



FULL

# Age Equality

Policy Priorities and  
Recommendations

Equality Commission

FOR NORTHERN IRELAND

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# 1 Executive Summary

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

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

## ***Priority areas for action***

1.3 To advance age equality, we recommend that Ministers, relevant Departments and other key stakeholders take action to address the following recommendations, including via the Programme for Government; the Active Ageing Strategy 2016-2021; the Children and Young People's Strategy 2017-2027; and the wider policies and programmes of government.

1.4 We set out below our age equality policy recommendations. These have been developed following a comprehensive review of the evidence base and engagement with key stakeholders.

- **Law Reform: Introduce comprehensive age equality legislation** to make unlawful any unjustified age discrimination in the provision of goods, facilities and services.
- **Health, social care and well-being: Provide adequate services to meet the specific needs of older and younger people across a range of equality groups, including with regards to mental health; the transition from youth to adult health services; the provision of domiciliary, residential or nursing care.** For older people, this includes the provision of effective care in the community; and in domiciliary, residential or nursing care. For younger people priorities should include the provision of adequate mental health support services; and support for young trans people.
- **Employment: Ensure planned actions are effective in addressing the proportion of young people Not in Education, Employment or Training (NEET); and take**

**action to reduce the proportion of older people who are long term unemployed.**

- **Education: Facilitate the effective participation in education of older people, young carers, looked after children and children and young people who are in the juvenile justice centre.**

This includes targeted action to remove perceived barriers to the participation in education of older people; collaboration between Departments to identify young carers and provide services to support their educational outcomes; action to ensure the effective participation in education of every looked after child; and access to appropriate education curriculum for children in the juvenile justice system.

- **Housing: Ensure access to and availability of appropriate accessible accommodation for older people across all tenures.** This includes the application of the Lifetime Homes Standard and wheelchair housing design standard to all new builds across all tenures; provision of easy to access adaptation services; and sufficient capacity to provide care and support for care home residents. **Given the impact of fuel poverty on older people, we also recommend actions to advance energy efficiency and to implement a fuel brokering scheme to secure competitive rates across all tenures.**

- **Participation in public life: Ensure effective measures are in place to secure the active participation of younger and older people in all areas of public life (including the policy development process); and to address identified barriers.** This includes public authorities taking steps during policy development to effectively and meaningfully engage people of all ages; and to encourage younger people to apply for public appointments.

- **Prejudice and social attitudes: Ensure action is taken to understand and challenge age-based negative and prejudicial attitudes; to ensure balanced media reporting; and to address the fear of crime among older people.** This includes further

exploration of how prejudicial attitudes impact on older people's health and lifestyle choices and how identified issues can be overcome; training for police incorporating challenging negative and prejudicial attitudes towards children and young people; and promoting children and young people's positive contribution to society. Address the fear of crime among older people with, for example, inclusion of targeted commitments and actions in relevant strategies.

- **Welfare and social protection: Further assess the impact of the Welfare Reform programme, in particular of Universal Credit on low income mixed aged couples; unemployed 18-21 year olds; and single tenants aged 35 years and under when renting in the private rented sector. **For younger people, action is needed to reduce the number of looked after children subject to Police and Criminal Evidence Order (PACE) detentions in the Juvenile Justice Centre.****

## 2 Introduction

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

### ***Demographics***

- 2.4 An awareness of changing demographics is important in considering potential age equality issues.
- 2.5 Overall, the Northern Ireland population is projected to increase<sup>1</sup>, with natural growth<sup>2</sup> projected to be the main driver of this increase. However, we also expect to see a shift in population structure, with an increase in the proportion of people aged 65 and over to almost one in four of the population<sup>3</sup>.
- 2.6 By 2039, the number of persons aged 14 years and under is projected to decrease by 12,000, moving from 19% of the population to 17%<sup>4</sup>. In the same period, the number of persons aged 65 and over in Northern Ireland is projected to increase by 214,000, moving

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

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

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

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

from 15% of the population to almost 25%. Women at this age will significantly outnumber men of this population group<sup>5</sup>.

### **3 Improving the Legislative and Public Policy Framework to advance Age Equality**

#### ***The Commission's work to advance age equality***

- 3.1 The policy recommendations in this paper build on existing Commission age policy positions and recommendations. For example, the Commission has consistently called for equality law to be strengthened to prohibit age discrimination outside the workplace<sup>6</sup>. A number of government's proposals<sup>7</sup> broadly reflected the Commission's recommendations for reform of age legislation to include goods and services. However, we were disappointed that the 2015 proposals did not include protections for children and young people under the age of 16, and that draft legislation was not introduced in the subsequent Assembly mandate. We continue to argue strongly that protection against age discrimination should apply to all ages.
- 3.2 In the area of Health, social care and well-being, we have called for and welcomed<sup>8</sup> Transforming Your Care's<sup>9</sup> proposals to address the future health needs of an increasing and ageing population but have also noted our concerns that some provisions could result in a diminution of care services. We also continue to call for action to ensure effective care in the community, including the transition from institutional to community based health services.
- 3.3 We have highlighted the issue of youth unemployment, and of the need to take specific action to address the high concentrations of young people Not in Education, Employment or Training (NEET) in Northern Ireland.
- 3.4 We have sought to highlight the need for appropriate accommodation for older people and continue to call<sup>10</sup> for the

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

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

<sup>7</sup> OFMDFM (2015) [Proposals to extend age discrimination](#)

<sup>8</sup> ECNI (2013) [Response to consultation on Transforming Your Care](#)

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

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

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

- 3.5 We have also called for action to address stereotyping and prejudicial attitudes.<sup>11</sup>

### ***Public Policy Context - Current opportunities***

- 3.6 The Commission has identified key opportunities to secure adoption of our age equality policy positions.
- 3.7 The context for this work includes the Department of Education's development of a Children and Young People's Strategy 2017-2027<sup>12</sup> for Northern Ireland to replace the 'A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016'<sup>13 14</sup>.
- 3.8 Further, the Active Ageing Strategy 2016-2021<sup>15</sup> seeks to shape public policy to take account of the increasing number of adults aged 65 and over in Northern Ireland<sup>16</sup>. The consultation<sup>17</sup> on the Strategy's indicators provided an opportunity for the Commission to input<sup>18</sup> into how its impact can be measured.
- 3.9 Our recommendations for the 2016-21 PfG highlighted the importance of a focus on advancing equality of opportunity for individuals at *all key stages* of life, including when transitioning from childhood to adulthood, as well as for older people.
- 3.10 We have developed similar policy recommendations in other areas, including disability, gender, race and sexual orientation<sup>19</sup>.
- 3.11 We look forward to the opportunity to work closely with a range of officials and stakeholders to advance equality of opportunity and good relations through the work of government.

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<sup>11</sup> For example research has identified prejudicial attitudes towards older people as an equality issue in the provision of health, social care and well-being.

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

<sup>13</sup> OFMDFM (Jun 2006) [A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016](#)

<sup>14</sup> Role of lead department moved from OFMDFM to Department of Education in May 2016

<sup>15</sup> Role of lead department moved from OFMDFM to Department for Communities

<sup>16</sup> Role of lead department moved from OFMDFM to Department for Communities in May 2016

<sup>17</sup> OFMDFM (2016) [Active Ageing Strategy 2016-2021 Indicators consultation](#)

<sup>18</sup> ECNI (2016) [Response to OFMDFM consultation on Active Ageing Strategy Indicators 2015-2021](#)

<sup>19</sup> IMNI (Jul 2014) [Working Paper: UNCRPD Jurisdictional 'Parallel' Report on Implementation in Northern Ireland](#); ECNI (Oct 2015) [Gender Equality: Policy Priorities and Recommendations](#); ECNI (May 2014) [Racial Equality: Policy Priorities and Recommendations](#); ECNI (Oct 2013); [Promoting Sexual Orientation Equality: Policy Priorities and Recommendations](#)



## 4 Policy Area: Law Reform

***We recommend that comprehensive legislation is introduced to make unlawful any unjustified age discrimination in the provision of goods, facilities and services.***

- 4.1 The Commission has a long-standing position highlighting the new legislation to prohibit *age discrimination in goods, facilities and services* as a priority area for action<sup>20</sup>. We had therefore welcomed the commitment by the Executive in its *Programme for Government 2011-15*<sup>21</sup> (PfG) to extend age discrimination legislation to the provision of goods, facilities and services. We have also recommended that this legislation gives protection to people of *all* ages.
- 4.2 Despite a consultation<sup>22</sup> (2015) on legislation to introduce age discrimination legislation to cover the provision of goods, facilities and services (GFS) to cover ages 16 and over, the legislation was not introduced before the end of the 2011-2015 Assembly mandate, and it was not included in the draft Programme for Government for the subsequent Assembly mandate.
- 4.3 We continue to recommend the inclusion of a commitment in the PfG to extend age discrimination legislation to the provision of goods, facilities and services.

### Supporting Rationale

- 4.4 The Commission has consistently called for equality law to be strengthened to prohibit age discrimination outside the workplace and identified the introduction of this legislation as a *priority area* for action<sup>23</sup>.
- 4.5 We consider there is a robust case for strengthening the age equality legislation. In particular, the introduction of this legislation would:
- help address key inequalities, including prejudicial ageist attitudes experienced by older people and

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<sup>20</sup> ECNI (Feb 2009) [Proposals for legislative reform](#)

<sup>21</sup> NI Executive [PfG 2011-2015](#)

<sup>22</sup> OFMDFM (Jul 2015) [Consultation on Proposals to extend Age Discrimination Legislation \(Age Goods, Facilities and Services\)](#)

<sup>23</sup> ECNI (2009) [Proposals for Legislative Reform](#)

children and young people due to their age when accessing services;

- ensure that legislation in Northern Ireland keeps pace with legislative developments that improved protection against age discrimination for adults in other parts of the United Kingdom (UK) and the Republic of Ireland<sup>24</sup>;
- ensure parity with protection against unlawful discrimination when accessing goods and services which exists in the other equality grounds.

4.6 We have set out in detail our proposals for reform of the age discrimination legislation outside the workplace<sup>25 26 27</sup>. In summary, we recommend that the legislation:

- provides protection against unlawful age discrimination to people of all ages, including children and young people;
- covers the provision of goods, facilities and services, including health and social care; financial services; the exercise of public functions by public bodies; private clubs and associations; charities; accommodation;
- gives protection against unjustifiable direct and indirect discrimination, as well as harassment and victimisation on grounds of age, and should permit the taking of lawful positive action. We recommend that direct age discrimination can only be justified where a social policy objective is being pursued and the measures adopted to achieve that social policy are proportionate;
- includes a range of exceptions which are narrowly construed and objectively justified. For example, we support the inclusion of an exception for charities; a statutory authority exception; a limited exception for premises; and an exception for service providers to meet specific justifiable needs. We do not support the inclusion of specific exceptions for providers of health and social care or financial services; a blanket exception that permits concessionary services for all

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<sup>24</sup> Legislation prohibiting age discrimination against adults in the provision of goods, facilities and services came into effect in Great Britain in October 2012 and in the Republic of Ireland in 2000.

<sup>25</sup> ECNI (2012) [Proposals for reform: Strengthening Protection for all ages](#): Full Report

<sup>26</sup> ECNI and NICCY (2013) [Recommendations for reform: strengthening protection for children and young people](#), Full Report

<sup>27</sup> ECNI (August 2015) [Age GFS Briefing Paper](#)

ages; and exceptions for age related holidays, residential park homes and immigration;

- grants the Commission a range of general duties and powers, including enforcement powers, in order to ensure the legislation is effectively enforced and complied with. We reiterate our call for reform of the Commission’s powers in relation to the age employment legislation<sup>28</sup> including, for example, the need for powers to conduct formal investigations under the age employment regulations.

4.7 Our recommendations for reform are also informed by the evidence base which shows compelling evidence of age discrimination experienced by children and young people and older people. This includes independent research commissioned by the Commission in 2008 which found “*numerous examples of direct and indirect age discrimination across the scope of financial services in Northern Ireland*”<sup>29</sup>.

4.8 A further report commissioned by the Commission on ‘Strengthening protection for all ages against discrimination outside the workplace’<sup>30</sup> (2014) also highlighted examples of potential age discrimination experienced by older people when accessing health and social care, financial services and other services, such as retail.

4.9 Our recommendations have also been informed by expert legal briefings on the legal implications of including children and young people within the proposed age GFS legislation<sup>31 32</sup>.

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<sup>28</sup> ECNI response to OFMDFM pre-consultation draft Employment Equality (Repeal of Retirement Age Provisions) Regulations (Northern Ireland) 2011 on changes to default retirement age in 2011 (unpublished) See also recommendation in [ECNI Response to OFMDFM consultation on SEB](#) in 2004 in which the Commission called for harmonisation of its powers of investigation across all equality grounds.

<sup>29</sup> B Fitzpatrick, I Kingston, commissioned by ECNI (2008) [Older People’s Access to Financial Services](#)

<sup>30</sup> ICR commissioned by ECNI (March 2014) [Strengthening protection for all ages against age discrimination outside the workplace](#)

<sup>31</sup> R Allen and D Masters, April 2014 jointly commissioned by ECNI/NICCY (April 2013) [Expert Briefing: strengthening protection for children and young people](#)’ and [Executive Summary](#)

<sup>32</sup> Dee Masters, commissioned by ECNI (August 2015) [Proposals for Reform of Age Discrimination in the Provision of Goods, Facilities and Services](#)

## 5 Policy Area: Health, social care and well-being

- 5.1 Rates of disability and ill health increase with age. The rate of disability among those aged over 85 is 67% compared with only 5% among young adults<sup>33</sup>. Our ageing society will likely further impact on health care services, as the numbers of older people, particularly those over 85, increase. During the period 2004 to 2014 the expansion of this age group 'was more than five times higher than the overall population growth rate for the same period'<sup>34 35</sup>.
- 5.2 Longer life expectancy is not being matched by parallel increases in healthy life expectancy. Northern Ireland fares worst of all regions in the United Kingdom in this regard. For example, while women in the United Kingdom can expect to have 63.9 years of disability free life, women from Northern Ireland can expect 60.3 years<sup>36</sup>.
- 5.3 Further, some younger people in Northern Ireland face particular barriers in relation to health, social care and well-being. Specific issues identified include funding for mental health services, and the transition from youth to adult services<sup>37</sup>.

***We recommend that the Department of Health (DoH) ensures that provisions for Child and Adolescent Mental Health Services (CAMHS) are adequate to ensure services support the mental health needs of all children and young people.***

- 5.4 The availability of inpatient CAMHS treatment for young people in Northern Ireland is limited<sup>38</sup>. This results in young people aged under 18 with mental health difficulties being treated in an age inappropriate manner due to being on adult psychiatric wards<sup>39</sup>.
- 5.5 The Beechcroft in-patient unit was opened in Belfast in May 2010 to increase capacity for children and young people needing assessment or treatment for complex mental illness that could not be assessed or safely treated in the community. Despite this, in

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

<sup>34</sup> OFMDFM & NISRA (Dec 2015) [A profile of older people in Northern Ireland – Annual Update 2015](#) (p15)

<sup>35</sup> In the decade between 2004 and 2014 the population aged 85 and over increased by 41.0% compared to overall population growth rate of 7.4%

<sup>36</sup> OFMDFM (Aug 2009) [A Profile of Older People in Northern Ireland](#). Belfast NISRA

<sup>37</sup> See further at paragraphs 6.4 and 6.19 below.

<sup>38</sup> The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

<sup>39</sup> The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

2014, 19 children were admitted to adult wards<sup>40</sup>. While this is a welcome reduction from 197 admissions between April 2007 and September 2009<sup>41</sup>, it remains an issue to be fully addressed.

### Supporting Rationale

- 5.6 Nearly a quarter of Northern Ireland's population are children under 18 years of age and it is estimated that 20% experience significant mental health issues<sup>42</sup>.
- 5.7 Progress has been made on the reduction of the number of treatments on adult wards in Northern Ireland since the Bamford Review. However, adult psychiatric wards are an unsuitable environment for young people with mental ill health difficulties.
- 5.8 The Royal College of Psychiatrists conducted a survey looking at the difficulty of accessing beds for young people. It reported that across the United Kingdom, 61.9% of young people were being held in inappropriate settings such as paediatric and adult wards and police cells<sup>43</sup>. The UN Committee on the Rights of the Child's concluding observations in 2016 recommended that the UK 'expedite the prohibition of placement of children with mental health needs in adult psychiatric wards or police stations, while ensuring provision of age-appropriate mental health services and facilities'<sup>44</sup>.
- 5.9 While mental health care in Northern Ireland has made significant progress over the past 5 years, investment in Children and Family Services is approximately 30% less than in other parts of the United Kingdom<sup>45</sup>. The UN Committee on the Rights of the Child recommended that the UK 'rigorously invest in CAMHS and develop strategies at national and devolved levels'<sup>46</sup>.
- 5.10 Mental health issues relating to self-harm and eating disorders are prevalent amongst young people. Northern Ireland has the highest rates of self-harm<sup>47</sup> in the UK and Ireland and the prevalence of

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<sup>40</sup> Children's Law Centre and Save the Children (2015) [NI NGO Alternative Report to the UN Committee on the Rights of the Child](#) Annex 1

<sup>41</sup> RQIA (2011) [Independent Review of Child and Adolescent Mental Health Services in Northern Ireland](#)

<sup>42</sup> The Regulation and Quality Improvement Authority (Feb 2011) [RQIA Independent Review of Child and Adolescent Mental Health Services \(CAMHS\) in Northern Ireland](#)

<sup>43</sup> The Royal College of Psychiatrists (Mar 2015) [Survey of in-patient admissions for children and young people with mental health problems](#)

<sup>44</sup> UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 60 (c)

<sup>45</sup> Children's Law Centre and Save the Children (2015) [NI NGO Alternative Report to the UN Committee on the Rights of the Child](#) Annex 1, CLC FOI request

<sup>46</sup> UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 60 (b)

<sup>47</sup> The term 'self-harm' was derived from the term 'parasuicide'. The definition of 'parasuicide' was developed by the World Health Organisation (WHO)/ Euro Multicentre Study Working Group as: 'An act with non-fatal

young people under the age of 18 who self-harm is increasing. Between the years 2012/13 to 2014/15 the number of under 18s presenting at hospitals due to self-harm rose by 27%.

- 5.11 A 2015 review of eating disorder services in Northern Ireland<sup>48</sup>, reported that the peak age of onset of eating disorders is 13 to 18 years of age, with an increasing number now developing disorders under the age of 10 years. It found that around 1-2% of adolescents/young people develop some form of eating disorders. Between the period April 2011 to March 2015 a total of 83 young people were admitted to Beechcroft for treatment of eating disorders<sup>49</sup>.

***We recommend that the Department of Health (DoH) implements a service framework to support the needs of young trans people.***

- 5.12 Currently few trans people aged under 18 have access to hormone suppressants<sup>50</sup> creating an inequality in service provision between Northern Ireland and Great Britain.
- 5.13 For young trans people<sup>51</sup> the onset of puberty has a detrimental impact on their emotional well-being as their bodies become increasingly discordant with their gender identities<sup>52</sup>.
- 5.14 Early intervention through hormone suppressants has the potential to prevent costly interventions, including prolonged mental health support, inpatient psychiatric admissions and complex surgical interventions<sup>53</sup>.

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*outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.'*

<sup>48</sup> The Regulation and Quality Improvement Authority (Dec 2015) [Review of Eating Disorders in Northern Ireland](#) Pg 13

<sup>49</sup> The Regulation and Quality Improvement Authority (Dec 2015) [Review of Eating Disorders in Northern Ireland](#) Pg 21

<sup>50</sup> Also referred to as hormone blockers

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

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

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

## Supporting Rationale

- 5.15 The Institute for Conflict's research 2013, 'Grasping the Nettle'<sup>54</sup> reported that young trans people were at high risk of developing mental health problems if not provided with appropriate support. The report cites their experience of emotional distress and social stigma which can lead to transphobic bullying in schools.
- 5.16 Hormone suppressants suspend a person's pubertal development allowing young people to explore their gender identity, prevent distressing permanent physical changes and improve their mental health.
- 5.17 An inconsistency in the age at which young trans people can access hormone suppressants exists between Great Britain and Northern Ireland. In 2011 the National Research Ethics Service gave approval to the Great Britain clinic, Tavistock and Portman NHS Foundation, to reduce the minimum age of access from 16 to 12<sup>55</sup>. In August 2014, Northern Ireland introduced a new part-time service for trans people aged 18 and under, Knowing Our Identity (Kol)<sup>56</sup> located at Beechcroft<sup>57</sup> in Belfast. The service provides access to hormone suppressants which is limited to those aged 15 to 18<sup>58</sup>.
- 5.18 Figures from Great Britain demonstrate that the number of referrals of young trans people has increased. In 2009/10 there were 97 referrals and in 2015/16 the number increased to 1,419. 85% of those referred in 2015/16 were aged between 12 and 18<sup>59</sup>. In the first year of opening of the Kol service, there were 30 referrals<sup>60</sup> and from August 2014 to September 2016 a total of 134 young people had accessed this service<sup>61</sup>.

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<sup>54</sup> Institute for Conflict Research (Feb 2013) [Grasping the Nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland](#)

<sup>55</sup> The Telegraph (Apr 2011) article – '[Puberty blocker for children considering sex change](#)'

<sup>56</sup> GenderJam website information on [Trans healthcare in Northern Ireland](#)

<sup>57</sup> Beechcroft's primary services are; mental health, mental health for families and CAMHS

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

<sup>59</sup> The Tavistock and Portman NHS Foundation (2016) [Gender Identity Development Service Statistics](#)

<sup>60</sup> The Identity Trust: Focus (Feb 2016) newspaper article – '[At least 10 transgender children living in Northern Ireland say they are living in the wrong body](#)'

<sup>61</sup> NI Assembly, Ms Clare Bailey, MLA Green Party (Tabled 12/9/16) [AQW2875/16-21](#)

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

5.19 During the transition from child to adult care, adolescents can be left with no service at all until responsibilities are established<sup>62</sup>. This can result in a child having services withdrawn, with no adult alternative available. In addition, young people with specific care needs can experience a lack of support when making the transition from one service to another.

5.20 It is vital that individuals are not left without support, simply due to a change in their age. Overarching policy processes are needed to provide early planning and preparation for adolescents during their transition to adult health, social care and well-being services.

Supporting Rationale

5.21 A 2014 review<sup>63</sup> in Great Britain by the Care Quality Commission considered a broad range of transitions by speaking with 180 young people (or parents of young people) aged between 14 and 25 with complex health needs. It found that ‘only 50% of young people and their parents said they had received support from a lead professional during the process leading up to transition to adult services.’

5.22 The National Institute for Health and Care Excellence’s 2015 consultation on draft Guidelines for the ‘Transition from children’s to adults’ services’ identified groups of young people who are at particular risk of a loss of continuity of care. The groups identified were: ‘young people with complex and multiple needs (Crowley et al. 2011), child and adolescent mental health service users (Singh et al. 2010), young people with palliative care needs and life limiting conditions (Children and Young People’s Health Outcomes Forum 2012) and young people leaving residential care (Beresford and Cavet 2009)’<sup>64</sup>.

5.23 In Northern Ireland, a 2013 Barnardo’s<sup>65</sup> report on transitions found that the ‘move from child to adult services is often characterised by a reduction in levels and type of service provision.’ Similarly, a 2012

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<sup>62</sup> Care Quality Commission ( Jun 2014) [From the pond to the sea: Children’s transition to adult health services](#)

<sup>63</sup> Care Quality Commission (Jun 2014) [From the pond to the sea: Children’s transition to adult health services](#)

<sup>64</sup> National Institute for Health and Care Excellence (Sept 2015) [Draft Guideline: Transition from children’s to adults’ services](#)

<sup>65</sup> Dr Berni Kelly, QUB for Barnardo’s (2013) [Don’t Box Me In. Disability, identity and transitions into young adult life](#)



report by NICCY<sup>66</sup> reported that ‘young people with learning disabilities continue to encounter significant difficulties on transition from ... child to adult health and social care.’

- 5.24 Further, there is some evidence of a total absence of transition, with some care effectively ceasing where no comparable adult service is available. For example, NICCY has highlighted a complaint it received whereby a 14/15 year old was discharged from an Attention Deficit Hyperactivity Disorder (ADHD) children’s service, but no adult service was available to provide ongoing assistance<sup>67</sup>.
- 5.25 Research undertaken in 2013<sup>68</sup> reported that in the United Kingdom only 15% of young people with ADHD made a transition into adult services. A survey in 2013<sup>69</sup> of Trusts in the East Midlands found that while there was an increased awareness of the condition continuing into adulthood there were limited guidelines and communications on the transition between child and adult services.

### ***Action is needed to ensure effective care in the community.***

- 5.26 To be ‘effective’ care should support people to live at home, where it is their wish and it is appropriate for them to do so. In 2013, the Commission welcomed<sup>70</sup> the intended outcome of the new model to deliver increasingly accessible health, social care and well-being provision centred round the “home hub”<sup>71</sup>. This, as an alternative to hospitalisation or institutionalised care, has the potential to provide increased independence and autonomy.
- 5.27 ‘Transforming Your Care’<sup>72</sup> includes the provision of a person centred approach to social care through Self Directed Support or direct payments. Currently funding for direct payments varies between Health and Social Care Trusts<sup>73</sup>. The variation in direct payment rates between Trusts may impact on the delivery of

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<sup>66</sup>Lundy, Laura; Byrne, Bronagh and McKeown, Paschal (2012) [Review of Transitions to Adult Services for Young People with Learning Disabilities](#) p.48

<sup>67</sup>ECNI and NICCY (Oct 2013) [Strengthening Protection for Children and Young People when accessing goods, facilities and services: Recommendations for Reform](#) – Full report

<sup>68</sup> Swaran P Singh & Helena Tuomalinen (Sept 2015) [Transition from child to adult mental health services: needs, barriers, experiences and new models of care](#)

<sup>69</sup> Hall, CL; Newell, K; Taylor, J; Saval, K; Swift, KD; Hollis, C (Jul 2013) [‘Mind the Gap’ – mapping services for young people with ADHD transitioning from child to adult mental health services](#)

<sup>70</sup> ECNI consultation response to [Transforming your care – From vision to action](#)

<sup>71</sup> Health and Social Care Board (Oct 2012): [“Transforming Your Care” Draft Strategic Implementation Plan, Executive Summary](#), para 1, Pg 3: ‘Home as the hub for care for older people, with more services provided at home and in the community.’

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

<sup>73</sup> For example between the Western and Northern Trusts the difference of hourly rate funding is £1.79.

effective care – e.g. the ability to for those wishing to avail of this support to employ their own personal assistant.

- 5.28 A number of organisations (UK Homecare Association, Age NI, NI Pensioners Parliament, Commissioner for Older People NI, Unison) have highlighted the importance of sufficient visit times to ensure quality of care.
- 5.29 Safeguards need to be put in place to ensure that people have the support to live at home, where it is their wish and it is appropriate for them to do so. The provision of public transport, particularly for rural areas, is key to accessing community care services, especially for older people without access to a car.
- 5.30 As part of the transition from institutional to community based health services, we reiterate our call that Government must ensure that care in the community arrangements guarantee the quality of care within the home. Whilst the time allocated for visits is an important consideration the overall quality of the care package is key to the effectiveness of community care.

#### Supporting Rationale

- 5.31 A 2012 survey<sup>74</sup> by the United Kingdom Homecare Association (UKHA) found that 87% of respondents in Northern Ireland reported that Trusts were commissioning very short visit times for older people (28% of visits by care workers were for 15 minutes per call).
- 5.32 Age NI consider the ability to provide adequate social care in short visits compromises older people's personal care, safety and dignity.<sup>75</sup> This was supported by 87% of providers in Northern Ireland who reported concerns about undertaking personal care tasks within a short time frame<sup>76</sup>. Further, the Northern Ireland Pensioners Parliament (NIPP) cited that three quarters of older people surveyed by them considered that 15 minutes per visit was inadequate to provide the care at home that is required to meet their needs<sup>77</sup>.
- 5.33 The Commissioner for Older People for Northern Ireland has warned<sup>78</sup> of increasing evidence of times when domiciliary care is insufficient to meet the care needs of older people or is inadequate in quality. COPNI further highlighted that the level of need that an

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<sup>74</sup> UKHCA (2012) [Commissioning Survey 2012: Care is Not a Commodity](#)

<sup>75</sup> Age NI (2014) Briefing for HSPPS Committee [TYC and older people](#)

<sup>76</sup> UKHCA (2012) [Commissioning Survey 2012: Care is Not a Commodity](#)

<sup>77</sup> NI Pensioners Parliament (May 2015) [Health and Social Care Survey](#)

<sup>78</sup> The Commissioner for Older People (Oct 2015) Domiciliary Care in Northern Ireland: A Report of the Commissioner's Summit

older person must have before domiciliary care is provided is increasing, reducing the opportunity for early intervention and that time slots allocated for the provision of care were being reduced.

- 5.34 Unison<sup>79</sup> cites the impact of insufficient timeslots that has ‘led to some homecare workers leaving clients in terrible conditions ...’ while others ‘refused to adhere to the time limits they were set.’
- 5.35 From a service user perspective, the Northern Ireland Pensioners Parliament’s health and social care survey<sup>80</sup> revealed that 30% of older people believed that domiciliary care is provided on a ‘one size fits all’ approach. It found that this approach leaves older people vulnerable and does not meet the requirements of an ageing population.
- 5.36 A survey conducted by the Patient Client Council<sup>81</sup> identified that the ‘availability of suitable and affordable transport’ is an important factor in getting the most out of health, social care and well-being services. The NI Pensioners Parliament’s survey<sup>82</sup> reported that half of the older people surveyed experienced difficulty in travelling to hospital appointments. The NI Pensioners Parliament recommended that patients should always receive information about transport options with the notification of their appointments. This should include a location map, information on public and community transport options, as well as details of the Hospital Travel Costs Scheme and non-emergency passenger ambulance transport service.

***Action should be taken to raise awareness and uptake amongst older people of the use of assistive technologies to access health, social care and well-being services.***

- 5.37 In December 2011, the then Northern Ireland Health Minister provided £18m over a 6-year period to fund a tele-monitoring service. The assistive technologies proposed<sup>83</sup> would be designed to remove the need to travel to local health centres or clinics. The

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<sup>79</sup> Unison (2013) [Time to care – A Unison Report into Homecare](#)

<sup>80</sup> NI Pensioners Parliament (May 2015) [Health and Social Care Survey](#)

<sup>81</sup> Patient Client Council (2013) [Transport Issues in Accessing Health and Social Care Services](#)

<sup>82</sup> Northern Ireland Pensioners Parliament (Oct 2016) [Northern Ireland Pensioners Parliament: Transport to Hospital Appointments Report](#)

<sup>83</sup> In December 2011 the Health Minister provided £18m over a 6 year period to fund Telemonitoring NI service in partnership with the Department of Health, Centre for Connected Health and Social Care (CCHSC), Public Health Agency (PHA) and a business consortium TF3. The service is now being delivered by the TF3 consortium in partnership with the health and social care trusts. It is currently only provided to patients with heart disease, stroke, some respiratory conditions and diabetes.

Health and Social Care Board's eHealth and Care Strategy for Northern Ireland<sup>84 85</sup> outlines how eHealth will support people and services in Northern Ireland. A framework sets out a range of measures to increase the use of innovative technologies in the delivery of health and social care over a five year period from 2016 to 2020.

- 5.38 Any radical shift in the provision of health, social care and well-being will require support to develop understanding of the new technologies. When introducing systems that make use of IT and/or the internet it will be important to take into account lower rates of IT awareness and/or internet usage by older people<sup>86</sup> or people with sensory disabilities compared to that of the general population.
- 5.39 In addition, safeguards should be put in place to ensure that the use of these technologies does not lead to social isolation. This could include through regular face to face meetings to review health needs.

#### Supporting Rationale

- 5.40 The tele-monitoring service comprises units in the home to monitor and measure temperature, blood pressure and other vital signs, and collate the answering of specific questions, sending all data collected via phone lines or WiFi to remotely based medical staff.
- 5.41 Patients using tele-monitoring are supported by local healthcare specialists, such as a nurse and/or clinician. Contact by the healthcare specialist is to occur when the individual is 'identified as having deteriorating symptoms', but there may be less contact when their condition is stable<sup>87</sup>.
- 5.42 In Northern Ireland, in 2012/13 61% of those in the 60-69 age bracket had access to the internet, but this dropped dramatically to 28% for those aged 70 and over. This contrasts with over 90% of the under 40s having access. These differences may be driven by, and contribute to, lesser familiarity with related technologies<sup>88</sup>. While not disaggregated by age, more recent (2016) data<sup>89</sup> shows that Northern Ireland had the lowest recent internet usage of any UK region at 82% compared to the UK average of 87.9%. Furthermore,

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<sup>84</sup> Health and Social Care Board (Mar 2016) [eHealth and Care Strategy for Northern Ireland](#)

<sup>85</sup> Role of lead body moved from the Health and Social Care Board to Department of Health in May 2016

<sup>86</sup> Age UK , [Introducing another World: older people and digital inclusion](#),

<sup>87</sup> PHA website (2016) [Telemonitoring NI](#)

<sup>88</sup> Age UK (2009) [Introducing another World: older people and digital inclusion](#), page 5

<sup>89</sup> ONS (2016) [Internet users in the UK: 2016](#)

16.2% of people in Northern Ireland had never used the internet compared to 10.2% across the UK as a whole.

- 5.43 In terms of promoting new technologies, the Northern Ireland Executive's campaign to promote awareness of the digital switchover from analogue to digital television<sup>90</sup> was evaluated as effective<sup>91</sup> in raising awareness of the new technology amongst older and disabled people. The lessons from this or other relevant campaigns could be considered with regard to their application to raising awareness of the benefits of new assistive technologies in the provision of health, social care and well-being services.

***There is a need to ensure that older people of differing sexual orientations and transgender people have their domiciliary, residential or nursing care needs fully met.***

- 5.44 Older lesbian, gay and bisexual (LGB) and trans people have different family support networks and thus potentially differing needs for domiciliary, residential or nursing care support when compared to heterosexuals.
- 5.45 In addition, older LGB and trans people's experience of growing up in Northern Ireland may make them more reluctant<sup>92</sup> than others to disclose their sexual orientation, sex, gender or medical history.
- 5.46 The care needs and sensitivities of LGB and trans people may therefore not be taken into account by service providers in the provision of domiciliary, residential and nursing care<sup>93</sup> and service provision may thus not meet the specific needs of all residents and those receiving respite care.
- 5.47 Decisions on care plans and in the sharing of information between medical facilities and/or care providers should include the care recipient. We recommend that specific steps are taken to meet the requirements of older LGB and trans people in domiciliary, residential and nursing care.

#### Supporting Rationale

- 5.48 Studies have reported that LGB and trans people are:

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<sup>90</sup> Digital UK (2012) [Digital TV switchover 2008-2012 Final Report](#)

<sup>91</sup> Digital UK (2012) [Digital TV switchover 2008-2012 Final Report](#)

<sup>92</sup> For example - only 14% of older people had been open to healthcare providers about their sexuality. Heaphy et al (2003), referred to in Equality and Human Rights Commission (2010) [Don't look back? Improving health and social care service delivery for older LGB users](#)

<sup>93</sup> ARK(NI) (2013) Policy Brief, [Moving towards a sexual orientation strategy for Northern Ireland](#)

- two and a half times as likely to live alone<sup>94</sup>;
- twice as likely to be single<sup>95</sup>; and
- four and a half times as likely to have no children to call upon in times of need<sup>96</sup>.

- 5.49 This may result in a lack of informal care being available, potentially leaving an increased proportion of LGB and trans individuals with the only option of moving into a nursing home or residential care.
- 5.50 Further, a study<sup>97</sup> by the Rainbow Project and Age NI (2011) on making care homes more inclusive for LGB and trans people identified a lack of training provided to those working in care homes. For example the provision of intimate care for transgender people may disclose a person's history. It is important that health care workers providing care and support, receive training in the provision of intimate care and the sensitivities that arise. In 2014 the Public Health Agency<sup>98</sup> developed guidelines to address the health inequalities experienced by older LGB and trans people in a range of care services. '*See me, hear me, know me*'<sup>99</sup> provides guidance such as training for staff, use of language, and not making assumptions.
- 5.51 The guidelines were disseminated to all registered nursing, day care, residential and domiciliary care providers and are available on the Public Health Agency's website.
- 5.52 In the absence to date of a review of the implementation of the use of the guidelines, we reiterate the importance of ensuring that specific steps are taken to meet the requirements of older LGB and trans people in residential and nursing home care. This should be done via a proactive approach within policies and procedures to deliver person centred provision of resources and support for older LGB and trans people.

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<sup>94</sup> The Rainbow Project and Age NI (2011) [Making this home my home: Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people](#)

<sup>95</sup> The Rainbow Project and Age NI (2011) [Making this home my home: Making nursing and residential more inclusive for older lesbian, gay, bisexual and/or transgender people](#)

<sup>96</sup> Dr H Fish (2007) [Reducing health inequalities for lesbian, gay, bisexual and trans people - briefings for health and social care staff](#)

<sup>97</sup> Joint Equality and Human Rights Forum, Edited by Zappone K (2003) [Re-thinking Identity: The Challenge of Diversity](#)

<sup>98</sup> Developed in partnership with Age NI, The Rainbow Project, Here NI, Unison, RQIA and the Independent Health and Care Providers

<sup>99</sup> Public Health Agency (Mar 2014) [See Me, Hear me, Know me: Guidelines to support the needs of Older Lesbian, Gay, Bisexual and Transgender people in nursing, residential, and day care settings and those who live at home and receive domiciliary care](#)

## 6 Policy Area: Employment

- 6.1 In addition to economic benefits, access to employment provides opportunities for fulfilment and socialisation in the workplace.
- 6.2 The prohibition of age discrimination in the workplace is well established<sup>100</sup>. As government seeks to increase labour market participation and increase the duration of working lives, persistent age-related barriers to employment will potentially impact on greater numbers of those in, or seeking, employment.

### ***Government must ensure that planned actions are effective in addressing the proportion of young people Not in Education, Employment or Training (NEET).***

- 6.3 Spending time not in education, employment or training (NEET)<sup>101</sup> is linked to lifelong problems associated with worklessness, poverty, limited employment opportunities, poor pay and ill-health.
- 6.4 People who are unemployed in their youth also have lower average life satisfaction and lower wages, so suffering a long-term scar compared to other unemployed adults<sup>102</sup>.
- 6.5 Effective targeted action is required, particularly for those who may face additional barriers to training and the labour market due to Section 75 identities. For example, lone parents who are predominately women<sup>103</sup>, may require assistance with childcare, while disabled people may require support in relation to transport, additional costs and/or securing reasonable adjustments.
- 6.6 In addition, targeted careers advice and support for those at, or approaching, school leaving age could help young people to match their aspirations to realistic job prospects, by providing accurate information on the employment opportunities that exist for the skill / education level they hold. Alternatively, it may encourage individuals to take steps to gain the skills they require for a particular employment path. A close match between the labour market and

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<sup>100</sup> ECNI (2011) [Equality Awareness Survey](#) found that 46% of respondents were aware that age was a protected ground and 69% were aware that discrimination in the workplace is prohibited.

<sup>101</sup> NEET is defined as those who are not in employment, Government supported training and full-time education.

<sup>102</sup> Bell and Blanchflower, quoted in Prof R McQuaid, Dr E Hollywood, Dr J Canduela, Edinburgh Napier University Employment Research Institute (Jul 2010) '[Employment Inequalities in an economic downturn](#)'

<sup>103</sup> Dr Russell, R. (Jun 2014) [Census 2011: Key Statistics at Northern Ireland and LGD level](#)

available training courses may also support more direct access to employment.

### Supporting Rationale

- 6.7 Northern Ireland has historically had one of the highest rates of young people NEET in the United Kingdom<sup>104</sup>, and figures experience fluctuation which is not apparent in other regions.
- 6.8 Pathways to Success (2012) is an overarching strategy to address the issue of young people who are NEET, with a particular focus on helping young people who face barriers to participation. An evaluation in 2013 reported success in achieving confidence and educational achievement of its participants. However, it acknowledged issues around the 'extent to which actions in the plan translate into impacts on numbers of young people NEET'<sup>105</sup>.
- 6.9 A number of government initiatives are being rolled out which seek to assist individuals into education, employment or training<sup>106 107</sup>. Young people aged 18 to 24 claiming Job Seekers Allowance (JSA) for a continuous period of nine months are referred to a government funded Steps 2 Success programme<sup>108</sup>.
- 6.10 The Northern Ireland Peace Monitoring Report, Number Four<sup>109</sup>, reported that the Steps 2 Success programme does 'not create employment for long-term unemployed'. Steps 2 Success statistics for the period October 2014 to December 2015 reported that 28% of all participants were helped into employment. Of this group 37% were from the JSA 18-24 participants<sup>110</sup>.
- 6.11 Currently, reporting on government programmes does not detail the young person's progression through different training programmes. This creates a lack of disaggregated data due to a lack of tracking the movement of young people between government led programmes. The Department should use regular monitoring and

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<sup>104</sup> NI Statistics and Research Agency (Feb 2017) [Northern Ireland Labour Market Report February 2017](#). Between October and December 2016 the percentage of 16-24 year olds deemed to be NEET was 13.3%. While the rate has decreased by 4.3 percentage points over the year, Northern Ireland continues to have a level of those classified as NEET broadly similar to the United Kingdom average of 10.7%.

<sup>105</sup> Department for the Economy; Centre for economic and social inclusion (Mar 2013) [Evaluation of Pathways to Success NI: Final Report](#)

<sup>106</sup> DEL (2012) Pathways to Success (NEETS strategy); DEL (2012) [Skills to Succeed](#)

<sup>107</sup> Role of lead department moved from Department of Employment and Learning to Department for Communities in May 2016

<sup>108</sup> People aged 25 years and over claiming JSA for a continuous period of twelve months are referred to the Steps 2 Success programme

<sup>109</sup> Wilson, R; Community Relations Council (Jul 2016) [Northern Ireland Peace Monitoring Report, Number Four](#)

<sup>110</sup> Department for Communities (Feb 2017) [Steps 2 Success Statistical Bulletin: Northern Ireland Statistics from October 2014 to December 2016](#)



reporting to ensure maximum uptake of opportunities and subsequent progression into employment.

- 6.12 For young people who are already disengaged with conventional education, early intervention and a proactive approach is needed. The scoping study for the initiatives stated that: 'For preventative actions to be effective, intervention must be at an early stage'<sup>111</sup>. Mentoring and career advice is important for young people who may be more at risk of becoming NEET to provide consistency and assist with their progression.
- 6.13 Research<sup>112</sup> cited by the former Departments for Employment and Learning and Enterprise, Trade and Investment, found that: 'there is a reasonably strong case to be made that careers education, information, advice and guidance-related interventions can and do make a difference in terms of increased levels of personal confidence and self-esteem'. The report also highlighted the positive correlation between information, advice and guidance and increased participation in employment.
- 6.14 A Careers Strategy Joint Action plan 2015-2016<sup>113</sup> between the former Department for Employment and Learning and Department of Education has been developed as an action from the 2014 Careers Review<sup>114 115</sup>. We welcome this plan, and look forward to evidence of its effective implementation, both in terms of resource and outcomes. For example evidence of the success of Workable (NI) launched in 2016 to provide long-term support to people with disabilities into employment and the provision of additional careers adviser support for young people identified as being at risk of becoming disengaged with the education system.
- 6.15 Evidence from successful interventions in other jurisdictions is informative. For example, the Netherlands has one of the lowest numbers of young people Not in Education, Employment or Training<sup>116</sup>. There the policy focus includes a wider societal and

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<sup>111</sup> Department of Education and Learning (2013) [A Scoping Study of those young people Not in Education, Employment or Training \(NEET\) in Northern Ireland](#)

<sup>112</sup> Department for Employment and Learning and Department of Enterprise, Trade and Investment (Apr 2015) [Enabling Success – Supporting the transition from economic inactivity to employment A strategy to tackle economic inactivity in Northern Ireland](#), citing D. Hughes & G. Graton, 'Literature review of research on the impact of careers and guidance-related interventions', CfBT Education Trust, 2009

<sup>113</sup> DEL and DENI (2015) [Careers Strategy Joint Action Plan 2015-2016](#)

<sup>114</sup> Department for Employment and Learning (Oct 2014) [Careers Review 2014: A report by an independent panel of experts in education and employers on careers education and guidance in Northern Ireland](#)

<sup>115</sup> Role of lead department moved from DEL and DENI to Department of Education in May 2016

<sup>116</sup> In 2013 young people NEET in the United Kingdom was 12.6% compared to 4.5% in the Netherlands – figures taken from OECD iLibrary (2014) [Society at a Glance](#): Figure 4.7 'more young people are unemployed or inactive and not in education nor in training (NEET)

economic consideration rather than focusing on the education system alone. Early intervention is used to reduce the number of early school leavers through the use of preventative measures and actions. For example:

- Progression through the education system is supported by career guidance;
- Expert support is provided for students facing personal, family or learning related challenges;
- Students are encouraged to choose courses which provide opportunities for further study and better employment;
- A more accurate match between the labour market and available training courses is sought; and
- A focus on high quality craftsmanship skills is provided.

***The Department for the Economy and the Department of Education should work in partnership to reduce the proportion of older people who are long-term unemployed.***

- 6.16 The share of people in Northern Ireland classed as long-term unemployed is higher for the over 50s age group<sup>117</sup>. Despite the fall in unemployment figures, the most recent figures indicate that the percentage of people aged 50 years and over claiming long-term unemployment benefits has increased by 2 percentage points over a three year period<sup>118</sup>.
- 6.17 This age group appear to have specific barriers to getting back into employment compared with the rest of the working population. Evidence from the Pensioners Parliament indicated that while still fairly small in number overall, the number of older people expressing concerns about training and employment opportunities remains higher than it was in recent years<sup>119</sup>.

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<sup>117</sup> 'Long-term unemployed' is a percentage of unemployed who have been unemployed for 12 months or more sourced from the Labour Force Survey

<sup>118</sup> NISRA long term claimants over 50 (January 2014 to March 2017) – [comparison of figures between March 2014 to March 2017]

<sup>119</sup> [Northern Ireland Pensioner's Parliament Report 2014](#),

## Supporting Rationale

- 6.18 2014 research<sup>120</sup> looked at the key employment challenges facing the 50+ age group and found that ‘early exit from the workforce’ is driven, in part, by high rates of long-term unemployment. Once out of work, the over 50s find it more challenging to return to paid employment than any other age group which, may result in them leaving the labour force altogether.’ It found that, with the focus of government resources on training and providing employment opportunities for young people, the unemployment issue for people aged over 50 is hidden.
- 6.19 Steps 2 Success is a mandatory government training programme for people aged 18 and over claiming long-term unemployment benefits for specific periods of time<sup>121</sup>. A statistical bulletin reported that during the period October 2014 to December 2015 participants moving into employment decreases as the age increases. For the age groups 25 and under and 25-49, 37% and 28% respectively moved into employment but for participants aged 50 and over only 16% moved into employment<sup>122</sup>.
- 6.20 Older people consider that they face specific difficulties in securing employment<sup>123</sup>. In a 2015 DWP survey, 53% of over 50s felt employers were not interested in employing them because of their age<sup>124</sup>. 23% of over 50s currently in employment felt they are viewed ‘less favourably than younger workers’ and 15% reported experiencing age discrimination in the workplace<sup>125</sup>. Research commissioned by the Department for Employment and Learning<sup>126</sup> viewed learning as life-long and an important factor in increasing employability, however there remain perceived barriers to education identified by older people<sup>127</sup>.
- 6.21 A 2017 UK Government strategy ‘Fuller Working Lives’<sup>128</sup> aims to ‘support individuals aged 50 years and over to remain in and return

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<sup>120</sup> The Prince’s Initiative for Mature Enterprise in partnership with the International Longevity Centre (Oct 2014) [The Missing Million: Illuminating the employment challenges of the over 50s](#)

<sup>121</sup> People aged 24 years and under claiming JSA for a continuous period of nine months and people aged 25 years and over claiming JSA for a continuous period of twelve months are referred to the Steps 2 Success programme

<sup>122</sup> Department for Communities (Feb 2017) [Steps 2 Success Statistical Bulletin: Northern Ireland Statistics from October 2014 to December 2016](#)

<sup>123</sup> Department of Work and Pensions (Jan 2015) [Helping people save more for their retirement through workplace pensions](#)

<sup>124</sup> Department of Work and Pensions (Jan 2015) [Helping people save more for their retirement through workplace pensions](#)

<sup>125</sup> Department of Work and Pensions (Jan 2015) [Attitudes of the over 50s to fuller working lives](#)

<sup>126</sup> Department of Employment and Learning (Feb 2012) [Removing the Barriers to Learning](#)

<sup>127</sup> The issue of education for older people is explored in the education section of this paper

<sup>128</sup> Department of Work and Pensions (Feb 2017) [Fuller Working Lives: A Partnership Approach](#)

to the labour market and tackle the barriers to doing so<sup>129</sup>. The strategy lists five actions to support older workers:

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

6.22 The Commission welcomes this strategy and recommends that, in conjunction with the devolved Northern Ireland strategies such as Pathways to Success, it targets actions to deliver outcomes which reduce the proportion of older people who are long-term unemployed.

## 7 Policy Area: Education

7.1 Education plays a key role in determining a person's life chances and opportunities in terms of social and economic mobility<sup>130</sup>. We believe that everyone regardless of age has the right to be treated fairly and have the opportunity to fulfil their potential<sup>131</sup>.

***Within the education system, action is needed to facilitate the effective participation in education of older people, young carers, looked after children and children and young people who are in the Juvenile Justice Centre.***

a. The Department for the Economy (DfE) should target action to remove the barriers perceived by older people to their participation in education.

7.2 Northern Ireland has the highest proportion of adults in the United Kingdom with no educational qualifications<sup>132</sup>.

7.3 The Northern Ireland Strategy for Further Education<sup>133</sup> provides a context to tackle the barriers perceived and/or faced by older people through, for example: the provision of on-going support; consideration of the views of older people in determining training

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<sup>129</sup> Department for Work and Pensions (Feb 2017) [Fuller Working Lives: Evidence Base 2017](#)

<sup>130</sup> ECNI (2007) [Statement of Key Inequalities in Northern Ireland](#)

<sup>131</sup> ECNI and NICCY (2013) [Strengthening Protection for Children and Young People when accessing goods, facilities and services](#),

<sup>132</sup>Office of the First Minister and Deputy First Minister [Active Ageing Strategy 2014 -2020 consultation](#),

<sup>133</sup> DEL (2016) [Skills to succeed Further Education Means Success](#)

methods; and the use of technology to provide flexibility for caring responsibilities.

- 7.4 The Commission welcomes the aims of this strategy and looks forward to its review, which is to be undertaken to ‘develop policy proposals on the most appropriate roles’ and ‘to identify the main barriers which inhibit different groups of learners (for example by age and level of learning) from participating in provision’<sup>134</sup>. In particular we call for the development of policy proposals which will seek to remove the barriers to education perceived by older people.

#### Supporting Rationale

- 7.5 The majority of participants in research commissioned by the previous Department for Employment and Learning<sup>135</sup> viewed learning as life-long and an important factor in increasing employability. However, there remain perceived barriers to education identified by older people, including:
- that traditional teaching techniques are not considered to engage older people;
  - the length of time away from studying;
  - new digital technologies;
  - previous negative experiences of the education system;
  - that education establishments and education are for younger people;
  - caring responsibilities; and
  - stereotypical views regarding older people<sup>136</sup>.
- 7.6 Data indicates that the proportion of people who lack basic or have no qualifications, whilst decreasing for all age groups over time, still remains highest amongst older age groups<sup>137</sup>. This is coupled with a decline in the number of older enrolees in further education<sup>138</sup>.

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<sup>134</sup> Department for the Economy (2016) [Programme for Implementation](#) (Pg 30)

<sup>135</sup> Department of Employment and Learning (Feb 2012) [Removing the Barriers to Learning](#)

<sup>136</sup> ECNI (Mar 2015) [Education Inequalities in Northern Ireland](#) (final report)

<sup>137</sup> Burns, S., Leitch, R. and Hughes, J. Research undertaken on behalf of ECNI (2015) *Education Inequalities in Northern Ireland* pending Table 4.3 Highest qualification proportions by age in the NI population

<sup>138</sup> Burns, S., Leitch, R. and Hughes, J. Research undertaken on behalf of ECNI (2015) *Education Inequalities in Northern Ireland* pending Figure 4.4 Share of enrolees on non-accredited courses by age, 2007/08 – 2011/12

b. We recommend the Department of Health (DoH) and the Department of Education (DE) work in collaboration to identify young carers and provide the services needed to support their improved educational outcomes.

- 7.7 The full extent of young people providing care in Northern Ireland is unknown but it is estimated that 8,352 young people provide care, with an average age of 12<sup>139</sup>.
- 7.8 Providing care can result in low educational attainment and make the transition into adulthood more difficult, with regard to going into further education or securing employment.
- 7.9 By working in collaboration, the Education and Health Departments could better identify carers; raise awareness among young carers of supports potentially available; provide signposting to relevant DE and DoH services; and improve monitoring and data collection.

#### Supporting Rationale

- 7.10 Northern Ireland research shows that while six out of ten young carers provide care for less than 10 hours per week, one in ten provides care for 30 hours or more per week<sup>140</sup>. Providing high levels of care and receiving no support can result in limited time for school work and home work<sup>141</sup>, thereby impacting educational attainment.
- 7.11 Furthermore, 2004 research found that in the United Kingdom more than a fifth of all young carers experienced educational problems, which is 'more marked' in the 11 to 15 year old age group. This age is of particular concern as it is a time when young people are making decisions about their careers<sup>142</sup>.
- 7.12 Research undertaken in England<sup>143</sup> also showed that young carers obtained lower levels of educational attainment at GCSE level, equivalent to nine grades<sup>144</sup> lower than their peers. This disadvantage has been found to continue with 75% of 16-18 year old carers spending time not in education, employment or training (NEET), compared to 25% of their non-carer peers<sup>145</sup>. There is no

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<sup>139</sup>Crossroads Care <http://www.crossroadsyoungcarers.co.uk/young-carers/>

<sup>140</sup> Devine, P and Lloyd, K Economic and Social Research Council (2011) [Research update, Number 76 'Young Carers Too'](#)

<sup>141</sup> Dearden, C. and Becker, S. (2004) [Young Carers in the UK: The 2004 Report. London: Carers UK](#)

<sup>142</sup> Dearden, C. and Becker, S. (2004) [Young Carers in the UK: The 2004 Report. London: Carers UK](#)

<sup>143</sup> Children's Society (2013) ['Hidden from View : the experience of young carers in England'](#)

<sup>144</sup> 'the difference between 9 Bs and 9 Cs'

<sup>145</sup> Audit Commission (2010) [Against the odds: Targeted briefing – Young carers. London: Audit](#)

reason to suggest that Northern Ireland is different from the rest of the United Kingdom.

- 7.13 Of the young carers that are assessed in Northern Ireland, only a small number receive any support for their caring responsibilities<sup>146</sup>. A further consideration is a lack of awareness among young carers that the assistance they provide at home constitutes care<sup>147</sup>. This can act as a barrier to young carers accessing supports.

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

- 7.14 Evidence shows that looked after children have poorer educational achievements when compared to their peers. In order to provide support and assistance teaching staff and carers should have an awareness and understanding of the issues and barriers that looked after children face in an educational setting.
- 7.15 The Children and Young People's Strategy 2017-2027 consultation document<sup>148</sup> acknowledged the need to support looked after children during their education and as they transition out of education and care, to ensure they experience positive outcomes.
- 7.16 It is therefore important that the Department of Education and the Department of Health work together to provide a co-ordinated and consistent approach, including via their duty within the Children's Services Co-operation Act (Northern Ireland) 2015<sup>149</sup>, to ensure the effective participation in education of every looked after child.

Supporting rationale

- 7.17 In the period 2014/15, 27% of looked after children<sup>150</sup> attained 5 or more GCSE/GNVQs at grades A\*-C compared to 82% of the general school population. Whilst achievement grades in Northern Ireland during the period 2011/12 to 2014/15 for all of the school population has shown a slight improvement (+5%) the difference in educational attainment is constant at over 50% lower for looked after children compared to the general school population<sup>151</sup>.

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<sup>146</sup> Crossroads Care <http://www.crossroadsyoungcarers.co.uk/young-carers/>

<sup>147</sup> Patient and Client Council (2011) [Young Carers in Northern Ireland: A report of the experiences and circumstances of 16 year old carers](#)

<sup>148</sup> Department of Education (2017) [Children and Young People's Strategy 2017-2027 consultation document](#)

<sup>149</sup> [Children's Services Co-operation Act \(Northern Ireland\) 2015](#)

<sup>150</sup> Figures in the following paragraphs are for children who have been in care for a period of 12 months or more

<sup>151</sup> In the period 2011/12, 20% of looked after children attained 5 or more GCSE/GNVQs at grades A\*-C compared to 78% of the general school population. Department of Health (Jul 2013) [Children in care in Northern Ireland 2011-12 Statistical Bulletin](#)

- 7.18 During the same period in England the attainment gap between looked after children and the general school population decreased by 10 percentage points between 2011/12 and 2015/16<sup>152</sup>.
- 7.19 To support looked after children's aspirations on their educational achievement the Department for Education in England issued statutory guidance for local authorities<sup>153</sup> as part of their duty to safeguard and promote their welfare. For example included in the statutory guidance:
- intervention strategies and on-going support for those who have fallen behind with school work;
  - provision of suitable education where a child is not in school (e.g because of temporary or permanent exclusion);
  - support for short and long-term academic achievements, aspirations and careers advice, guidance and financial information about further and higher education, training and employment;
  - out-of-school hours learning activities, study support and leisure activities; and
  - school attendance and, where appropriate, behaviour support.
- 7.20 In 2011 the Department of Health, Social Services and Public Safety introduced Personal Education Plans (PEP)<sup>154</sup><sup>155</sup> for looked after children in education as a step forward in highlighting potential barriers, for example absenteeism. We welcome the introduction of PEP as a potentially effective tool to highlight the barriers looked after children may face in an educational setting. To assist with its effectiveness, teachers and carers participating in PEP reviews should be aware of the social, emotional and mental health issues looked after children face in an educational setting.
- 7.21 Some of the factors affecting looked after children's educational achievement identified in 2011 by the Department of Education remained a factor in 2014/15. For example:

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<sup>152</sup> Department for Education (Mar 2017) [Outcomes for Children Looked After by Local Authorities in England as at 31 March 2016](#)

<sup>153</sup> Department for Education (Jul 2014) [Promoting the education of looked after children: Statutory guidance for local authorities](#)

<sup>154</sup> NI Assembly, Research and information briefing paper. Caroline Perry (Dec 2014) [Looked after children – educational policy and practice](#)

<sup>155</sup> PEP is undertaken at 6 monthly intervals and is designed as a record of the young person's educational history which identifies actions needed to enable the individual to fulfil his or her potential. It will inform the UNOCINI and Court proceedings, and critically influence the Care Plan.



- suspension from school – looked after children are five times more likely to be suspended from school when compared to the general population;
- lengthy absenteeism –67% of looked after children missed between 1 and 24 days of school; and
- cautioned or convicted – 8% of looked after children aged 10 and over had been cautioned or convicted of an offence<sup>156</sup>.

7.22 As at 30 September 2015, 87% of school age looked after children had a PEP in place and of those 90% had it reviewed within the previous six months<sup>157</sup>. To assist the effective participation of looked after children in education, consistency across the Trusts in implementing PEPs are needed<sup>158</sup>.

(d) Action is needed to ensure children in the juvenile justice centre have access to an appropriate education curriculum

7.23 Children and young people in the juvenile justice centre (JJC) in Northern Ireland do not have the same access to the full education curriculum as their peers.

7.24 Education is crucial to providing young offenders with the skills and training they need to improve their life chances and assist in reducing reoffending. Whilst progress has been made to address the educational provision within the JJC it remains a persistent issue.

Supporting Rationale

7.25 An inspection report in 2002 by the Social Services Inspectorate and the Education and Training Inspectorate<sup>159</sup> raised ‘serious concerns about the breadth and balance of the curriculum’ and that training for young people over the compulsory school age was not provided.

7.26 A 2015 inspection of the JJC by the Criminal Justice Inspection NI,<sup>160</sup> found that although provision of education had improved to ‘good’ in 2011 the results from this latest 2015 inspection reduced

<sup>156</sup> Department of Health (Jul 2016) [Children in care in Northern Ireland 2014-15 Statistical Bulletin](#)

<sup>157</sup> Department of Health (Jul 2016) [Children in care in Northern Ireland 2014-15 Statistical Bulletin](#)

<sup>158</sup> For instance, 80% of looked after children of school age had a PEP within the Northern Trust, compared to 92% within the Belfast Trust.

<sup>159</sup> Social Services Inspectorate and Education and Training Inspectorate (Jun 2002) [Secure Care: An inspection of secure accommodation at Shamrock House and Linden House](#)

<sup>160</sup> Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#)

the rating to 'satisfactory'. The report noted that lack of education is in part due to staff reductions<sup>161</sup> in the Education Learning Centre (ELC) resulting in a reduction in time that children spend in education from a potential 23.45 hours per week to a maximum of 14 hours per week<sup>162</sup>.

- 7.27 The ELC provides accredited courses in literacy, numeracy, Information Communication Technology (ICT), catering, physical education, science, horticulture, digital media and car mechanics and unaccredited classes in woodwork. In addition, qualifications accredited by the Open Network College are run for personal development by residential staff. However due to staff reductions during the time of the inspection all personal development programmes were cancelled<sup>163</sup>.
- 7.28 Provision of education is important for all children and in particular those within the youth justice system. The 2015 juvenile justice centre inspection found that of the children and young people 'all had histories of non-attendance or disrupted schooling, most had complex needs, with low levels of attainment,' in comparison to their peers.
- 7.29 Since the 2015 inspection responsibility for education at the JJC transferred<sup>164</sup> to the Education Authority, making it an Education Otherwise Than At School (EOTAS) centre. This has the effect of entitling those within the centre to 'a broad education which reflects their individual needs and abilities'<sup>165</sup>. Furthermore, a reduction from the curriculum entitlement framework can only be agreed following an assessment of the young person's individual needs and abilities. A review of the core curriculum against the requirements of EOTAS provision has been carried out<sup>166</sup>.
- 7.30 The Commission welcomes this step and will monitor progress as regards education provision, particularly in light of staffing levels.

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<sup>161</sup> Between the inspection in 2011 and 2015 the ELC team reduced by half from six to three.

<sup>162</sup> Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#)

<sup>163</sup> Criminal Justice Inspection Northern Ireland; The Regulations and Quality Improvement Agency; The Education and Training Inspectorate (May 2015) [An announced inspection of Woodlands Juvenile Justice Centre](#) p37

<sup>164</sup> in May 2016

<sup>165</sup> DENI (2014) [Guidance for Education Otherwise than at School](#)

<sup>166</sup> Youth Justice Agency (Jul 2016) [YJA Annual Report & Accounts 2015-16](#)

## 8 Policy Area: Housing and Accommodation

- 8.1 The Commission considers that everyone in Northern Ireland should have access to suitable, secure, affordable and energy efficient accommodation. Easy access to adaptations and accessible housing standards, and action to tackle fuel poverty are needed to support older people's independent living. Where living independently is not appropriate, suitable residential care should be available.

### ***Action is needed to ensure access to, and availability of, appropriate accommodation for older people across the full range of tenures.***

a. We recommend the application of accessible housing standards to all new builds, including, as a minimum, the extension of the Lifetime Homes Standard to all new builds across all tenures.

- 8.2 More needs to be done to ensure that all new builds in private tenures comply with accessible standards, so as to better facilitate individuals to remain in their homes as they age or as their needs change. We note recognition within the draft Programme for Government delivery plans of the need to increase the provision of accessible homes<sup>167</sup>. Over time the universal application of accessible standards would significantly reduce the need for formal care services and costly home adaptations in the future.
- 8.3 While Part R of the Building Regulations - 'Access and Facilities for Disabled People'<sup>168</sup> has applied to all new private sector builds since 2001, providing basic access standards in dwellings, the Building Regulations do not include the Lifetime Homes Standard that were adopted for all social housing in 1998.

#### Supporting Rationale

- 8.4 The Lifetime Homes Standard uses a set of 16 design criteria to build homes that are inclusive, accessible and adaptable. It is complimented by wheelchair standard housing 'the designs of which have been evolving to meet the needs of assisted wheelchair users and carers'<sup>169</sup>.

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<sup>167</sup> NI Executive (2017) [PFG Delivery Plan indicators 8 and 48](#)

<sup>168</sup> [The Building Regulations \(Northern Ireland\) 2000, Part R](#)

<sup>169</sup> NI Executive (2013) [Interdepartmental Review of Housing Adaptation Services](#)

8.5 In our Statement on Key Inequalities in Housing and Accommodation<sup>170</sup> we identified the benefits of amending Part R to include the Lifetime Homes Standard for privately owned housing.

8.6 These include:<sup>171</sup>

- savings on future adaptations, heating and costs associated with household accidents;
- delaying moves into residential care;
- reduced need for temporary residential care; and
- savings in healthcare and re-housing costs.

b. We recommend the provision of easy to access adaptation services in order to secure older people's independence in their home.

8.7 Maintaining older residents in their own homes (as long as it is viable and they wish it) is a core element to securing and maintaining personal independence.

8.8 To allow this housing adaptations may be required, driven by changing needs with age or following any discharge from hospital. Adaptations funding is however currently only available to persons with a disability.

8.9 We recommend<sup>172</sup> that the Northern Ireland Housing Executive (NIHE) (or others as appropriate) ensure there are sufficiently resourced adaptation services across all tenures, setting out key targets and associated performance indicators via an outcome focused action plan.

Supporting Rationale

8.10 The average cost of a home adaptation is estimated at £6,000 compared to an average cost of £26,000 per annum for residential care<sup>173</sup>. It is therefore clear that, without sufficient support for home adaptations, the overall cost to the state will be much higher.

8.11 2013 research on the future housing aspirations of older people found that within the age group 50 to 70, 72% rated ability to access a grant to help with repairs / welfare adaptations as important<sup>174</sup>.

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<sup>170</sup> ECNI (Apr 2017) [Statement on Key Inequalities in Housing and Communities in Northern Ireland](#)

<sup>171</sup> ECNI (2012) [Response to DSD consultation on the Housing Strategy: Facing the Future](#)

<sup>172</sup> ECNI (May 2013), [Response to the Northern Ireland Housing Executive's consultation on the Inter-Departmental Review of Housing Adaptations Services](#)

<sup>173</sup> Oldman, J. Age UK (Jul 2014) [Housing in Later Life](#)

<sup>174</sup> Department for Social Development (Mar 2013) [Research on the Future Housing Aspirations of Older People: A summary report by the Housing Executive on behalf of the DSD](#)

Similarly, in 2009, the Northern Ireland Housing Executive's House Condition Survey identified concern amongst stakeholders that there are few resources available to support older people making improvements to their own home<sup>175</sup>. In 2016, as in 2009, the NIHE House Condition Survey<sup>176</sup> records 2.4% of properties as unfit.

- 8.12 While 'Transforming Your Care' aims to provide necessary care and support within the home setting to meet the demand for independent living for an increasingly ageing society, the Disabled Facilities Grant is currently the only grant available for adaptations and is usually means tested<sup>177</sup>.
- 8.13 Funding for this grant was around £10m for 2014/2015<sup>178</sup>. However, NIHE's annual report for 2014/15 states that they received fewer than the target number of applicants for the Disabled Facilities Grant. The budget for 2015/16 was £8.9m, and over 200 fewer grants were processed year on year<sup>179</sup>. We therefore suggest consideration is given to extending the Disabled Facilities Grant to older non-disabled people with health needs.

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

- 8.14 Residential care homes provide a community setting, safety and care support for older people. Although funded by Trusts (in part or fully), care and accommodation may be delivered by an independent provider.
- 8.15 Should the Department of Health's<sup>180</sup> plans proceed to reduce residential accommodation for older people<sup>181</sup> it will be vital that older residents are assured that they will receive the same level of care and support in alternative accommodation.
- 8.16 Further, removal of the option of statutory residential care in areas and without availability of the necessary adaptations to the home, or alternative residential accommodation, may result in older people remaining longer in hospital.

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<sup>175</sup> Northern Ireland Housing Executive (May 2011) [House Condition Survey 2009](#)

<sup>176</sup> [https://www.nihe.gov.uk/nihcs\\_2016\\_preliminary\\_report.pdf](https://www.nihe.gov.uk/nihcs_2016_preliminary_report.pdf)

<sup>177</sup> unless applying for a disabled child under the age of 17

<sup>178</sup> Northern Ireland Housing Executive (2015) [Annual Report 2015](#)

<sup>179</sup> NIHE (2016) [Annual Report 2016](#)

<sup>180</sup> Role of lead department moved from Department of Health, Social Services and Public Safety to Department of Health (DoH) in May 2016

<sup>181</sup> DHSSPS [Transforming Your Care: A review of health and social care in Northern Ireland](#)

8.17 Compliance with the best practice guide ‘The Reconfiguration of Statutory Residential Homes’<sup>182</sup> on the role of advocacy and the importance of infrastructure is recommended. Should the DoH plans proceed, we also recommend the mandatory inclusion of an assessment of the quality and services available in alternative care options.

#### Supporting Rationale

8.18 ‘Transforming Your Care’<sup>183</sup> proposed to reduce residential accommodation for older people. In 2013 the Minister for Health, Social Services and Public Safety announced proposals to reduce the number of statutory residential homes.

8.19 The Health and Social Care Board postponed the closures and in 2015 carried out consultations on the proposed closure of ten of the nineteen statutory residential care homes in Northern Ireland. Trusts carried out individual consultations on the plans as they affected them and a final decision is awaited from the Minister of Health.

8.20 Further, while the ‘Reconfiguration of Statutory Residential Homes’ guidance<sup>184</sup> states that ‘Trusts should provide detailed information about the characteristics of care homes, if possible including an indication of quality and facilities to support choice’<sup>185</sup>, it does not have to include details on quality and facilities.

8.21 The inclusion of a mandatory assessment would provide some assurance to both residents and relatives/carers that the quality of alternative provision would not be less than that provided in the statutory care home and mitigate potential adverse impact.

#### d. We call for further research to understand the housing expectations and requirements of accommodation for older people.

8.22 At the end of March 2014 the age group that experienced the longest social housing waiting times to be re-housed was the 60 to 64 years age group<sup>186</sup>.

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<sup>182</sup> Health and Social Care Board (Nov 2013) [Making Choices: Meeting the current and future accommodation needs of older people – Good Practice Guide – Reconfiguration of Statutory Homes, November 2013](#)

<sup>183</sup> DHSSPS (2011) [Transforming Your Care: A review of health and social care in Northern Ireland](#)

<sup>184</sup> Health and Social Care Board (Nov 2013) [Good Practice Guide – Reconfiguration of Statutory Residential Homes](#), (Version 2.3, 23 September 2013)

<sup>185</sup> Health and Social Care Board (Nov 2013) [Good Practice Guide – Reconfiguration of Statutory Residential Homes](#), (Version 2.3, 23 September 2013) page 6

<sup>186</sup> Wallace, A (2015) [Housing and Communities’ Inequalities in Northern Ireland](#)

8.23 The demographic trend of an ageing population is contributing to an increase in demand for support services and specialised housing in old age<sup>187</sup>. However it is also the case that sheltered housing has become less attractive to fit, active older people<sup>188</sup>.

8.24 Research into housing needs and preferences, and geographical patterns of need, may help contribute to a balance in provision.

#### Supporting Rationale

8.25 Despite the longest waiting times for the 60 to 64 years age group, the supply of Northern Ireland Housing Executive (NIHE) dwellings for older people fell from around 31,200 in 1991 to 27,500 in 2009/10<sup>189</sup>.

8.26 In addition, the location of specialised and age specific accommodation is proportionately high in Belfast which has the lowest proportion of the older population<sup>190</sup>. Absolute and relative (geographical) availability may therefore be contributory reasons that the 60 to 64 years age group has the longest wait for social housing.

8.27 Research would likely assist the Northern Ireland Housing Executive, Housing Associations and the nine councils in assessing the need for demand and supply of future social housing.

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

8.28 Fuel poverty impacts most on older people across both social and private housing tenures in Northern Ireland<sup>191</sup>. While we recognise that some progress has been made, including improvements in energy efficiency through the Affordable Warmth Scheme and the requirements of an Energy Performance Certificate<sup>192</sup>, we reiterate

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<sup>187</sup> Northern Ireland Housing Executive (Aug 2008) [Older People Housing Policy Review Action Plan 2008 – 2010](#)

<sup>188</sup> Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

<sup>189</sup> Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

<sup>190</sup> Professor Paris, C, Emeritus Professor of Housing, Ulster University (Mar 2013) [Future need and demand for appropriate models of accommodation and associated services for older people](#)

<sup>191</sup> Public Health Agency, 2013

<sup>192</sup> From 2008 all properties, including new builds and properties for sale, are required to hold an Energy Performance Certificate. The EU Performance of Buildings Directive (Part F) has been introduced in stages into NI building requirements.

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

- 8.29 Alongside actions to advance energy efficiency, an energy brokerage scheme would allow the group purchase of fuel at more competitive rates than by individual households.

#### Supporting Rationale

- 8.30 Research shows that fuel poverty particularly impacts on older people. In Northern Ireland in 2011<sup>193</sup> 52% of people aged 60 to 74 years were in fuel poverty, rising to 66% of those aged 75 years and over, compared to 34% of the under 60 age group.
- 8.31 2015 research<sup>194</sup> shows that of older people living in households that are owned outright, 15% were in relative poverty after housing costs. When comparing this to pensioners living in NIHE/Housing Association dwellings, a similar figure (17%) were likely to be in poverty after housing costs.
- 8.32 The Energy Act 2010 in Great Britain enabled the introduction of ‘social tariffs’, which have since been replaced by ‘warm home discounts’. This scheme, which will run until 2021, offers discounted gas and electricity prices from energy suppliers to vulnerable customers, in particular, those over 60 living in fuel poverty or on a low income<sup>195</sup>.
- 8.33 A 2010 feasibility study carried out by the Northern Ireland Housing Executive found scope for energy brokerage should switching mechanisms be put in place in Northern Ireland. Action 12 of the Fuel Poverty Strategy for Northern Ireland<sup>196</sup> provides for an energy brokerage scheme to enable social housing providers to broker energy costs for their tenants at a competitive rate. The Fuel Poverty Strategy for Northern Ireland however made no reference to older people who live in private tenure households.
- 8.34 The proposed brokerage scheme was to be introduced through the Housing (Amendment) Bill, however the Bill as drafted<sup>197</sup> does not include an energy brokerage scheme for Northern Ireland.

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<sup>193</sup> Public Health Agency, 2013

<sup>194</sup> Department for Social Development (Sept 15) [Households Below Average Income, Northern Ireland, 2013-14](#)

<sup>195</sup> OFGEM (Nov 2011) [Monitoring Suppliers’ social programmes 2010-2011](#)

<sup>196</sup> Department for Social Development (Mar 2011) [Warmer Healthier Homes: Fuel Poverty Strategy for Northern Ireland](#)

<sup>197</sup> Introduced to the NI Assembly in 2015 and awaiting Royal Assent



- 8.35 The introduction of legislation in Northern Ireland similar to the Energy Act 2010 in Great Britain would likely help alleviate some of the difficulties associated with fuel poverty.

## **9 Policy Area: Participation in public life**

- 9.1 We believe that active participation and engagement in public, political and civil life by younger and older people is required to ensure that people are properly integrated into society and feel valued.
- 9.2 Participation needs to occur not only generally but also at the decision making level to ensure full participation and a more informed policy decision making process<sup>198</sup>. This includes providing support for those who may be interested in participating in public life, such as capacity building.

***We recommend that effective measures are put in place to secure active participation of younger and older age groups in all areas of public life and address identified barriers***

a. We recommend that steps are taken to encourage younger people to apply for public appointments, and to explore and address any institutional barriers to their appointment.

- 9.3 The former Commissioner for Public Appointments stated in his report on under-representation that ‘our public boards are missing out on skills, knowledge and perspectives that exist throughout the community. This is not conducive to optimal performance by our boards...’<sup>199</sup>.
- 9.4 Greater participation by younger people in public appointments would help to ensure a more informed policy decision making process. We support initiatives which create opportunities to gain apprentice style experience of board membership through training, experience and support.

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<sup>198</sup> ECNI (Oct 2007) [Statement on Key Inequalities in Northern Ireland](#)

<sup>199</sup> Commissioner for Public Appointments for Northern Ireland (Jan 2014) [Under-representation and lack of diversity in public appointments in Northern Ireland](#)

## Supporting Rationale

- 9.5 In 2015/16<sup>200</sup> only 1% of appointments to public boards in Northern Ireland were to people under the age of 30. This is a decrease from 3% in 2014/15<sup>201</sup> and is considerably lower than other age bands.
- 9.6 In a 2009 study, 52% of young people under the age of 30 reported that it had never occurred to them to apply for a public appointment compared to 26% of people over the age of 30<sup>202</sup>.
- 9.7 In 2014, the then Commissioner for Public Appointments (NI) reported that when younger people (under the age of 30) were asked why they had not applied for a public appointment opportunity they indicated that they were *“reluctant to submit themselves to a recruitment process that they see as ‘not for them’ ”*<sup>203</sup>.
- 9.8 As part of a range of actions to encourage applications from younger people, new avenues of promotion could be explored and implemented to raise awareness of opportunities, and their relevance among younger age groups. Consideration could also be given to exploring and addressing any institutional barriers to appointment, such as the production of more online guides and competency based interviewing.
- b. Public authorities should take steps to more effectively and meaningfully consult with, engage and foster the active participation of people of all ages during the policy development process.<sup>204</sup>
- 9.9 Research on engagement with young people has noted inconsistencies in levels of engagement, of children not being consulted at the same time as adults, and has raised questions about the meaningfulness of engagement.
- 9.10 Older people, although well represented in public appointments, report more generally that they feel they are not fully involved in policy making.
- 9.11 The effective inclusion of younger and older people may require specific steps to be taken, including with regards to the format of materials.

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<sup>200</sup> The Executive Office (May 2017) [Public Appointments Annual Report for Northern Ireland 2015/16](#)

<sup>201</sup> OFMDFM (2015) [Public Bodies and Public Appointments annual report 2014/15](#)

<sup>202</sup> Common Purpose (Jan 2009) [Diversity of representation in public appointments: A study by Common Purpose](#)

<sup>203</sup> The Commissioner for Public Appointments NI (Jan 2014) [Under-representation and lack of diversity in public appointments in Northern Ireland](#)

<sup>204</sup> ECNI (2015) consultation response to OFMDFM [Children's Services Co-operation Bill](#)

## Supporting Rationale

### (i) Children and young people

- 9.12 The Commission's 2008 guidance to the public sector 'Let's Talk Let's Listen'<sup>205</sup> explains why and how public authorities should consult with and involve children and young people. Specific guidance on effective consultation was developed by the Commission as a result of our recognition of the particular challenges in effectively involving children and young people.
- 9.13 Despite the guidance, research carried out by Queen's University of Belfast<sup>206</sup> in 2011 identified a number of issues with public sector engagement with children and young people, including:
- inconsistencies between and within departments on levels of engagement with children and young people.
  - questioning how meaningful engagement has been.
  - children not being consulted with, and at the same time as adults.
- 9.14 The UN Committee on the Rights of the Child's Concluding Observations in 2016 recommended that the UK Government 'establish structures for the active and meaningful participation of children and give due weight to their views in designing laws, policies, programmes and services at the local and national level ...'<sup>207</sup>.
- 9.15 The Ten Year Children and Young People's Strategy (2006-2016) led to the establishment of Champions in each Government Department with responsibilities which included to "encourage departments to ensure children's and young people's interests are fostered and their views sought on policy and strategy issues"<sup>208</sup>. Given the noted inconsistencies, we would therefore also welcome an evaluation of the effectiveness of the 'Departmental Children's Champions'.

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<sup>205</sup> ECNI (May 2008) [Let's Talk, Let's Listen: Guidance for public authorities on consulting and involving children and young people](#)

<sup>206</sup> Dr Bryne, B and Prof Lundy, L Queen's University of Belfast (Nov 2011) [Barriers to Effective Government Delivery for Children in Northern Ireland](#), published by the Northern Ireland Commissioner for Children and Young People

<sup>207</sup> UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 30 (a)

<sup>208</sup> Dr Bryne, B and Prof Lundy, L Queen's University of Belfast, Nov 2011, [Barriers to Effective Government Delivery for Children in Northern Ireland](#), published by the Northern Ireland Commissioner for Children and Young People

(ii) Older people

- 9.16 Age NI's key indicators on the quality of older people's lives found that 'the percentage of older people who think that Government does not make a sufficient effort to listen to their needs and experiences' has remained high and broadly stable over time, with 80%<sup>209</sup> feeling this to be the case in 2011, and 77% of that view in 2014<sup>210</sup>.
- 9.17 Additionally, 2015 research indicates that older people identified a number of specific barriers<sup>211</sup> to effective participation, which include:
- lack of training and education skills of older people and government staff involved with participation sessions;
  - lack of experience in participation;
  - low self esteem and confidence;
  - time of commitment and information;
  - physical barriers, for example - transport infrastructure may not facilitate attendance at the engagement events; and
  - confidence and lack of digital knowledge.
- 9.18 The Active Ageing Strategy<sup>212</sup> and its outworking represent a real opportunity for government to publicly encourage and increase active participation of older people in formulating policies that directly affect their lives. Among its strategic aims is: '*To achieve the active participation of older people in all aspects of life including ... the active participation and citizenship of older people in decision-making on policies and in the provision of services*'<sup>213</sup>.
- 9.19 We recommend that Departments ensure that this aim is fulfilled, not only in the delivery of actions associated with the Strategy, but across the development, delivery and review of all Government policies and services more generally.

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<sup>209</sup> Age NI (2011) [Agenda for Later Life 2011: Priorities for Northern Ireland's ageing society](#)

<sup>210</sup> Age NI (2015) [Agenda for Later Life 2015: Public policy for later life in Northern Ireland](#)

<sup>211</sup> ECNI (2015) Dr Banks, G, Rooney, and F, Hamilton, (2015) Inequalities in Participation in Public Life in Northern Ireland (pending) (Figures taken from Evaluation Trust and South West Foundation (2009))

<sup>212</sup> OFMDFM (2016) [Active Ageing Strategy 2016-2021](#)

<sup>213</sup> OFMDFM (2016) [Active Ageing Strategy 2016-2021](#) page 7

## 10 Policy Area: Prejudice and social attitudes

- 10.1 The Commission's vision for Northern Ireland is as a shared, integrated and inclusive place, a society where difference is respected and valued, based on equality of opportunity and fairness for the entire community.
- 10.2 Prejudice and negative attitudes prevent this vision from becoming a reality.

### ***We advocate action to ensure a greater understanding and challenge of age-based negative and prejudicial attitudes.***

a. We call for action to further explore how prejudicial attitudes impact on older people's health and lifestyle choices, and the key actions that will overcome any identified issues<sup>214</sup>.

- 10.3 A number of studies and attitudinal surveys suggest that prejudicial attitudes may be an issue in the provision of health, social care and well-being services generally for older people, but a more detailed exploration of the specific situation in Northern Ireland is currently lacking.
- 10.4 Targeted research to examine any prejudicial attitudes amongst staff in the health and social care, and their impact on older people's health could highlight specific measures that would assist in the development of policies and procedures to address key issues.

### Supporting Rationale

- 10.5 A 2009 Healthcare Commission report covering England and Wales cited, among ageist practices in delivering service as *'ageist negative attitudes based on stereotypes and prejudice'*<sup>215</sup>. The report also set out that prejudicial attitudes towards older people have been identified as a cause of inequality in the provision of health, social care and well-being services. Examples<sup>216</sup> of age-based prejudice identified include:

- being excluded from conversations or 'talked over' as though the individual does not exist; and

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<sup>214</sup> Lifestyle choices is about enabling older people to make independent choices about how they live, taking part in activities, interests and having their opinions valued

<sup>215</sup> Healthcare Commission (Mar 2009) [Equality in Later Life](#), p31

<sup>216</sup> Healthcare Commission (Mar 2009) [Equality in Later Life](#), p31

- proactive and preventative lifestyle changes for older people compared to younger people are less likely to be discussed and areas such as health promotion for older people is limited.

- 10.6 While a detailed consideration of the situation in Northern Ireland is currently lacking, in 2015 ARK's survey found that 20% of older people felt that they did not have equal access to health or social care<sup>217</sup>.
- 10.7 Further, the 2014 Northern Ireland Life and Times<sup>218</sup> survey found that 30% of respondents thought that health and social care workers treat older people less favourably as a result of their attitudes to them.
- 10.8 More tangentially, Age Sector Platform's 2016 Northern Ireland survey<sup>219</sup> highlighted that 69.3% of respondents felt that accessing health and social care was a top concern.

b. We recommend that training for police should incorporate challenging negative and prejudicial attitudes towards children and young people.

- 10.9 The review of the youth justice system in 2011 highlighted a need to challenge, within the police service, negative and prejudicial attitudes towards children and young people.
- 10.10 We welcome the then Justice Minister's 2015 announcement<sup>220</sup> of a comprehensive scoping study into how children who may be impacted by the justice system are dealt with and await evidence of improvements in outcomes.

#### Supporting Rationale

- 10.11 The total number of young people involved in youth justice services in 2015/16 was 1 in every 200 young people in Northern Ireland<sup>221</sup>.
- 10.12 In 2011 the Department of Justice reported that negative attitudes towards children and young people suggested that 38% of those

<sup>217</sup> Devine, P & Carney, G.M. Northern Ireland Life and Time Survey, Access Research Knowledge (Jun 2015) [Is Northern Ireland a good place to grow old?](#)

<sup>218</sup> ARK (2014) NILT, [Attitudes towards older people](#)

<sup>219</sup> Age Sector Platform (2014) [Northern Ireland Pensioners Parliament Report 2014](#) p12

<sup>220</sup> Justice Minister Ford announcement in May 2015 on [scoping study into how children who may be impacted by the justice system are dealt with](#)

<sup>221</sup> Youth Justice Agency (Sept 2016) [Statistical Bulletin 1/2016: Youth Justice Agency Annual Workload Statistics 2015/16](#)

aged 25 years and under who came into contact with the police said they experienced disrespectful behaviour<sup>222</sup>.

10.13 The All Party Parliamentary Group for Children stated in its 2014 report<sup>223</sup> that children and young people in Great Britain have a profound lack of trust in police. Although focused on GB, the report provides potentially relevant lessons. They include:

- first contact with the police is vital in shaping children and young people's attitudes; and
- for many the first contact will be as a victim or suspected offender. The way police carry out processes or the way they treat children who are arrested and detained is vital for building trust and respect.

c. We recommend that the forthcoming Children and Young People's Strategy and its action plans should include balanced media reporting measures to promote children and young peoples' positive contribution to society.

10.14 Society's perception of children and young people is reinforced by negative media stories. However, actual police crime figures do not support this negative media image of children and young people, who are more likely to be victims of crime rather than perpetrators.

10.15 We welcome the proposed indicator in the Children and Young People's Strategy's consultation document<sup>224</sup> to measure the 'percentage of young people who feel the media represents young people fairly'. To assist with positive messages there is therefore a need for balanced reporting with media stories covering children and young people's achievements and their positive contributions to society.

#### Supporting Rationale

10.16 Ipsos MORI's survey on behalf of 'Young People Now' found that, over a 2-week period, 57% of negative stories in the media were about young people, of these 32% related to media articles on

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<sup>222</sup> Department of Justice (2011) [Review of youth justice system in Northern Ireland](#)

<sup>223</sup> All Party Parliamentary Group for Children (Oct 2014) ["It's all about trust": Building good relationships between children and police – Report of the Inquiry held by the All Party Parliamentary Group for Children 2013-2014](#)

<sup>224</sup> Department for Education (Dec 2016) [Children and Young People's Strategy 2017-2027 Consultation Document](#)

violence/crime/Anti Social Behaviour in comparison to 8% of media articles on young people's achievements<sup>225</sup>.

- 10.17 2014 research found that 80% of young people felt they were unfairly represented in the media, and that the words most commonly associated with teenagers, youth and young people were 'binge-drinking', 'jobs' and 'crime'<sup>226</sup>.
- 10.18 The UN Committee on the Rights of the Child's Concluding Observations in 2016 recalled 'its previous recommendation that the State party take urgent measures to address the "intolerance of childhood" and general negative public attitudes towards children, especially adolescents, within society, including in the media'<sup>227</sup>.
- 10.19 Negative media representation reinforces a perception amongst adults that young people gathered on the street corner are going to be abusive in their behaviour<sup>228</sup>. In a survey conducted in 2010, 30% of young people reported being treated with disrespect because they were a young person, either 'regularly' or 'all the time'<sup>229</sup>.
- 10.20 Young people interviewed during 2015 research undertaken by Queen's University of Belfast<sup>230</sup> into media reporting called for more positive media reporting. Two examples provided were, 'young people doing good within the community' and 'young people volunteering'.

***We call on government to address the fear of crime among older people.***

- 10.21 The likelihood of an older person being a victim of crime is low<sup>231</sup>. However in 2016 Age Sector Platform's survey of older people reported that almost half (48%) identified fear of crime as a major concern<sup>232</sup>.

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<sup>225</sup> Ipsos MORI (Oct 2004) [Media Image of Young People](#)

<sup>226</sup> Birdwell, J and Bani, M. Demos (Feb 2014) [Introducing Generation Citizen](#)

<sup>227</sup> UN Committee on the Rights of the Child (June 2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#) – Observation 22

<sup>228</sup> Dr Williams, R. The Guardian (Feb 2008) [It's adults, not young people, who are a public menace](#)

<sup>229</sup> Young Life and Times Survey (2010) [Rights and perceptions](#)

<sup>230</sup> Gordon, Faith; McAlister, Siobhán; Scraton, Phil. Queen's University of Belfast (2015) [Behind the Headlines: Media Representation of Children and Young People in Northern Ireland: Summary of Research Findings](#)

<sup>231</sup> PSNI (2015) [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2014/15](#)

<sup>232</sup> Age Sector Platform (2016) [Pensioners' Parliament Report](#)



- 10.22 While a number of strategies<sup>233</sup> exist to reinforce actual and perceived safety, evidence suggests that delivery is dependent on adequately resourced and targeted actions across Government policy. Delivery of commitments within action plans is therefore essential.
- 10.23 We have recommended that the Programme for Government<sup>234</sup> includes a commitment to take actions to tackle prejudicial attitudes and behaviour experienced by particular groups / individuals within the Section 75 categories, as well as action to address the fear of crime amongst older people.
- 10.24 We further recommend the adoption of specific outcomes and associated measures towards tackling the fear of crime amongst older people. For example, the *Safer Ageing*<sup>235</sup> strategy recommends the adoption of Northern Ireland Crime Survey figures to monitor progress, or otherwise, on older people's perception and fear of crime.

#### Supporting Rationale

- 10.25 Crimes which may be targeted at older people because they are perceived as vulnerable or potentially easy to steal from include financial abuse, theft, muggings, doorstep theft, distraction burglary or rogue traders<sup>236</sup>.
- 10.26 In 2015/16, there were 17 crime victims aged 65 or over per 1000 of that population. This contrasts with 54 crime victims aged 18-64 per 1000 of that population<sup>237</sup>. Crime rates are therefore substantially lower within the older age group.
- 10.27 However, Age NI looked at the wider societal impact of crime on older people and found that 66% of older people who took part in the survey believe fear of crime is the biggest problem facing older people. 22% stated that fear of crime is a barrier to engaging with their communities and 17% feel trapped in their own home<sup>238</sup>.
- 10.28 Actions should therefore not only focus on tackling crime but also the perception of the prevalence of crime against older people.

<sup>233</sup> Such as the Community Safety Strategy, 'Building Safer, Shared and Confident Communities 2012-2017 / Policing and Community Safety Partnerships / Active Ageing Strategy 2015-2021

<sup>234</sup> ECNI (Jan 2017) response to draft Delivery Plan for Indicator 1: [Prevalence rate \(% of the population who were victims of any NI Crime Survey crime\)](#) (Para 1.14)

<sup>235</sup> Northern Ireland Office (2009) [Safer Ageing: A Strategy and Action Plan for Ensuring the Safety of Older People](#)

<sup>236</sup> Crown Prosecution Service (undated) [Crimes against older people: CPS Prosecution Policy](#)

<sup>237</sup> PSNI (2016) [Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2015/16](#)

<sup>238</sup> Age NI Home Safety & Community - [Community Safety](#)

10.29 In this context, we welcome schemes such as Linking Generations Northern Ireland's Intergenerational Practice Programme which ran from September 2013 to March 2015. In the evaluation<sup>239</sup> of the project 81% of younger people stated that the project helped them to understand how older people could be fearful of them and 92% of older people said they felt safer around younger people. We also welcome the introduction in 2015 of a 'nominated neighbour' scheme<sup>240</sup> by the Police Service of Northern Ireland in partnership with the Commissioner for Older People in Northern Ireland (COPNI)<sup>241</sup>.

## **11 Policy Area: Welfare and Social Protection**

11.1 The introduction of Welfare Reform provisions has the potential to negatively impact on particular age groups in our society.

11.2 We recommend that further and ongoing assessment is undertaken to identify and commit to specific measures to mitigate any adverse impacts of welfare reform on Section 75 groups by age.

### ***We recommend further assessment is undertaken of the impact of the Welfare Reform programme on particular age groups. Revised***

#### **a. An assessment of the impact of Universal Credit on low income mixed age couples is warranted.**

11.3 The introduction of Universal Credit provisions relating to Pension Credit<sup>242</sup> will have an adverse financial impact on low income couples where one partner is aged below the State Pension Age.

11.4 Under the new provisions couples on low income will not be able to claim Pension Credit until both parties reach the State Pension Age.

11.5 In 2015/16<sup>243</sup>, 17% of pensioners in Northern Ireland were in relative poverty, a similar rate to previous years<sup>244</sup>. Targeting of low income

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<sup>239</sup> The Atlantic Philanthropies & Linking Generations Northern Ireland (Dec 2015) [Evaluation of the Linking Generations Northern Ireland Programme 2011 - 2014](#) (pg 10)

<sup>240</sup> The purpose of the scheme, introduced in 2015, is for an older person to hand a card instructing an unknown caller to speak to a 'nominated neighbour' who will check the caller's identity

<sup>241</sup> COPNI (Nov 2015) [Statement on crime against older people](#)

<sup>242</sup> Pension Credit is income-related and provides a 'top-up' on weekly income if below the 'Guarantee Credit' income. At August 2017 – Pension credit tops up weekly income to: £159.35 if single and £243.25 if a couple.

<sup>243</sup> Department for Communities (May 2017) [Northern Ireland Poverty Bulletin](#)

<sup>244</sup> 2011/12 – 20%; 2012/13 – 20%; 2013/14 – 21%; 2014/15 – 20%. These statistics are taken from the Family Resource Survey, and the 2015/16 figure of 17% is not deemed a statistically significant change.

pensioners below the 'Guarantee Credit'<sup>245</sup> income, should be a priority in the Department for Communities 'Improving Benefit Uptake'<sup>246</sup> programme. For members of any specific equality groups who are receiving their full entitlement and yet remaining in poverty, action is required.

### Supporting Rationale

- 11.6 In 2013 independent research, undertaken by the Institute for Fiscal Studies, examining Welfare Reform and poverty in Northern Ireland reported that such low income couples will be treated more harshly in the Universal Credit means test and will be one of the main losers at its introduction<sup>247</sup>.
- 11.7 The research argued that this proposal would affect 2.4% of all couples with 45% of them losing substantially.
- 11.8 It estimated the average loss will be £76.61 per week equivalent to 25% of disposable income<sup>248</sup>.
- 11.9 During the year 2015/16 the 'Improving Benefit Uptake' scheme targeted 2,500 people with potential entitlement to Attendance Allowance and State Pension Credit. Of the 2,150 who responded to the initial contact letter or were contacted by telephone, 868 (40%) received a benefit entitlement check. Of the checks 569 (65%) were identified as being entitled to Social Security or passported benefit<sup>249</sup>. This demonstrates the need to continuously assess the impact of changes to benefits to ensure older people receive all entitlements due to them.
- b. We recommend that an assessment is undertaken to ascertain the effect on unemployed 18-21 year olds when access to housing benefit is withdrawn, and that steps are taken to ensure changes do not result in a rise in youth homelessness.
- 11.10 The 2015 summer budget announced the removal of the housing benefit element of Universal Credit for out-of-work young people

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<sup>245</sup> This is a top up of weekly income if it is below a stipulated level, £159.35 for single people and £243.25 for couples

<sup>246</sup> Department for Communities (Sept 2016) [Supporting People – Maximising Income through the Uptake of Benefits 01 April 2016 - 31 March 2019](#)

<sup>247</sup> Institute for Fiscal Studies (2013) [Universal Credit in Northern Ireland: what will its impact be, and what are the advantages?](#)

<sup>248</sup> At December 2015 – Pension credit will top up your weekly income to: £159.35 if single and £243.25 if a couple.

<sup>249</sup> Department for Communities (Sept 2016) [Supporting People – Maximising Income through the Uptake of Benefits 01 April 2016 - 31 March 2019](#)

aged 18-21 from April 2017<sup>250</sup>. Implementation in Northern Ireland commenced, on a rolling basis, from September 2017<sup>251</sup>.

- 11.11 In June 2015, 3,800 claimants in Northern Ireland under the age of 22 claimed housing benefit, receiving an average of £54 per week<sup>252</sup>. Of these claimants, it has been indicated that 800 would be directly affected by the removal of housing benefit by the introduction of Universal Credit<sup>253</sup>.

#### Supporting Rationale

- 11.12 Crisis UK has stated that, for some young people, the provision of housing benefit is all that stands between them and homelessness<sup>254</sup>. Young people seeking independent living is not always through personal choice.
- 11.13 The impact of these benefit changes in Northern Ireland may be greater than in other United Kingdom regions as a result of high youth unemployment rate and the higher long term unemployment rate of 49.7% compared to the UK average rate of 29.1%<sup>255</sup>.

c. We recommend that the Department for Communities, in its review of the role and regulation of the private rented sector, includes targeted action to address the needs of single tenants aged 35 years and under when renting in the private rented sector.

- 11.14 Changes to Housing Benefit<sup>256</sup> have resulted in single people aged 35 years old and under only entitled to a shared accommodation rate. This is lower than the full housing benefit rate.
- 11.15 Research to date has been of small scale but found that since the changes came into force around one in ten landlords no longer rent to under 35 year old single people<sup>257</sup>. Furthermore, over one third of landlords participating in the research stated that they might cease letting to single tenants under the age of 35 and in receipt of this benefit.

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<sup>250</sup> Parliament UK (Aug 2015) [Research Briefings: Housing Benefit: withdrawing entitlement from 18-21 year olds](#)

<sup>251</sup> Department for Communities website 2017 - Universal Credit implementation timeline NI

<sup>252</sup> Housing benefit is currently available to people if they pay rent, rates, have a low income, savings or if not in work.

<sup>253</sup> Department for Social Development (Sept 2015) [The Impact of the Summer Budget 2015](#)

<sup>254</sup> Crisis UK (May 2015) [Access to housing benefit for 18-21 year olds](#)

<sup>255</sup> Northern Ireland Statistics & Research Agency (Mar 2016) [Northern Ireland Labour Market Report: March 2016](#)

<sup>256</sup> Northern Ireland Housing Executive's website: [Benefits and Grants/Local Housing Allowance](#)

<sup>257</sup> Centre for Regional Economic and Social Research, Sheffield Hallam University funded by the Department for Social Development (Mar 2014) [Monitoring the impact of recent measures affecting Housing Benefit and Local Housing Allowances in the private rented sector in Northern Ireland: Final Report](#)

11.16 We welcome the commitment within the draft Programme for Government delivery plan<sup>258</sup> to develop affordable housing solutions to meet the needs of single people aged under 35 on benefits.

#### Supporting rationale

11.17 Young people aged under 35 and entitled to Housing Benefit have been negatively affected by Welfare Reform measures, as regards their ability to secure and sustain private rented sector accommodation, in the absence of available social housing. The cost of private renting is 50% more expensive than social housing<sup>259</sup> and accounts for 17 to 20% of total housing in comparison to social rented sector which makes up 15% of total housing<sup>260</sup>.

11.18 Tenants are responsible for any shortfall between their housing benefit and their rent, and as the benefit decreases, the shortfall increases.

11.19 The Homelessness Monitor 2016 England found that between December 2011 and August 2015, 25-34 year old single people in receipt of housing benefit in the private rented sector fell by almost 47,400 (39.4%). For existing claimants only some of the 11% of the reduction (in local housing allowance being paid) was attributable to landlord rent reductions, with the bulk of the reduced entitlement having to be met by claimants. For almost half, of the affected group, this involved cutting back on other expenditures on household 'essentials' and nearly a third borrowing from family or friends.

11.20 In Northern Ireland this is a potentially emergent barrier for those aged 35 and under single people in obtaining private rented homes<sup>261</sup>. The findings of the Northern Ireland Homelessness Monitor reported that 'some key informants felt that the impact of the Shared Accommodation Rate on younger single people under 35 had already been greater than is generally recognised'<sup>262</sup>.

### ***Action is required to address the number of looked after children within the criminal justice system***

The Commission recommends action to reduce the number of looked after children subject to PACE detentions within the Juvenile

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<sup>258</sup> NI Executive (2016) [Delivery plan: Number of households in housing stress](#)

<sup>259</sup> Joseph Rowntree Foundation (Nov 2014) [What will the housing market look like in 2040?](#)

<sup>260</sup> Northern Ireland Housing Executive, [Northern Ireland Housing Market: Review & Perspectives 2014-2017](#)

<sup>261</sup> Wallace, A (2015) [Housing and Communities' Inequalities in Northern Ireland](#)

<sup>262</sup> Crisis (Nov 2016) [The homeless monitor: Northern Ireland 2016](#)

Justice Centre, and to address the overrepresentation of looked after children within the criminal justice system.

- 11.21 PACE<sup>263</sup> remands and transactions account for around 90% of all Juvenile Justice Centre (JJC) admissions. These admissions occur when a child is refused bail by the police, and needs to be detained in a 'place of safety'.
- 11.22 In 2015/16 36% of all transactions<sup>264</sup> within the JJC were with looked after children, a similar rate to previous years<sup>265</sup>.
- 11.23 In 2011, the Review of the Youth Justice System in Northern Ireland<sup>266</sup> recommended development of an appropriate range of supported accommodation to reduce to an absolute minimum the use of the JJC as a place of safety under PACE<sup>267</sup>. It recommended that use of the JJC as a 'place of safety' should be limited to one or two places<sup>268</sup>. The report further recommended that looked after children should not be placed in custody where this would not have been an outcome for children in the general population<sup>269</sup>.
- 11.24 It also stated that a child in a care home is more likely to be referred to the police for trivial offences, than a child living in a family home. This is supported by the Magistrates' Association's evidence to a House of Commons Justice Committee<sup>270</sup> which expressed concern about seeing children in court for breaking crockery.
- 11.25 The Children's Law Centre and Include Youth have raised concerns<sup>271</sup> that PACE powers 'are not used as a measure of last resort, in line with the United Nations Convention on the Rights of the Child, but instead have been employed in the absence of alternative accommodation, a concern also raised by the Criminal Justice Inspection Northern Ireland.'

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<sup>263</sup> Police and Criminal Evidence Order 1989

<sup>264</sup> Transactions are new admissions and internal changes of status from PACE to remand

<sup>265</sup> Youth Justice Agency (2016) [Annual Workload Statistics 2015/16](#) reported: 2014/15 - 39%; 2013/14 - 42%; 2012/13 38%; 2011/12 - 32%

<sup>266</sup> Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

<sup>267</sup> Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 8

<sup>268</sup> Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 18

<sup>269</sup> Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#) recommendation 19

<sup>270</sup> Cited at page 3 of Howard League (2014) [Achieving justice for children in care and care-leavers](#)

<sup>271</sup> Children's Law Centre and Include Youth (2016) [Joint Briefing Paper for the Committee for Justice - Concerns around regression of implementation of the Hillsborough Agreement and the recommendations of the Youth Justice Review](#)

## Supporting rationale

- 11.26 The 2011 Review of the Youth Justice System in Northern Ireland<sup>272</sup> acknowledged that a disproportionate number of looked after children in the criminal justice system is common to most countries. It attributes this to the life experiences they may have had such as abuse, neglect, poor educational attainment and family strife, and also due to their looked after status.
- 11.27 A number of the Youth Justice Review's recommendations were not achieved, and the 2015 final report by the Criminal Justice Inspectorate<sup>273</sup> into implementation of the review found that a specialist 'place of safety' facility was unlikely to be developed, that due to the increased number of children being remanded to the JJC the recommendation of limiting it to one or two places was not met, and that while being a looked after child was not specifically recorded as a reason for remand 'the statistics suggested otherwise'<sup>274</sup>.
- 11.28 A 2014 Howard League working paper<sup>275</sup> reported that: 'the offending rates of looked after children in England are now four times that of all other children'<sup>276</sup>. It cites research that: 'the consequences of official intervention at an early stage are that desistance is far less likely' (McAra and McVie 2007). Potential solutions proffered include protocols between care homes and the police around when intervention is required, and greater use of restorative justice to divert young people away from the formal criminal justice system.
- 11.29 In March 2016 the then Minister for Justice, David Ford, delivered a Ministerial Statement<sup>277</sup> to the Assembly on the findings of a scoping study into children in the justice system. He stated that: *'Regarding the use of custody, the steering group is clear that it is all too easy for children to enter the JJC. Its proposals therefore focus on the need to establish alternative accommodation options, especially short term overnight calm down spaces.'*
- 11.30 As regards progress in this regard, the Department of Justice has confirmed<sup>278</sup> that it has been prioritising the proposals including the

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<sup>272</sup> Department of Justice (2011) [A review of the Youth Justice System in Northern Ireland](#)

<sup>273</sup> Criminal Justice Inspectorate (2015) [Progress on implementation of review of the Youth Justice Review recommendations](#)

<sup>274</sup> Criminal Justice Inspectorate (2015) [Progress on implementation of review of the Youth Justice Review recommendations](#), at page 48

<sup>275</sup> Howard League (2014) [Achieving justice for children in care and care-leavers](#)

<sup>276</sup> Howard League (2014) [Achieving justice for children in care and care-leavers](#) Pg 4

<sup>277</sup> NI Assembly (2016) [Children in the Justice System: Scoping Study, Ministerial Statement 14 March 2016](#)

<sup>278</sup> By email dated 7 March 2017

use of the JJC. However, tackling the rate of looked after children within the criminal justice system does not appear to be within their priority actions.

## 12 Conclusion

12.1 The Commission have developed these age equality policy recommendations following a comprehensive review of the evidence base and engagement with key stakeholders.

12.2 We propose the following age equality policy recommendations:

- **Law Reform:** Introduce comprehensive age equality legislation
- **Health, social care and well-being:** Provide adequate services to meet the specific needs of older and younger people across a range of equality groups, including with regards to mental health; the transition from youth to adult health services; the provision of domiciliary, residential or nursing care.
- **Employment:** Ensure planned actions are effective in addressing the proportion of young people Not in Education, Employment or Training (NEET); and take action to reduce the proportion of older people who are long term unemployed.
- **Education:** Facilitate the effective participation in education of older people, young carers, looked after children and children and young people who are in the juvenile justice centre.
- **Housing:** Ensure access to and availability of appropriate accessible accommodation for older people across all tenures. Given the impact of fuel poverty on older people, we also recommend actions to advance energy efficiency and to implement a fuel brokering scheme to secure competitive rates across all tenures.
- **Participation in public life:** Ensure effective measures are in place to secure the active participation of younger and older people in all areas of public life (including the policy development process); and to address identified barriers.
- **Prejudice and social attitudes:** Ensure action is taken to understand and challenge age-based negative and prejudicial attitudes; to ensure balanced



media reporting; and to address the fear of crime among older people,

- **Welfare and social protection:** Further assess the impact of the Welfare Reform programme, in particular of Universal Credit on low income mixed aged couples; unemployed 18-21 year olds; and single tenants aged 35 years and under when renting in the private rented sector. For younger people, action is needed to reduce the number of looked after children subject to Police and Criminal Evidence Order (PACE) detentions in the Juvenile Justice Centre.

## **13 Further Information**

- 13.1 For further information, including key point briefing and summary versions of this document, see [www.equalityni.org/age](http://www.equalityni.org/age)