ICT software and hardware with free-to-use broadband; a network of provision across Northern Ireland; partnerships with Age NI, U3A and DARD; and the fact that many older people already use libraries.

Signature Programmes – Strategic Aim 3 (Care)

64. For the third strategic aim (‘Care’), five signature programmes were proposed and respondents were again asked how strongly they agreed or disagreed with their inclusion.
65. Once again, the vast majority (over 90% in each case) of respondents either agreed or strongly agreed that each signature programme was appropriate to achieving the ‘Care’ strategic aim (Figure 11).
66. Indeed the only instances of disagreement occurred for the “Care - My Home Life” and “Care - Co-ordination (*Single Assessment Tool*)” signature programmes. In each case one respondent (1%) either disagreed or strongly disagreed with the programme’s inclusion.
67. In addition, a small proportion of respondents (ranging from 1% to 5%) neither agreed nor disagreed that each signature programme was appropriate to achieving the ‘Care’ strategic aim.

Figure 11: Respondents' views on whether each signature programme is appropriate to achieving Strategic Aim 3 (Care)



Key

- 11 = Care - Dementia Services
- 12 = Care - My Home Life
- 13 = Care - Healthy Homes
- 14 = Care - Carers Support (Short Breaks)
- 15 = Care - Co-ordination (Single Assessment Tool)

- 68. In relation to the “Care – Dementia Services” signature programme, a few respondents highlighted the benefits of working alongside local communities to develop dementia-friendly communities. A range of other issues were raised by respondents, including the benefits of occupational therapy and physiotherapy for people with dementia, but recurrent themes or suggestions in relation to this programme were difficult to identify.
- 69. Many respondents welcomed the “Care – My Home Life” signature programme and were broadly supportive of its content. Again, themes were difficult to identify. One issue that was raised was the importance of ensuring that the specific care needs of lesbian, gay, bisexual and transgender older people are taken into account, and that care services are welcoming, safe and inclusive to all. In addition, comment also included the suggestion that it would be beneficial if this programme could develop a domiciliary care aspect, to ensure the provision of a one-to-one element which could be delivered in the family home, maintaining confidentiality whilst at the same time allowing carers to respond to the older person’s needs in a bespoke way.
- 70. The plan to extend the home visit scheme through the proposed “Care – Healthy Homes” programme was welcomed by many respondents. It was felt that home improvements and installing equipment would, through making the home environment safer, help older people retain their independence, enable them to remain in their homes for longer, and make a real difference to their quality of life.

71. Occupational therapy was another issue raised by respondents in relation to the “*Care – Healthy Homes*” signature programme. The need to improve occupational therapy waiting lists, and ways in which occupational therapists in social care can assist disabled and older people, including through rehabilitation and “reablement”, were highlighted. Also mentioned was the role physiotherapy professionals play in working with older people to increase mobility, improve balance and reduce the risks of falls in the home.
72. In relation to the “*Care – Carers Support (Short Breaks)*” signature programme, it was suggested that a discussion should take place on how the term “*short break*” might be defined. To some this might mean a weekend break, while to others a shorter period of respite might suffice. Adequate engagement with carers at both regional and local levels was considered by some as vital to the outworkings of this proposal, and it was suggested that many carers would prefer to maintain and indeed enhance the traditional model of respite care by providing more good quality residential, nursing and domiciliary care support. It was also suggested that sleepovers at home can sometimes be more beneficial than respite in a nursing home. Related to this, some raised the issue of funding: one felt it was unclear if the cost of a short break would be covered for those who are unable to afford one; another said that respite in nursing homes can be expensive and varies by Health Trust; and a final respondent stressed the importance of funding this programme immediately.
73. Again few overarching themes emerged among the comments made in relation to the “*Care Co-ordination (Single Assessment Tool)*”. Some pointed out that the Single Assessment Tool (SAT) was already in place, with one arguing that, as a result, they “*would not consider it as a key demonstration programme for 2014-2017*”. One respondent also suggested that while the concept of SAT was good, many older people have found it to be lengthy and cumbersome.
74. A number of general issues were raised in relation to the signature programmes proposed for the “*Care*” strategic aim. These included:
- The desire among older people to remain in their own homes for as long as possible and the importance of ensuring that they get the appropriate care and support to be able to do so;
 - More clarity and detail on the signature programmes, with one respondent seeking more information on how they link to existing initiatives and to what extent they introduce new approaches;
 - The availability of dietetic and nutritional advice for older people. For those who are unable to cook for themselves, including those with dementia who, one respondent stated, are at high risk of malnutrition, the need for training carers on how to improve the nutritional content of meals was mentioned;

- The importance of ensuring that all the signature programmes receive adequate funding;
- Involving older people in decision-making would enhance the signature programmes; and
- The benefits of adopting an intergenerational approach in dealing with these issues.

Signature Programmes – Strategic Aim 4 (Self-fulfilment)

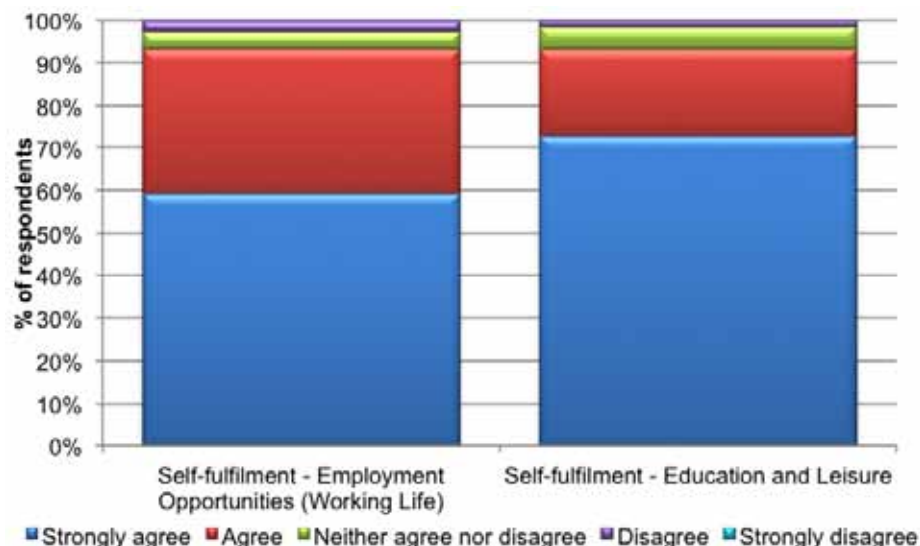
75. For the fourth strategic aim ('Self-fulfilment'), two signature programmes were proposed and respondents were again asked how strongly they agreed or disagreed that these were appropriate to achieving this aim.

76. In both cases, 69 out of 74 (93%) respondents either agreed or strongly agreed with their inclusion in the strategy (Figure 12).

77. For the “*Self-fulfilment - Employment Opportunities (Working Life)*” signature programme, three out 74 respondents (4%) neither agreed nor disagreed, while two (3%) either disagreed or strongly disagreed with its inclusion.

78. Similarly, for the “*Self-fulfilment - Education and Leisure*” signature programme, four out of 74 respondents (5%) neither agreed nor disagreed, while only one (1%) either disagreed or strongly disagreed with its inclusion.

Figure 12: Respondents’ views on whether each signature programme is appropriate to achieving Strategic Aim 4 (Self-fulfilment)



79. One of the major issues to emerge from the comments was a feeling among a number of respondents that while the ‘*Self-fulfilment*’ strategic aim itself was sufficiently broad (with a focus on “*promoting education, training, leisure, and arts opportunities which will support the development of life skills, positive mental, emotional and physical health and wellbeing*”), the two proposed signature programmes do not “adequately

reflect this breadth.” It was felt that these programmes were too focused on older people remaining in the workforce and developing the skills with which to do so, and as such ignored the benefits of other activities which contribute to an older person’s sense of self-fulfilment.

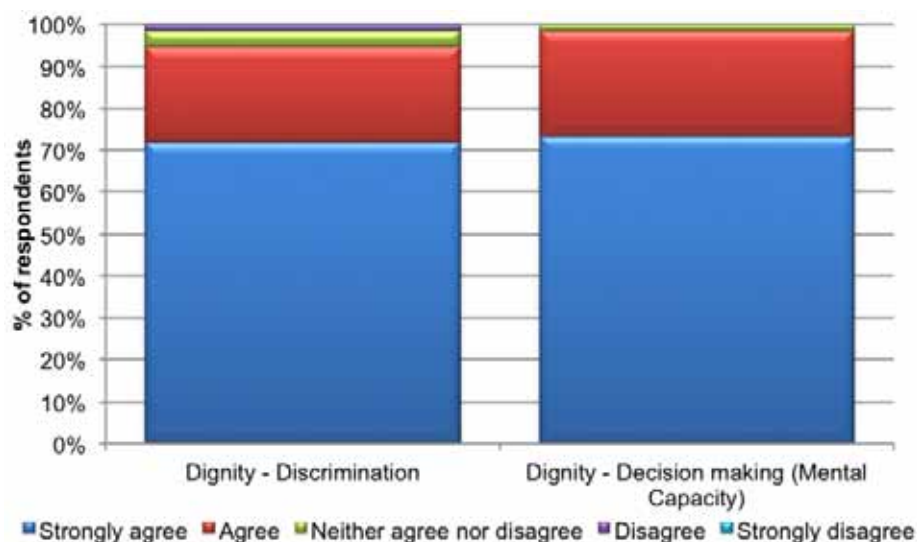
80. Building on this, respondents felt the focus of these signature programmes should be broadened to include a range of other educational, art, leisure-based activities and voluntary programmes. Suggestions included:
- Access to lifelong learning programmes with more of a focus on leisure-based or recreational education and training opportunities;
 - Increased or better access to arts, cultural, spiritual and social programmes;
 - Better and local access to council-owned accessible leisure facilities. One respondent suggested that these leisure services should be free to people aged 65 and over;
 - Developing community support hubs across each council area that will provide support and guidance to individuals and older people’s community groups on how to, for example, apply for grants for targeted educational and leisure activities;
 - A specific reference to volunteering in the signature programmes, with a clearly signposted point of entry for older people to access information and advice about what is available;
 - Paying more attention in the signature programmes to the inclusion of older people with high support needs, including those affected by dementia, those who are frail or those with a disability;
 - A recognition for the value added to society and the economy from older people who are retired and provide support for their family (through childcare, for example), volunteer in community groups, and input into cultural activities.

Signature Programmes – Strategic Aim 5 (Dignity)

81. For the fifth strategic aim (‘Dignity’), two signature programmes were proposed and respondents were again asked how strongly they agreed or disagreed that these were appropriate to achieving this aim.
82. Consistent with the signature programmes proposed for other strategic aims, the vast majority of respondents either agreed or strongly agreed with the inclusion of these programmes (Figure 13).
83. For the “*Dignity - Discrimination*” signature programme, 71 out of 75 respondents (95%) either agreed or strongly agreed, three (4%) neither agreed nor disagreed, and only one (1%) either disagreed or strongly disagreed that it was appropriate to achieving the ‘Dignity’ strategic aim.

84. For the “*Dignity - Decision making (Mental Capacity)*” signature programme the proportion who either agreed or strongly agreed was even higher (74 out of 75 or 99%), while only one respondent (1%) neither agreed nor disagreed, and no one either disagreed or strongly disagreed.

Figure 13: Respondents’ views on whether each signature programme is appropriate to achieving Strategic Aim 5 (Dignity)



85. Many respondents welcomed the “*Dignity - Discrimination*” signature programme, with one stating that legislation to end age discrimination in relation to the provision of goods, facilities and services was long overdue and “*must be addressed as a matter of urgency*”.

86. Again a number of respondents welcomed the proposed “*Dignity – decision making*” signature programme. It was suggested, however, that the new Mental Capacity Bill would require significant additional resource, and that more information on planned timescales in relation to this was also required.

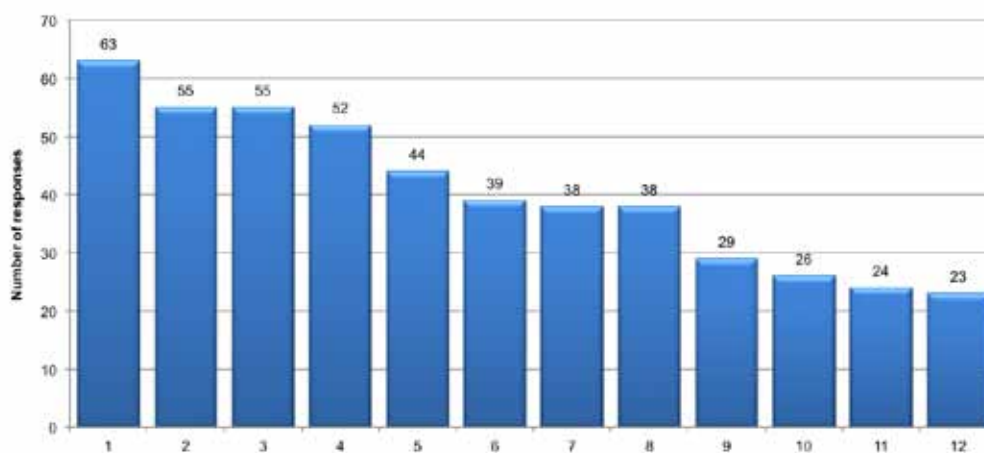
Signature Programmes – Phase 2

87. It is planned that these signature programmes will be taken forward in two phases. Phase 1 will involve seven programmes for which resources have already been identified. For the remaining 12 project proposals (Phase 2), additional resources will be required. In order to prioritise these 12 proposed programmes, respondents were asked to select the six Phase 2 projects that they would like to go ahead first, given the choice.

88. Eighty-one responded to this question and Figure 14 summarises these responses. The most commonly selected Phase 2 signature programme was “*Poverty (Benefit uptake)*” - 63 respondents (78%) selected this as one of the six Phase 2 projects that they would like to go ahead first.

89. As Figure 14 shows, the results to this question can be broadly divided into three groupings. The first is the most commonly selected signature programmes: the aforementioned “*Poverty (Benefit uptake)*” (63 respondents (78%)); “*Transport – (Improved Rural Transport)*” (55 respondents (68%)); “*Care – Dementia Services*” (55 respondents (68%)); and “*Care – My Home Life*” (52 respondents (64%)).
90. The next section consists of those signature programmes selected by approximately half of respondents: “*Care – Healthy Homes*” (44 respondents (54%)); “*Care – Carers Support (Short Breaks)*” (39 respondents (48%)); “*Housing – (Accessible Homes – Public Sector)*” (38 respondents (47%)); and “*Care - Co-ordination (Single Assessment Tool)*” (38 respondents (47%)).
91. Finally, those signature programmes that were selected by the smallest number of respondents were: “*Self-fulfilment - Employment Opportunities (Working Life)*” (29 respondents (36%)); “*Housing – (Accessible Homes – Private Sector)*” (26 respondents (32%)); “*Self-fulfilment - Education and Leisure*” (24 respondents (30%)); and “*Transport – (Easier Travel)*” (23 respondents (28%)).
92. It is also worth noting that while those programmes under the themes of ‘Care’ and ‘Self-fulfilment’ were essentially grouped together, within the theme of ‘Transport’ one project (“*Transport – (Improved Rural Transport)*”) was clearly seen as a priority over the other suggested ‘Transport’ project (“*Transport – (Easier Travel)*”).
93. In addition, public sector housing (“*Housing – (Accessible Homes – Public Sector)*”) was also seen as more of a priority than those in the private sector (“*Housing – (Accessible Homes – Private Sector)*”).

Figure 14: Most popular Phase 2 signature programmes



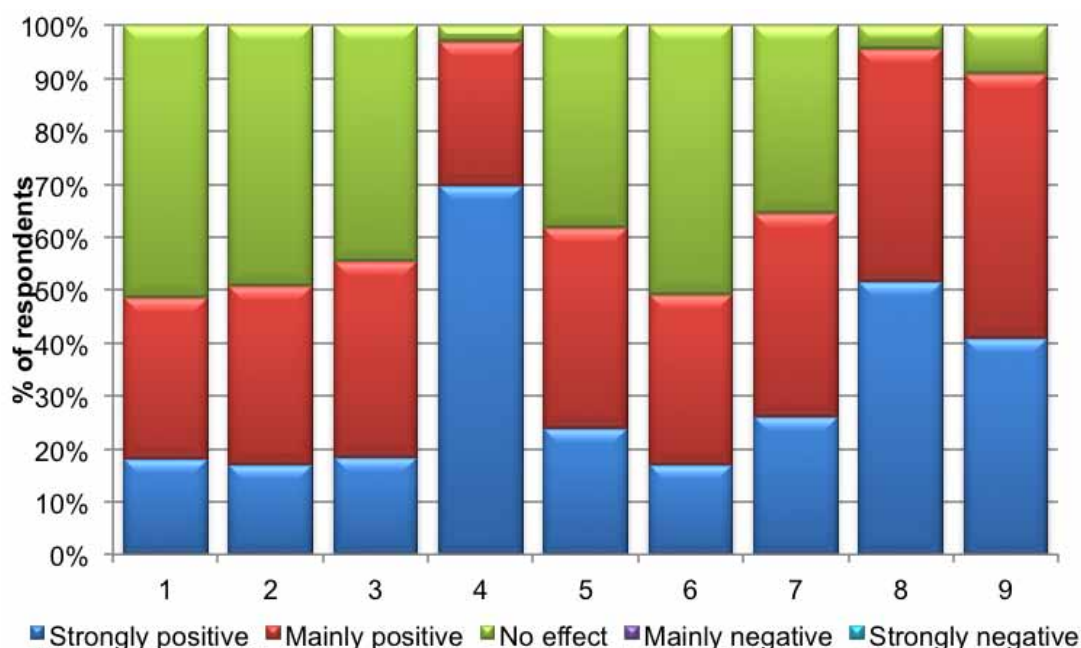
Key

- | | |
|---|--|
| 1. Poverty (Benefit uptake) | 7. Housing – (Accessible Homes – Public Sector) |
| 2. Transport – (Improved Rural Transport) | 8. Care - Co-ordination (Single Assessment Tool) |
| 3. Care - Dementia Services | 9. Self-fulfilment - Employment Opportunities (Working Life) |
| 4. Care - My Home Life | 10. Housing – (Accessible Homes – Private Sector) |
| 5. Care - Healthy Homes | 11. Self-fulfilment - Education and Leisure |
| 6. Care – Carers Support (Short Breaks) | 12. Transport – (Easier Travel) |

Equality Impact

1. Respondents were then asked what effect the delivery of the strategy would have on the nine groups contained within Section 75 of the Northern Ireland Act, and the results are summarised in Figure 15.
2. Unsurprisingly, respondents were most likely to think that the strategy would have a strongly positive or mainly positive effect on people of different ages - encouragingly 64 out of 66 respondents (97%) felt this way. Respondents were also extremely likely to think that the strategy would have a positive effect on people with a disability and people without (63 out of 66 respondents (95%)) and people with dependants and people without (60 out of 66 respondents (91%)).
3. For the other Section 75 groups, respondents thought that the proposed strategy would have either a strongly or mainly positive effect, or no effect – encouragingly no one felt that the strategy would have a mainly negative or strongly negative effect on any of the groups.

Figure 15: Respondents' views on the strategy's impact on Section 75 groups



Key

- | | |
|----------------------|--|
| 1. Religious beliefs | 6. Sexual orientation |
| 2. Political opinion | 7. Gender |
| 3. Racial groups | 8. Persons with a disability and persons without |
| 4. Age | 9. Persons with dependants and persons without |
| 5. Marital status | |

Section 5: Key views which emerged from Written Submissions

1. Thirty written responses were received during the consultation period. The key views emerging from these submissions are set out below. Overall respondents welcomed the vision statement, the strategic aims and signature programme proposals. There were a number of requests however for more information on indicators, targets and budgetary information related to the implementation of the Strategy.

Comments on the Vision statement

2. Most respondents agreed with the draft vision statement however there were recommendations from respondents that it should make clear that the rights and dignity of older people are both respected and protected. Furthermore, the view was expressed that the vision should specifically acknowledge the contribution of older people as being recognised and valued.

Comments on the Independence Strategic Aim

3. Strong support was expressed by some respondents for the continuation of the Smartpass. Age Sector Platform considered that this was one of the most forward thinking and effective policy measures introduced by the NI assembly – it assists older people to remain active; being able to access goods and services is a central part of being active. The view was expressed that the strategy gives the Executive an opportunity to be unequivocal about the future of the Smartpass. By contrast the view was also expressed by more than one respondent that free bus passes are available for those 60+ who may be in full time employment, yet 16-18 year olds pay for their travel and may be in full time education. Other views expressed by respondents in relation to the Independence Strategic Aim included:
 - If we can start to address poverty in younger generations we can maybe curb poverty in older age.
 - Tackling fear of crime by bringing older and younger people together is a good way to go about it.
 - We welcome the focus of the Active Ageing strategy to tackle fuel poverty and suggest that this should be cognisant of the feedback submitted to the Affordable Warmth Scheme consultation released by the DSD.
 - Warmer, healthier homes can be costly for some older people who own their own homes, have savings and don't qualify for free insulation.

- Fuel Poverty – top concern for pensioners of NI – however there is very little in relation to energy prices or pensioners’ incomes in the strategy. DSD had announced a “pay as you go” oil scheme to address the issue. We call on NI Executive to make tackling fuel poverty a priority issue for the next 10 years to address the scandal of hundreds of older people dying each year in NI due to cold related illnesses.
- Financial capability becomes increasingly important as we age to ensure that we have sufficient provision to cover the costs of later life. The strategy should include initiatives to increase financial capability and support older people to manage and budget their own finances.
- Taken as a whole the Strategy fails to fully recognise the importance of travel and mobility in ensuring a society which is fully inclusive for older people. Travel is a necessity in modern life. It enables access to key services, participation and contributes to health and well-being.
- Conversely research has shown that difficulties accessing transport is a major contributor to inequality and social exclusion. *Making the Connections*³ identifies older people as a group in society specifically at risk to social exclusion due to restricted access to travel and transport.
- The NI Executive should seek a comprehensive travel needs analysis to understand when, where, why, and how all consumers travel. Based on an understanding of these factors, services can be designed to meet the transport needs of all consumers in a long term, sustainable manner.
- We would want to see the Active Ageing Strategy fully acknowledge the role that planning and the built environment can play in tackling a number of the issues raised in the Strategy. Lifetime Home Design Standards should be included in new build across all tenures alongside wheelchair standard design housing.
- We strongly welcome the interdepartmental agreement to the early development of an Accessible Housing Register and the identification of existing accessible build across all tenures. Given the concern highlighted within the strategy that purchasing housing designed and suitable for older and disabled people may not always be an option due to limited availability.
- It is noted that the Active Ageing Strategy is intended to run until 2020. The Active Ageing Strategy should recognise the imminent need to revise the current DRD Accessible Transport Strategy, which expires in 2015 to ensure the priorities of both strategies provide consistent and clear guidance to Government Departments and service providers.

3 Making the Connections: Final Report on Transport and Social Exclusion http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@emp_policy/@invest/documents/publication/wcms_asist_8210.pdf

- The Active Ageing Strategy does not include the cost of food and ability to afford a healthy, balanced diet as part of its focus on healthier lifestyles. The Consumer Council would argue that access to healthy, varied and well balanced food in adequate supply is vital to a person's physical and psychological wellbeing.
- While the UK-wide introduction of auto-enrolment [of workplace pensions] is a positive step, all efforts must be taken to encourage all generations, younger people and women in particular, to save for their retirement. Governments should take a strong lead in financial education programmes and education should take place as early as possible – potentially in schools – to encourage early saving (OECD, 2008).
- We accept that Pensions policy is the remit of UK government and that benefits like Winter Fuel allowance are also made there – however Stormont Executive should have a role in improving levels for Older People. Pensioner poverty remains a serious problem in Northern Ireland. A specific target is needed to reduce it during the lifetime of the strategy.
- We would like the establishment of a pilot in NI where pension credit will be paid automatically to a number of older people for a period of time to encourage benefit uptake in the longer term.
- We welcome the long term goal to establish Northern Ireland as an Age Friendly region. While we further welcome the pledge to help the 11 new councils secure commitment to the WHO Age Friendly Environments programme, we believe that this could be strengthened to deliver an outcome where Councils commit to signing up and implementing the WHO Age Friendly Environments programme.
- We recommend that further detail be succinctly set out making linkages between transport and successful communities, tackling social exclusion, addressing social isolation, health and well-being, finances, employment etc.

Comments on the Participation Strategic Aim

- This Strategic Aim was strongly welcomed by consultees. Some respondents expressed the view that there was less text in the Strategy on this critical issue than was the case with other Strategic Aims, particularly the Independence and Care Strategic Aims. It was also stated by a number of respondents that participation should be a cross-cutting theme which applies to all aspects of the Strategy.
- Some consultees stated that the Participation Aim doesn't sufficiently acknowledge the degree of participation which older people do have, and indeed the contribution older people make to society through childcare/grandparenting, other caring roles, voluntary work, political activity etc.
- A key theme of the World Health Organisation's age friendly environments initiative is to ensure the active engagement and participation of older people in the decision

making of policies and provision of services. A number of consultees felt that more needed to be done to engage with older people on the development and implementation of government policies. They were of the opinion that the strength of the Active Ageing Strategy will be the accountability processes emanating from it to ensure that it is meaningful. Other points made included:

- The over-55s in NI are less likely to have broadband than those in the rest of the UK and there is limited use of online public services. As more services move online, building digital inclusion of older age groups will be crucial to ensure all older people can access essential services. The strategy should take account of CARDI's research showing the reasons why older people have not or choose not to develop their ICT skills and build digital inclusion on that basis.
- We recommend that the participation section of the Strategy be rewritten from a rights based perspective as participation cuts across every aim and action contained within this Strategy.
- Participation in all aspects of community, faith, family and civic life is a vital part of active ageing, allowing older people the opportunity to maximise their potential, and to engage with a wider variety of people of all ages.

Comments on the Care Strategic Aim

- Respondents made positive comments about this Strategic Aim given that some older people are living with long-term health conditions and it is critical that they receive appropriate health and social care to remain active and live independently for as long as possible. This principle is reflected in the Transforming Your Care document⁴ which sets out an overarching road map for change in the provision of health and social care services here.
- Concern was expressed that it is becoming much more difficult for older people to sustain their activities, hence real consideration needs to be given as to how the current informal 'care in the community' provided by the community and voluntary sectors is at risk, which undoubtedly would have a detrimental impact on government budgets in terms of housing, health, transport, crime etc. A concern was expressed that no mention was made of "Respite Care" in the Strategy and respondents confirmed that this is vital to enable Carers to continue caring for and supporting family members.
- Health and financial discrimination were raised by respondents as major issues for older people. It was stressed that discrimination in the provision of health care or treatment was totally unacceptable as people had a right to receive the appropriate treatment no matter what age they were.

4 Transforming Your Care – A Review of Health and Social Care in Northern Ireland <http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf>

- Issues related to carers were raised by a number of respondents. These included:
- Carers' ability to have an active older age can be negatively impacted upon by their caring responsibilities. For example, carers can struggle to balance work and care and as a result can find themselves taking on low paid part-time work, or giving up work entirely. This can have an impact on both their health and future finances.
- When caring affects families, the financial pressure often comes from two sides – as household income takes a hit from reduced earnings, outgoings also rise as a result of the extra costs of ill-health or disability.
- Respondents welcomed any measures that aim to alleviate poverty and increase incomes, and ensure that carers receive all the income they are entitled to. Working age carers can find it difficult to get all their benefit entitlements and targeted programmes are to be encouraged.
- As well as measures to identify carers and promote benefit uptake, a respondent recommended that government should also look at reforming Carers Allowance by increasing the earnings limit and raising the value of the benefit to better reflect the complex nature of caring.
- Carers have long understood that the people they look after are better served by being cared for within their own homes, but for this to happen, adequate support from statutory services needs to be in place – in the form of community care services for the patient and direct support for carers such as respite.
- The consultation seems to be treating the concept of short breaks providing access to a 'getaway', when for many carers it's being able to rely on quality replacement care to deal with an emergency that is often the most valuable thing.
- None of the signature projects proposed will address the issue of retaining carers in the workplace. We would suggest bringing together employment experts and carers to develop a programme aimed at retaining and retraining carers.
- A number of respondents raised issues relating to people living with a dementia illness. These included:
- Despite the growing numbers of people with dementia in NI, there are no specific guidelines to help institutions in the delivery of care to people with dementia who are at the final stage of their lives. Dementia services and care should be person-centred, incorporate communication and involvement of families and include control and alleviation of pain and other symptoms. The strategy is a prime opportunity to introduce specific guidelines for palliative care of dementia patients.
- Evidence suggests there is limited uptake of mental health services, statutory residential care, and support services for dementia by BME older people.

- There is a higher rate of respiratory difficulties, coronary heart disease and certain forms of dementia experienced by ethnic minorities. Indeed, there is also a severely diminished life expectancy in the Irish Traveller community, with only 1 per cent living beyond 65.
 - The proposed update to recommendations in the Northern Ireland Dementia Strategy should include targeted measures to improve uptake and awareness levels of dementia services amongst BME older people
6. Other points raised by consultees on this Strategic Aim included:
- There are two additional core considerations which are not addressed by the strategic aims:
 - the important role of health promotion in healthy ageing;
 - recognition that health is influenced by a broad range of social and environmental factors
 - A key component of the World Health Organisation’s active ageing framework is the consideration of how the broad determinants of health affect the process of ageing. Gender and culture are listed as two ‘cross-cutting’ determinants which shape the way we age and influence all the other determinants of active ageing.
 - In addition, rural isolation has a particular impact on the independence and quality of life experienced by ethnic minorities who may struggle to access culturally appropriate goods, facilities and services.

Comments on the Self-fulfilment Strategic Aim

1. Whilst welcoming this Strategic Aim, a number of respondents expressed the view that the text in the Strategy in this section was too focused on employment issues. They felt that the scope of this Strategic Aim should reflect the self-fulfilment needs of older people who are no longer working but are very keen to remain active through learning IT skills, social events, friends and family, travel, learning new hobbies and skills, sport, volunteering, being with grandchildren. It would also be important for them to be given the opportunity to express their views and opinions on issues. Respondents believed that this section of the strategy will overlap with other areas – older people need a decent income, transport, reasonable health and confidence to partake in a broad range of activities.
2. Additional points raised by consultees included:
 - A welcome for the references to volunteering in the document as one of the key channels for older people to participate and to feel involved in their communities. The reference to the Volunteering Strategy for Northern Ireland was also welcomed. Disappointment was expressed that the opportunity was not taken to include

specific actions and targets around increasing the number of older people involved in volunteering.

- There have been a number of high profile organisations such as B&Q, Marks and Spencer and the Co-operative Group who value the experience and skills that older workers can bring and recognise the benefit of having a diverse workforce.
- Employers should be encouraged to use other means to assess older workers' eligibility. In addition, older workers should be supported when completing application forms and preparing for interviews.
- There is an opportunity to encourage employers to recognise the benefits of intergenerational working, particularly as older workers approach the end of their working life; this will enable employers to capture their skills and experiences and pass these on to the generation to follow.

Comments on the Dignity Strategic Aim

1. Respondents commenting on this Strategic Aim were united in expressing their strong support for the inclusion in the Strategy of the commitment to end unfair age-related discrimination in the provision of goods, facilities and services. There was support for a comprehensive consultation with parents, children and young people on the proposals for this legislation. Some respondents favoured the inclusion of children within the remit of the legislation. Reports of the physical and mental abuse of older people in hospitals and residential settings by poorly and badly trained staff was a particular concern expressed by a number of respondents. Other points made included:
 - By including domestic violence in this document, the Strategy would send a clear public message to older victims of domestic violence and abuse that government knows such abuse happens to older people and that they will be believed if they come forward.
 - The Dignity strategic aim needs to include the commitment to fulfil the human rights of older people – it is not enough to “promote and protect”. The United Nations defines the obligation to fulfil human rights as “states must take positive action to facilitate the enjoyment of basic human rights”.
 - Abuse in care homes is unacceptable. The Health Minister has agreed to adopt the National Pensioners' Convention Dignity Code⁵ here. A consultee expressed the view that if the Dignity Code were implemented and monitored properly here then it would help tackle the problems surrounding a lack of dignity for older people – wherever they are cared for.

⁵ <http://npcuk.org/710>

- Elder Abuse – concern was expressed that the abuse of older people by physical, psychological, sexual and financial means is on the increase and respondents expressed the belief that more needs to be done to try to identify the scale of the problem in NI. The opinion was expressed that this strategy provides an opportunity to look into this complex issue in more detail.

Additional general points made

- The Active Ageing Strategy affords an opportunity to introduce measures to build intergenerational solidarity. Greater intergenerational solidarity can lead to more cohesive communities. It can also provide learning opportunities for younger generations, through the knowledge and experience of older people, as well as opportunities for older generations to learn new skills from young people, particularly in the field of IT. Enhanced solidarity can also lead to more equal societies, as both the younger and older generations are often marginalised in policy decisions.
- We should use existing schemes that work for and with older people and engage younger people in them – e.g. Good Morning call, home visits, befriending schemes, driving volunteers, Duke of Edinburgh award (young people could focus on working with older people).
- The strategy should be very clear about which policies complement it but have not been influenced by it; which it has influenced, or aims to influence, the development of; and how it adds value to policies already in existence.
- The section on diversity must be significantly strengthened, and be strengthened with regards to people with multiple identities. We recommend amending the Strategy to make government obligations to older people with multiple identities unambiguous, in line with its human rights and equality obligations.
- The role of the community and voluntary sectors is mentioned in passing, but is not given a central role in terms of the impact older people’s groups have in supporting all five of the strategic aims in a wide range of initiatives.
- Baseline indicators (within the strategy) need to reflect the strategic aims and corresponding high level outcomes and targets of not only the Active Ageing strategy as a whole, including Action Plans, but also crucially, the other relevant strategies in order to ensure an alignment in older people’s policy issues.
- Its implementation will be costly and in the current financial restrictions of Departments, some of these Aims may not be achieved.
- Among the legacy issues of the draft strategy there is nothing about the barriers to employment, goods and services, foreign travel which still confront not just political ex-prisoners but their families. The children and other close family members of political ex-prisoners have now become the targets of punitive policies - the refusal

of visas for the US or major insurance companies refusing to cover insurance claims if an ex-prisoner is in the household.

- We believe that the draft strategy is blind to legacy issues, the ‘particular circumstances of Northern Ireland’ and the fact that we are a society emerging from conflict. We believe that this is counterproductive, given that older people in this jurisdiction have lived through the conflict and the on-going period of transition.
- Isolation and loneliness – this is a growing concern for older people and we would request a specific project to tackle this issue.
- The measurement of change should be clear. A baseline for measurement along SMART principles should be integral to a wide ranging Active Ageing Strategy. With measures spanning different departments and different timeframes there needs to be clarity around the timely monitoring and review of the objectives and measures in the draft strategy.
- We would like to commend the good practice adopted by OFMDFM in the conduct of the public consultation engagement events associated with the Active Ageing Strategy, specifically the strong emphasis given to the feedback from stakeholders and the fact that the majority of time was given to listening to their views rather than presentations from officials.
- A list of research priorities related to this strategy and a plan of action to address the research needs of the strategy would be beneficial.
- In relation to the legal context a number of important human rights treaties have been omitted. In particular, given the high number of older people with disabilities the UN Convention on the Rights on Persons with Disabilities should be referenced.

Section 6: Key views which emerged from public consultation events

1. Nine public consultation events were held in April and May, as below:

DATE	VENUE
Monday 28 April 2014	Braid Centre, Ballymena (48 attendees)
Tuesday 29 April 2014	Intergenerational Event, Belfast City Hall (36 attendees)
Thursday 1 May 2014	Mahon's Hotel, Irvinestown (31 attendees)
Tuesday 6 May 2014	Glenavon Hotel, Cookstown (13 attendees)
Wednesday 7 May 2014	Grosvenor Hall, Belfast (59 attendees)
Thursday 8 May 2014	Craigavon Civic Centre (19 attendees)
Monday 12 May 2014	Additional older people's event Cookstown – Mid-Ulster Seniors Network (30 attendees)
Tuesday 13 May 2014	Bagenal's Castle, Newry (20 attendees)
Friday 16 May 2014	City Hotel, Londonderry (47 attendees)

2. Approximately 300 people participated in the nine events. At each event, participants were given the opportunity to discuss the vision, each of the proposed strategic aims and the consultation document as a whole. A record was taken of all views, comments and suggestions made. At the events there were some outstanding issues that were raised frequently and with strong feeling:

- the importance of presenting a positive view of older people;
- age discrimination;
- transport issues – particularly in rural areas;
- domiciliary care: the importance of ensuring good quality support to enable people to continue to live comfortably in their own homes;
- energy prices and fuel poverty; and
- funding for older people's groups.

Comments on the Vision

3. There was strong support expressed for the vision statement with some suggestions for amendment of wording based on the following suggestions:
 - need to add something on discrimination;
 - full integration of older people into society should be reflected;
 - important for it to happen - make sure the individual departments speak to each other and lose their silo mentality;
 - should add “in a safe environment” and also “and with all appropriate resources provided to deliver”;
 - vision includes prior preparation - preparation needed in early years for retirement;
 - should include [older people should be] “respected”;
 - rights should be afforded and dignity protected.
 - older people need to be seen as a strong, knowledgeable body of people empowered to continue contributing to society - not seen as weak and needy and a drain on resources / genuinely using and valuing their skills and abilities / more positive media promotion needed but not in a patronising way.

Comments on the Independence Strategic Aim:

1. Many consultees spoke strongly about the need for improved transport for older people, particularly in rural areas. Fuel poverty and support for community bulk buying oil schemes were mentioned frequently. Concerns were also expressed about the importance of suitable housing for older people, including the building of bungalows in new housing developments. Other points made on this Strategic Aim included:
 - Public sector housing – more sheltered accommodation needed.
 - Public Transport must be more accessible to all areas seven days per week and more hours.
 - Importance of suitable housing - this is not covered in the Strategic Aim by good warm housing.
 - Accessible transport - In rural areas many people are isolated and access to transport is an issue – the focus for transport seems to be on towns rather than rural isolated areas and projects – suitable transport does not reach rural areas eg Ballycastle - pilot schemes should start in rural areas.
 - Access to social networks - rural areas have no reception or broadband - needs to be improved to get better access to Skype. Also internet cafes - should help older people who have to come into town. Response times for internet services need to be considered.

- Departments need to consider areas that are more disadvantaged - areas that have a higher number of older people - eg North Coast.
- Intergenerational projects are needed to break down barriers in rural areas.
- Fuel poverty is a huge issue for older people living on a restricted income. Insulation alone is not the answer if people can't afford the fuel for the heating system.
- People can think because you are old you are deaf or stupid.
- The Transport Network is not a cohesive system which does not make travel accessible for older people.
- Door to door transport scheme - needs to be brought back. It has been taken over by Disability Action – you have to have a disability to be eligible.
- A one stop shop with one number to deal with all issues is an important way forward / good practice.
- Engage with Age “Hope Project”⁶ - targets lonely isolated people - this needs to be more widely communicated - a wider network all costs money. The Strategy should focus on the strength of relationships between groups.
- Access to transport especially for hospital appointments - has to be booked in advance. Can only avail of it when 2 days notice is given. Leads to missed appointments - pressure on the health service.
- Use of the word “Promote” in the Strategic Aims - very passive, should be “ensure”
- Housing - community / mix of families / older people / single etc / communal areas / cater for people downsizing / Berlin retirement village
- A directory is needed for older people⁷ - key organisations / contact details / details of where organisations can get support / community wardens / police.
- Planners need to engage with older people when constructing buildings and creating spaces.
- More police on patrol round estates.
- Accessible transport - use of door to door transport - taxis can be expensive - walking to and from bus stops is a problem - giving lifts to people is a problem as insurance doesn't cover this.
- Savings - people trying to protect their savings to their own detriment when they wish to apply for help, e.g. Pension Credit, Residential Care/Nursing Home fees etc.
- In rural areas bus services have been cut and this needs to be addressed.

⁶ Engage with Age: Hubs for Older People's Engagement: <http://engagewithage.org.uk/hope/>

⁷

Comments on Participation Strategic Aim

1. Many consultees stressed the importance of the continued participation of older people in social life, through older people's groups and men's sheds (where they are available)⁸. Such participation can play a critical role in enabling older people to feel part of society although more than one consultee expressed the view that in cases where an older person lost their partner, they often withdrew from the social group afterwards.
2. Concerns were expressed that a lot of services closed during the summer months, ie women's centres, and that school facilities for night time intergenerational groups etc were not being utilised fully.
3. Consultees asked why all departments were not involved in the Strategy. One consultee asked why DEL is only looking at funding education focused on employment/workskills. This should be extended to include short courses of a leisure nature e.g. knitting and sewing skills. This helps address isolation and builds confidence and mental health.
4. The limited availability of community transport was mentioned by many consultees along with the new restrictions on 'dial a lift'. Consultees considered that this could impact especially on residents in rural areas.
5. It was identified by consultees that there is a requirement for a distinction to be made between active older people, able older people and frail older people and that consideration should also be given to the inclusion in the Strategy of those people who are less active such as people living with Alzheimer's or those with mental health issues.
6. Around resourcing the following issues were identified by a number of consultees:
 - A more strategic approach is needed to long term funding for older people's groups;
 - Community & Voluntary sector projects need to be financially supported.
7. Many consultees expressed the view that greater value needs to be given to people who contribute as carers, volunteers and child minders, with a greater investment in befriending and good morning services to keep up with the increasing needs of older people.
8. Other issues raised by consultees included:
 - The need for help through local services eg grass cutting;
 - The importance and drawbacks of being digitally connected⁹;

⁸ A map of mens sheds in the UK is available at: <http://www.zeemaps.com/view?group=598561>
A list of mens sheds in Belfast and each county in Ireland is available at: <http://menssheds.ie/find-a-shed-list/>

⁹ For more information on research which highlights the benefits of older people being digitally connected see the University of Exeter website: http://www.exeter.ac.uk/news/research/title_426286_en.html

- Daycare being under threat, thus increasing older people's isolation;
- Pensioners caring for pensioners;
- Some places in NI have good structures in place to support the voices of older people (e.g. Belfast Greater Belfast Senior's Forum - G6 group): this needs to be replicated regionally;
- Statutory Residential Care Homes - nothing has been put in place to replace the homes that have been taken away – this is especially important for dementia patients;
- The Health sector commitment is taking over and excluding valuable community and voluntary input to older people's lives which can encourage and facilitate the participation of older people in society.
- Support around volunteering required – e.g. time banking¹⁰ / provision / safeguarding.

Comments on the Care Strategic Aim

1. Many consultees made reference to care packages. It was felt that care packages should be arranged prior to the person leaving hospital as people's experience has been that it has proved difficult to ensure the care packages are implemented once the patient has been discharged. Many consultees believe that the 15 minute visit allocated to each person (through a domiciliary care package) was not long enough and the carers are restricted in what they can do when they are visiting. Some consultees felt there should be better assessment and monitoring of home visits. The change of personnel of carers was raised as an issue i.e. different carers everyday (making it very difficult to establish a relationship and very confusing for people living with a dementia illness) and concerns were expressed over the gender and (lack of) experience of some carers being assigned. Also many consultees were concerned about the fact that many carers appeared to have had very little training and due to low pay and lack of privileges there is a high staff turnover. In rural areas some people felt isolated as carers may not want to travel to the older people's homes at the carer's own expense (we were advised that carers are not paid for their travel costs). Some consultees felt that it is essential to revert back to the type of support that used to be provided by home help services.
2. A significant proportion of the consultees spoke strongly about residential care and nursing homes. They were concerned about the quality of the residential care/nursing homes; the lack/rarity of independent inspections; the cost of the care homes and the unfairness of those with assets having to pay for their care while those less affluent do not and the gap between a home care package and going into a care home. Care homes should not only cater for one type of disability, rather they should have people of all abilities in the home; this means that there will be people residing there who have the cognitive capacity to know what is going on if there are problems.

¹⁰ For more information on time banking see: <http://timebank.org.uk/>

3. Issues relating to loneliness and health, especially mental health were raised by a number of consultees. These included:
- Older people need mental stimulation but they are not getting this;
 - Long term conditions - better joined up thinking is needed to manage these: working with health / voluntary groups / eg NI Chest Heart and Stroke; the Diabetes Society;
 - More engagement from the Department of Health (DHSSPS) is needed on preventative measures: reducing isolation, activities to engage and stimulate - gentle exercises - mental health benefits;
 - Bereavement has a huge impact on mental health;
 - The use of the Silver line¹¹ helps address loneliness / enables people to report abuse like the Child line for children;
 - More support is needed for widows / widowers.
 - Lots of older people eat on their own all the time: older people crave conviviality and although provision of services concentrates on physical needs there should be more consideration of emotional needs. Many older people just need company and conversation.
 - Governmental actions in relation to both age friendly and dementia friendly communities¹² should be joined up.
 - The excellent work of the Patient and Client Council should be promoted more.
4. Many consultees also said that carers should get much more recognition; they should not be left out of things and more respite provision should be offered to them. Also the respite care should be given to those most deserving as some consultees believed that sometimes this service was being abused. A number of consultees expressed the view that when a Carers Assessment was carried out, (they frequently are not), no follow-up support resulted.
5. Other miscellaneous points were made. These included:
- Strategies/policies are needed to help ease the journey from a working to a retired lifestyle.
 - Early education with younger groups (on issues such as obesity etc) is very important for those who will grow older but perhaps less healthy.
 - Role models – support was expressed for a professional programme involving older people going out to talk to health professionals and explain older people's needs.

11 The Silver Line (0800 4 70 80 90) is the confidential, free helpline for older people across the UK open every day and night of the year. Their specially trained helpline staff:

- Offer information, friendship and advice
- Link callers to local groups and services
- Offer regular befriending calls
- Protect and support those who are suffering abuse and neglect.

12 For more information on dementia friendly communities see: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1843

- Include the UN principles for older persons within the Strategy document – some consultees believed that the Principles sometimes used stronger, more positive language than that used in the Strategic Aims.
- To enable all older people to access services there must be information provided in different languages and an easily accessible point of contact.
- At two consultation events the issue was raised of the value of “Exit Strategies” for older people (i.e. to enable people to have control over their means of dying and the timing thereof).
- There is a need to demonstrate the links between the Strategy and the Transforming Your Care¹³ approach and to promise to shift funding to a more preventative focus.

Comments on the Self-fulfilment Strategic Aim

1. The main focus for consultees was on enabling fulfilment during retirement; a number of consultees expressed the view that employers should give pre-retirement support to prepare individuals for future life.
2. Consultees expressed the importance of supporting ‘good morning schemes’ and how keeping active, but not necessarily in employment, was the key to an enjoyable and self fulfilled life.
3. Another suggestion was that Social Security records could be used to identify individuals living alone to inform them of services in their area.
4. A number of consultees stressed the value of the work of the University of the Third Age (U3A): physical, educational and social.

Comments on the Dignity Strategic Aim

1. The main focus of discussion on this Strategic Aim was on the importance of maintaining the dignity of older people in hospitals and care homes. Many consultees felt that when the elderly were ill in hospital their dignity was sometimes lost due to: mixed wards: lying on trolleys in corridors and being left unattended, were some examples of this. The suggestion was made that the appointment of champions on wards may ease this problem. There is also a fear of abuse against vulnerable older people some consultees expressed the view that in care homes that have video cameras installed, older people should be given the choice to opt out of this and retain their privacy. Older people should be consulted more when it comes to their own health care provision and carers

¹³ Transforming Your Care sets out an overarching road map for change in the provision of health and social care services in Northern Ireland. It focuses on reshaping how services are to be structured and delivered in order to make best use of all resources available to us, and in so doing, ensure that our services are safe, resilient and sustainable into the future. For more information see: <http://www.dhsspsni.gov.uk/tyc.htm>

should be more closely vetted when it comes to allocating positions in care homes. Also geographical issues were raised as a problem when it comes to allocating places in care homes or hospital. Other points raised around care homes and hospitals were:

- The poor spoken English of some workers in this field ie the staff struggle to understand their patients/residents and older people struggle to understand those who have a caring responsibility for them.
 - It could be very helpful for older people if there were someone in hospitals who acted as an advocate for those who cannot do it for themselves.
 - Also care professionals in care homes and hospitals need to recognise the rights of concerned people to be informed of an older person's progress etc; often they are ignored as they are not termed as "family".
 - Freedom of choice eg bedtimes, feeding times etc.
 - Living wills let individuals decide in advance on how much medical intervention they wish to receive should they lose the ability to make these decisions.
 - Involve older people as lay inspectors in the regulation of care.
2. Some consultees expressed the need for more information to be given to older people about their rights and also families should be able to give their feedback after the death of a loved one to assess the level of care that was provided.
 3. Older people are not a homogenous group; this needs to be recognised together with a greater understanding of the importance of respectful communication.
 4. UN Principles number 17 and 18 should be included in the Strategic Aim.

Comments on the proposed Signature programmes

1. Overall, strong support was expressed by consultees for the proposed signature projects emphasising that the focus should be on the priority programmes such as health, the effects of welfare reform and increased isolation.
2. In relation to the signature programme proposing proposing a short breaks scheme for carers, a number of consultees stated that they would like to see everyday assistance as opposed to one off breaks.
3. In relation to the signature programme proposals under the Self-fulfilment Strategic Aim, consultees at several of the events expressed the view that they wish to see the education and leisure opportunities enhanced of older people who are no longer working.
4. Transport was a topic discussed with several consultees saying they would like there to be more flexibility with the current bus pass scheme.

5. A number of consultees stated that the outcomes and promises of the Single Assessment Tool (to plan home care services for people with complex needs so as to enable them to continue living at home) are not implemented in many cases. Many consultees considered that they are a promise not kept.
6. Some consultees felt that a one stop shop for information for older people was the first priority. The need for more sheltered accommodation was frequently expressed.

Section 7: Consultation with Stakeholder Organisations

1. Several meetings and engagements took place with the NI Commissioner for Older People and the Ageing Strategy Advisory Group in relation to the consultation document. Embargoed documents were shared with the representatives from the Ageing strategy Advisory group on Friday 14 February 2014, before issuing officially for consultation.
2. The Strategic Aims of the draft Strategy are based on the UN Principles for Older Persons and will be implemented through the Delivering Social Change initiative. A number of proposed signature programmes to implement the Strategy were identified in consultation with departments to make a strategic change to services or programmes relating to older people.
3. When meeting with departments we have sought wherever possible to identify new areas of work to form signature programmes that are not simply a continuation of existing departmental work. These programmes seek to make a strategic difference to an issue which has a significant effect on the quality of life of older people.
4. The Advisory Group, chaired by the Commissioner for Older People, provided successive comments on the draft Strategy and the Early Actions Plan.
5. Ministers had an opportunity to discuss the draft Active Ageing Strategy with the Advisory Group at a meeting in Parliament Buildings on Monday 23 September 2013.

Overall approach

6. The proposed vision and strategic aims were well supported by respondents, with the vast majority agreeing with their inclusion in the strategy.
7. There were concerns in relation to the strategic aims, that there was a need for more clarity. It was suggested that the strategy would benefit from more specific targets and outcomes under each aim.

Monitoring and Evaluation

8. Regarding monitoring and review, Junior Ministers have agreed to consult with the Ageing Strategy Advisory Group to consider how best to involve the sector in the monitoring process of the implementation of the Strategy. Officials have also met with Age NI and Age Sector Platform to discuss how older people will be directly involved in the implementation of the Strategy.

General comments

9. A number of respondents felt that there was a need to set clear and specific targets in relation to improving the lives of older people in Northern Ireland, perhaps in the form of SMART objectives. It was felt that this would enable measurability, ensuring effective monitoring of the strategy's implementation. There was a suggestion that consideration should be given to adopting an outcomes-based approach for this strategy.

Section 8: OFMDFM response to the consultation

1. Many respondents welcomed the strategy and its proposed content, feeling that it has the potential to significantly support active ageing, and improve the health, wellbeing and overall quality of life for older people.
2. One of the major themes to emerge from the consultation was for greater consideration to be given in the strategy to the need for genuine working partnerships, at both local and regional level, with joined-up planning, working, decision-making and delivery. It was felt that strongly identified partnerships involving government (both local and regional), statutory, community, voluntary and private sector organisations were essential for the delivery of the strategy. Three main aspects to this emerged from the comments:
 - The importance of cross-departmental working on all aspects of the strategy, with the need for mechanisms that ensure a genuine commitment to co-working, budget sharing/alignment and partnership delivery;
 - The need to strengthen, enhance and support the role of the community and voluntary or third sector, including older people's groups and the age sector, in initiating, facilitating and delivering the objectives of the strategy. The importance of strong local partnerships between the community and voluntary sector with statutory organisations was also stressed;
 - The need to recognise and strengthen the role and responsibility that the 11 new Councils will have on delivering the strategy at the local level. Respondents suggested that particularly through leading the Community Planning process, the new Councils will have an essential role in giving older people influence and in delivering Age Friendly communities. Partnership working was also stressed here, with the need for more communication and co-ordination between Departments and Councils also mentioned.
3. Respondents also suggested that in order for the strategy to be properly implemented, and to enable it to deliver real change for older people, effective and sufficient funding needs to be made available. There was some concern that this funding would either not be available at all, or that it would not be available beyond a two or three year period – something which would have an adverse affect on the sustainability of the strategy.
4. A range of other issues were raised by respondents in the further comments section, including:
 - The importance of involving older people in the development, implementation and monitoring of the strategy;
 - The role transport plays, particularly in rural areas, in ensuring independent living, participation, access to health and social care services, self-fulfilment and dignity;
 - The need for more focus on encouraging older people to volunteer;

- The role of carers;
 - The need to align the strategy with other relevant strategies;
 - Concern that many of the signature programmes appear to be already underway, with the need for new programmes and actions;
 - The importance of promoting the value of leisure and arts opportunities in the development of positive mental, emotional and physical health and wellbeing;
 - The benefits of adopting both an intergenerational approach and a life course perspective (preparing people for retirement).
5. The Office of the Commissioner for Older People has submitted a response to the consultation. The key points are summarised in the final paragraph:
- “In conclusion the Commissioner welcomes the draft strategy, and believes it is a good and necessary development. While welcoming consultation on the document, the Commissioner believes that any final draft should include details on targets, additionality, new resources and clarity on the mechanisms for monitoring and review”.***
6. It is our intention that, as part of finalising the Strategy, we will work with statisticians and the Ageing Strategy Advisory Group on indicators and outcomes in relation to the strategic aims and proposed signature programmes.
7. Questions on additionality and new resources must be considered having regard to the very pressured financial position that all Departments are now operating within.
8. The Strategy will be implemented under the Delivering Social Change initiative and as indicated above, the Sector and older people will play a key role in overseeing its delivery. In addition to the Commissioner, Age NI, Age Sector Platform and the Equality Commission have all provided responses to the consultation document.
9. While this report cannot possibly capture all of the suggestions and comments provided during the consultation; all of these views, comments and recommendations have been reviewed and will be considered in the development of the new strategy.

List of organisations in the consultation

Below is a list of organisations* who responded to the Active Ageing Strategy online consultation questionnaire.

1	Age Concern Causeway
2	Armagh Rural Transport
3	Ballymena Borough Council
4	Belfast City Council
5	Belfast Healthy Cities
6	Belfast Strategic Partnership
7	Beyond Words Advisory Group
8	British Dietetic Association (BDA)
9	Brookmount Seniors
10	Bryson Energy
11	Cancer Focus Northern Ireland
12	Carers Trust
13	Causeway Older Active Strategic Team (COAST)
14	Chartered Society of Physiotherapy NI
15	Civil Service Pensioners' Alliance - Northern Ireland Branch
16	College of Occupational Therapists
17	Community Development and Health Network
18	Community Transport (Mid Ulster Community Services Ltd)
19	Community Transport Association (CTA)
20	Community Transport Network NI
21	Confederation of Community Groups
22	Down and Armagh Rural Transport Partnership
23	Easilink Community Transport
24	Fermanagh Calling
25	Fermanagh Community Transport
26	Four Seasons Health Care

27	GEMS Northern Ireland Limited
28	Health and Social Care Board, Social Care and Children's Directorate, Older People and Adults team
29	Joseph Rowntree Foundation
30	Libraries NI
31	Linking Generations NI (part of Beth Johnson Foundation)
32	Macmillan Cancer Support
33	Newry & Mourne Community Transport
34	North Belfast Partnership
35	North Coast Community Transport
36	Northern Health and Social Care Trust Older People's Panel
37	Parkinson's UK
38	Public Health Agency**
39	Recall Project - Oasis Caring in Action
40	RNIB NI
41	Rural Area Partnership in Derry**
42	Shelter Northern Ireland
43	South Eastern Health and Social Care Trust
44	Southern Health and Social Care Trust
45	Supporting Communities NI
46	u3a
47	UDR Association Coleraine Branch
48	Verbal Arts Centre
49	Western Health and Social Care Trust - Health Improvement Department
50	Women's Forum NI**

Notes

* Two organisations wanted their responses to remain anonymous and therefore have been excluded from this list.

** Denotes organisations from which more than one response was received.