

## Preface

Nearly a fifth of the population in Belfast is now over 60, and the proportion will stay at this level for the foreseeable future. Our older people have made a significant contribution to building the city; their skills, experiences and memories continue to be a great asset for building our future. It is imperative, therefore, that we provide appropriate services for older people in a way that meets their needs.

This report presents a wide overview of the social, health and living conditions of older people in Belfast. It is the first time a report focusing on older people in Belfast has been developed and its central aim is to raise awareness and visibility of older people's needs on the public agenda in the city. It also aims to generate debate on how services for older people can be improved, and it has been developed to act as a support in planning for services for older people.

It is clear from the report that older people in the city are a diverse group with very differing issues and needs. It is also clear that a proportion of our older people are living in relatively deprived areas, which may have particular implications for their health and wellbeing and associated needs. Meanwhile, the characteristics of older generations are changing, older people are living longer and many remain healthy and active well into old age. This forms a challenge for service providers, who will need to adapt to the changing needs of older people while still providing adequate support and care to those who are most vulnerable.

The report shows that currently there are gaps in what we know about older people, particularly at a local level, which affects both assessments of need and the planning of appropriate services for this population group. A central message of this publication is, therefore, that we as service providers need to further develop our information collection systems to gather information which will help us meet currently unmet need and we also need to engage with older people in planning services that do this. It is also important that we share information, since the needs of older people, like any other population group, are influenced by many factors and cannot be addressed in isolation.

This report constitutes an important first step in creating a body of local knowledge about older people and the information will provide a sound basis for all agencies and sectors within the city to jointly develop services at a strategic and community level. It is also important for the city of Belfast in meeting one of the four Healthy Ageing objectives which have laid down for cities designated to Phase IV (2003-2008) of the World Health Organisation European Healthy Cities Network.

I trust this report will provide a basis for all sectors to work to improve the health and well being for older people in our city.



**Peter McNaney**  
**Chief Executive, Belfast City Council**

## **Foreword**

This report provides information on health, social and living conditions of older people in the city of Belfast. Some of the information has been taken from the EHSSB report where information is not available at a Belfast level. Both profiles have been developed by Belfast Healthy Cities to meet a specific World Health Organisation (WHO) objective laid down for the city of Belfast as part of their application to Phase IV (2003-2008) of the WHO Euroepan Healthy Cities Network. The main purpose of this Belfast area profile is to raise the profile and awareness of older people and their specific needs within the city and to provide an insight into what is currently known about older people in the city. It also aims to act as a resource for planning, and highlight potential areas for improvement in information collection.

The overall process for the development of the profiles was supported by an intersectoral working group with representatives from organisations with experience and knowledge of older people's issues. The information collection stage involved gathering data from a wide range of sources, including the Census, regional surveys and individual organisations. This task proved to be a considerable challenge, as many organisations do not have clear signposts to or contacts for information and statistics.

The process of producing the profiles showed that organisations collect a wide range of information on older people, but it also highlights that there are significant gaps in local level information. For example, lifestyle related information is only collected in surveys that cannot be broken down to Belfast Council level. There is also very limited qualitative information available. It appears organisations collect information which is easily available or required for financial monitoring purposes and less consideration is given to information collected for service planning development or evaluation of the success of current initiatives. The report highlights a number of recommendations for the collection of information to support service development.

Information within the report is arranged in ten chapters focusing on different topics, and presented at the most local level available to highlight similarities and differences. Where possible, information with an impact on long term planning has been presented for age groups 50 and over, while the decision was taken to present more current information on people aged 60 and over.

We would like to extend warm thanks to group members whose contribution to the EHSSB report has been used in this report. Warm thanks go to Caroline Scott from Belfast Healthy Cities for assistance with this report, to Northern Ireland Housing Executive for producing the maps for this report and to the Northern Ireland Neighbourhood Information Service (NISRA) for supplying maps on life expectancy. Special thanks go to Jonna Monaghan for compiling this profile.



**Dr David Stewart**  
Chair, Belfast Healthy Cities



**Joan Devlin**  
Programme Director, Belfast Healthy Cities

# **Contents**

**Introduction**

**Demography**

**Health, mortality and social services**

**Health and social services and access to services**

**Housing**

**Income and social position**

**Employment and occupation**

**Transport**

**Crime and community safety**

**Leisure and recreation**

**Education and lifelong learning**

**Access, participation and support**

**Recommendations**

**Appendix 1: Overview of indicators included and data sources**

**Appendix 2: Working group**

**Appendix 3: Glossary of abbreviations used**

**Appendix 4: Sources**

## 1. Introduction

This report provides information on the older population in the Belfast City Council area, and their health, social, and living conditions. This summary document provides an overview of key information within each chapter, and aims to act as a compressed stand alone resource as well as an introduction to the full report. The document is available in CD format, or it can be downloaded from Belfast Healthy Cities' website at [www.belfasthealthycities.com](http://www.belfasthealthycities.com).

The report is a sub document of the *Older People: Health, Social and Living Conditions, EHSSB Area* report, and uses the same information collected for the wider report but focuses on Belfast with comparisons to other District Councils (municipalities) in the Eastern Health and Social Services Board (EHSSB) area, where appropriate. The information can and should be compared to that in the EHSSB area report.

The target audience of this report is in particular the statutory sector, and it aims to raise awareness of older people, their priorities and needs and current gaps in knowledge about this. It is hoped that the report, as well as this summary document, also can act as a resource to support planning in statutory organisations. The information can also support voluntary and community organisations to get a picture of the older people in their area and plan services for them. This report should also be helpful to older peoples' groups for general information and as an aid in completing funding applications.

The report looks at older people in the Belfast City Council (municipality) area and their living conditions under the following themes:

- Demography
- Health, mortality and lifestyle
- Health and social services and access to services
- Housing
- Income and social position,
- Employment and occupation,
- Transport,
- Crime and community safety,
- Leisure and recreation,
- Education and lifelong learning and
- Access, participation and support

Each theme covers a range of related issues, for instance tenure, housing conditions, fuel poverty and homelessness under Housing, or car ownership, access to public transport and road traffic collisions under Transport. The aim is to provide as comprehensive information as possible on each topic, but information included is largely dependent on the availability of reliable data, which is discussed below.

The report focuses on presenting currently publicly available information, as a first step in building information and understanding of older people specifically in the Belfast area, their needs and living conditions. However, it also highlights gaps in information collection and makes some recommendations for how information

collection could be improved to better support policy and service development. The main argument here is that appropriate information, collected over time in a consistent manner, is essential for planning services and policies that meet the needs of older people. However, overall it appears that there are significant gaps in currently available information, and that organisations collect information which is required for financial management, or easily available. Less consideration appears to have been given to what information is required for service planning, and this document aims to give an indication of changes that would improve this. Gaps in information available on each topic addressed, along with recommendations, are summarised at the end of each chapter, and the final chapter outlines some overall recommendations based on the experience of developing this report.

Ultimately, the aim of this report is to provide an overall view of older people's circumstances, based on available information, and to encourage service providers to target services to meet currently unmet needs, and to review the collection of information which is currently not available.

## **Background and process**

The report has been developed as part of Belfast Healthy Cities' programme on healthy ageing, which is one of the core areas of work during the phase in Phase IV (2003-2008) of the World Health Organization (WHO) European Healthy Cities Network. It will contribute to an analysis of older people and their living conditions in cities across the Network. As such, it will meet one of the objectives set for WHO European Healthy Cities in this phase.

The basis of data collection was a template built from an outline provided by WHO, and information for it was collected in September – December 2005 from a wide range of sources including the Census, regional surveys and individual organisations (see appendix 1). A working group (see appendix 2) was also established to support and guide the process, with 21 representatives from statutory and voluntary organisations who have experience and knowledge of older people's issues. A final draft was circulated to organisations which contributed information to allow them to check accuracy in February-April 2006.

## ***Healthy Ageing: InterAction Plan, EHSSB area 2006-2009***

The reports complement the *Healthy Ageing:InterAction Plan, EHSSB area 2006-2009*, which has been developed by Belfast Healthy Cities under the umbrella of Investing for Health, as an integral element of the EHSSB *Older People's Health and Wellbeing strategy*. The aim of this action plan is to promote and improve the health and wellbeing of older people through integrated planning, and to encourage organisations to tailor services which specifically meet the needs of older people. It focuses on six themes:

- Health promotion
- Transport
- Housing
- Fuel poverty
- Community safety

- Home safety

The themes were identified by older people, at an intersectoral workshop hosted by EHSSB in May 2004 as part of the development of the *Older People's Health and Wellbeing Strategy*. In addition, Community Support Networks is included as a cross-cutting theme. The InterAction plan covers the same geographical area as the report, and outlines action agreed by a wide range of organisations.

The InterAction plan was developed in 2005-2006 and was built on a comprehensive process, including identification of key themes, a policy review and a needs assessment as well as a mapping exercise and a consultative event held in the Ramada Hotel in Belfast in May 2005.

Working groups on each theme met to discuss the issues and develop action plans between October 2005 and March 2005. The groups were made up of representatives from public sector organisations and Government Departments working across the EHSSB area with a remit for the specific theme. Age sector organisations including Help the Aged, Age Concern, VSB and Engage with Age were also invited on to each of the working groups. For the themes of home safety and fuel poverty, existing groups established under the Eastern area Investing for Health partnership were used, as commitment was given to developing action using existing mechanisms, where possible. Working groups were encouraged not to repeat current action but rather identify ways to build on these actions as well as to identify ways of coordinating existing action across agencies. This process ran parallel to the process of developing this report, but highlighted the importance of appropriate and adequate information as a basis for service development.

### **Information included and rationale for selection**

This report aims to provide as detailed information as possible on older people in Belfast. Where possible, statistics by electoral ward have also been included to enable more local analysis and to highlight differences within the city. However, unfortunately much of the information of interest is only collected through regional surveys and not available below Health and Social Services Board area. This is particularly the case for lifestyle information and data on the level and sources of income. For these indicators, information at EHSSB area level has been included to provide a general picture, but it is acknowledged this is a limitation of the report and currently available information. In addition, statistics related to health services are by and large only available by Health and Social Services Trust area, and Trust level information has been used where more local data are not available.

The basic rationale of this report has been to present as much as possible of the information and statistics analysed in table and graph format so that readers can assess the data directly. In this summary document, only graphs are presented to provide overall illustrations. The majority of graphs illustrate figures at EHSSB and Belfast level, but selected ward level graphs and maps have also been included where illustration of differences within the city is important for understanding the data.

It should be noted that this report provides data on both people over 50 and people over 60, as 'older people'. The rationale for this is that people currently in their 50s will reach pension age in the next 10-15 years and that long term planning therefore needs to take account of this population group as well as people currently of pensionable age. In addition, the United Nations tends to highlight the importance of age 50, in order to encourage people in late middle age to plan for their retirement and ageing. WHO has, nevertheless, defined 'older age' as starting at 60 in the policy document *Active Ageing* (WHO 2002).

However, people in their 50s are in many ways different from older age groups, and therefore including them in overviews of for example income and leisure activities would distort the overall picture. Therefore, the report includes people in their 50s where the issue has implications for long term planning, but focuses on people over 60 where the overview emphasises the current situation. Wherever possible, statistics have also been broken down by age group to allow for comparisons between age groups. In some cases, particularly in relation to health and social services, information has only been available for people aged 65 and over, and this age limit has been used where necessary. The different age limits reflect above all differences in information collection criteria and procedures across organisations, and as such highlight current inconsistencies.

## **2. Demography**

*This chapter gives an overview of the older population in the Belfast City Council area. Included are overviews of the demographic structure overall, sex distribution, total birth and death rates and migration as well as the projected growth in the population over 60. In addition, overviews are given of the marital status, religious distribution and ethnicity of people over 50.*

It is a well known fact that the population in Belfast, as well as Northern Ireland and most of the Western world, is ageing. The demographic structure has changed from a population largely under 50 to one where people over 50 account for around a third of the population, and where people over 60 are estimated to outnumber people under 16 in the next few years. However, it should be noted that Northern Ireland as a whole continues to have a younger population than other areas in the UK, with just under 16 % of the population over 60 (based on mid-2002 population estimates). The proportion in the UK as a whole is 18.4 % - in England 18.4 %, in Scotland 18.8 % and in Wales 20.2 % (Population Trends 116, Office of National Statistics, summer 2004). In 2003, it was estimated that around 13 % of the population in the Republic of Ireland was over 60 (Population estimates 2003, Central Statistics Office).

### **Age structure in Belfast**

#### ***Insert figure 1***

Figure 1 illustrates the age structure of the population over 60 in Belfast, compared to the the EHSSB area and the five other District Councils (municipalities) within it. In total, the proportion of the population in Belfast is 19.7 %, while it across the EHSSB area is 19. This means that at present, Belfast has the third largest proportion of the population over 60 in the EHSSB area, after North Down and Castlereagh.

### **Population over 60 at ward level**

#### ***Insert figure 2***

Figure 2 illustrates the population over 60 at ward level, to highlight differences across the city. It can be noted that the population over 60 appears higher particularly in some wards that include interfaces between communities. Overall, Belfast like other District Councils in the EHSSB area has a significant number of wards where the population is considerably higher than the area average. In total, 29 out of the total 51 wards (57 %) have populations where over 20 % are aged 60 or over.

## **Sex structure**

### ***Insert figures 3 and 4***

Figure 3 shows that women outnumber men in all age groups over 50 Belfast (Census 2001, Northern Ireland Statistics and Research Agency (NISRA)). The proportions become marked in the age groups over 80, which is largely explained by the longer life expectancy of women. Figure 4, which illustrates the age-sex structure across the EHSSB area, shows the differences are more marked in Belfast than across the entire EHSSB area. (Also see life expectancy graphs in the 'Health, mortality and lifestyle' chapter.)

## **Population projections**

### ***Insert figures 5 and 6***

The older population across the EHSSB area is expected to grow rapidly over the next few years, as illustrated in figure 6. However, figure 5 shows that growth is projected to be slower in Belfast, where most age groups over 60 are expected to decrease in size. This may be linked to migration trends out of Belfast, and may also mean that services in Belfast will not need to adjust to an older population to the same extent as service providers in areas projected to experience considerable growth, such as Ards, Down and Lisburn. Figures 5 and 6 illustrate the year 2010, which is the year preceding the next Census.

## **Deprivation**

In 2005, a new *Northern Ireland Multiple Deprivation Measure* was published by NISRA, based largely on data collected in 2003. The measure contains seven domains: income deprivation; employment deprivation; health deprivation and disability; education, skills and training deprivation; proximity to services deprivation; living environment deprivation and crime and disorder. When combined into a total multiple deprivation score, the income and employment deprivation domains were weighted most, followed by health deprivation and disability.

The measure was constructed using Super Output Areas (SOAs), which are new geographical areas, above all intended to allow for better comparisons than ward level data. Each SOA consists of around 2000 people, and have been constructed by splitting electoral wards where necessary, or in some rural areas combining wards, into a total of 890 SOAs across Northern Ireland. There are in total around 150 SOAs in Belfast.

### ***Insert figure 7***

The map clearly shows that deprivation is a significant issue in Belfast, and that a third of SOAs in Belfast are among the 10 % most deprived in Northern Ireland. Nearly half of the Belfast population live in areas among the 30 % most deprived in Northern Ireland, and the most deprived areas are disproportionately located in Belfast. Deprivation ranks are particularly high in north and west Belfast, while some areas in south Belfast are among the least deprived in Northern Ireland.

Figure 8 below illustrates deprivation levels in Belfast compared with the EHSSB area as a whole, and shows that deprivation is less of an issue in other District Councils in the area.

### ***Insert figure 8***

#### **Marital status**

The majority of people aged 50 and over in Belfast are, or have been, married. However, women are considerably more likely to be widowed than men which is linked to a longer life expectancy among women. In total, 54 % of women aged 75-79 and over 75 % of women aged over 90 were widowed at the time of the Census in 2001, and the proportion of widows was nearly three times higher than the proportion of widowers in the same age groups.

#### **Living arrangements**

Living arrangements are significant for the health of older people, particularly as people living alone are at increased risk of social exclusion and associated issues.

### ***Insert figure 9***

Figure 9 shows that a significant proportion of pensioner households are one person households, while information on life expectancy and marital status indicates that it is often older women who live alone. This graph shows that nearly a quarter of all households in Belfast are pensioner households, and that a majority of these are single pensioner households. Belfast also has the highest proportion of single pensioner households among District Councils in the EHSSB area.

#### **Religious distribution**

### ***Insert figure 10***

In comparison with other District Councils in the EHSSB area, Belfast has a relatively high Catholic population aged 60 and over, which is consistent with religious distribution in the populations as a whole. However, the proportion of people of a Catholic background in the groups aged 60 and over is lower than in the population on average. Meanwhile, the proportion of the population aged 60 or over belonging to the Presbyterian Church in Ireland is higher than in the population on average, particularly among the older age groups.

At ward level, the religious distribution of older people largely reflects the distribution among the population as a whole, with wards clearly defined as Protestant or Catholic.

## **Ethnic minorities**

### ***Insert figure 11***

Figure 11 shows that the population aged 60 and over in Belfast is overwhelmingly white, with over 99.5 % of the group stating this ethnic background in the Census 2001, although it can be noted that Belfast has a slightly larger older ethnic minority population than other District Councils. Figure 11 illustrates the relative size of the very small ethnic minorities there are in each District Council area in the EHSSB area. In Belfast as across the EHSSB area, the Chinese appear to be the largest ethnic minority among people over 60, followed by people of an Asian background. It is likely, however, that there is some undercounting of ethnic minorities in the Census and these figures should be seen as mainly indicative.

## **Gaps and implications for information collection**

The information in this chapter is largely derived from the Census, which contains a wide range of information relating to demographic characteristics of a population available at a very local level. Therefore, there were no major gaps in the information available. However,

- The Census is only carried out every 10 years and in 2006, it is five years since the last Census, which means that much of the information is becoming outdated. For instance, the ethnic composition in Northern Ireland, as well as Belfast, has changed notably since 2001. More frequent Census surveys, or alternative methods to update the information, would be very helpful to provide up to date information that can be used as a basis for decision making.
- It is recognised that the Northern Ireland Statistics and Research Agency (NISRA) produce population estimates, birth and death statistics and population projections at least annually, which provides essential demographic information. However, a significant amount of other data covered in the Census, such as religious distribution, educational qualifications and occupational status, is not collected systematically elsewhere, and a mechanism for updating this information more frequently would be essential to ensure services and plans are appropriate for specific populations.

### **3. Health, mortality and lifestyle**

*This chapter looks at the health status and mortality of older people in Belfast. Included are overviews of life expectancy, mortality rates, self reported health status and disability, as well as an outline of hospital admissions. Unfortunately statistics on the prevalence of different conditions are not available by age, and therefore hospital admissions are used as a very rough indication of some of the most common conditions among older people. In addition, this chapter gives an overview of lifestyle choices, such as smoking, alcohol use and physical activity, among older people.*

Health has a fundamental impact on quality of life, and a person's health status also impacts on many other factors such as ability to work and participate in society in other ways, overall mobility and ability to participate in social and recreational activities. Age is related to health in that many illnesses are more common among older people, and many conditions become more severe and limiting with increasing age. Therefore, older people are more at risk of poor health than younger people, and poor health may also be more limiting to them than younger people due to other constraining factors brought on by ageing itself.

#### **Life expectancy**

##### ***Insert figure 12***

Life expectancy in Northern Ireland has risen rapidly over recent decades, but more rapidly for women than for men. There are also differences due to social conditions so that people living in deprived areas have a shorter life expectancy than people living in less deprived conditions. The EHSSB area average is close to the Northern Ireland average (75.8 years for men, 80.6 years for women), but there are notable variations within the area, as shown in figure 12. Belfast has the shortest life expectancy in Northern Ireland for both men and women Belfast. Men in Belfast are expected to live two years less than the EHSSB average, and women over a year less.

#### **Life expectancy at ward level**

##### ***Insert figures 13 and 14***

As noted, life expectancy is linked to living conditions and the level of deprivation. Figures 13 and 14 illustrate life expectancy ranges for wards across the EHSSB area. It can be noted that areas with shorter life expectancy for both sexes largely correspond to areas rating higher on the deprivation measure. The shortest life expectancy range, under 70 for men and under 75 for women, occurs predominantly in north and west Belfast. Meanwhile, relatively few wards have a life expectancy notably longer than the Northern Ireland average (80 years and over for men, 85 years and over for women), but these are predominantly located in south Belfast.

## **Mortality**

### ***Insert figure 15***

Mortality is, for obvious reasons, higher in the age groups over 65 than in younger age groups. However, the most common causes of death for the overall population are also the leading causes for older people. Figure 15 shows that diseases of the circulatory and respiratory systems are the leading causes particularly for the age groups over 75, while death rates from cancer are slightly higher in the age group 65-75. The proportions in Belfast are largely similar to other District Councils within the EHSSB area, although respiratory disease is a somewhat more common cause of death among women aged 60 and over in Belfast than in other District Council areas.

## **Self reported health status**

### ***Insert figure 16***

Self reported health status is increasingly used as a measure of the level of health in the population, although it is subject to uncontrollable factors such as how different individuals understand (good) health or how likely they are to report a certain health status. For example, figure 16 shows that a higher proportion of men than women report good health in all age groups over 50 in all District Councils. It is also clear that the proportion of people reporting good health decreases with age so that only a third or less of people aged 75 and over report good health. However, it can be noted that people in the oldest age groups again become more likely to report good health, possibly due to a different attitude to health as much as other factors.

People aged 50 and over in Belfast are most likely in the EHSSB area to report not good health, with nearly two thirds reporting fair or not good health. This tendency is particularly marked in the younger age groups.

## **Self reported health status at ward level**

### ***Insert figure 17***

The differences in health status become particularly clear at electoral ward level. In some wards, less than 20 % of the population over 50 reported good health in the Census, while the proportion in the top wards was over 60 %. In total, less than a quarter of the population aged 50 and over in a significant proportion of wards reported good health. These were largely inner city wards, and many were also among more deprived areas.

## **Long term limiting illness**

### ***Insert figure 18***

Long term limiting illness is defined as any illness, health problem or disability that limits daily activities or work, and is open to some subjective interpretation like the self reported health measure. It can, however, act as a very rough

indicator of levels of disability, in the absence of an overall agreed disability indicator. Figure 18 shows that people in the older age groups are most likely to report a long term limiting illness, and that women are slightly more likely than men to report such an illness. While the proportion of people in the oldest age groups reporting a long term illness does not differ significantly between District Councils, it can be noted that people aged 50-54 or 55-59 in Belfast are more likely to report one than people of the same age in other District Councils.

### **Long term limiting illness at ward level**

#### ***Insert figure 19***

Differences in the prevalence of long term limiting illness also become clearer at ward level, as illustrated in figure 19. Levels tend to be higher in wards which also rank higher on the deprivation scale, which highlights the link between deprivation and poor health.

It can be noted that levels of long term limiting illness tend to be higher in wards in north and west Belfast than in south and east Belfast.

### **Disability**

There is currently no agreed way of accounting for people living with disability in Northern Ireland. In this report, entitlement to disability related benefits has been used as an indicator illustrating the level of disability. There are two key benefits: Attendance Allowance for people over 65, which is not means tested but dependent on whether the person needs care during day or night only or continually, and Disability Living Allowance. It should be noted that persons over 65 cannot make a new claim for Disability Living Allowance, but people in receipt of the benefit before age 65 can continue receiving it. Therefore, both benefits have been included, but it is likely that levels of disability are higher than these figures alone show.

### **Attendance Allowance**

#### ***Insert figure 20***

From April 2005, Attendance Allowance is paid at the rate of £60.60 per week for persons needing assistance both day and night, and £40.55 per week for persons needing care either day or night. Just under a third of people aged 65-89 in Belfast were in receipt of this benefit in August 2005, which was among the higher proportions in the EHSSB area. It can be noted that the number of recipients was higher in the groups aged 70 and over, indicating higher levels of need in relation to personal care.

#### ***Insert figure 21***

At ward level, there is significant variation, as the highest proportion of recipients ranges around 40 % of people over 65 in a ward, while the lowest proportion ranges around 20 %. This suggests that there may be concentrations of older

people with personal care assistance needs in some areas within District Councils. However, it should be noted that the number and proportion of recipients can be affected by a range of factors, including whether or not people entitled have applied for it, and whether some older people receive another, equivalent benefit such as Disability Living Allowance.

It should be noted that the proportion has been calculated using Census figures of the population over 65, which means that the proportion is only indicative of the true level, as population numbers will have changed. It should also be noted that wards are not directly comparable, since they cover different population sizes.

### **Disability Living Allowance**

Disability Living Allowance (DLA) is a benefit aimed at supporting people with a disability with the extra costs arising from care and equipment needs. People over 65 cannot make a new claim for DLA, but people who have claimed before this age can continue to receive the benefit. Anecdotally, there are reports that a number of people apply for DLA, which is usually higher than Attendance Allowance, around the age of 64 to keep receiving it after 65.

DLA has a care and a mobility component, which can be paid separately or together depending on a claimant's circumstances. From April 2005, the low rate of the care component was £16.05, the middle rate £40.55 and the high rate £60.60 per week. The lower rate of the mobility component was £16.05 and the higher rate £42.30.

Like Attendance Allowance, DLA can also be used as a rough indicator of people with disabilities.

At District Council level, Belfast has the lowest proportion of people aged 50 and over in the EHSSB area who are in receipt of DLA. However, a ward level analysis indicates that the proportion of recipients is considerably higher in some areas. In the wards with the highest proportion of recipients, over a third of people aged 50 and over received the benefit in August 2005. Meanwhile, the proportion was as low as 5 % in other wards, which illustrates the differences within the city.

### **Accessibility of public buildings**

No information is available on the accessibility of public buildings across the EHSSB, but some mapping of businesses in Belfast city centre has been done. The results, which have been published in a booklet *Belfast City Centre Access Guide* (Belfast City Centre Management, 2004), show that the vast majority of businesses in Belfast city centre have level access for wheelchairs, but that scooter access is less common. Only a minority of businesses have automatic doors.

### **Hospital admissions**

A significant proportion of hospital bed days are occupied by older people, since the prevalence of many illnesses and chronic conditions increases with age - according to Age Concern Northern Ireland, around two thirds of acute hospital

beds are occupied by people over 65 (*Policy position paper on health and social services*, Age Concern Northern Ireland 2005).

Hospital admissions are currently recorded by the EHSSB by Health and Social Services Trust (HSS Trust) area and Local Health and Social Care Group (LHSCG) area. In Belfast, there are currently two Trusts and two LHSCGs. The South and East Belfast HSS Trust, as well as South and East Belfast LHSCG both take in Castlereagh.

### ***Insert figure 22***

The recorded hospital admissions for people aged over 60 in 2004-05, for residents within the named area to a hospital in the area, show that around a third of all admissions in all HSS Trust and LHSCG areas were non elective, while day cases contributed another 30 %. This indicates that unplanned or emergency admissions occur almost as often as planned admissions, and that acute cases therefore constitute a major part of the hospitals' dealings with older people. There appear to be no significant differences between Trust areas.

It can be noted that the most common cause for non-elective admissions, by numbers, was ischaemic heart disease in all Trust areas. Among a list of selected conditions (chronic obstructive pulmonary disease (COPD), diabetes, heart failure, angina pectoris, stroke, glaucoma, all cancers, accidents and alcohol related admissions), heart failure caused the second highest number of non elective admissions in North and West Belfast HSS Trust. South and East Belfast HSS Trust (which includes Castlereagh) recorded accidents in second place. However, it should be noted that these figures refer to admissions only and do not reflect readmissions, which means that figures may be increased by a number of patients being readmitted on more than one occasion. Readmissions are particularly common for certain conditions including COPD, heart failure and angina.

### **Home accidents**

Accidents in the home account for a significant proportion of attendances at Accident and Emergency departments – a survey from 2001 put the figure of 41% of all attendances (*Accident and Emergency Survey Summary Report*, DHSSPS & PricewaterhouseCoopers, 2001). Older people are particularly vulnerable to home accidents, and may become less independent as a result of being injured in a home accident, to the point of requiring residential care.

### ***Insert figure 23***

Figure 23 illustrates home accidents which resulted in at least one night's hospital admission, by hospital in Belfast. It should be noted that these tables do not specifically refer to Belfast residents admitted to hospitals in the city, but generally admissions of any casualties to these hospitals.

The figure shows that in most hospitals, people over 65 are the major patient group requiring hospitalisation after a home accident. Falls appear to be by far the most common cause of home accidents.

However, it should be noted that records of admissions depend on how hospital staff record an injury. While figure 23 presents admissions where home accident has been recorded as cause, there may be other cases where this is not recorded as there currently are inconsistencies in the degree to which hospitals record home accidents as such. Therefore, it is likely that hospital admissions due to home accidents in fact are considerably higher than these figures show. In addition, a significant number of less serious injuries resulting from home accidents are treated by GPs or at home and not recorded systematically.

## **Lifestyle**

Lifestyle information is currently only collected in regional surveys, which are aimed at measuring regional trends, but less suitable for providing local level information. However, the report gives an overview of information that can be broken down to EHSSB level to provide an indication of the situation.

### **Smoking**

#### ***Insert figure 24***

There has been a reduction in smoking across age groups over the last 20 years, but it has been particularly marked in the older age groups, as can be seen in figure 24. The drop has been most marked among men over 70, from 38 % in 1983 to 8 % in 2002-03 and significant also among men aged 60-69, where the rate has nearly halved from 42 % in 1983 to 22 % in 2002-2003. Among women in age groups 60 and over, smoking was less common in the 1980s with around a quarter of women aged 60-69 and just under 20 % of women aged 70 and over smokers, but the decrease has been relatively limited to around 22 % of women aged 60-69 and 12 % of women aged 70+ in 2002-03. It should be noted, however, that the number of respondents which these percentages are calculated from is relatively small and that figures therefore should be taken as indicative only.

### **Alcohol use**

#### ***Insert figure 25***

Contrary to smoking trends, figure 25 shows that alcohol use has increased somewhat among older people in the EHSSB area over the last 20 years. There appears to be no significant differences in the increase between men and women, but it is still considerably more common for men aged 60 and over to drink alcohol than for women. In 2004-05, 81 % of men aged 60-69 and 70 % of men aged 70+ in the EHSSB area drank alcohol, compared to 62 % of women aged 60-69 and 48 % of women aged 70+. However, as with smoking the bases for these figures, in particular women over 60, are relatively small and figures should therefore be seen as indicative only.

#### ***Insert figures 26 and 27***

Figures 26 and 27 indicate that the majority of people aged 60 and over drink within the limits of sensible alcohol consumption – defined as 21 units of alcohol per week for men and 14 units for women - or do not drink at all. However, it can be noted that the proportion of older people who drink above sensible amounts has increased from 1986, particularly in the 60-69 age group. It can also be noted that this group has grown faster than the group of drinkers as a whole.

In addition, relatively low levels of alcohol may have adverse impacts for older people due to physiological changes such as lower body water content, and it has been suggested that the intake limits for older people should be lowered by 33-50 % from those recommended for the general adult population (*Alcohol and substance misuse consultation report*, Review of Mental Health and Learning Disability 2005).

## **Physical activity**

### ***Insert figure 28***

A significant proportion of older people do not engage in any physical activity, for a wide range of reasons. Male respondents aged 60 or over were less likely than women to be sedentary, but there was little difference in their intentions to become physically active. Women, however, were slightly more likely to state that they did some physical activity but not enough to fit the description.

## **Level of overweight and eating habits**

At a Northern Ireland level, the Expenditure and Food Survey 2003-04 indicates that people aged 65 and over eat more fruit and vegetables than younger people, but also consume more white bread, biscuits and cakes as well as tea. The survey, which covered a total of 600 households, also indicates that older people's daily energy intake is higher than for younger people, which coupled with older people's tendency to be sedentary may lead to weight problems.

Findings from the 2002 Health and Lifestyle Survey in Northern Ireland (HALS, Health Promotion Agency 2005) at EHSSB level show that a significant proportion of the population aged 55 and over in the EHSSB area is overweight or obese, on the basis of their calculated Body Mass Index (BMI). Men are slightly more likely than women to be overweight except in the age group 70 and over, where over half of men were measured as having a BMI in the normal range. However, BMI was calculated from self reported height and weight. It should also be noted that the sample size for the EHSSB area was around 100 or less, which means that the figures should be treated with caution.

## **Physical activity initiatives**

In the EHSSB area, physical activity initiatives are co-ordinated by the Eastern Physical Activity Co-ordination Group (EPACG) and delivered above all by Trusts. In Belfast, 84 people in the North and West Belfast HSS Trust area and 51 people in the South and East Belfast HSS Trust area had been trained as boccia leaders (a game similar to bowls which can be played sitting down) by the end of 2005. Chair aerobics, under a Movement to Music initiative, has also been organised in Belfast City Hospital, Green Park Hospital, Mater Hospital and Royal Victoria Hospital.

Other current initiatives include training of walking and mobility training leaders; and training leaders and engaging participants in a holistic health education programme. EPACG also co-ordinate the Healthwise referral scheme, under which clinicians can refer patients to physical activity sessions. To March 2006, 1015 people across the EHSSB area had started the 12 week programme.

Age Concern Northern Ireland, in partnership with the Health Promotion Agency, run the Actively Ageing Well programme, which aims to increase participation in physical activity among older people. The focus of the programme, which currently is run with 18 groups in the EHSSB area, is to arrange taster sessions as well as regular activities. An evaluation of the first two years of the programme (2002-2004) indicated that it had had a positive impact on physical activity among participants.

### **Gaps and implications for information collection**

This chapter aims to give an overview of the health of older people in the EHSSB area. However:

- There is currently no systematic information available on the prevalence of disability among older people (or any other age group) and proxies such as Attendance Allowance or Disability Living Allowance recipients can at best be very rough approximations. It would be essential to develop a robust and inclusive indicator of the level of disability, as this influences assessments of the level of associated need.
- Very limited information is available on the prevalence of certain chronic conditions such as heart disease and diabetes among older people, as the prevalence data collected under the General Medical Services contract are not broken down by age. This arrangement should be reviewed, as a breakdown by age would significantly support planning for services. However, it is acknowledged that this arrangement is relatively new and currently being developed further.
- The recording of home accidents in diagnoses at hospital is patchy and dependent on staff completing forms, which makes the data of limited use and reliability. There is a need for a coherent and uniform set of guidelines, to be followed by all hospital staff in recording home accidents.
- Lifestyle related information, for instance on smoking, alcohol use and physical activity, is currently only collected through regional surveys and there are robustness issues with any breakdowns to more local

geographies due to sample size. This is a significant gap, and possibilities for more localised information gathering should be explored to help build a picture of lifestyle choices in local areas and plan better interventions.

- Very limited or no information is currently available on the drug use of older people, or on medicine management among older people. The limited surveys of drug use available draw the line at 64, or only collect information on 'adults aged 18+'. There is a need to develop data collection approaches in this field, since a lack of information appears to result in a lack of treatment services and strategic directions for older people.
- There is also a notable lack of qualitative information on older people's health, collected routinely or as one-off studies.

## **4. Health and social services and access to services**

*This chapter gives an outline of health and personal social services available to older people and use of these services. An overview is given on the use of services including home helps and district nursing, as well as on the places available in nursing and residential homes. In addition, services for people with dementia and functional mental illness are looked at separately. The chapter concludes with an overview of older carers in Belfast.*

Older people are the main users of health and personal social services. Many illnesses and conditions are more common in older age groups, and age in itself imposes restrictions on for example ability to care for oneself and one's home. In recent years, focus has increasingly been placed on support services aimed at enabling older people to live independently, which has had an impact on services provided.

### **Health and Social Services Trusts and services provided by Trusts**

#### ***Insert figure 29***

Health and Social Services Trusts are responsible for providing services for older people including day care, home helps, District Nursing and Cook-Chill meals. However, currently information on the provision and take up of these services is collected by each Trust according to their own criteria, which means that figures are not comparable. Comparisons are also hindered by the fact that the population base for each Trust is different. Figure 29 above outlines the current Trust structure across the EHSSB area, and also highlights hospitals with A & E departments, which are discussed later in this chapter. Service provision and uptake is presented individually for each Trust in the main report. It can be noted that around 2 % of the population over 65 in each Trust area receives Cook-Chill meals, but that there are bigger variations for all other services.

It is possible that availability of information and criteria used for recording data will change when the new Trusts put in place in the Review of Public Administration come into operation from April 2007. Figure 30 below illustrates the structure of the reformed health and social services at a Northern Ireland level.

#### ***Insert figure 30***

### **Special equipment**

Trusts also provide special equipment aimed at assisting people to get about daily tasks through the Occupational Therapy service. Neither North and West Belfast HSS Trust nor South and East Belfast HSS Trust are currently able to provide statistics on equipment, but the most commonly issued pieces of equipment are largely similar in each Trust. These include bath seats and other bathing aids, raised toilet seats, walking aids, perching stools, grab rails both inside and outside the house and small aids such as Helping Hands (long handled pincer like equipment for picking objects up).

## **Services for older people with dementia and functional mental illness**

Trusts are also responsible for providing services to people with dementia and older people with mental health illness. These services are in both Trusts delivered by Mental Health Services for Older People teams, but information available on clients is limited and not directly comparable between Trusts. North and West Belfast HSS Trust currently has a larger staff team providing services than South and East Belfast HSS Trust, but conversely this Trust has a higher number of statutory care home places for older people with dementia and functional mental illness. South and East Belfast HSS Trust also provides a number of hospital or continuing care beds for older patients, and North and West Belfast HSS Trust also commissions beds in these facilities. No estimates are currently available of the total proportion of the older population within Trust areas who live with dementia or functional mental illness. Many people within this potential client group also receive services under mainstream provision, which makes estimation of a proportion even more difficult.

Services to these client groups are also provided by voluntary sector organisations such as Alzheimers' Society (people with dementia) and Aware Defeat Depression, Northern Ireland Mental Health Association and Rethink. However, these organisations currently collate limited information on older clients.

## **Nursing and residential homes**

### ***Insert figures 31 and 32***

Nursing and residential homes provide a relatively intensive level of care to residents, while sheltered and supported housing schemes, which provide support rather than care, are discussed in the 'Housing' chapter. However, as figures 31 and 32 show, there are differences in the provision of nursing and residential care. A significant proportion of homes are located in Belfast, although places per 1000 population over 60 in Belfast are not particularly high. Meanwhile, Down has the highest number of places per 1000 population, while there is clearly less provision in Ards, Castlereagh and Lisburn. However, it should be noted that places are not available solely to people aged 60 and over, although older people are a major client group of nursing and residential homes.

The figures indicate that unmet need for nursing and/or residential care may be higher in some areas, and that people may be required to move a considerable distance to take up a place. However, figures should be interpreted against an increasing focus for service providers to support independent living. Within this approach, residential care is seen as a final option for a minority of people only.

## **Access to services**

Distances to key services were measured in the *2005 Northern Ireland Multiple Deprivation Measure* (NISRA 2005), as it was argued that poor geographical access to key services constitutes a form of deprivation. Unfortunately very limited information is available on other factors which affect accessibility.

## **Distance to GP practice**

### ***Insert figure 33***

The majority of people in Belfast live relatively close to a General Practitioner (GP) practice, or within three kilometres. This indicates that in principle, access to a GP in terms of distance should not be a significant issue for older people. It should be noted, however, that many people may not be registered with the GP closest to them, as they may have moved but not changed GP. This is particularly likely for older people.

## **Distance to a hospital with Accident and Emergency services**

### ***Insert figure 34***

Figure 34 shows that differences in distance to a hospital with A&E services between areas within Belfast are more marked than for distance to a GP, although distances on the whole are considerably shorter than in rural areas. Distances are longer from areas on the outskirts of the city, since all three hospitals with A&E facilities are located in the inner city.

## **Distance to a dentist**

### ***Insert figure 35***

Figure 35 shows that distances to a dentist are similar to those to a GP. Distances to a dentist in Belfast are at most around two kilometres, which is considerably less than in areas outside the city. However, statistics show that only a proportion of the adult, as well as older, population are registered with a dentist, which indicates that there are other barriers to accessing dental care, although no documented information is available on this.

## **Carers**

### ***Insert figure 36 and 37***

According to Census figures, illustrated in figures 36 and 37, only a small proportion of people aged 60 and over in Belfast are carers. The majority of those who are carers provide care for less than 20 hours per week, but it can be noted that a significant proportion provide care for over 50 hours per week. Overall, women over 60 are more likely to be carers than men, but a breakdown by age and hours of care provided shows that men aged 75 and over are more likely to be carers. They are also more likely to provide over 50 hours of care per week, while women are more likely to be heavily involved in caring in the age group 60-74.

However, it should be noted that not all carers may identify themselves as such, and this is particularly the case among older people who often see caring as a natural responsibility. It is, therefore, estimated that older carers are underrepresented in statistics because of this.

At a Northern Ireland level, the Northern Ireland Household Panel Survey 2002 showed that a total of 41 % of people over 65 care for someone at least to some extent. About half of older carers cared for a spouse, while around 40 % cared for a child, sibling or other relative while the remainder cared for friends, neighbours or other acquaintances.

### **Support services for carers**

The Carers and Direct Payments (NI) Act 2002 states that carers have a legal right to an assessment of their own needs, regardless of whether the person they care for is receiving services. All Trusts therefore provide carer assessments, although there is no statutory obligation to address needs identified in assessments. The Valuing Carers strategy (DHSSPS) also expects Health and Social Services Trusts to treat carers as partners in the provision of care, and to provide opportunities for a life outside caring.

Both North and West Belfast HSS Trust and South and East Belfast HSS Trust have employed Carer Co-Ordinators, who have some direct contact with carers although their main role is working with policy and practice within Trusts.

Support services for carers include respite care and sitting services in both Trust areas, and both Trusts also organise a range of training courses and away days for carers. Both Trusts also support carers' groups. In addition, South and East Belfast Trust has developed a directory of older people's services. North and West Belfast HSS Trust has a 24 hour dementia helpline, respite care services including a sitting service, a carers' support service and carers' groups specifically for carers of older people.

Voluntary sector support services are provided by Belfast Carers Centre and Carers NI. Services include support as well as training – Carers NI has arranged Internet taster sessions for carers. Belfast Carers Centre is involved in a project unique to Belfast, where workers attend GP surgeries to deal directly with carers' needs. This project is particularly focused on older carers and the centre states it has been successful in reaching this often hard to reach group.

### **Views on health and social services**

Qualitative evidence is largely anecdotal, but indicates the following:

- Older people have less access to care and are less involved in planning their care than other population groups, while older people also report loss of autonomy and dignity in relation to health and social care (*Age Concern Northern Ireland's preliminary response to Developing a Strategy for Health and Personal Social Services 2002-2022*, Age Concern Northern Ireland 2004)
- Trolley waits and mixed hospital wards are reported to cause older people most concern in relation to dignity in hospital care. There is a fear of entering hospital and concern about staffing levels as well as waiting lists, and older people and their families feel dependent on care professionals, and are uneasy about complaining (*Promoting the Social Inclusion of older*

*people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).

- Older people believe that day centres should be subjected to more rigorous checks, and be more creative when planning activities. They also feel access to home helps should be improved (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).

### **Gaps and implications for information collection**

This chapter focuses on giving an overview of health and social services available to older people and usage of these services. However, significant gaps were found in available information:

- There appears to be significant differences in how information is recorded in different parts of the EHSSB area on use of services such as home helps, District Nursing and special equipment provided by Occupational Therapists, and there is therefore a need for significant improvement in systematic data collection. For instance, only one of the current Trusts was able to quantify special equipment issued in the last year. There is a need for a uniform set of data collection guidelines, which would enable systematic monitoring of services and also comparisons between areas. Developing such guidelines would be particularly timely at present, as a new Health and Personal Social Services structure is coming into operation in the near future.
- Only very limited information is available on older people with dementia or functional mental illness. For instance, currently breakdowns of clients of mental health services into people with dementia and functional mental illness are not possible, and there are no estimates of the total number of older people living with dementia or functional mental illness in the EHSSB area. This is a very significant gap, and information collection systems based on a set of uniform criteria should be developed to rectify this, as a shortage of information makes appropriate service planning impossible. These criteria, in turn, should be based on an assessment of information required to ensure services meet the needs of older people as well as other population groups.
- There is very limited information on older people and suicide. Although numbers may be small, a systematic approach is required to collating this information as it has an influence on mental health service planning for older people. At present, it appears that individual practitioners may collect information, but this is not collated regionally in any systematic way.
- There is also a notable shortage of systematically collected qualitative information on older people's experience of health and social services. More systematic collection of views and feedback is required to develop services and service delivery to better meet older people's needs and expectations.

- Only limited information, collected in the Census, is available on carers and in particular older carers. There is a need to develop systematic ways of collecting information on older carers more frequently, as this group may need particular support services.

## **5. Housing**

*This chapter gives an overview of older people and their housing circumstances in Belfast. The chapter looks at living arrangements, tenure, the type of accommodation older people live in and the incidence of homelessness. It also looks at unfit housing and fuel poverty among older people, and also provides details of special accommodation available to older people.*

Housing is a basic need for everyone, and the type, location and condition of housing has a significant impact on a person's health. For example, appropriate and sufficiently spacious accommodation in an area close to services and amenities, which is in good repair, is likely to support health. If the sense of community in the area is strong, this is further positive for community safety and mental wellbeing. Meanwhile, poor housing in poorly maintained areas can be harmful to health, and conditions such as damp, cold or a noisy or polluted environment constitute physical health hazards. For older people, all risks are exacerbated as older people tend to be more vulnerable, but good housing conditions can help older people remain active, independent and socially included longer.

Some data in this chapter refer to Northern Ireland Housing Executive (NIHE) Districts, which are the sub regional units of the housing authority. Belfast is divided into seven Housing Districts, which are shown in figure 38.

### ***Insert figure 38***

#### **Living arrangements**

In Belfast, just over a third of people aged 60 and over live alone, which is slightly higher than in the EHSSB area as a whole. This can be compared to figure 9, which shows that over 15 % of all households in Belfast are single pensioner households.

### ***Insert figure 39***

There is no significant variation between the District Councils within the area, but it can be noted that the proportion is highest in Belfast at just over 37 %, while Down has the lowest proportion at just over 29 %. The table appears to show that a slightly higher proportion of people over 60 in the more urban areas (Belfast, Castlereagh, North Down) live alone than in the more rural areas (Ards, Down and Lisburn).

#### **Persons aged 60 and over living alone at ward level**

### ***Insert figures 40 and 41***

At ward level, it can be noted that over 50 % of people aged over 60 in some wards in Belfast live alone, which is higher than in other District Councils. It can also be noted that there is quite significant variation between wards, in that over

half of people aged 60 or over live alone in certain wards, while the proportion is 20 % in wards with the lowest proportion of people over 60 living alone.

## **Tenure**

The majority of people aged 50 and over in Belfast, as well as across the EHSSB area are owner occupiers. Those who rent are predominantly Northern Ireland Housing Executive (NIHE) tenants, or with another social landlord. Less than 10 % of people over 50 rent their home from a private landlord.

### ***Insert figure 42***

Figure 42 shows that people over 50 in Belfast are considerably more likely to live in rented accommodation (total over 35 %) than people over 50 elsewhere in the EHSSB area. Conversely, home ownership is lower in Belfast than elsewhere. These trends appear to reflect the higher levels of deprivation in Belfast and may also reflect property prices, both of which mean that a significant proportion of people of all ages cannot afford to buy property. The relatively high level of home ownership among the older population does, however, highlight its own set of potential issues and difficulties, relating to older people's ability to maintain, and repair their properties.

## **Tenure at ward level**

### ***Insert figures 43-45***

At ward level, differences in tenure are more marked and can be seen as an indicator of the relative level of deprivation in the area. Overall, home ownership is over 90 % in the top wards, and over three quarters in the top 20 % of wards. Meanwhile, around 20 % of people aged 50 or over in some wards own their home. These wards also have the highest proportions of NIHE tenants aged 50 or over. It can further be noted that the proportion of private tenants aged 50 or over is low overall, but higher than 10 % in six wards or just over 10 % of all wards. These are Botanic (17.4 %), Andersonstown (12.6 %), Windsor (12.6 %), Blackstaff (11 %), Woodvale and Bloomfield (10.3 % each).

## **Housing Benefit**

Housing Benefit is a means tested benefit available to support Northern Ireland Housing Executive, Housing Association or private tenants with the cost of rent. To qualify, an applicant must be in receipt of Pension Credit, Income Support, Jobseekers' Allowance (income based) or have a low income, and their income, savings, rent and rates as well as personal circumstances are assessed to determine the level of Housing Benefit to be paid, up to a maximum of 100 %.

### ***Insert figure 46***

Overall, a relatively low proportion of people aged 50 and in the EHSSB area receive Housing Benefit, although the proportion is higher in Belfast than elsewhere. However, an analysis by age group indicates that people aged 70 and over more likely to receive Housing Benefit than people in their 50s and 60s. In

most District Councils, the proportion of people aged 80 or over in receipt of Housing Benefit is close to ten percentage points higher than the proportion of people aged 65-69 in receipt of the benefit, which reflects the tendency for older people to have relatively low incomes.

A comparison of the number of Housing Benefit recipients and the number of tenants aged 50 and over shows that over 40 % of tenants are in receipt of the benefit in all District Councils except Belfast, where the proportion is over 51 %. This may indicate differences in claiming patterns, but also a higher need of support than elsewhere, which in turn may be linked to higher levels of deprivation.

### **Housing Benefit recipients aged 50 and over at ward level**

#### ***Insert figure 47***

Differences in the level of need for support become clearer in the ward level figure. In Belfast, more than a third of people aged 50 and over in some wards receive Housing Benefit. The lowest proportion, in turn, is less than two per cent. However, this figure should be compared to the home ownership figure, as owner occupiers are not entitled to Housing Benefit, which means that the proportion can be expected to be low in wards with high home ownership.

### **Rate Rebate**

#### ***Insert figure 48***

Rate Rebate is the equivalent of Housing Benefit for owner occupiers, and currently administered through the Rates Collection Agency. The principles for eligibility are the same as for Housing Benefit.

As figure 48 shows, a low proportion of the total population aged 50 and over, as well as owner occupiers aged 50 and over receive Rate Rebate in all District Councils, but this highlights the existence of low income also among owner occupiers. Among District Councils, Belfast stands out with a notably higher proportion of recipients than other District Councils, which may reflect the relatively higher deprivation in the city. It can also be noted that over half of Rate Rebate recipients over 50 in the EHSSB area are Belfast residents, although only 40 % of the EHSSB population over 50 is resident in Belfast (mid-year population estimate 2004, NISRA).

### **Type of accommodation**

#### ***Insert figure 49***

The vast majority of people aged 50 and over in the EHSSB area live in a house or bungalow, with 10 % or less living in an apartment, flat or maisonette and a very small proportion in other accommodation (including a caravan, mobile home or communal establishment). As the graph shows, it appears that people aged 50 and over in more urban areas (Belfast, Castlereagh, North Down) are slightly

more likely to live in an apartment, flat or maisonette than people in more rural areas.

Data from the Continuous Household Survey show that around half of couples with at least one partner over 60 live in detached or semi detached housing, while these are the most common accommodation type also for single people over 60. Single people over 60 are, however, more likely to live in terraced housing or in a flat than couples with at least one partner over 60.

### **Care and repair schemes**

There is widespread anecdotal evidence that practical services schemes, which would provide a handyperson service, help with gardening, painting and decorating, are an important priority for older people. Anecdotal evidence shows that many older people cannot afford commercial rates, or have received poor service in the past (*Strategic Planning Conference Report*, VSB 2005).

However, there is currently no overarching care and repair scheme available to older people in Belfast. There are a number of local schemes, but these are geographically limited and overall relatively small. The majority of these schemes are also private and charge a fee for their services. It can therefore be concluded that care and repair is a significant, currently largely unmet, need for older people.

During 2006, NIHE is commissioning research on older people and housing, and care and repair will be an issue within this work (NIHE 2006, personal communication). This is also an action point by NIHE within the *Healthy Ageing: InterAction Plan* developed by Belfast Healthy Cities.

### **Unfit properties**

#### ***Insert figure 50***

Information on households living in properties classified as unfit is collected in the House Condition Survey undertaken by NIHE, which prefers to make figures available at EHSSB level. Figure 50 illustrates the proportion of all unfit properties which are occupied by households with a head under and over 60, and clearly shows that older people are more likely to live in an unfit property than younger households.

There may be a range of reasons why older people are more likely to live in unfit housing. Most notably, older people are more likely to live in older properties, and particularly the oldest housing stock. Older people may also have more difficulty, financial and practical, to maintain their property adequately, which will result in unfitness over time.

### **Ground floor accommodation**

Ground floor accommodation is desirable to many older people, who may have mobility difficulties or health problems which makes climbing stairs difficult. Older

people are often interested in smaller homes than other population groups, as they are easier to maintain.

The Northern Ireland Housing Executive (NIHE) does not have a formal quota of housing stock reserved for older people, but a proportion of the housing stock it manages is of bungalow type or located on the ground floor making it particularly suitable for older people. Tenants' right to buy these properties has been limited in an attempt to maximise availability. In addition to older people, people with disabilities are another major population group who are particularly interested in or in need of accommodation without stairs.

### ***Insert figure 51***

It can be noted that Belfast District 2, which covers all of east Belfast, has the highest total number of ground floor accommodation units including bungalows (802), followed by District 7 (south Belfast, 784). Meanwhile, the number is lowest in Belfast District 3 (299), which covers inner west Belfast, and relatively low also in Belfast District 6 (381) which covers most of (outer) north Belfast. The indication is that a higher number of ground floor accommodation units are available in less densely populated areas, while it is scarce in areas dominated by terraced housing like west Belfast. However, it should be noted that Districts are not directly comparable, as they cover areas of very different size and population structure.

### ***Sheltered and supported accommodation for older people***

Sheltered and supported accommodation are types of accommodation where some level of support is available at all times. Older people are one of the major client groups of these accommodation types, which complements nursing and residential accommodation, where more intensive care is available, and which is discussed in the 'Health services and access to services' chapter. Sheltered accommodation, which offers different levels of warden support and is intended primarily for relatively active older people, is provided mainly by Housing Associations, while supported accommodation is offered by a wider range of providers including voluntary organisations and some statutory organisations. In supported accommodation, a higher level of support is available and accommodation units may not be fully self contained as in sheltered accommodation.

### ***Insert figure 52***

In Belfast, there are significant differences in the number of units available, and it can in particular be noted that there are no supported accommodation units in several Districts. Unfortunately no information is available on reasoning behind location of units, but it is possible that issues such as price and availability of land, or a preference for more secluded locations, play a role in this.

In total, 2129 people in sheltered and supported accommodation in Belfast received Housing Benefit in December 2005. According to NIHE, virtually all residents in this type of accommodation are in receipt of Housing Benefit, and an analysis of the age of benefit recipients indicates that the vast majority of

residents (84 %) are older people (NIHE Supporting People 2006, personal communication).

During 2006, NIHE is commissioning a review of housing policy for older people, and this will include a review of the provision of sheltered accommodation for older people. The review also forms an action point by NIHE within the *Healthy Ageing InterAction Plan* developed by Belfast Healthy Cities.

### **Newly built accommodation for older people**

In 2002-03 and 2003-04, just over 100 general and sheltered accommodation units for older people were completed in the EHSSB area. These units include all types of independent accommodation for older people, above all bungalows, built by both Housing Associations and the private sector. However, the number dropped somewhat in 2004-05, to 64. The vast majority of units were located in Belfast.

In addition, over the two years a total of 84 supported accommodation units specifically for older people were completed in the EHSSB area. Statistics do, however, not show where these units were located.

### **Adaptations**

Adaptations are modifications and upgrades to properties which are intended to enable older people and people with disabilities to continue living independently. Interventions range from major works such as building extensions or installing toilet facilities downstairs to installing mobility ramps and minor works such as installing showers. Grant schemes, most notably the Disabled Facilities Grant, are available to support with the cost of required adaptations. In addition to means testing, however, an assessment by an Occupational Therapist as well as NIHE is required before an application can be approved, and waiting times are often over a year or more.

### ***Insert figure 53***

Figure 53 shows Disabled Facilities Grants completed in 2004-05 and outlines the main types of works carried out as well as numbers across District Councils in the EHSSB area. Each grant can involve more than one type of work, and the majority of completed works included sanitary fittings, which typically involve installing a shower. The majority of works were completed in Belfast (in total 234 grants), but no further information is available on reasons for this.

### **Fuel poverty and central heating**

The official definition of fuel poverty is that a household is in fuel poverty if more than 10 % of income is used on fuel required to maintain an adequate level of heating, including electricity for lighting and running appliances. ‘Adequate level’ is defined as 21 degrees Celsius in the living room and 18 degrees Celsius elsewhere in the house (*Ending Fuel Poverty: A Strategy for Northern Ireland*, Department for Social Development (DSD) 2004). In practice, fuel poverty for those experiencing it may mean living in a cold, damp house where perhaps only

one room is heated. Cold and damp, in turn, increase the risk of respiratory illness, exacerbate other conditions such as heart disease and arthritis, and may in extreme cases lead to hypothermia and death. Overall, it has been calculated that each year across Northern Ireland there are up to 1360 excess winter deaths among older people, which can be linked to cold (*Ending Fuel Poverty: A Strategy for Northern Ireland*, DSD 2004).

The report also provides an overview of access to central heating, as lack of an adequate central heating system is a key factor in fuel poverty among older people. While the vast majority of people aged 60 and over in Belfast live in properties with central heating, a ward level analysis, shown in figure 54, highlights that the city also has the highest number of people in this age group in the EHSSB area who do not have central heating. In some wards, only just over 80 % have central heating (affecting around 100 people in each ward).

#### ***Insert figure 54***

#### **Fuel poverty**

#### ***Insert figure 55***

Information on the prevalence of fuel poverty is collected in the House Condition Survey undertaken by NIHE, which prefers to make figures available at EHSSB level. Figure 55 shows that households with a head aged over 60 are more likely to be fuel poor than younger households, and considerably more likely than households on average. It should be noted that these figures are derived from the 2001 House Condition Survey, as the sample size for the 2004 Interim House Condition Survey does not allow for a breakdown below Northern Ireland level. However, preliminary results of the interim survey publicised prior to full publication show that fuel poverty overall has decreased, from affecting 233 000 households in 2001 to 150 000 households in 2004 (before recent fuel price rises).

Older people are one of the population groups most vulnerable to fuel poverty, as the major factors affecting it are income, heating type and tenure. Older people are more likely than many other groups to have old solid fuel or Economy 7 heating systems which are less energy efficient and more expensive to run than oil or gas systems, and they are also more likely to live on a low income.

#### **Warm Homes scheme**

Since 2001, people on means tested benefits including people over 60 in receipt of Pension Credit, Housing Benefit, Rate Rebate, Income Based Jobseekers' Allowance have been able to apply for assistance with insulation measures up to a value of £750 through the Warm Homes scheme funded by the Department for Social Development (DSD). People over 60 in receipt of the above benefits can also apply for heating measures including replacing a solid fuel fire or Economy 7 system with gas or repairs to make an existing heating system more energy efficient, up to a value of £3700.

In total 2178 people over 60 in the EHSSB area benefited from the Warm Homes Plus scheme in 2002/03-2004/05. Of 1018 installations made in 2004-05, over half were to homes in Belfast, while fewer than 100 homes in Ards, Lisburn and North Down received measures. Unfortunately no information is available on what lies behind these differences.

### **Views on fuel poverty**

Qualitative evidence on housing as well as fuel poverty is very limited and largely anecdotal. Some frequently cited points include:

- Many older people living on low incomes are forced to take decisions on how much to spend on fuel. The reasons for fuel poverty among older people centre around low income, but some people are also fuel poor because they do not receive their full benefit entitlement.
- Feedback in Help the Aged's and Age Concern Northern Ireland's consultation exercise on *Promoting the Social Inclusion of Older People* policy showed that participants felt fuel poverty would be addressed if the level of pension was raised and took issues such as water charges into account (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).

### **Homelessness among older people**

#### **Impacts of and views on homelessness**

Evidence on the impact of homelessness on older people was published in 2002 by the Simon Community in a publication entitled *The Face of Older Homelessness*. This study found that:

- Older homeless people had particular difficulties in understanding the benefit system and dealing with authorities, and therefore were more likely not to access all the benefits they were entitled to. They were also likely to have difficulties in accessing health services. In general, older homeless women other than those fleeing domestic violence were found to be particularly poorly catered for in Northern Ireland.
- Hostels were found to be unsuitable long term solutions for older people and often also had accessibility issues. Older people may also require significant floating support after being housed, particularly if they have been cared for by others for much of their lives.
- There was some evidence that a number of older homeless people have been placed in residential accommodation as no other alternative has been available.
- Anecdotally, there is significant evidence to suggest that there are particular issues around homelessness related to private sector tenants. Particularly in the Belfast area, private rents are set at a level not covered

by Housing Benefit, which in some cases means that tenants lose their home due to financial reasons. Many older people in this situation move in with family, which indicates that there also is a hidden homelessness problem among older people.

### **Older people accepted as homeless**

In Northern Ireland, the Housing Executive has an obligation under the Housing Order (1988) to house people who are homeless, or threatened with homelessness within 28 days; not deliberately homeless and in priority need, which includes people who are vulnerable because of old age. This means that although anyone can present to NIHE as homeless, not everyone is necessarily deemed 'statutorily homeless' under these criteria.

#### ***Insert figure 56***

Figure 56 illustrates the number of older people accepted as homeless across the NIHE Housing Districts in Belfast, which gives an indication of the level of reported homelessness although absolute figures are difficult to compare due to different population sizes across Districts. In proportion of the total, Belfast District 5 (Shankill) had the highest number of older people presenting as homeless at 23 % of all presenters, while Belfast 3 had the lowest at 7.0 %.

### **Gaps and implications for information collection**

As this chapter shows, information relevant to housing is collected both within the Census and more routinely by above all NIHE and housing associations. The range of information available is diverse, but data collection for this report indicates a number of areas for improvement:

- As also noted in the Demography chapter, the Census information is liable to become outdated as Censuses are carried out only every 10 years.
- Data from the House Condition Survey, which provides a wealth of information on housing conditions including prevalence of unfitness and fuel poverty, can currently not be broken down by age and District Council area. It would be very helpful to review this, as more detailed data on different age groups would help develop services and policy. It is recognised, however, that any required increase in sample size has resource implications.
- Information on the adaptation grants is currently not broken down by sub-groups such as older people or people with disabilities, which limits possibilities to assess levels of need and types of adaptation required by specific client groups. However, NIHE acknowledges this and has plans to address the gap as part of a comprehensive review of older people and housing policy during 2006.
- As in other chapters, there is a notable shortage of qualitative information on older people's housing needs and views on housing.

## **6. Income and social position**

*This chapter looks at the income of older people and their sources of income, and also provides a brief overview of expenditure. It also provides an overview of the socioeconomic structure of the population over 60 in the EHSSB area.*

The level of income is crucial in determining many factors in an individual's life, from the amount available to spend on necessities to the level of stress experienced. It also has a more direct impact on health, in that people on a higher income tend to be in better health and live longer than people on lower incomes. Older people have on average lower incomes than younger people in employment – some evidence state that over a quarter of pensioners in Northern Ireland live in poverty (*Draft Ageing in an Inclusive Society – Promoting the Social Inclusion of Older People policy*, OFM-DFM 2004). This may impact on their ability to lead a comfortable, healthy lifestyle. For example, it may be more difficult to afford a healthy diet on a lower income, while a lower income may mean less resources for property maintenance. Living on a low income and struggling to make ends meet in itself is a cause of stress and poor health.

### **Socio economic structure**

The socio economic position of a person is determined on the basis of his or her occupation and income, and therefore acts as an indicator of social position as well as level of income. The age group covered here is 60-74, as people over 75 were not asked about their socio economic group in the 2001 Census, from which the information is derived.

#### ***Insert figure 57***

Across the EHSSB area, in total 40 % of people aged 60-74 have held routine or semi routine occupations, making this the biggest socio economic grouping. Meanwhile, in total just under a quarter (24 %) of the group are or have belonged to the managerial and professional socio economic groups. The structure is relatively similar in Belfast as well as in other District Councils, although the proportion of people who have held routine or semi routine occupations is slightly higher than across the EHSSB area (45 %). The high proportion of this age group belonging to the lower socio economic group may reflect less opportunities to education in the past, as well as the job market dominated by industry particularly in Belfast.

A ward level analysis highlights that people tend to live in areas of largely similar socio economic structure. A comparison of ward level figures with deprivation data show that there is a close link, with people from lower socio economic groups more likely to live in deprived areas.

### **Income**

The remainder of this chapter looks at the income and sources of income of older people. Unfortunately the majority of information is only available at Health and Social Services Board level, as it has been collected through the Family

Resources Survey (FRS) conducted by the Department for Social Development (DSD). It should also be noted that the sample for this survey at EHSSB level is relatively small, which means that figures should be taken as mainly indicative.

### ***Insert figure 58***

Figure 58 illustrates differences between men and women in median total weekly income, and clearly shows both that income begins to drop from the age of 55 and that women have lower incomes than men. It appears clear that older women have the lowest incomes, as their level of total, net (gross income minus National Insurance contributions and income tax) and disposable income (net income with further deductions for housing and selected other costs of living ) is lower than for men of the same age as well for as younger women and men.

According to figures from the Family Resource Survey presented in figure 58, men aged 60-64 have £142 per week or almost two and half times higher total income than women of the same age, although here the different retirement age is a significant explanatory factor. However, the difference between women and men aged 65-74 is £85 or 80 %. The gap between men and women over 75 is considerably smaller, but men continue to have a £20 or 13 % higher total weekly income. The differences in disposable income are of similar level, although not as marked in the 60-64 age group.

### **Sources of income**

The Family Resources Survey shows that the state Retirement Pension and other pensions are the major sources of income for all people aged 65 and over. However, figures 59 and 60 illustrate the differences between age groups and also between men and women.

### ***Insert figures 59 and 60***

Figure 59 shows that earnings are the main source of income of female respondents in the Family Resource Survey up to the age of 60, but that benefits are the major source of income for women aged over 60. It is also clear that benefits are a relatively significant source of income for women also under the age of 60. Meanwhile, figure 60 shows that male FRS respondents are much less reliant on benefits as a source of income. For men up to the age of 65, earnings are the main source of income, contributing half or more of total income. Self employment is also a relatively important income source, while benefits are not. For men over 65, earnings are a minor source of income, while non-state pensions become the main source of income followed by benefits (including Retirement Pension). It can be noted that non-state pensions contribute considerably more of older men's income compared to older women's. It is possible that this reflects less access to private or work pensions for women, who traditionally have been less likely to work outside the home. Investments appear to be a relatively minor source of income for both men and women.

### **Income deprivation**

The 2005 Multiple Deprivation Measure included a specific measure of income deprivation among older people, under the income domain. This measure looks at the proportion of a Super Output Area's (SOA) population over 60 in receipt of Minimum Income Guarantee or income based Jobseekers' Allowance. Minimum Income Guarantee was replaced by Pension Credit in October 2003, but this benefit was used for the measure since the data for the measure was gathered in 2003 before new statistics were available.

Figure 61 illustrates income deprivation among older people across Belfast, by highlighting the rank of each SOA on a scale from 1 to 890, where 1 is most deprived and 890 least deprived (for an explanation of Super Output Areas, see the Deprivation section in the Demography chapter).

### ***Insert figure 61***

Figure 61 clearly indicates that income deprivation is an issue among older people in a large part of Belfast, as a high proportion of SOAs in Belfast fall among the SOAs ranked as most deprived in Northern Ireland for this measure. Levels of income deprivation appear particularly high in north and west Belfast, while it is less of an issue in south and east Belfast. This is consistent with the economic profile of the city overall.

Research on the financial circumstances of older people, conducted by a team of researchers from the Queen's University of Belfast (QUB) and University of Ulster (UU) shows that over half of single pensioners and 40 % of pensioner couples live on an income less than the Guarantee Credit part of the Pension Credit plus 20 %. The research team defined the Guarantee Credit (currently ) as the official poverty line, as it is intended that no pensioner should have an income below this, and added 20 % to allow for other benefits available to older people which impact on income. The team concluded from these figures, based on the Northern Ireland Household Panel Survey 2002 (NISRA & QUB) that poverty among older people is more widespread than other measures suggest (*Older People in Northern Ireland: Financial Circumstances*, Eason et al 2004).

### **Retirement Pension**

The vast majority of eligible pensioners in the EHSSB area, or over 95 %, were in receipt of Retirement Pension in August 2005. There was little difference between District Council areas, and only relatively small differences at ward level.

The basic Retirement Pension was £82.05 per week, and £49.15 per week for pensions based on a spouse's National Insurance contributions (which mainly affect women). Increases are payable to persons with dependants.

### **Pension Credit**

Pension Credit replaced Minimum Income Guarantee or Income Support for pensioners in October 2003, and aims to ensure a minimum income level for all pensioners. In practice, it tops up income to a minimum set by the UK government, which from April 2005 was £109.45 per week for single pensioners

and £167.05 for couples. Entitlement to this benefit starts at the age of 60 for both men and women.

Pension Credit consists of the Guarantee Credit, which tops up income, and the Savings Credit, which aims to reward people with modest savings and is paid at a rate of 60p per pound for income over the Guarantee Credit level but capped at £15.51 per week for single pensioners and £20.22 for pensioner couples (from April 2005). A claimant can receive either part on its own or both.

### ***Insert figure 62***

Figure 62 shows that the take up of Pension Credit across the EHSSB area varies noticeably between District Council areas and age groups. Overall, pensioners in Belfast are most likely to claim Pension Credit, while pensioners in North Down (15.8 %) are least likely to receive it across all age groups. This may suggest that Belfast has a higher proportion of older people on a low income than other areas, which is consistent with the deprivation profile of District Councils, although it is also possible there are differences in claiming patterns. However, there is significant anecdotal evidence which indicates that older people feel Pension Credit is difficult to understand while the application process also is complicated, which can act as a barrier to claiming particularly if the sum involved is relatively small. Uptake may also be affected by the fact that not all eligible persons are aware of their eligibility.

It can be noted that the age groups 80 and over are most likely to claim Pension Credit, and in total just under half of pensioners aged 80 and over in Belfast claim the credit. There is a notable increase in take up between the age groups 75-79 and 80+, which suggests that the oldest age groups are more likely to be on a low income than younger pensioners.

### **Pension Credit at ward level**

### ***Insert figure 63***

A ward level analysis, illustrated by figure 63, shows that there are significant differences in the proportion of people aged 60 and over who claim Pension Credit. The proportion is over half in some wards, while at the other end of the scale, 15 % or less of people aged 60 and over claim the credit. Again, this is likely to reflect differences in income levels, although it is possible that there are some differences in tendency to claim.

The average amount paid to Guarantee Credit claimants only in Belfast was just over £83 per week in June 2005. Men claimed higher sums than women in all age groups under 80, but DSD suggest that this may be due to the fact that men often claim on behalf of couples and therefore receive bigger awards than women, who typically claim for themselves only.

### **Views on older people and financial issues**

There is a wealth of anecdotal information available on older people and their financial position, but very little formally documented evidence is available.

Available information shows that:

- Queries about benefits form the bulk of the enquiries to the telephone helplines run by Age Concern NI and Help the Aged
- Older people feel that the benefit system is complicated and that more help should be available with completing forms (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).
- A significant proportion of older people feel that the state pension is inadequate and there are widespread calls from older people that the level of pension should be raised significantly and tied to average earnings instead of the cost of living index (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).
- Anecdotal evidence shows that there are fears that recent changes to the pension systems will force people to work longer out of financial necessity rather than choice (*Response to Promoting Social Inclusion of Older People*, Age Concern Northern Ireland, November 2004).

## Wealth

Very limited quantified information is available on the wealth of older people and it is therefore not possible to provide a meaningful overview. It can, however, be noted that a majority of older people own their homes, which is a source of equity and wealth. During 2006, NIHE is commissioning research into older people and housing, and this research will look at issues around equity and equity release, as well as other issues such as care and repair, housing expenditure and assistive technology (NIHE 2006, personal communication). This is also an action point by NIHE within the *Healthy Ageing:InterAction Plan, EHSSB area 2006-2009* developed by Belfast Healthy Cities.

## Unpaid work

Currently no estimates are available on the economic contribution older people make through unpaid work, in particular childcare and caring for other older people. However, at a Northern Ireland level the Northern Ireland Life and Times Survey 2004 conducted by Queen's University of Belfast and the University of Ulster showed that 40 % of all grandmothers and 22 % of grandfathers helped with childcare during the day, while 26 % of grandmothers and 12 % of grandfathers helped with childcare in the evening (although this included grandparents of all ages, including those under 50).

## Gaps and implications for information collection

This chapter aims to outline a significant topic for older people, their economic living conditions. However, the information available has several limitations:

- Information on the level and sources of income of people in Northern Ireland is systematically collected only in the Family Resources Survey,

which has a relatively small sample size and therefore allows only certain breakdowns to Health and Social Services Board area level but none by age and District Council (District Council level summaries for the total population are available, based on surveys over two years). For example, there is currently no information on the level of savings older people have in the EHSSB area, or no estimates of benefit uptake below Northern Ireland level as the sample in the Family Resources Survey is too small for robust disclosure. There is a need to review sample size of this survey, or explore alternative methods of collecting information at more local level, to enable the development of a more detailed picture of the financial situation of older people.

- There is currently no information available on the wealth of older people and this does not appear to fit comfortably within the remit of any organisation or existing survey, although the Family Resources Survey collects some information on the level of savings. It would be important to develop an indicator for this, in order to produce a fuller picture of the economic conditions of older people.
- There are currently no estimates of the contribution older people's unpaid work, in particular childcare, makes to the overall economy. Governing bodies or departments should review this, to highlight the continued economic input and importance of older people.

## **7. Employment and occupation**

*This chapter looks at issues around employment and occupation, focusing on the age group 50-pension age (60 for women, 65 for men) as their current employment situation will affect them and their circumstances as they age. It begins with an overview of new legal provision against age discrimination, which will come into force in October 2006 and will provide new protection and rights for older workers. The chapter also provides a brief look at volunteering.*

Retirement from paid employment is one of the most significant events characterising later life. Being retired has the potential to be an active and rewarding period of life free from the strain of paid employment, but there is significant evidence to suggest that retirement should be planned in order to avoid stresses associated with this major change such as boredom, depression and social exclusion. Meanwhile, employment conditions and the risk for discriminatory practices based on age are significant issues for older workers as they can affect health by creating stress.

### **Legal protection against age discrimination at work**

In October 2006, the Employment Equality (Age) Regulations (Northern Ireland) 2006 will come into force in Northern Ireland, as the first legislation to provide legal protection from age discrimination by employers. This law, which originates in an EU directive, will make it unlawful to treat any employee differently on the basis of age, and also outlines a process for dealing with situations where a person about to reach state retirement age has requested to continue in employment but been turned down. It also abolishes upper age limits for unfair dismissal claims and redundancy payments.

The law has been characterised as a major legal milestone for older people. However, it will set a default retirement age of 65, which has caused some controversy. The main argument is that retirement decisions should not be set by physical age but by an individual's willingness and ability to continue working.

### **Economic activity and staying on past retirement age**

Economic activity among people in their 50s is significant particularly as it has an impact on their income in retirement. Meanwhile, the proportion of people staying on in employment past state retirement age gives an indication of the interest and need to continue working.

#### ***Insert figure 64***

Figure 64 illustrates economic activity in Belfast at the time of the Census 2001. Overall, the employment rate for people aged 50 or over but under retirement age (60/65) was just under 30 % (not including those unemployed), while 69 % were economically inactive in terms of not being in paid employment. This was notably higher than elsewhere in the EHSSB area (54 % economically active), but

unfortunately no documented information is available on reasons for the difference.

It can be noted that women were more likely to continue in employment after state retirement age, with 16 % of women aged 60-64 in employment at the time of the Census. Men were less likely to continue in employment after the age of 65 (6 %), but were more likely to be self employed and continue running a business.

Women aged 50 and over are more likely than men of the same age to be economically inactive. The most common reason for inactivity for women is looking after home and family or being permanently sick or disabled, while the most common reason for men is permanent illness or disability.

### **Unemployment and duration of unemployment**

Unemployment figures for August 2005, based on the number of Jobseekers' Allowance claimants, show that a very low proportion of people aged 50 and over but under retirement age currently are classified as unemployed. In Belfast, 3.4 % of people aged 50-pension age are unemployed (calculations based on 2004 mid-year population estimate, NISRA). Men are more likely than women to be unemployed, but as discussed above women are more likely to be economically inactive. However, no documented information is available on the reasons for this, which may include differences in the degree to which men and women register as unemployed. For example, persons whose partner works more than 24 hours per week are not entitled to Jobseekers' Allowance, which is what counts are based on. This may mean that people whose partner is working full time do not register as unemployed, and it is possible that a higher proportion of women fall within this category.

As a whole, unemployment rates for people aged 50 and over are lower than for younger age groups, but this age group is also more likely to be economically inactive. An analysis of the duration of unemployment among claimants over 50 in August 2005 shows that over half of the group in Belfast had been out of work for over a year.

### **Business start ups**

People over 60 are considerably less likely than younger age groups to start a business, according to statistics maintained by Invest Northern Ireland (Invest NI). Unfortunately figures are only available at a Northern Ireland level, but show that there has been less than 60 start ups by people aged 61 or over who completed Invest NI's Start a Business programme over the last three reported financial years (2002/03-2004/05). This accounts for 0.7 % of all start ups during the period. People aged 50 or over started 8 % of all businesses in 2000-2005 (Invest NI 2005, personal communication).

### **Volunteering**

Volunteers play a significant role as service providers within many organisations, and volunteering can also provide social contacts, opportunities to learn new skills and meaningful activity to people who are retired or otherwise not in paid employment. For the purposes of this report, information was gathered from the

Voluntary Service Bureau (VSB) to give an indication of the proportion of older volunteers and their main areas of interest. The actual number of older volunteers is likely to be considerably higher as many organisations recruit volunteers directly.

### ***Insert figure 65***

Figure 65 shows that VSB, which works in Belfast and Castlereagh and also has a separate branch in North Down and Ards, had 11 % of volunteers aged 60 and over (just under 440 people) in the Belfast and Castlereagh area in September 2005. There were other volunteer bureaux with a higher proportion of older volunteers, but the number in Belfast-Castlereagh was considerably higher than elsewhere.

The most popular areas of volunteering for older people are work with older people, befriending, work in charity shops, work with children and young people and information and advice.

### **Gaps and implications for information collection**

Information collected on older people and employment covers the key indicators, although much of this information is collected within the Census and subject to the problem of dating. The key gaps are in complementary, explanatory information:

- There is little or no systematically collected information on reasons why people of state pension age continue in employment or factors that influence decisions to leave paid employment before state retirement age . Statutory organisations with a jobs and employment role should consider collecting such information, as it can be a significant support both for service and workforce planning.
- As in other chapters, there is little qualitative information available on older people and employment. As the proportion of economically inactive people aged 50-pension age is quite high, a systematic approach to collating information on reasons for this would be very helpful as a source of information for initiatives aimed at encouraging older workers to stay in or gain employment.

## **8. Transport**

*This chapter looks at older people's access to private cars and public transport, and also provides some statistics relating to older people's use of transport as well as an overview of special transport services available to older people. In addition, an outline of older people as casualties in road traffic collisions is given.*

Access to transport is a major issue for older people, as looking after personal business, being able to enjoy social activities and receiving health care all are dependent on transport. Lack of transport is often linked with social isolation, and therefore transport has very clear health impacts for older people. Many older people, particularly those who live alone, do not have access to a car, which makes public forms of transport particularly important to them and creates particular issues in areas where public transport services are weak. People aged 65 and over are entitled to free public transport within Northern Ireland and cross border, but this in itself does not address availability of public transport. There is widespread anecdotal evidence that places transport as one of the key priority needs of older people.

### **Access to a private car**

Access to a private car is a significant element of overall access to transport, particularly in areas where public transport is not widely available, infrequent or otherwise unsuitable. Across the EHSSB area, Census statistics illustrated in figure 66 show that lack of access to private transport is a particular issue for single pensioners, as over two thirds of this group has no access to a car. Meanwhile, the majority of pensioner couples have access to at least one car. The trend is the same in Belfast, although fewer people in the city have access to a car - in total, 77 % of single pensioners in Belfast have no access to a car. Couples in Belfast are also least likely to have no access to a car (65 % have access), while over 80 % of pensioner couples in other District Councils have at least one car.

### ***Insert figure 66***

### **Access to a private car at ward level**

Figure 67 shows that at ward level, over 90 % of lone pensioners in some Belfast wards do not have access to a car, while over 50 % have access in a limited number of wards. The overall indication is, however, that lack of access to private transport is a significant issue for single pensioners across the city.

### ***Insert figure 67***

### **Driving licences**

Across Northern Ireland, 80 % of men and 61 % of women hold a full driving licence. However, while the proportion of men over 60 holding a driving licence remains at over 60 % for all age groups over 60, it drops to 32 % of women over 70 and 15 % of women over 80. This illustrates a particular issue in relation to

access to transport for women, although driving licence holding in itself does not suggest that a person has access to a car or is confident enough to drive.

### **Journeys by older people**

Information on the journeys undertaken by different population groups is currently only recorded in the Northern Ireland Travel Survey, conducted by the Department for Regional Development (DRD) and NISRA. However, information in this survey can only be broken down to Belfast, East of Northern Ireland and West of Northern Ireland level.

#### ***Insert figure 68***

Figure 68, based on data from the Travel Survey, shows that older people travel less than younger people, and also that people aged 60 and over use considerably more public transport than younger adult groups. Figure 68 illustrates the proportions of total travel mileage taken by people aged 60 and over and selected modes (NI Travel Survey 2001-2003, DRD & NISRA). It can be noted that the majority of journey length is taken by car, while around 15 % is taken by public transport and just under 5 % by foot. In comparison with people aged 60 and over in the East of Northern Ireland area, people aged 60 and over take a higher proportion of total journey length by public transport. Factors affecting these choices may, among other things, indicate better access and better availability of services in the city.

### **Senior SmartPass and access to public transport**

Since 2001, the Department for Regional Development's Northern Ireland Concessionary Fares Scheme has provided free travel on public transport in Northern Ireland and on cross border services to Northern Ireland residents aged 65 and over. Figure 69 illustrates the proportion of Senior SmartPass holders across the EHSSB area.

#### ***Insert figure 69***

The proportion of Senior SmartPass holders in relation to the eligible population (calculated using 2004 mid year population estimates) is relatively high in all District Council areas. However, it can be noted that the proportion is higher in more urban areas, and slightly lower in more rural areas. This may be linked to the relative lack of access to public transport in rural areas, as services in many areas are infrequent and routes are limited.

Since their introduction in May 2002 over 186,000 Senior SmartPasses, out of over 190 000 issued, have been used at least once. Besides proving entitlement to concessionary fares people may have obtained SmartPasses for other reasons, such as to provide valid photographic identification. The Electoral Office for Northern Ireland reports that in the general and local government elections on 5 May 2005, 11.2% of all voters used a Senior SmartPass as electoral identification.

Translink does currently not routinely record the number or destination of journeys made using the Senior SmartPass by area. However, in the year April 2004 to

March 2005, a total number of 7.6 million journeys were made using Senior SmartPass across Northern Ireland (Age Concern Northern Ireland 2005, personal communication).

Translink also state that three quarters of the Metro service in Belfast are operated using low floor vehicles, and that all high frequency services serving arterial routes into the city are operated with these vehicles. As part of a fleet renewal, Translink has brought in a significant number of new low floor vehicles in 2005-06.

In Belfast, Translink operates Easibus services on eleven routes in Belfast, four in Bangor and two in Derry, with partial funding from the Department for Regional Development (DRD). This service entails low floor minibuses which can accommodate two wheelchairs, and has drivers trained to deal with passengers who are older or have a disability. The routes are designed to allow people to get to health centres or other services, and have a major shopping centre as the key point on the route. Routes in Belfast serve Connswater Shopping Centre in east Belfast, Forestside in south Belfast/Castlereagh and Abbey Centre in north Belfast/Newtownabbey. Normal and concessionary Metro fares apply on Easibus.

### **Community transport services**

Through the Transport Programme for People with Disabilities, DRD funds transport providers to operate a door to door transport service for people with disabilities. This service currently operates in Belfast and Derry, but DRD intends to extend this service to all urban areas in Northern Ireland with a population in excess of 10,000 people. It is planned that services in these additional areas will commence during 2006.

The service in Belfast is operated by Disability Action and the majority of passengers (over 80 % in 2003-04 and 2004-05) carried were aged 65 or over. Services are provided on a local area basis and do currently not facilitate cross-city travel. They are operated using standard Metro fares, and passengers are charged a small additional fee for journeys over two miles.

### **Other transport services**

Additional transport services include services by Health and Social Services Trusts as well as Shopmobility services offering wheelchairs and electric scooters for hire, for accessing services in town centres and major retail centres.

Trusts mainly provide transport as part of overall services, for example organising transport of clients to and from day centres. In addition, North and West Belfast HSS Trust provides transport to eight selected organisations during evenings and weekends, as well as for outings from residential homes twice a week (NWB 2005, personal communication). South and East Belfast HSS Trust provides evening and weekend transport to older people's groups for a nominal fee (SEBT 2005, personal communication).

In the EHSSB area, there are in total four Shopmobility schemes, operating in Ards, Bangor, Lisburn and Belfast (including Forestside shopping centre in

Castlereagh). Shopmobility offers lease of both manual and electric wheelchairs as well as scooters, aiming to improve access to town centre services and facilities for people with mobility difficulties. The majority of clients appear to be over 60, although the Belfast Shopmobility scheme does not maintain records by age. Shopmobility Belfast offers a lease service as well as a Ramblers scheme (Shopmobility schemes 2005, personal communication).

### **Views on transport**

As for other topics, very limited systematically documented qualitative information is available on older people and transport. Available, mainly anecdotal information indicates that:

- Older people feel the Senior SmartPass has made an improvement to travel opportunities, but less so in rural areas where public services may be infrequent or unsuitable to travel needs. It has also been criticised for excluding (retired) women between 60 and 65, and for not being valid on community transport.
- Older people feel that better co-ordination of timetables and route planning between community and public transport is required to improve overall service.
- Barriers to use of public transport include lack of information, poor access to services and mobility difficulties (*Response to the Draft Accessible Transportation Strategy*, Help the Aged 2004). Older people also feel there is a need for more assistance in using public transport, including getting on and off (*Report on Healthy Ageing:InterAction, Towards an Action Plan event*, Belfast Healthy Cities 2005). A buddying scheme aiming to increase the confidence of older people to use public transport is, however, being piloted in June 2006-07 as an action under the *Healthy Ageing InterAction Plan* developed by Belfast Healthy Cities.
- Public transport in rural areas is seen as a particular priority (*Accessible Transport workshop January 2005 report*, Help the Aged & Engage with Age).
- Many older people are unhappy with the current car insurance system and feel that it discriminates against them, since older drivers pay considerably higher premiums than others. Many older people also feel stigmatised as older drivers often are seen as less safe than younger drivers, although statistically young men are responsible for the highest proportion of accidents (*Response to the Draft Accessible Transportation Strategy*, Help the Aged 2004).

### **Road traffic collisions**

Older people face the same risks and hazards in traffic as all road users. However, older age groups have additional risks due to longer reaction times and possible mobility problems, which may put them at a higher risk overall. Statistics on road traffic collision casualties are collected by the Police Service of Northern

Ireland (PSNI), by District Command Unit area. District Command Units (DCUs) are the main sub regional units of the PSNI, and broadly correspond to District Councils except in Belfast, which is divided into four DCUs covering the four main parts of the city.

Figure 70 illustrates the proportions of all casualties, whether killed, seriously or slightly injured, by age and DCU area.

### ***Insert figure 70***

Figure 70 indicates that people aged 60 and over are not overrepresented among road traffic collision casualties, since the proportion in all DCU areas is lower than the proportion of the population aged 60 and over in the area. This may be explained by a number of factors, including the tendency for older people to travel less than younger people. However, a significant proportion of casualties within this age group were over 75, which indicates that the oldest age groups may be at higher risk in traffic. Across the Belfast area, only two people aged 60 and over were killed in 2004, but both were over 75 (13 % at EHSSB area level).

### **Casualties by severity of injury**

### ***Insert figure 71***

In total 2067 persons were injured in road traffic collisions in 2004 in the Belfast area. However, only 145 of casualties were aged 60 or over in this year, and figure 71 also shows that the majority of casualties aged 60 and over were only slightly injured. In total, 7 % of all casualties in Belfast in 2004 were aged 60 or over, which is lower than across the EHSSB area for the same year.

### **Casualties by road user type**

### ***Insert figure 72***

The vast majority of all casualties in the Belfast area in 2004 were travelling in a car (including taxis) at the time of the collision, while a smaller proportion of casualties were pedestrians, cyclists or travelling in buses, goods vehicles, on motorbikes or in another type of motor vehicle. Figure 72 shows that a relatively low proportion of casualties were aged 60 or over, but clearly indicates that the proportion is higher for pedestrians. This suggests that older people may be at increased risk as pedestrians, although a partial explanation may also be that older people are more likely to walk than many other age groups.

### **Road environment**

The physical road environment is of particular importance to older people, who may face a range of barriers including mobility difficulties or sight impairment.

Roads Service (an agency within the Department for Regional Development) state that dropped kerbs with tactile paving are now routinely installed in connection with junction upgrades or resurfacing works, but no figures are available on the

proportion of completed works or geographical distribution of these. Meanwhile, street lighting is regulated by a British Standard which prioritises traffic, and means that residential streets are often least well lit. Roads Service also note that many lighting columns do not meet the current standard, but that replacement follows a rolling programme dependent on resources and is likely to take up to 20 years.

Traffic lights also prioritise vehicle traffic, and the length of the 'green man' crossing period depends on the length of the crossing. The average 'green man' time is around eight seconds with some seconds of blank before the light turns red. Anecdotally, concerns have been recorded that older people may not be able to get across in the given time.

### **Gaps and implications for information collection**

This chapter aims to give an overview of older people's travel and transport choices and patterns, as well as the risks older people face in the traffic environment. However, there is significant room for improvement in the availability of information, which currently only permits a very sketchy picture:

- Information on older people's journeys is currently only collected as part of the Northern Ireland Travel Survey, which does not allow for breakdown by age and District Council due to sample size. Consideration should be given to increasing the sample size, or establishing other ways of systematically collecting more local level information on older people's journeys by mode and purpose, which has implications for both transport planning, spatial planning and housing services.
- At present, no information is available on the journeys made using the Senior SmartPass, although this constitutes a rich information source for transport planning. However, the Department for Regional Development and Translink recognise this and are taking measures to make this information available.
- There is a lack of systematically collected qualitative information on older people's experience and views of public transport, as well as on their experience of the traffic environment as a whole.

## **9. Crime and community safety**

*This chapter gives an overview of fear of crime among older people at a Northern Ireland level, and looks in some detail at crime and older people in Belfast. An outline of issues related to abuse against older people and domestic violence is also given, although statistics on this topic are very limited. The chapter finishes with a brief overview of older people and the impact of the Troubles.*

Community safety is a key issue for older people, who often feel more vulnerable to crime than other population groups, although statistically older people are no more likely to fall victim to a crime than other population groups. According to the Northern Ireland Life and Times Survey 2003 (QUB & UU), fear of crime is the most significant issue for older people, listed by 86 % of respondents over 65 across the region. Real and perceived dangers can have significant impacts on the health of older people, as fear of crime can stop older people from going out, which affects in particular mental but also physical health. By its very existence, fear of crime impacts negatively on mental health, as it creates stress.

### **Fear of crime**

Concern about crime is measured through the Northern Ireland Crime Survey, which only allows for limited breakdowns below Northern Ireland level. A breakdown of the types of crime causing most concern at EHSSB level shows that people aged over 60 are most concerned about burglary (29 % worried or very worried), followed by mugging (personal robbery, 25 %) and theft of a car (22 %). Just over a quarter also state they feel worried when outside after dark.

Data from the Continuous Household Survey also shows that people over 65 in the EHSSB area are more concerned than the population as a whole about being outside after dark in their neighbourhood, although respondents aged 60-64 in the 2004-05 survey expressed lower levels of concern than the population on average.

### **Anti social behaviour**

According to the Northern Ireland Crime Survey, the types of anti social behaviour causing most concern to people over 60 in Northern Ireland include speeding traffic (mentioned by 49 % of respondents in this age group), rubbish lying around and teenagers hanging around in streets. Older respondents in this survey were less concerned about taking and selling of drugs and vandalism or graffiti than younger respondents. Overall, they also appeared slightly less concerned about anti social behaviour than younger respondents.

### **Views on fear of crime**

As elsewhere, qualitative evidence is mainly anecdotal and indicates that:

- Older people feel that high profile reporting of crime against older people in media exacerbates fear of crime and that better information along with considerable reassurance is required (*Report on Healthy Ageing:InterAction, Towards an Action Plan event*, Belfast Healthy Cities 2005).

- Fear of crime may be further increased by factors such as street lighting and prize and money scams. Some older people also call for feel increased police presence in neighbourhoods but many do not want police calling at their door as it would draw attention to them (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).

### **Older people and crime in Belfast**

This section focuses on burglary, personal robbery and offences against the person, as these are the crime types where the age of the victim is most reliably recorded. It should be noted that these figures only reflect reported crime, which is collected by the Police Service of Northern Ireland (PSNI). It is difficult to estimate the level of unreported crime, but there are a range of factors which affect reporting, and crimes committed against older people may be more readily reported than crimes against other population groups, irrespective of the seriousness of the crime. Similarly, attitudes to policing in some areas may discourage reporting, which will contribute to skewing figures. Therefore, figures presented should be taken as an indication of levels of crime, rather than a comprehensive picture.

In total, a person aged 60 or over was the victim of 5.7 % of burglaries, offences against the person and personal robberies in Belfast over the years 2002-03 and 2003-04. Burglaries account for the majority of crime against older people within these three categories, and just over 20 % of burglaries within the Belfast area were committed to homes of people over 60 in 2003-04. However, the statistics provide no indication of how often the age of the householder impacts on the choice of target. No information is available on this, but it is likely that a significant proportion of burglaries are random in this sense.

#### ***Insert figure 73***

As figure 73 shows, people over 60 tend to be victims in a low number and proportion of offences against the person and personal robberies. However, it is possible that the perceived risk of falling victim to this potentially very traumatising experience is a significant factor in exacerbating fear of crime, and may therefore have a major impact on the health and wellbeing of older people.

Generally, comparisons of crime against older people between DCUs are difficult to make, as each area has a different age profile. However, South Belfast District Command Unit records the highest total number of incidents for all types of crime, but proportionately low rates of crime against persons over 60. This may in particular reflect the fact that the area covers the main restaurant and club areas in Belfast. The crime victim profile is also likely to be related to the use of the area, which is focused on younger people.

The lowest proportion of crimes of the three types under discussion was consistently recorded in West Belfast, which generally has the lowest level of reported incidents of these types. However, it is possible that attitudes to policing

in the area affect reporting, while the area also has a relatively low proportion of people aged 60 and over.

### **Lock Out Crime scheme**

Since October 2003, the Northern Ireland Office (NIO) has been implementing a community safety scheme called Lock Out Crime. Under this scheme, delivered by the Northern Ireland Housing Executive, older people in receipt of Housing Benefit or Rate Rebate can have security measures installed free of charge, including door locks, downstairs window locks, a door viewer and lighting to both front and back of the house. The scheme was extended to people over 65 in May 2005, but take up to date has been relatively low. To January 2006, the highest take up in Belfast was recorded for Belfast District 1 (lower Falls Road area), Belfast 6 (outer north Belfast) and Shankill Housing Districts at a third % in each. NIO expect, however, that take up will increase before the scheme concludes in September 2006.

### **Abuse against older people**

Very limited documented information is available relating to abuse against older people. Health and Social Services Trusts record referrals to vulnerable adult protection, but figures are very low, varying from a total of six in the North and West Belfast HSS Trust area in 2003-04 to 30 in the South and East Belfast HSS Trust area during the first half of 2003. The majority of referrals were women, but the information does not state whether there may have been any reporting bias such as higher likelihood of reporting abuse against older women (EHSSB 2005, personal communication).

Abuse recorded was most often emotional or psychological, followed by physical and financial abuse. Very few cases were, however, reported further to the PSNI.

The PSNI record domestic incidents where a crime has been committed, but in 2004-05 recorded relatively few incidents with a victim over 55. In total, 110 such incidents were recorded, and in over half of cases the victim was a woman. The highest number of offences was recorded in West Belfast and North Belfast. However, comparisons are difficult to make due to the different population sizes and also due to the low number of recorded incidents. It can nevertheless be noted that a significant proportion of domestic incidents do not fulfil the criteria of a crime (such as actual bodily harm) and are therefore not recorded. It is also well known that domestic violence as a phenomenon goes largely unreported to police.

### **Older people and the impact of the Troubles**

Very limited work on the impact of the Troubles has been carried out with a focus on older people. A study of suicide in Northern Ireland 1966-1999 showed, however, that older people in Northern Ireland have a lower risk of committing suicide which goes against the general trend for older people in Western societies. The researchers argue that the experience of living through the Troubles may, in fact, act as protection by increasing the value people put on life (McGowan et al 2001).

Clinical work with older people indicates, however, that the number of older people with post traumatic stress disorder is increasing. Symptoms may be sparked by the ageing process itself, or by specific situations. Work by a clinical psychiatrist with older men in Ards who had been prisoners of war in the Far East during World War II indicated increased risk when they moved to residential accommodation (TMR Professionals 2006, personal communication).

Work with victims by WAVE Trauma Centre also indicate that older people's ability to cope varies, but that older people are more likely to keep quiet about problems until they become relatively severe. WAVE also state that men are less likely than women to come forward, and have specific issues such as healthcare needs. General issues highlighted by older people include a sense of anger and feeling let down by service providers (WAVE Trauma Centre 2005, personal communication).

### **Gaps and implications for information collection**

This chapter aims to outline issues and views of older people in relation to crime and community safety, including the issue of abuse and the impact of the Troubles. However, available information only gives a very basic overview and particularly local level information is scant:

- Information on older people's concerns in relation to crime and anti social behaviour appears currently to be collected only in the Northern Ireland Crime Survey, which only allows very limited breakdowns at EHSSB area level but no other sub regional level. For instance, no information is available on fear of crime among older people in the EHSSB area, or on concerns around anti social behaviour. Governing bodies and statutory organisations should consider collating more local level information with a stronger emphasis on older people, as a local picture is required to develop appropriate initiatives to address concerns and the causes of concerns.
- There is currently no systematically collected qualitative information on older people and how fear of crime or reporting of crime against older people affects their life. Community Safety Partnerships have collected some of this information in the community safety audits which informed the priorities for the current Community Safety strategies. The Community Safety Unit could consider the collation of more systematic information.
- Crime statistics are only available for certain types of crime where the age of the victim is relatively reliably recorded. Procedures for recording background details in relation to all crime should be reviewed, in order to provide a fuller picture of crime against different age and population groups, which in turn can be used in initiatives dealing with fear of crime as well as planning for policing.
- There is currently no information on how the type of victim affects sentencing of offenders and therefore no information on how courts treat

offenders committing crimes against older people. The recording of background factors relevant to sentencing should be reviewed, to complete the picture on how crime against older people is dealt with.

- Very limited information is currently available on abuse against older people, although anecdotal evidence suggests it is a growing problem. Information on the prevalence of domestic violence is collected in the Northern Ireland Crime Survey, but only for the age group 18-59. There is a need to collect information in a more systematic way, although it is recognised that the sensitive and hidden nature of abuse makes this very difficult. It is recognised that data on referrals of vulnerable adults, including older people, are collected (currently by Health and Social Services Boards), but this only provides part of the picture as not all vulnerable adults are referred for vulnerable adult protection.
- There is a clear absence of information relating to older people and the Troubles, as the considerable body of work on the topic appears to have focused on young people. For instance, information on the impact of the Troubles on older people's lives is only collated as part of the Health and Social Wellbeing Survey and therefore necessarily sketchy. Current research priorities and data collection procedures should be developed to include a bigger emphasis on older people, which would support service planning. This is particularly important as the generation affected most by the Troubles ages in the relatively near future.

## 10. Leisure and recreation activities

*In this chapter, the range and take up of leisure services provided for older people by District Councils will be presented, along with an overview of activities aimed at older people in District Councils' community centres. These indicators have been chosen to give some indication of the extent of leisure and recreation opportunities for older people and the interest in these, but it should be noted that opportunities are also available through individual organisations and clubs. The chapter also looks at the library use of older people.*

Leisure and recreation are important for the physical and mental wellbeing of people of all ages. As also noted in the Lifestyle section, physical activity is important to support health and wellbeing, and research suggests that even taking up physical activity in older age has clear health benefits, for instance in reducing the risk of dementia and adding years to life. In addition, leisure activities encourage social contacts, which in turn help prevent isolation.

### Activities aimed at older people in Belfast City Council leisure centres

Membership of older people at the eleven leisure centres maintained by Belfast City Council varies significantly, from just over 10 % in Whiterock and Andersonstown to nearly half in Ballysillan. However, all leisure centres organise activities which are targeted solely or mainly at older people.

**Table 1. Activities for older people by District Council and centre**

Centre	Bowls	Old Time Dance	Exercise class(es)	Swimming session(s)	Other
<b>Andersonstown</b>	✓		✓	✓	
<b>Avoniel LC</b>			✓	✓	
<b>Beechmount LC</b>	✓				
<b>Ballysillan LC</b>				✓	
<b>Falls LC</b>			✓	✓	
<b>Grove LC</b>			✓		
<b>Olympia LC</b>	✓		✓	✓	
<b>Ozone Indoor Tennis Arena</b>					55+ tennis afternoon
<b>Shankill LC</b>		✓	✓	✓	
<b>Whiterock LC</b>			✓	✓	

Information collated from all leisure centres listed, 2005

Table 1 shows that most leisure centres offer exercise classes and swimming sessions targeted primarily at older people. Belfast City Council note that morning swim sessions are particularly popular with older people (Belfast City Council 2005, personal communication). Use of the centres is free for people aged 60 and over between opening time and 11 am Monday to Friday, while concessionary rates apply at other times.

There are also a number of private leisure centres and gyms in the city, which provide additional facilities and activities, although the membership fee may be a

barrier particularly for people on lower incomes. However, private centres consider membership figures commercially sensitive information which therefore is not disclosed.

### **Activities in community centres**

Community centres in Belfast are available free of charge to older people's groups for community development purposes, and Belfast City Council is the only Council in the EHSSB area to arrange activities aimed at older people in its community centres. The most common activities organised include luncheon and social clubs, while most community centres also arrange annual events such as a Christmas dinner and selected outings. The range of activities and number of participants varies between centres, but no recorded information is available on reasons for this.

### **Libraries**

There are in total 21 libraries in Belfast, managed by the Belfast Education and Library Board (administration structure in 2005-06, prior to reforms announced in the Review of Public Administration).

Belfast Education and Library Board states that age of members has been recorded only since 2001 and that it is not required, which means that many borrowers over 60 will only be registered as 'adults'. Those known to be over 60 constitute 10 % of all members and 17 % of active borrowers or members who have borrowed material in the last six months or a year. However, active borrowers only refers to members taking out books, and do not include other uses such as using computers or reading newspapers. These activities, in turn, may be particularly attractive to older people.

Libraries in the city provide a range of services which may be particularly useful to older people such as talking and large print books, as well as Internet taster sessions. Libraries in Belfast have also arranged ICT training in collaboration with Help the Aged.

### **Gaps and implications for information collection**

The purpose of this chapter is to give an insight into leisure and recreation services available to older people in the EHSSB area and some overview of the usage of these services. Several District Councils were able to provide the central information, but there is scope for improvement in information gathering:

- A number of leisure centres in the EHSSB area currently do not record the age of members, and few record the age of casual users. Collection of this information should be considered, as it helps plan activities on offer, and also contributes to an overall understanding of patterns of physical activity in different age groups.
- Similarly, not all community centres keep a record of older people's groups using the centres or the number of older people participating in

activities. This position should be reviewed, for the same reasons as above.

- Private leisure centres as well as individual sports clubs offer facilities and recreation opportunities for older people and in particular individual clubs may be more important to older people for physical activity than District Council leisure centres. However, private centres do not disclose information, while there currently is no systematic approach to collating information on individual organisations. Possibilities for developing this should be explored, while private centres should be encouraged to release headline information such as the percentage of members within a certain age bracket.
- A similar point can also be made regarding libraries, in that age of members is not always recorded consistently, while information available on library use beyond borrowing material is limited. Libraries data collection systems should be developed to include a more consistent approach to recording age as well as more information on the increasing usage of libraries for other purposes than borrowing books, as it would help build a picture of the library usage of different age and population groups, which in turn would help target and develop services.
- There is very limited qualitative information on older people's views and experiences of leisure and recreation services available to them.

## **11. Education and lifelong learning**

*This chapter looks at learning opportunities available to and popular with older people in Belfast. It also gives an overview of formal educational qualifications among people aged 50-74.*

Education plays a key part in life, as it has a significant impact on the type of work available, and through this income, housing and social position. In addition, education has a direct link to a person's health: people with fewer qualifications are more likely to be in poor health than better educated people. Meanwhile, better educated people have better opportunities to take decisions on how to improve their health.

For older people, opportunities to lifelong learning can provide a chance to learn new skills or achieve formal qualifications. More importantly, however, learning opportunities open up a new network of social contacts and can provide meaningful activities to help structure the day. Nevertheless, people over 60 most likely to participate in education are people who lead generally active lifestyles. They may also be more likely to hold previous educational qualifications than the population on average.

It should also be noted that decisions on whether to enter formal studying may be financial, since people aged 55 or over cannot presently get a student loan.

### **Educational qualifications**

People aged 50-74 are considerably more likely to have no qualifications than the population on average. According to the Census 2001, over three quarters of the population aged 50-74 in Belfast have no educational qualifications, which may reflect a lack of opportunities as well as different attitudes to education in the past. It can be noted that people under 65 are more likely to have a qualification than people aged 65 or over, as illustrated in figure 74.

#### ***Insert figure 74***

Educational qualifications illustrated in the figure were classified as follows:

Level 1: GCSE (grades D-G), CSE (grades 2-5), 1-4 CSEs (grade 1), 1-4 'O' level passes, NVQ level 1, GNVQ Foundations or equivalents

Level 2: 5+ CSEs (grade 1), 5+ GCSEs (grade A-C), 5+ 'O' level passes, 1 'A' level, Advanced Senior Certificate, NVQ level 2, GNVQ Intermediate or equivalents

Level 3: 2+ 'A' levels, NVQ level 3, GNVQ Advanced or equivalents

Level 4: First degree, NVQ level 4, HNC, HND or equivalents

Level 5: Higher degree, NVQ level 5 or equivalents

### **Educational qualifications at ward level**

#### ***Insert figures 75 and 76***

At ward level, there is significant variation in the proportion of people with educational qualifications at different levels. In some wards in the city, over 90 % of people aged 50-74 have no qualifications, but in others, around half of the age group have a degree level qualification or higher. It appears clear that wards are

relatively divided on educational lines, which have a strong link to socio economic status as well as level of deprivation (Census 2001, NISRA).

### **University enrolments**

It appears that very few people over 60 return to studying at degree level. Both Queen's University of Belfast (QUB) and University of Ulster (UU) have had around 70 students over 60 studying for a degree in recent academic years. The most popular area of study for older students at QUB is social sciences, while the Faculty of Arts (including languages, history, film and media studies as well as directly arts related subjects) was most popular among students at UU, followed by social sciences (QUB 2005, personal communication; UU 2005, personal communication).

QUB also offers an Open Learning programme available to anyone, and awards a Certificate in Liberal Studies to anyone who completes the equivalent of 60 credits through the Open Learning programme. This Certificate has been completed by over 500 students over 60 in the two most recent academic years, and the most popular subjects among older students in the Open Learning programme are history, languages, music, biology, history of art and philosophy (QUB 2005, personal communication).

### **College enrolments**

In the Belfast area, Belfast Institute for Further and Higher Education (BIFHE) offers further and higher learning opportunities for people of all ages. The institution provides vocational courses at varying levels, as well as non vocational or 'leisure' courses.

#### ***Insert figure 77***

Figure 77 illustrates the number of students aged 60 and over at BIFHE in 2003-2004, and the number of these students enrolled within the most popular fields of study. It can be noted that ICT was by far the most popular subject among students aged 60 and over enrolled on NVQ level courses, while art and design was most popular among non-vocational students aged 60 and over. Overall, art and design was the most popular subject followed by ICT. There was, however, a wide spread across a range of subjects, with people over 60 taking NVQ level qualifications in fields as diverse as motor vehicles and media and communication. There was a similar spread among students aged 60 and over on non vocational courses

### **Informal education opportunities**

In addition to courses at Further and Higher Education colleges, there is a range of informal education opportunities. Many organisations, including Age Concern NI and Help the Aged, organise IT courses, and the Workers' Education Association has a range of courses suitable to older people. The University of the Third Age, an international movement promoting learning among older people, also has a group in Belfast.

## **Gaps and implications for information collection**

This chapter aims to outline education opportunities available to older people as well as older people's participation in lifelong learning. The information available provides a basic overview, but there is scope for improvement to build a fuller picture:

- There is currently very limited information on the characteristics of people who return to learning. Data collection systems of FHE colleges could be refined to include this, as it would help target and market courses as well as contribute to an overall understanding of lifelong learning.
- There is very limited qualitative information on older people's views and experiences of education and lifelong learning, as well as on reasons why people do or do not return to learning. There is a need to develop a systematic way of collecting this information, as it is required to develop lifelong learning policy as well as initiatives and courses suitable to all population and age groups.

## **12. Access, participation and support networks**

*This chapter can be seen as divided into three subsections. The first looks at social isolation and issues such as access to support networks including older peoples' groups and organisations for older people and membership of clubs and associations. The second gives an overview of older people's use of communication technologies such as mobile phones and the Internet, and the third section outlines distances to services such as shops to highlight the role this may play in social exclusion. A significant proportion of the information is only available at EHSSB level, but has been briefly summarised to give an rough outline.*

Social networks are important to people of all ages, as they provide friendship and emotional and practical support as well as a sense of belonging and inclusion. A lack of social networks, on the other hand, has a significant impact on mental wellbeing, since it is linked to loneliness and exclusion. For older people, social exclusion is a particular issue since many are living alone following the death of a partner, while their families may live far away and their previous social networks get smaller as friends pass away. Older people are also often less mobile than younger people, which may contribute to lack of networks and inability to participate fully in society.

At a Northern Ireland level, the Northern Ireland Life and Times Survey 2003 found that loneliness was one of the key issues facing older people (Northern Ireland Life and Times Survey 2003).

Although many older people have frequent social contacts, others are largely isolated at home and may have few social contacts outside service providers. This also has particular implications for their mental wellbeing, as older people generally are more vulnerable, and physical health problems may exacerbate social isolation. It has been estimated that a degree of depression is relatively common among older people, but the prevalence among socially isolated older people is likely to be much higher.

### **Social contacts with family and friends**

Information on the frequency of social contacts is currently systematically collected only in the Continuous Household Survey and available only at Health and Social Services Board level. As respondent numbers are close to 100 (usually the lower limit for robustness) when broken down by EHSSB area and age, however, findings should be seen as mainly indicative.

#### ***Insert figure 78***

The vast majority of survey respondents in 2004-05 in age groups over 60 saw family and friends at least once a week, and the majority also spoke to relatives and friends on the phone at least once a week. Respondents in all age groups were, however, noticeably more likely to see family daily or more than once a week, while it was most common for the older age groups to see friends once or twice a week. Older age groups were more likely to see family on a daily or almost daily basis, while the age group over 75 at the same time was least likely to see friends regularly.

## **Support networks for older people**

There is no single authoritative source of information on the number of older people's groups in Belfast or the EHSSB area, as they have not been formally mapped. For this report, organisations working with older people's groups on the ground were asked for an estimate of the number of older people's groups in the area. The figures are, therefore, estimates only and their main function is to provide a rough idea of how active older people themselves are in different areas.

**Table 2. Older peoples' groups across District Councils in the EHSSB area (no)**

<b>Area</b>	<b>Number of groups</b>	<b>Comments/source</b>
<b>North and West Belfast</b>	60-80	<p>Includes church groups, hobby groups, self organised groups and groups organised through community organisations etc.</p> <p><i>Source: VSB, 2005</i></p>
<b>South and East Belfast</b>	148 (116 in east Belfast, 32 in south Belfast)	<p>Includes church groups in east but not south Belfast, and does not include physical activity groups, hobby clubs, library groups etc. A baseline report carried out in 2002 identified over 190 groups, and also estimated that around 12 % of people over 65 attend local groups.</p> <p><i>Source: Engage with Age 2005</i></p>

The main conclusion that can be drawn from table 2 is that there appears to be a healthy and vibrant older people's sector in Belfast, particularly in the east of the city. In other words, older people are active and organise activities for themselves, and are also involved in lobbying for services. There is no information on reasons for the difference in the number of organisations, but it may be linked to a range of factors including support available from other organisations.

## **Support for ethnic minority older people**

Specific support for ethnic minority older people is typically organised through voluntary organisations such as the Chinese Welfare Association (CWA) or the Indian Community Centre. The Chinese Welfare Association operates an older people's group called Hoi Sum, which focuses on south and east Belfast as it is funded by the South and East Belfast HSS Trust. The group currently has over 130 members and arranges a luncheon club, walking trips and outings. In addition, the Association runs an older people's project with a project worker, who provides advocacy and interpreting services to older Chinese people, for whom the language barrier is a major issue. CWA state that many of them did not have an opportunity to learn English while working long hours in the catering industry, and have difficulty accessing services such as health and social care. Reports commissioned by CWA also indicate that Chinese older people face isolation as they and their families may not know how to access support services, or follow traditions prescribing care of older people within the family (CWA 2005, personal communication).

The Indian Community Centre similarly organises a weekly club including lunch and physical activity sessions, as well as participation at suitable events. The centre states that isolation is a major issue for older people of Indian origin, particularly for women who may not have the confidence to go out on their own. Lack of transport is an issue, while older Indian people have specific health issues including diabetes, which is particularly common within this group (Indian Community Centre 2006, personal communication).

The Belfast Islamic Centre does not organise any regular activities for older people (Belfast Islamic Centre 2005, personal communication).

### **Views around social inclusion**

As for other topics, qualitative evidence available is mainly anecdotal and indicates the following:

- Older people feel that funding of older people's groups needs to be addressed as an overall social support structure for older people (*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response*, Age Concern Northern Ireland and Help the Aged 2004).
- There may be specific groups particularly vulnerable to exclusion, such as those largely housebound due to ill health. Home visits should be developed for such individuals, while improved access to transport also would help (*Research into social exclusion issues affecting older people who are in need of a carer, draft report*, OFM-DFM, March 2005).
- Research carried out by Engage with Age into social isolation in six neighbourhoods in inner east Belfast and Castlereagh showed that the majority of participants saw family or friends at least weekly. The few participants who had no visitors indicated the main reasons as family living too far away and having no surviving friends (*Social isolation among older people in east Belfast*, Engage with Age, November 2004).
- There is wide anecdotal evidence from many areas that men in particular are socially uninvolved and have less opportunities than women. Efforts have been made in several areas, particularly east Belfast and Castlereagh, to address this by establishing men's groups (*Giving a voice – providing a choice, Engage with Age evaluation report 2001-2004*, Engage with Age 2004).

### **Participation in decision making**

There are currently no formal older people's councils or other formal structures to represent older people's interests in the decision making process. At Northern Ireland level, the two major age sector organisations, Age Concern Northern Ireland and Help the Aged, along with Pensioners Northern Ireland have established the Age Sector Reference Group, which is a policy and lobby group consisting of 23 older people's groups and affiliated age sector organisations. The

aim of this group is to develop and influence policy for older people and work with decision makers in doing this.

There is also a range of other strategic groups aimed at improving services for older people. However, it is not clear how representative these groups are of older people as a population group. They may include representatives of older people, but these may not always represent older people as a population group. Similarly, it is known that many representatives on public bodies, including Councillors, are older people, but their main role is not to represent older people's interests.

## **Work by age sector organisations**

### **Age Concern Northern Ireland**

One of the two major organisations for older people, Age Concern Northern Ireland is a campaigning organisation and service provider for older people. Its services include day care centres, residential centres for people with dementia and training and support for older people and older people's groups.

Age Concern Northern Ireland support two Age Concern Northern Ireland Local Groups in Belfast (East Belfast and Castlereagh, and West Belfast). In addition, there are a number of Actively Ageing Well groups, under the Actively Ageing Well initiative which is a partnership with the Health Promotion Agency and focuses on physical activity (Age Concern Northern Ireland 2005, personal communication).

The Age Concern Northern Ireland Advice Line took just under 4000 calls up to November 2005 and just over 4850 calls in 2004. The issue generating most queries and casework is benefits, followed by community care, residential and nursing care and housing.

### **Help the Aged**

The second of the two major organisations for older people, Help the Aged is also a campaigning and support organisation for older people. The activities of Help the Aged focus on policy development, in partnership with older people, and training provision. Services also include the SeniorLine information and advice service and a 24 hour call response service.

Help the Aged organise a number of groups consisting of older people, which are intended to inform the organisation's work and support policy development. These groups consist largely of representatives from older people's groups, which in turn receive support from Help the Aged to develop their activities. There is also an InterForum consisting of 18 older people's fora from across Northern Ireland, which Help the Aged consults with regularly, and a Senior Safety Policy Group, which focuses on issues relating to community safety (Help the Aged 2005, personal communication).

The SeniorLine advice line takes around 6000 calls per year, of which the majority relate to benefits and benefit entitlement. Other single issues generating a

relatively high number of enquiries and casework are housing, and community and residential care.

### **Engage with Age**

Engage with Age is a partnership approach to working with older people in south and east Belfast and Castlereagh. The partnership was developed during the late 1990s, following studies which highlighted a number of growing social issues in the older population in the area such as social isolation, poor health and low level of participation in communities. The key objectives of the partnership include strengthening community infrastructure affecting older people, promoting intergenerational contact and developing joined up working in service provision for older people (*Giving a Voice – Providing a Choice: Engage with Age Evaluation Report 2001-2004*, Education and Development 2004).

Since its establishment in 2001, Engage with Age has been involved in a wide range of initiatives for older people. The key element of the organisation's work is supporting older people's groups, helping new groups to get established and encouraging older people to join groups. In total, Engage with Age had been in contact with over 800 groups in the three years, and supported the establishment of 27 new groups in south and east Belfast and Castlereagh. (*Giving a Voice – Providing a Choice: Engage with Age Evaluation Report 2001-2004*, Education and Development 2004).

Engage with Age is or has been involved with a wide range of issues including physical activity, community safety and intergenerational work. In early 2006, a review of the approach was commissioned to establish its effectiveness and how it can be strengthened, as well as how it could be replicated elsewhere in Northern Ireland.

### **Voluntary Service Bureau**

In addition to co-ordinating and promoting volunteering across Belfast and Castlereagh, Voluntary Service Bureau (VSB) provides a range of services for older people, and also works directly with older people's groups in north and west Belfast in a capacity building role.

The capacity building work is commissioned by North and West Belfast HSS Trust, and involves providing training on organisational issues as well as supporting links between older people's groups. The team was closely involved in reviving the West Belfast Senior Citizens' Forum during 2005.

VSB also run a range of more practical initiatives for older people include a Home Security Service, which provides security devices mainly to older people in the greater Belfast area who receive a benefit or are unable to get the work done. In 2004, a total of 461 people received 303 security devices and 369 smoke alarms. There is also a physical activity programme known as A OK, which targets in particular persons aged 50-65 who are sedentary or live in areas of high deprivation. VSB also promotes intergenerational activities, and runs a specific project aimed at increasing participation of and interaction between younger and

older citizens through volunteering. An example of such a project was IT classes for the over 50s and creative writing classes, where young volunteers acted as tutors. In south and east Belfast there is a limited volunteer driving scheme, under which older people with no other means of transport are taken to hospital appointments, clinics, classes and other key appointments. In 2004, 24 volunteers completed 2481 driving hours and 2783 journeys took place. (VSB 2006, personal communication).

### **Good Morning programmes**

Good Morning programmes are telephone support schemes, under which clients get a daily phone call to ensure they are well and that they can voice any concerns they have. The scheme is related to social inclusion, befriending as well as community and home safety. There are currently two Good Morning programmes in Belfast (Ballysillan and West Belfast). In addition, the Lagan Village Home Safety Project in inner east Belfast, run by Bridge Community Association, provides a very similar service.

The majority of clients in all programmes are over 60, although the number of clients varies depending on scheme capacity, from around 30 in Down to over 150 in Ballysillan. They have received very positive feedback from clients, and a formal review was being completed in early 2006.

### **Access to modern technology**

Mobile phone ownership as well as Internet access can be considered measures of social inclusion, as a mobile phone enables the user to be in touch with friends and relatives at all times, while the Internet is increasingly an important mechanism for accessing services as well as information source. Both could also be considered a measure of the extent to which different age groups take advantage of modern technology, which in turn could be seen as a measure of wider social inclusion.

#### **Mobile phone ownership**

##### ***Insert figure 79***

Figures from the Continuous Household Survey, available at EHSSB level and presented in figure 79, show that people aged 60 and over are less likely than the population in general to own a mobile phone, with ownership among women and people aged 70 and over particularly low. This indicates that older people can be seen as socially excluded to some degree in terms of access to mobile communication. However, it is also possible that many older people do not see the need for a mobile phone, perhaps because they are likely to spend more time at home than younger people. They may also lack confidence in using a mobile phone, or have no interest in having one.

#### **Individual Internet access**

##### ***Insert figure 80***

Regarding Internet access, the survey results show that there is a significant gap in Internet access between people over 60 and younger age groups, and also that there is a notable divide between the 60-69 and over 70 age groups. Women over 60 are considerably less likely than men of the same age to have Internet access, while the difference in younger age groups is small. However, Internet access among older women appears to have increased more rapidly than among men over the last few years.

As a summary, it can be concluded that there is a significant 'digital divide' between older people and the rest of society. Currently there are many ICT training courses and programmes available for older people, and Internet access is typically available in libraries and other public facilities. However, it appears that many older people are still excluded from the services offered online, although this may be by choice as much as lack of opportunity. According to the Continuous Household Survey (CHS 2004-05, NISRA), the key reasons for older people not to use the Internet is lack of interest (55 %), lack of access to a computer at home (41 %) and feeling too old (31 %).

### **Distance to a food shop**

The distance to a food shop and a Post Office was mapped as part of the 2005 Northern Ireland Multiple Deprivation Measure at Super Output Area level. It can be noted that distances to a store are considerably longer in rural areas than in urban areas, which indicates potential access difficulties particularly for older people who do not have access to private transport. However, distances in Belfast are typically relatively short. Access to shops appears, therefore, to be less of an issue within the city unlikely to be a major issue, although older people living on the outskirts of the city with some kilometres to a shop may have some difficulties particularly if they do not have access to a car.

### **Gaps and implications for information collection**

The purpose of this chapter is to outline older people's access to social support networks including mechanisms aimed at influencing decision making, and access to services in a way that illustrates risks for social exclusion. The potential area is large and the chapter includes a selection of issues, but identifies a number of gaps:

- Information on social contacts is currently only collected within the Continuous Household Survey, which has a relatively small sample and does not enable breakdowns below HSSB area level. Consideration should be given to increasing the sample size to allow for more local level information to be collected, or alternative mechanisms should be explored to build a local level picture.
- There is currently no confirmed figure of older people's groups in the EHSSB area, or single source of information on this. Consideration should be given to mapping groups in a systematic way, as this would contribute to planning support services and funding, and also help build a picture of the level of organisation among older people.

- There is very limited qualitative information on older people's views and experience of access, support and social exclusion issues. In particular, there is limited information on the needs and issues of ethnic minority older people. There is a need to develop systematic mechanisms for collecting such information, as it is essential as a basis for developing policy and initiatives aimed at supporting older people to participate fully in society.

## **13. Recommendations**

The process of developing this report has made it clear that there are gaps in information currently collected. In particular, there are gaps in information available at a local level, since many indicators are only collected in regional surveys which are useful in measuring regional trends but do not lend themselves well to providing local level information or trends. This is particularly the case in relation to lifestyle information, information on the overall level and sources of income of older people, travel patterns of older people and also for information on housing conditions and social support.

The process also indicated that information on some indicators is currently not collected at all, as systems in many organisations appear to be geared towards monitoring statistics required for financial management or data that are easily obtained as part of routine processes. There is very limited information on, for instance, the level of mental health problems among older people, the contribution which older people's unpaid work makes to the economy or details of older people's groups. In addition, there appears to be little or no systematic collection of qualitative information, which would put statistics in context and give older people a more concrete voice. Better qualitative information would also provide those responsible for planning services with improved data on which to base development of services.

Each chapter provides an overview of identified gaps in current information, and makes recommendations for addressing these. However, there is a common trend to many of these and some overarching recommendations are therefore made here. Some of them echo recommendations made in the *Eastern Area Investing for Health Indicators* publication (Belfast Healthy Cities, August 2005), as the process of developing the report has underlined their importance.

The rationale of all recommendations, as of the entire Report, is that appropriate, local, robust and up to date information is required for developing appropriate policy and services for older people. Information systems should therefore be developed to collect such data, in order for organisations to better meet the needs of older people and improve their health and quality of life.

- Consideration should be given by the Central Survey Unit at NISRA, as well as Departments commissioning surveys, to increasing the sample sizes in order to allow for improved breakdowns to more local geographies. Ideally, data should be available at District Council level to enable local planning. However, it is recognised that this recommendation has resource implications.
- Wherever possible, information should be collected in a way that allows for breakdown by age. Ideally, breakdowns should be available by five or ten year age bands, as issues and trends for people in their 60s, for example, are very different from issues of people aged 80 or over. This is particularly relevant in light of increasing longevity.

- Systematic approaches to the collection of qualitative information need to be developed across sectors, in order to gain robust evidence of older people's experience and views.
- Where possible and with consideration for confidentiality/disclosure issues, GIS systems should be applied to data in order to allow for local level breakdowns. This is important for highlighting very local level inequalities, such as pockets of deprivation within areas where deprivation is not an issue overall.
- Organisations should review the accessibility of information they collect. Where possible, information should be published on the organisation's website, or clear signposting made to who to contact for information. This is important particularly for the development of an intersectoral approach to delivering services that meet older people's needs.
- Organisations should review the information they collect in light of how it contributes to service or policy development and where necessary, develop systems that provide information more suited to this. This recommendation is closely linked to the following:
- **An overall recommendation is that information collection systems should facilitate the collection of data not available through simple counts or recording of background details, such as difficulties in managing medication, estimates of the total population living with dementia or functional mental illness, or reasons for participating in education. This could be done for example through adding queries to monitoring returns, or requesting frontline staff to report on selected additional issues.**
- **An overall recommendation is also that there is a need for a joined up evidence base or set of indicators of older people's health and quality of life, which is based on priorities of older people as well as organisations. There is also a need for such an evidence base to be routinely collected in a consistent way, which allows for local level breakdown and comparison.**

## Appendix 1

### Overview of indicators included and data sources

**The following tables outline the template used to collate this report, with the aim of giving an at a glance summary of information available in the report. In addition, they provide the source for all indicators included, and also give an indication of the geographical level at which data is available. This is intended to signpost anyone interested in more detailed or updated information directly to the source.**

#### **Demography**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Population age and sex structure	Census, NISRA	EHSSB, District Council, ward
Birth and death rates	NISRA Registrar General	EHSSB, District Council
Migration	Census, NISRA	EHSSB, District Council, ward
Projection of growth in older population	NISRA Population statistics	EHSSB, District Council
Dependency ratio	NISRA Population statistics	EHSSB, District Council
Deprivation	2005 Northern Ireland Multiple Deprivation Measure - through Northern Ireland Neighbourhood Information Service (NINIS) at <a href="http://www.ninis.nisra.gov.uk">www.ninis.nisra.gov.uk</a>	Super Output Area
Religious distribution	Census	EHSSB, District Council, ward
Marital status	Census	EHSSB, District Council, ward
Living arrangements	Census	EHSSB, District Council, ward
People living in residential institutions	Census	EHSSB, District Council, ward
Ethnic minority older people	Census	EHSSB, District Council, ward

#### **Health, mortality and lifestyle**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Life expectancy	NINIS	EHSSB, District Council For wards ranges available
Mortality	NISRA Registrar General	EHSSB, District Council
Self-reported health status	Census	EHSSB, District Council, ward
Prevalence of limiting longstanding illness	Census	EHSSB, District Council, ward
Capacity for self care	2001 Health and Social Wellbeing Survey, NISRA	EHSSB

*Health, mortality and lifestyle cont.*

<b>Disability</b>		
Attendance Allowance recipients	Department for Social Development (DSD)	EHSSB, District Council, ward
Disability Living Allowance recipients	DSD	EHSSB, District Council, ward
Persons registered with visual or hearing impairments	Health and Social Services Trust	Trust area
<b>Morbidity</b>		
Incidence of cancer	Northern Ireland Cancer Registry	EHSSB, District Council, ward
Hospital admissions by type and for selected causes	EHSSB	EHSSB, HSS Trust, Local Health and Social Care Group
Hospital admissions of at least one night due to home accident	Department of Health, Social Services and Public Safety (DHSSPS)	Hospital
<b>Home accidents</b>		
Deaths due to home accident	NISRA Registrar General	EHSSB,
Home safety initiatives	Royal Society for the Prevention of Accidents	HAP group
<b>Lifestyle and physical activity</b>		
Smoking trends	2001 Health and Social Wellbeing Survey, NISRA	EHSSB
Alcohol use trends	2001 Health and Social Wellbeing Survey, NISRA	EHSSB
Problem use referrals	Eastern Drug and Alcohol Co-Ordination Team (EDACT)	EHSSB
Drug use trends	EDACT, DHSSPS	EHSSB
Levels of overweight/obesity	2002 Health and Lifestyle Survey for Northern Ireland, Health Promotion Agency	EHSSB
Average food consumption	Expenditure and Food Survey 2003-2004, Department for Agricultural Development	Northern Ireland
Uptake of Cook Chill meals	HSS Trust	Trust
Frequency of walks of at least two miles in last four weeks	2001 Health and Social Wellbeing Survey, NISRA	EHSSB
Current physical activity levels	2002 Health and Lifestyle Survey for Northern Ireland, Health Promotion Agency	EHSSB
Physical activity intentions	2001 Health and Social Wellbeing Survey, NISRA	EHSSB
Time spent watching TV	2002 Health and Lifestyle Survey for Northern Ireland, Health Promotion Agency	EHSSB
Physical activity schemes targeting older people	EHSSB	Trust

## **Health and social services and access to services**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Uptake of health, social and care services including District Nursing, home helps and day care	HSS Trust	Trust
Special equipment used by older people	HSS Trust	Trust
<b>Services for people with dementia</b>		
Older people in contact with HSS Trust mental health services	HSS Trust	Trust
Number of professional staff dedicated to or with a primary responsibility for older people's mental health (eg. Community Psychiatric Nurses)	HSS Trust	Trust
Day care places for people with dementia	HSS Trust	Trust
Places in nursing home and other supported housing schemes	HSS Trust	Trust
Voluntary sector services for people with dementia	Alzheimers' Society	N/A
<b>Services for older people with functional mental illness</b>		
Estimated prevalence of potential mental health problems	2001 Health and Social Wellbeing Survey, NISRA	EHSSB
Older people in contact with HSS Trust mental health services	HSS Trust	Trust
Number of professional staff dedicated to or with a primary responsibility for older people's mental health (eg. Community Psychiatric Nurses)	HSS Trust	Trust
Day care places for people with functional mental illness	HSS Trust	Trust
Places in nursing home and other supported housing schemes	HSS Trust	Trust
Voluntary sector services for people with functional mental illness	Aware Defeat Depression, Northern Ireland Mental Health Association, Rethink	N/A
<b>Residential accommodation services</b>		
Locations of nursing and residential homes and number of places	Health and Personal Social Services Regulation and Inspection Authority (HPSSRIA)	Trust
<b>Access to services</b>		
Average distance to GP surgery	2005 Northern Ireland Multiple Deprivation Measure - through Northern Ireland Neighbourhood Information Service (NINIS) at <a href="http://www.ninis.nisra.gov.uk">www.ninis.nisra.gov.uk</a>	Super Output Area
Average distance to A&E hospital	As above	As above
Average distance to dentist	As above	As above

*Health and social services and access to services cont.*

<b>Carers</b>		
Number of older carers	Census	EHSSB, District Council, ward
Hours of care provided	Census	EHSSB, District Council, ward
Number of people receiving Carers' Allowance	DSD	EHSSB, District Council, ward
Statutory sector carer support services	HSS Trust	Trust
Voluntary sector support services and qualitative information on experience of carers	Carers NI Belfast Carers' Centre	N/A

**Housing**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
<b>Living circumstances</b>		
Living arrangements including proportion of one person households	Census	EHSSB, District Council, ward
Tenure	Census	EHSSB, District Council, ward
Housing Benefit recipients	DSD	EHSSB, District Council, ward
Rate Rebate recipients	Rate Collection Agency	EHSSB, District Council
Type of accommodation occupied by older people	EHSSB	District Council
Accommodation type trends	Continuous Household Survey, NISRA	EHSSB
<b>Older people and poor housing</b>		
Level of unfit housing occupied by older people	2001 House Condition Survey, Northern Ireland Housing Executive (NIHE)	EHSSB
Housing provision, care and repair	NIHE	EHSSB
<b>Special accommodation for older people and adaptations</b>		
Housing stock suitable to older people	NIHE	Housing District
Completed new accommodation units for older people	NIHE	District Council
New tenants aged 60 and over entering sheltered and supported accommodation	Northern Ireland Federation of Housing Associations	EHSSB
Disabled Facilities Grants approved	NIHE	Grants Office
Disabled Facilities Grants completed and length of process	NIHE	District Council

*Housing cont.*

<b>Fuel poverty and energy efficiency</b>		
Prevalence of central heating	Census	EHSSB, District Council, ward
Level of fuel poverty among people over 60	House Condition Survey, NIHE	EHSSB
Number of people over 60 assisted through the Warm Homes scheme	EAGA Partnership	District Council
<b>Homelessness</b>		
Number of people over 60 presenting and accepted as homeless	NIHE	Housing District
Qualitative data on homeless people over 60	Simon Community	Northern Ireland

**Income and social position**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Socioeconomic distribution	Census	EHSSB, District Council, ward
Median income	Family Resources Survey (FRS), DSD	EHSSB
Sources of income	Family Resources Survey (FRS), DSD	EHSSB
Level of expenditure compared to income	Expenditure and Food Survey 2003-2004, DARD	Northern Ireland
Retirement Pension recipients	DSD	EHSSB, District Council, ward
Rate of pension	DSD	N/A
Pension Credit recipients	DSD	EHSSB, District Council, ward
Average Pension Credit payments	DSD	EHSSB, District Council
Wealth – value of property owned by people over 60	Northern Ireland Household Panel Survey 2002	Northern Ireland
Assistance provided with childcare	Northern Ireland Life and Times Survey 2004	Northern Ireland

**Employment and occupation**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Legal provisions against age discrimination	Office of the First Minister and Deputy First Minister (draft legislation)	Northern Ireland
Experience of and views on age discrimination in employment	Northern Ireland Life and Times Survey 2003	Northern Ireland
Economic activity of population aged 50-74	Census	EHSSB, District Council, ward
Number of persons employed and persons over retirement age continuing in employment	Department of Enterprise, Trade and Investment (DETI)	Northern Ireland

*Employment and occupation cont.*

Jobseekers' Allowance claimants/unemployment rate	DETI	District Council
Duration of unemployment among JSA claimants	DETI	District Council
Economic inactivity among people aged 50 and above	Labour Force Survey 2003, DETI	District Council
Self employment trends	Labour Force Survey Self Employment 1992-2003, DETI	Northern Ireland
Number of businesses started by person 60+	Invest NI	Northern Ireland
Age friendly employers	Employers' Forum on Age at <a href="http://www.efa.org.uk">www.efa.org.uk</a>	Northern Ireland
Number of older volunteers registered with Volunteer Bureaux	Down District Volunteer Bureau, Voluntary Service Bureau, Voluntary Service Lisburn	District covered

**Transport**

Indicator	Source	Level available
Access to a private car	Census	EHSSB, District Council, ward
Driving licence holding among people aged 60 and over	Department for Regional Development (DRD)	Northern Ireland
Mode and length of journeys	Northern Ireland Travel Survey/NISRA & DRD	Belfast, East of Northern Ireland and West of Northern Ireland

**Public and community transport**

Uptake of Translink Senior SmartPass	DRD	District Council
Accessible transport fleet	Translink	Depot
Journeys of persons over 65 on Community Transport	DRD	Community Transport Partnership area
Hours of service provided by VSB driving scheme	Voluntary Service Bureau	N/A
Shopmobility members over 60 and services available	Shopmobility scheme	Catchment area
Trust transport services to older people's groups	HSS Trust	HSS Trust

**Accidents**

Number of people aged 60 and over killed in a road traffic collision	Police Service of Northern Ireland (PSNI)	District Command Unit
Number of people aged 60 and over injured in road traffic collisions	PSNI	District Command Unit

*Transport cont.*

Traffic environment		
Extent of dropped kerbs	DRD Roads Service	N/A
Criteria used for street lighting	DRD Roads Service	N./A
Speed of traffic lights	DRD Roads Service	N/A

### Crime and community safety

Indicator	Source	Level available
Crimes causing concern among people over 60	Northern Ireland Crime Survey 2003-04, Northern Ireland Office	EHSSB
Safety concerns during day and after dark	Continuous Household Survey, NISRA	EHSSB
Types of anti social behaviour causing concern among people over 60	Northern Ireland Crime Survey 2003-04, Northern Ireland Office	EHSSB
Recorded incidents of burglary where victim aged 50 or over	PSNI	EHSSB, District Command Unit, ward
Recorded offences against the person where victim aged 50 or over	PSNI	EHSSB, District Command Unit, ward
Recorded incidents of personal robbery where victim aged 50 or over	PSNI	EHSSB, District Command Unit, ward
Uptake of Lock Out Crime Scheme	Northern Ireland Office	NIHE Housing District
Referrals to vulnerable adult register	EHSSB	Trust
Recorded domestic incidents (which fulfil crime criteria)	PSNI	EHSSB, District Command Unit
Research and qualitative information on the impact of the Troubles on older people	TMR Professionals WAVE Trauma Centre	N/A

### Leisure and recreation activities

Indicator	Source	Level available
Members of leisure centres aged 60 and over in District Council leisure centres	Leisure centres	Individual centre
Activities aimed at older people in District Council leisure centres and uptake	Leisure centres	Individual centre
Activities aimed at older people in District Council community centres and uptake	Community centres	Individual centre
Details of leisure/community centre activities aimed at older people and level of usage	As above	As above
Library members over 60 and library services for older people	Belfast Education and Library Board  South Eastern Education and Library Board	Education and Library Board

### **Education/lifelong learning**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Educational qualifications	Census	EHSSB, District Council, ward
Students aged 60 and over enrolled at university	Queen's University of Belfast University of Ulster	Northern Ireland totals per university
Students aged 60 and over enrolled at Further and Higher Education institutions	Belfast Institute of Further and Higher Education Castlereagh College East Down Further and Higher Education Lisburn Institute North Down and Ards Institute	Institution
Availability of informal education courses	Educational Guidance Service for Adults (EGSA) Individual organisations	N/A

### **Access, participation and support**

<b>Indicator</b>	<b>Source</b>	<b>Level available</b>
Frequency of telephone calls with family and friends	Continuous Household Survey, NISRA	EHSSB
Frequency of seeing family and friends	Continuous Household Survey, NISRA	EHSSB
Older people's experience of differential treatment	Northern Ireland Life and Times Survey 2003	Northern Ireland
Membership of social organisations	Continuous Household Survey, NISRA	EHSSB
Estimated numbers of groups and organisations for older people	East Down Rural Community Network Engage with Age Investing for Health North Down and Ards TADA Rural Lisburn Outreach Project Voluntary Service Bureau	General broad district
Support networks for ethnic minority older people	Belfast Islamic Centre Chinese Welfare Association Indian Community Centre	N/A
Services by age sector organisations and uptake	Age Concern Northern Ireland Engage with Age Help the Aged Voluntary Service Bureau	N/A
Availability of Good Morning programmes	Good Morning Ballysillan Good Morning Colin Good Morning Down Good Morning Tullycarnet Good Morning West Belfast Lagan Village Home Safety Project	Target area

*Access, participation and support cont.*

<b>Access to modern technology</b>		
Mobile phone ownership trends	Continuous Household Survey, NISRA	EHSSB
Individual Internet access	Continuous Household Survey, NISRA	EHSSB
<b>Distance and access to services</b>		
Distance to food shop	2005 Northern Ireland Multiple Deprivation Measure - through Northern Ireland Neighbourhood Information Service (NINIS) at <a href="http://www.ninis.nisra.gov.uk">www.ninis.nisra.gov.uk</a>	Super Output Area
Distance to Post Office	2005 Northern Ireland Multiple Deprivation Measure - through Northern Ireland Neighbourhood Information Service (NINIS) at <a href="http://www.ninis.nisra.gov.uk">www.ninis.nisra.gov.uk</a>	Super Output Area
Concessions to cultural activities	Individual organisations and attractions	N/A

## **Appendix 2.**

### **Working group**

Abernethy, Thelma	Alzheimers' Society
Bleakney, Gerry	EHSSB
Brett, Peter	PSNI, Ards District Command Unit
Corkey, John	Belfast City Council
Curtis, Darren	Castlereagh Community Safety Partnership
Donnelly, Elaine	South and East Belfast HSCG
Dunbar, Ffiona	EHSSB
Farrell, Duane	Help the Aged
Gribbon, Maire	Engage with Age
Heaney, Marie	EHSSB/South and East Belfast HSS Trust
Holland, Heather	RoSPA
Humes, Ian	Department for Regional Development
Johnston, Frank	Voluntary Service Bureau
Lindsay, Lorraine	Investing for Health
McConnell, David	Age Concern
McDonnell, Mary	Northern Ireland Housing Executive
Morris, Chris	Department for Social Development
Morton, Rodney/ Hutchings, Lisa	Ards Health and Social Care Group
Shields, Eleanor	Lisburn City Council
Stephenson, Julie	Office of the First Minister and Deputy First Minister

### **Belfast Healthy Cities team:**

Devlin, Joan	Chair of working group
Monaghan, Jonna	Project manager
Scott, Caroline	Assistant

### **Appendix 3.**

## **Glossary of abbreviations used**

ACTS	Accessible Community Travel Services, Newcastle
A&E	Accident and Emergency
BCC	Belfast City Council
BELB	Belfast Education and Library Board
BIFHE	Belfast Institute of Further and Higher Education
BHC	Belfast Healthy Cities
CENI	Community Evaluation Northern Ireland
CH	Central Heating
CHS	Continuous Household Survey, Northern Ireland Statistics and Research Agency (annual)
COPD	Chronic Obstructive Pulmonary Disease
CPN	Community Psychiatric Nurse
CSE	Certificate of Secondary Education
DARD	Department for Agriculture and Rural Development
DETI	Department of Enterprise, Trade and Investment
DCU	District Command Unit, Police Service of Northern Ireland
DEL	Department for Employment and Learning
DFG	Disabled Facilities Grant, Northern Ireland Housing Executive
DLA	Disability Living Allowance
DLT	Down and Lisburn HSS Trust
DSD	Department for Social Development
DRD	Department for Regional Development
DHSSPS	Department of Health, Social Services and Public Safety
EDACT	Eastern Drugs and Alcohol Coordination Team
EHSSB	Eastern Health and Social Services Board
EMI	Elderly Mentally Infirm
EPACG	Eastern Physical Activity Coordination Group
FRS	Family Resources Survey, Department for Social Development (annual)
GCSE	General Certificate of Secondary Education
GNVQ	General National Vocational Qualification
HAP	Home Accident Prevention
HB	Housing Benefit
HNC	Higher National Certificate
HND	Higher National Diploma
HSS	Health and Social Services
HPSSRIA	Health and Personal Social Services Regulation and Improvement Authority
HPA	Health Promotion Agency
HWS	Health and Social Wellbeing Survey, Northern Ireland Statistics and Research Agency (5 yearly)
ICT	Information and communication technology
IFH	Investing for Health
KEPS	Körner Episodes (relates to hospital admission records maintained by EHSSB)

LC	Leisure Centre
LHSCG	Local Health and Social Care Group
MIG	Minimum Income Guarantee
NDAI	North Down and Ards Institute
NI	Northern Ireland
NICR	Northern Ireland Cancer Registry
NICAS	Northern Ireland Community Addiction Service
NIFHA	Northern Ireland Federation of Housing Associations
NIHE	Northern Ireland Housing Executive
NISRA	Northern Ireland Statistics and Research Agency
NIMDM	Northern Ireland Multiple Deprivation Measure (NISRA 2005)
NINIS	Northern Ireland Neighbourhood Information System
NIO	Northern Ireland Office
NWB	North and West Belfast HSS Trust
NVQ	National Vocational Qualification
OFMDFM	Office of the First Minister and Deputy First Minister
OT	Occupational Therapy
PACT	Peninsula Community Transport
POC	Programme of Care (HSS Trusts)
PSNI	Police Service for Northern Ireland
ROSPA	Royal Society for the Prevention of Accidents
QUB	Queens University of Belfast
SEBT	South and East Belfast HSS Trust
SEELB	South Eastern Education and Library Board
SOA	Super Output Area (statistical geography)
TPPD	Transport Programme for People with Disabilities, Department for Regional Development
UCHT	Ulster Community and Hospitals Trust
UU	University of Ulster
VSB	Voluntary Service Bureau
WEA	Workers Educational Association
WHO	World Health Organisation
WTE	Whole time equivalent

## **Appendix 4.**

### **Sources**

#### **Documents**

*Accessible Transport workshop January 2005 report.* Help the Aged & Engage with Age, 2005.

*Actively Ageing Well Programme 2<sup>nd</sup> Year Review.* Community Evaluation Northern Ireland, 2005.

*Age Concern Northern Ireland's preliminary response to Developing a Strategy for Health and Personal Social Services 2002-2022.* Age Concern Northern Ireland, 2004.

*Alcohol and Substance Misuse Consultation Report.* Review of Mental Health and Learning Disability, 2005.

*Analysis of Helpline Statistics.* Action on Elder Abuse 2006.

*Annual Abstract of Statistics 2004.* NISRA 2005.

*Belfast City Centre Access Guide.* Belfast City Centre Management, 2004.

*Community Care Statistics Bulletin 2003-2004.* DHSSPS, 2005.

*Draft Ageing in an Inclusive Society – Promoting the Social Inclusion of Older People policy.* Office of the First Minister and Deputy First Minister, 2004.

*Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey, revised bulletin.* DHSSPS 2005.

*Ending Fuel Poverty: A Strategy for Northern Ireland.* Department for Social Development, November 2004.

*Evaluation Report Six: Partnerships in Practice.* Engage with Age, 2003.

*Focus Group Report for Forward Planning for the Community Lifestyle Forum Castlereagh.* Engage with Age, April 2001.

*Getting Out and About in Belfast leaflet.* Disability Action, 2005.

*Giving a Voice – Providing a Choice: Engage with Age evaluation report 2001-2004.* Engage with Age, 2004.

*Health, Ageing and Retirement in Europe – First Results from the Survey of Health, Ageing and Retirement in Europe.* Borsch-Supan, A et al, Mannheim University 2005. (also available at [www.share-project.org/Documentation-Chapters.html](http://www.share-project.org/Documentation-Chapters.html))

*Hearts and Minds.* University of York, Carers UK and Carers Scotland, 2004.

*Household Projections for Northern Ireland 2002-2025.* NISRA, 2005.

*Eastern Area Drug and Alcohol Co-ordination Team Annual Report 2004.* EDACT, 2005.

*List of Nursing Homes in the EHSSB Area.* Health and Personal Social Services Regulation and Improvement Authority, 2005.

*List of Residential Homes in the EHSSB Area.* Health and Personal Social Services Regulation and Improvement Authority, 2005.

*Loneliness and Isolation among Elderly Chinese in Northern Ireland.* Pang, Chinese Welfare Association, 2003.

*Mental Health Promotion consultation.* Review of Mental Health and Learning Disability in Northern Ireland, October 2005.

*Northern Ireland Multiple Deprivation Measure 2005.* NISRA, May 2005.  
(also available through NINIS at [www.ninis.nisra.gov.uk](http://www.ninis.nisra.gov.uk))

*Population Estimates 2003.* Central Statistics Office (Republic of Ireland), 2003.

*Population Trends 116.* Office of National Statistics, summer 2004.

*Promoting Equality of Opportunity: consultation on the draft Employment Equality (Age) Regulations (Northern Ireland) 2006.* Office of the First Minister and Deputy First Minister, September 2005.

*Promoting the Social Inclusion of older people-Ageing in an Inclusive Society Consultation Response.* Age Concern Northern Ireland and Help the Aged, 2004.

*Registrar General Annual Report 2004.* NISRA, November 2005.

(also available online at  
[www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/datavault.html](http://www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/datavault.html))

*Report on Healthy Ageing:InterAction, Towards an Action Plan event.* Belfast Healthy Cities, 2005.

*Research into Social Exclusion Issues Affecting Older People who Are in Need of a Carer: draft report.* Office of the First Minister and Deputy First Minister, March 2005.

*Response to the Draft Accessible Transportation Strategy.* Help the Aged, 2004.

*Response to Promoting Social Inclusion of Older People.* Age Concern Northern Ireland, November 2004.

*Social Isolation among Older People in East Belfast.* Engage with Age, November 2004.

*Spatial Differences in Entrepreneurship: A Comparison of Prime Age and Third Age Cohorts.* Hart et al, 2004.

*State of the Sector IV.* NICVA, 2005.

*Strategic Planning Conference Report.* Voluntary Service Bureau, 2005.

*Supporting Carers: A strategy for carers in north and west Belfast.* North and West Belfast HSS Trust, 2005.

*Terrorist Related Homicide and Suicide Trends in Northern Ireland 1966-1999.* McGowan, I; Hamilton, S & Miller, P; 2001.

*The Face of Older Homelessness.* Simon Community, 2002.

*Who Cares? Report on the health related quality of life and individual level of need of Chinese elderly in Northern Ireland.* Chinese Welfare Association and SEBT, 1999.

## **Surveys and databases**

2001 House Condition Survey, Northern Ireland Housing Executive.

Census 2001, at Northern Ireland Statistics and Research Agency (NISRA) [www.nisranew.nisra.gov.uk/census/start.html](http://www.nisranew.nisra.gov.uk/census/start.html), various dates September 2005 – March 2006

Continuous Household Survey, NISRA (1983 – 2004/05).

Expenditure and Food Survey 2003-04, Department of Agriculture and Rural Affairs.

Health and Lifestyle Survey for Northern Ireland 2002, Health Promotion Agency.

Health and Social Wellbeing Survey 2001, NISRA.

Family Resources Survey 2003-04, Department for Social Development.

KEPS database of hospital admissions, 2004-05, Eastern Health and Social Services Board.

Labour Force Survey 2003-04, Department of Enterprise, Trade and Investment.

Northern Ireland Crime Survey 2003-04, Northern Ireland Office.

Northern Ireland Household Panel Survey 2002, NISRA.

Northern Ireland Life and Times Survey 2003, ARK.

Northern Ireland Life and Times Survey 2004, ARK.

Police Service of Northern Ireland road traffic collision database, 2003-2005, PSNI.

PSNI recorded crime database, 2002/03-2004/05, PSNI.

Travel Survey for Northern Ireland 2001-2003, Department for Regional Development & NISRA.

## Websites

Age Positive campaign, DTI, DETI et al  
[www.agepositive.gov.uk](http://www.agepositive.gov.uk) 11.11.05

BBC  
[www.bbc.co.uk](http://www.bbc.co.uk) 14.10.05

Employers' Forum on Age  
[www.efa.org.uk](http://www.efa.org.uk) 30.9.05

Equality Commission  
[www.equalityni.org](http://www.equalityni.org) 22.9.05

NISRA Mid-year population estimates  
[www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/myear.html](http://www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/myear.html), various dates September 2005 – March 2006

NISRA Population projections  
[www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/pop\\_project.html](http://www.nisranew.nisra.gov.uk/statistics/financeandpersonnel/dmb/pop_project.html), various dates September 2005 – March 2006

North Down District Council  
[www.northdown.gov.uk](http://www.northdown.gov.uk), 21.11.05

Northern Ireland Housing Executive  
[www.nihe.gov.uk](http://www.nihe.gov.uk), 16.12.05; 19.12.05

Northern Ireland Neighbourhood Information Service (NINIS)  
[www.ninis.nisra.gov.uk](http://www.ninis.nisra.gov.uk), various dates September 2005 – March 2006

Social Security Agency  
[www.dsdsni.gov.uk/index/ssa/ssa\\_pension\\_information.htm](http://www.dsdsni.gov.uk/index/ssa/ssa_pension_information.htm), various dates September 2005 – March 2006

Supporting People, Northern Ireland Housing Executive  
[www.nihe.gov.uk/sp/](http://www.nihe.gov.uk/sp/) 19.1.06

University of the Third Age  
[www.u3a.org.uk](http://www.u3a.org.uk) 14.10.05

## Benefit statistics

Attendance Allowance recipients by age and geographical area, August 2005.  
Department for Social Development.

Carers' Allowance recipients by age and geographical area, August 2005. DSD.

Disability Living Allowance recipients by age and geographical area, August 2005.  
DSD.

Housing Benefit recipients by age and geographical area, May 2005. DSD.

Minimum Income Guarantee recipients by age and geographical area, September 2003. DSD.

Pension Credit recipients by age and geographical area, August 2005. DSD

Pension Credit awards paid out by District Council, 2003-2005. DSD.

Rate Rebate recipients over 50 by District Council, 2005. Rate Collection Agency.

Retirement Pension recipients by age and geographical area, June 2005. DSD.

## Individuals/Organisations

Organisation	Web Address	Individuals
Age Concern Northern Ireland	<a href="http://www.ageconcernni.org">www.ageconcernni.org</a>	Killen, Claire McConnell, David
Alzheimer's Society	<a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>	Keatinge, Claire
Aware Defeat Depression	<a href="http://www.aware-ni.org">www.aware-ni.org</a>	McCullough, Rachel
Belfast Carers Centre	<a href="http://www.carerscentre.org">www.carerscentre.org</a>	Cord, Tom Devlin, Ricky
Belfast City Council	<a href="http://www.belfastcity.gov.uk">www.belfastcity.gov.uk</a>	Bailey, Hilary Gallagher, Grainne Oliver, Jenny
Belfast Education and Library Board (BELB)	<a href="http://www.belb.org.uk">www.belb.org.uk</a>	Greenwood, Linda
Bridge Community Association		Dawson, Brian
Carers Northern Ireland	<a href="http://www.carersni.org">www.carersni.org</a>	Ferguson, Helen
Chinese Welfare	<a href="http://www.cwa-ni.org">www.cwa-ni.org</a>	Cheung, Jessie

Association (CWA)		
Department for Regional Development (DRD)	<a href="http://www.drdni.gov.uk">www.drdni.gov.uk</a>	Johnston, Stephen Lynch, David
Department of Employment and Learning (DEL)	<a href="http://www.delni.gov.uk">www.delni.gov.uk</a>	Coyle, Thomas
Department of Enterprise, Trade and Industry (DETI)	<a href="http://www.detini.gov.uk">www.detini.gov.uk</a>	Brown, Joe
Department for Social Development (DSD), Statistics Branch	<a href="http://www.dsdni.gov.uk">www.dsdni.gov.uk</a>	McDermott, Aisling McKeown, Neill Reilly, Andrew Savage, Claire
Eaga Partnership	<a href="http://www.eaga.co.uk">www.eaga.co.uk</a>	McFetridge, Lynne
Eastern Drug And Alcohol Co-Ordination Team (EDACT)	<a href="http://www.edact.org">www.edact.org</a>	O'Neill, Owen
EHSSB	<a href="http://www.ehssb.n-i.nhs.uk">www.ehssb.n-i.nhs.uk</a>	Dunbar, Fiona Kensett, Kim McKee, Joyce
Engage With Age	<a href="http://www.engagewithage.org.uk">www.engagewithage.org.uk</a>	Gribbon, Maire
Good Morning Ballysillan		Dickson, Emma
Good Morning Upper Springfield		McAuley, Fiona
Health Promotion Agency	<a href="http://www.healthpromotionagency.org.uk">www.healthpromotionagency.org.uk</a>	Breslin, Dr Gavin
Help The Aged	<a href="http://www.helptheaged.org.uk">www.helptheaged.org.uk</a>	Morrow, Donna Farrell, Duane
Invest Northern Ireland	<a href="http://www.investni.com">www.investni.com</a>	McConville, Kathy
Northern Ireland Statistics and Research Agency (NISRA)	<a href="http://www.nisra.gov.uk">www.nisra.gov.uk</a>	IJPelaar, Adrianus Bryson, Iain Bennett, Stuart
North and West Belfast HSS Trust (NWB)	<a href="http://www.nwb.n-i.nhs.uk">www.nwb.n-i.nhs.uk</a>	Diamond, Mary Fitzpatrick, Pat Rafferty, Esther
Northern Ireland Cancer Registry (NICR)	<a href="http://www.qub.ac.uk/nicr/">www.qub.ac.uk/nicr/</a>	Catney, Dr Denise
Northern Ireland Community Addiction Service (NICAS)		Coleman, Alan
Northern Ireland Federation of Housing Associations (NIFHA)	<a href="http://www.nifha.org">www.nifha.org</a>	Jeffers, Sharon
Northern Ireland Housing Executive (NIHE)	<a href="http://www.nihe.gov.uk">www.nihe.gov.uk</a>	Brown, Jahnet McDonnell, Mary
Northern Ireland Office, Community Safety Unit	<a href="http://www.communitysafetyni.gov.uk">www.communitysafetyni.gov.uk</a>	Clarke, Diana Clarke, Tom
Northern Ireland Womens Aid	<a href="http://Www.niwaf.org">Www.niwaf.org</a>	Mallon, Stephanie

Police Service of Northern Ireland (PSNI)	<a href="http://www.psni.police.uk">www.psni.police.uk</a>	Brennan, Mary McHugh, Sinead
Queens University of Belfast (QUB)	<a href="http://www.qub.ac.uk">www.qub.ac.uk</a>	Wright, Liam
Rate Collection Agency	<a href="http://www.ratecollectionagen-cyni.gov.uk">www.ratecollectionagen-cyni.gov.uk</a>	Galloway, Mario Gee, Andrew
Rethink	<a href="http://www.rethink.org">www.rethink.org</a>	Doherty, Anne
Royal Society for the Prevention of Accidents (RoSPA)	<a href="http://www.rospa.org.uk">www.rospa.org.uk</a>	Holland, Heather
South and East Belfast HSS Trust (SEBT)	<a href="http://www.sebt.n-i.nhs.uk">www.sebt.n-i.nhs.uk</a>	Campbell, Katie Carney, Mel Larmour, Valerie Minnis, Sharon Skeffington, Joan
Translink	<a href="http://www.translink.co.uk">www.translink.co.uk</a>	Montgomery, John
TMR Professionals	<a href="http://www.trauma-stress.co.uk">www.trauma-stress.co.uk</a>	Miller, Dr Paul
University of Ulster (UU)	<a href="http://www.ulster.ac.uk">www.ulster.ac.uk</a>	Crothers, Shane
Voluntary Service Bureau (VSB)	<a href="http://www.vsb.org.uk">www.vsb.org.uk</a>	Johnston, Frank
Workers Education Association	<a href="http://www.wea-ni.com">www.wea-ni.com</a>	McMullan, Oonagh