



Northern Ireland
Assembly

Committee for the Office of the First Minister
and deputy First Minister

OFFICIAL REPORT (Hansard)

Equality Issues: Commissioner for Older
People for Northern Ireland

5 December 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Mike Nesbitt (Chairperson)
Mr Chris Lyttle (Deputy Chairperson)
Mr Paul Givan
Mrs Brenda Hale
Mr Alex Maskey
Mr John McCallister
Ms Bronwyn McGahan

Witnesses:

Mrs Pamela Hughes	Commissioner for Older People
Ms Claire Keatinge	Commissioner for Older People
Mr Niall McCloskey	Commissioner for Older People

The Chairperson: We welcome Commissioner Claire Keatinge, accompanied by her officials, Pamela Hughes and Niall McCloskey. You are all very welcome. Claire, do you want to kick off?

Ms Claire Keatinge (Commissioner for Older People): We are moving swiftly from young people and children to older people, but, hopefully, on a continuum. In all seriousness, with the development of an ageing strategy, a strategy for all generations, we hope that today's young people will look forward to ageing as a time of positive opportunity and a time at which they can continue to contribute. There is a very strong link between the two.

The Chairperson: Hear, hear.

Mr Maskey: I would not recommend it, mind you.

Ms Keatinge: Twenty-five percent of our MLAs are over 60.

Thanks very much for the opportunity to meet you and talk about the document that I have circulated to you and the briefing paper 'Hope, Confidence and Certainty', which sets out some draft themes and priorities for consideration for inclusion in my first corporate plan, which would run from 2013 to 2016. I have met a large number of you before, but to those I have not met, it is nice to see you.

Meeting you today forms part of a wide-ranging stakeholder discussion. I have been determined to do a lot of listening but also to nail my colours to the mast in the draft themes and priorities for action and talk them through with everybody who will be impacted by them. It is a school of no surprises, so that

you are familiar with the ideas and the priorities, as will be a wide range of older people's organisations and other interested parties.

I have listened very carefully to a wide range of older people, organisations that work with them and others with an interest in ageing. I have distilled the issues that matter most into the document 'Hope, Confidence and Certainty'. I am absolutely determined to focus on the issues on which the legal powers and duties of the commissioner will enable a significant and positive impact to be made on the issues that matter most to older people. Issues that affect older people include every issue, because older people are just people who are a certain age. I am determined to bring a sharp focus to the very positive contribution made by older people and to challenges that older people face.

You will know, I am sure, that we are an ageing society. More of us are living longer, and most of us who live longer are living healthier lives. That is very good news indeed. We need to raise our expectations of ageing. We need to focus on maximising independence, health and well-being right across the lifespan. We need to represent realistic and positive images of older people, and, critically, we need to listen to, hear, pay attention to and act on what it is that matters most to older people. Older people's contribution is largely positive and is very significant. It is often, unfortunately, unrecognised as a contribution to family life, community life, economic life, volunteering, faith life, and so on. However, older people who are vulnerable and who experience or are at risk of abuse and neglect are not always adequately or properly protected.

The issues that older people have raised with me fall into three clear areas, from which I have gained the title of the document. Everybody of every age group hopes to live longer and healthier lives, with the shortest possible period of illness or disability at the end of life. People also tell me that they hope that the Government will invest in today's older people but also in tomorrow's older people, so that today's younger people have a better opportunity to age well as they look forward to increased longevity, and also that we will celebrate, increasingly confidently, the contribution of older people to society, so we have the hope part of it. Older people also tell me that they just want to be confident in their current environment. They want to be confident that they will be treated properly and fairly, will be able to have a feeling of safety at home and in their communities, will have an adequate standard of living to live fulfilled, healthy and active lives, and that when they are recognised as individuals for their contribution, it will be a unique contribution that all older people make to our society.

I was over at St James's Palace earlier last week with the Diamond Champions, an award scheme for volunteers in the over-60 age group, promoted by the WRVS and through Engage with Age here. There was an incredible range of volunteers who had devoted years and many thousands of hours to volunteering. Our voluntary and faith sectors would be in considerable difficulty were it not for the voluntary contribution of older people. In order to have confidence, people tell me that they want support to help maintain their independence and that it should be readily available if they need it.

Having said that they want to be hopeful to live longer and confident in their current environment, there is a kind of cliff edge in the tone of voice of people when they say that they want to be absolutely certain that, in the event that they become frail, develop dementia, live in poverty, experience abuse or become otherwise vulnerable, the support, services, respect and care that is needed will be available without question in the ways that support older people to live dignified and fulfilled lives right through to the end of life. That protection and support for vulnerable people must be an absolute priority because, without that certainty, people will not be confident in their current environment, and our young people will not be hopeful about ageing.

The draft themes and priorities that I have set out for action are not the final versions that will go into my corporate plan. They are the issues that older people and organisations working with them clearly tell me matter most to them. They are also issues on which I think that my legislative powers and duties can be brought to bear. The first is in relation to the Government's ageing strategy, looking to improve the quality of life for older people. My role is to challenge and support the Government to develop a positive and active ageing strategy that promotes the contribution of older people and protects the vulnerable, looks at setting very clear targets and works with the programme board and junior Ministers to hold the Government accountable in relation to that ageing strategy, which, I understand, is now due for public consultation in February or March next year.

I intend to do two bits of reviewing the law. The first is one of my statutory duties, which is available to you in a handy booklet from my colleagues, 'Adult Protection on Elder Abuse'. My questions will be very simple: to what extent does the law in Northern Ireland protect adults from abuse? The second review of the law will be around adult social care, and, again, I am looking at the extent to which older people are clear about what they can expect from adult social care and to what extent providers are

sure and confident in their responsibilities. I hear very often from older people who have never had experience of social services before they needed care, have never had a social worker, have no idea what their rights are and have no idea what it is reasonable for them to expect either by way of quantity or standard of service.

I move to the question of crime against older people. Of all the issues to do with fear of crime, it is a very significant issue for older people. Every single organisation and every single older person to whom I have spoken has described a fear of crime. The clearance rate for burglary and violent assault against older people is less than half of that of crime clearance rates against people in other age groups. The clearance rate for violent assault and burglary against older people — people aged over 65 in the PSNI statistics — is less than 10%. We need to see a significant improvement in that clearance rate.

We have substantive pensioner poverty, with over 40% of older people saying that they find it hard to make ends meet, yet I find it unacceptable that we have up to £2.2 million a week of unclaimed pension credit and other benefits going back to Westminster when it should be in the pockets of older people locally. In addition to the benefit take-up approach, which you will see has re-started with the Make the Call campaign run by the Department for Social Development and which I have supported, we need to see an increased focus on the Department identifying who potentially is entitled to benefits, and we must be more proactive about making those people known to it and proactively identify whether they can be targeted for approaches for benefit payment.

On fuel poverty, again, every older person whom I have ever met is worried about the cost of fuel. We have 83% of single-pensioner households living in fuel poverty, and, clearly, the ability to keep warm and well is a most significant challenge for many older people. I am absolutely determined to look for positive solutions that protect older people who are cold at home and vulnerable to cold-related illness and misery in their homes.

On the issue of complaints that older people make about public bodies, I have heard a lot from older people when things go wrong with public bodies. They say that they made a complaint in writing and that the letter that they received back was not terribly clear, so they are not quite sure what the outcome was, or that it took too long. Therefore, I am concerned to establish how effective complaints procedures are across all our public bodies and how satisfied older people are with the complaints procedures and the outcome that they received, particularly in relation to the timeliness of the responses on complaints.

You will not be surprised to hear that one of the other areas that has come to me again and again relates to standards of care in nursing, residential and domiciliary settings. It is important that older people and their families are very clear about the standards and quality of service that they should be able to expect from nursing, domiciliary and residential care services. We also need to look at whether those standards need to be changed. You will see from Transforming Your Care a significant approach towards more people being cared for in their own homes for longer, increasing the levels of frailty with which people will be able to be cared for at home. We need to be absolutely confident that that domiciliary care will provide the quality of care, the quantity of care, the availability of care and the respect and dignity that is required.

Another issue that has come to me again and again relates to accident and emergency provision in hospitals. I have received a wide range of comments from people about good and bad experiences of accident and emergency services. Clearly, there is widespread anxiety among older people about potential closure of accident and emergency units, and it is important that we know what is the real experience of older people in accident and emergency departments in Northern Ireland now to inform decision-makers about what they need to do in relation to accident and emergency provision.

Last but by no means least, I want to look at older carers. We need to look significantly and very decisively at why so few of our older carers have their needs formally assessed. Older people provide incredible amounts of care for partners, friends, spouses and for adult children who have a learning or physical disability or a mental health problem. There are thousands and thousands of older people providing millions and millions of hours of care, yet our older carers do not often receive the support, training, information and respite that they need and deserve. Too often, older carers become socially isolated, and many older carers become depressed. A lot of them put off having health interventions and treatments because they do not know who else would care for the person whom they care for. That really is inexcusable; it is taking advantage of older carers.

In order to meet the needs of carers, it is important for their needs to be assessed. Across England, Scotland and Wales, about 85% of older carers have their needs assessed, and it is then possible to look at whether the state meets those needs. In Northern Ireland, 44% of older carers have their needs assessed. We need to do something very quickly to establish why so few older carers have their needs formally assessed and make sure that that changes so that the real needs of older carers are identified and can be met.

Those are the top 10 themes. I am very aware that a wide range of work is going on in a huge spread of different agencies. I will not duplicate anybody else's job — I am not looking to take on anybody's job; I have quite enough to do myself. However, I will add clarity and focus the real experience of older people on those strategic and priority issues to try to secure real change.

Your work in the Assembly, in your constituencies and, as you have referred to, in your families will have given you an absolute wealth of experience about what matters to older people. I would very much welcome your views on the draft themes and priorities. Thank you very much.

The Chairperson: Claire, thank you very much. On the mundane technicalities, you have now assumed the full roles under the legalisation. Are you content that you have all the resources to take on that responsibility?

Ms Keatinge: I am content that the financial resources that I require have been made available. There is a considerable task involved in setting up a brand new arm's-length body from scratch. I have a very able team of staff, but all my staff are temporary, on secondment or on loan. Hopefully, I will be in a position to start to recruit permanent senior staff in the new year. It is substantial job of work to set up a brand new arm's-length body.

The Chairperson: I was involved in setting up the Victims' Commission, and I was in a similar position in relation to staff. On that, your duties are very similar to the primary duties of the Victims' Commission. Your first duty is:

"To promote awareness of the interests of older people".

We had a very interesting debate about how you would determine what those interests are. Do you simply listen to people and say to yourself that there is a consensus of what that group wants or do you take it a stage further and decide whether what they want is actually what they need? Who are you to make that decision?

Ms Keatinge: That is a question that almost goes to the very heart of identifying any group as a group of people, listening to them and reflecting their views. How I would probably describe it is that my focus will be on promoting the clear and positive contribution that is made by older people and the rights of older people to equality, fair treatment and inclusion. I will then look largely at vulnerability and at where older people are particularly vulnerable and find life very difficult for a variety of reasons.

If we look at the numbers, there are nearly 360,000 over-60s in Northern Ireland, but only about 30,000 of those people are in receipt of domiciliary, residential or nursing care. So, a large number of our older people are living in that basket of life where they want to be confident in their current life and are enjoying and valuing the additional years of life.

Of course, older people have as many ranges of opinions as there are around this table and more. Just because each of you gives a view does not make it the same for everybody else. Older people are as entitled as anybody else to have the widest possible range of views. I will look at the positive contribution of older people, protect their rights to equality, fair treatment, dignity and respect, and focus on vulnerability. Just because someone is of a certain age and says something does not make it right or wrong.

The Chairperson: Do you have a settled interpretation of your duty:

"To promote the awareness of the interests of older people",

rather than promote the interests?

Ms Keatinge: I think so. That is an interestingly chosen phrase, and it almost has two steps in it. I think that it is a very good phrase, and that is also a responsibility across government. You are all doing that. You all have constituents, and you can all ask Assembly questions, table motions and look across the whole of government to see whether the issues that affect older people are fairly and adequately represented. I will represent that awareness of interests in the media, in strategic and legal interventions, and in political arenas.

Mr McCallister: I welcome Claire and the team. You talking about older people reminded me of my late grandmother going into hospital and saying to us, "Look where they have put me, in with all these old people", and we had to point out to her that she was 80. Sometimes, it is even about people's perception of age, and they may not feel quite as old as we think they are.

You mentioned, Claire, that you were not one to duplicate work. When you look at adult social care, elder abuse and standards of care in nursing, residential and domiciliary settings, a lot of that work would be done by the Regulation and Quality Improvement Authority (RQIA). Do you want to go in and review some of its processes or look at some of its reports? How do you do that without duplicating that work?

Ms Keatinge: That is an interesting question. I am determined not to duplicate work. Mine is an independent role, entirely independent of all those agencies. My first step in any of these priorities for action will be to scope exactly what is the question that we are looking for an answer to. Then we must ask what work is already being undertaken, by whom and with what statutory duty. So, before I go into that arena, I must look at what the question is. So I must find out what is it we are asking, what is somebody else already charged with or doing, and we can see how well that is done, and then I must go and find the intervention, research, legal opinion and, critically, the voices, views and opinions of older people, particularly those whose voices do not usually get heard, on those issues.

I am determined to find out, on any of these issues, not only what the law, the regulator and wider ageing voice say but what older people whom we do not hear from very often say. We must ask what it is like for people who live in nursing care. What are the views of older people who are terminally ill? What are the views of people who are socially isolated? We must bring those into the arena as well. It will be a systematic, evidence-based approach that is calm, orderly and brings the independence of my office to bear on any question without standing on anybody's toes but also without saying, "Well, no, somebody else is doing that; it is fine."

This is an independent role. I do need to open the door, lift up the stones and have a look, but we need to be very clear what the question is first.

Mr McCallister: I agree with that because it is important. There are important issues, such as people who may be in end-of-life care and have to be moved from a nursing home and hang about in A&E for hours and be moved about. There are lots of issues around that. You made the point about carers, older carers particularly, and how they ask for assistance and get respite care. Older carers have concerns, particularly if they are parents of a child with a disability. Who will care for that individual after the elderly carer has passed on?

I also find sometimes that the types of information and services from Departments probably leave a lot of us confused, never mind people in their 70s or 80s. The way in which forms for rate relief or housing benefit are laid out can be remarkably complicated. Will you have the ability to look at those and point out to Departments, "You actually need to do much better than that. That should be much clearer"?

The point is well made that so many of our older people are living longer and healthier lives. They are involved in voluntary work, community life and churches, and they are active in lots of things. You want that to continue, but in some areas where they do need our help, we can be really bad at giving that help. On several occasions — I am sure that colleagues have had problems with constituents — I have dealt with older people who were getting some domiciliary care and were almost afraid to challenge the system and say they needed more help, because they were being almost threatened with, "If you ask for this, you will get it reviewed, but you might end up with less." That is a very poor way of doing business.

Ms Keatinge: There are a number of points there. Government documentation is absolutely a responsibility for government. If the Social Security Agency or the Department of Agriculture or Department of Education send out incomprehensible, complicated, unintelligible forms, that is a

responsibility for government. It is something that could be very usefully considered for review as part of the ageing strategy. As one of the early actions and targets in the ageing strategy, it could usefully be included. I hear a lot from older people, particularly about benefits. People talk about 42-page forms that are really complicated, and they do not understand them. We have to remember that our older generation did not have the same opportunities for education and that most older people left school at 14. They are perfectly intelligent and perfectly able people, but very often they did not have the same opportunities for education. Long and complicated forms are not helpful, and it could be very useful for government to review that and include it in the ageing strategy.

I agree with you, John, about domiciliary care. On the question of rights and entitlements, most older people have no idea what they can expect from social services. They are in need of care and support, are assessed as having certain needs and are offered certain services. However, they have very little idea about rights and entitlements, opportunities to challenge and whether flexibility may come in. A lot of people say that they are worried about saying anything about it in case the service is taken away or they lose the service. We need a lot more clarity on the offer from social care and social services on what is available and what people can reasonably expect.

Mr McCallister: Sometimes, the service is made to suit the service provider rather than tailored to the individual. That is where it falls down so badly.

Ms Keatinge: I get asked about flexibility a lot. I heard about a gentleman in a very rural area who has quite advanced bowel cancer. He has a very strong family network who were happy to come in the evenings. A carer comes in the morning and evening, but he would prefer a carer to come in the morning and his family to come in the evening. However, he wants somebody to be available by phone to help him out if he has an accident, which, as a result of the bowel cancer treatment, he may sometimes do. He would have been afraid to ask for that flexibility in case something else was taken off him and reviewed. So, we need to look at flexibility and the person in receipt of the services to make the older person's life better. It is for a dignified and fulfilled life for that person.

Ms McGahan: Thank you for your presentation. Claire, I am interested to hear about your engagements with older people and your mechanisms and processes. I live in a rural area and am especially interested in the rural aspect.

Ms Keatinge: Interestingly, the gentleman who I was talking about was in Fermanagh. I was in Irvinestown the other day with the south-west ageing network. I have been out with all the ageing networks across Northern Ireland and have one more to go, which is the mid-Ulster network next week. I have been round all the ageing networks and to a wide range of older people's groups and organisations, and I can supply you with a list of the organisations that I have been with if that would help. That is on my website. I have had a large number of engagements with statutory organisations and health and social care providers as well. Once the consultation document is developed, I am determined to look at who does not usually come forward to consultation meetings and whose voices we need to look for and find out what matters most to those older people who we do not normally hear from. I was with regulators and health providers yesterday, and I will be at the diversity round table next week to look at the diversity organisations. I have also met carers' organisations and a wide range of groups. I have not set up a standing advisory function. There is a very comprehensive network of older people's organisations, and I am developing protocols to work directly with them through their own networks rather than set up a specific dedicated advisory group.

Mrs Hale: It is lovely to meet you this morning, Claire. It is the first time that we have met in this Committee. I talk from personal experience, because my father has had 12 years of Alzheimer's and is now in the last stages. I have been through the domiciliary care system, and he is now in an elderly mentally infirm (EMI) unit.

I will pick up on priorities 5 and 8, which look at pension credit. I see from your booklet that up to 34% of older people in Northern Ireland do not claim it, and that is up to £2.3 million a week. We did not know what dad was entitled to, and maybe GPs could hand that information to the carers. My dad would not have been able to absorb that information, but the children could have. The home help who came in did not understand and did not have training in Alzheimer's. They made his dinner and left it beside his microwave, and we found it two days later. He did not know what to do with it and had not eaten anything because the carers who came to the house were not completely trained. Is there a way to ensure that home helpers are completely trained? What about the standards of nursing care? Can we look at putting older people in homes near their families? Dad is in an EMI unit. I am aware that there are limited resources, but people have to travel a long way to see their parents — in my

case, my father. The RQIA would inspect these homes. All the facilities, such as the rummage drawers and pictures, are there for Alzheimer's patients, but the staff are not trained how to use them. When an inspection takes place, the inspectors come in and see all the facilities, but they do not check staff training. How could we get round that and ensure that older people in nursing homes who have lost their speech and sense of awareness are being looked after in the very best way possible.

Ms Keatinge: I will start with care services, Brenda. I appreciate that your father's situation is very difficult for him and very challenging for his family and friends.

Mrs Hale: I know the system really well.

Ms Keatinge: I am sure that it gives you every opportunity for scrutiny, and, quite rightly, you are bringing the issue to my attention. It is planned that an increasing amount of people will be cared for by domiciliary care workers, and, increasingly, the domiciliary agencies will be private or third-sector providers. So it is critical that we look at this in a straightforward, clear fashion: what we pay; what are the standards; what we require; how we assess somebody's need; how we check the quality of that work; and how we inspect that work. These are fundamental questions.

Mrs Hale: I suppose that those jobs are seen as being of low status and attracting low pay. Society does not add much value to them.

Ms Keatinge: They are low-paid and, predominantly, part-time jobs for females. There are issues to do with the amount of time for which people are assessed as needing care and, of that assessed time, how much is received by the person in their own home. Increasingly, people living with dementia will be cared for at home, and there are repeated challenges to do with the amount of specialist dementia training available.

It is imperative that we do not presume that home care is always better for the person, regardless of what that home care is like. Most people want to live at home, and most families want to keep their relatives at home for as long as possible. A gentleman described his situation to me. He said that his father wanted to stay at home and that that was absolutely fine — there was no question about that. The gentleman welcomed the opportunity for him to stay at home for longer, but he lived a long way from his father. If all that happens is that somebody comes in for 15 minutes twice a day, it is no longer home; it is prison. It no longer ticks in the way that a home does: there are no visitors, except for that one person coming in twice a day for 15 minutes. That is an important question for us to look at. What do we think that home care or domiciliary care actually means? It is designed to enable people to live full, dignified lives and be shown respect. If it does not, we need to look at it. We need to look very carefully at standards, availability, quality and inspection.

Your other question was about standards of nursing care and homes being located near families. I tend to ask the simple questions, because the standard of nursing care is a complex issue. As we deal with each other over years to come, you will find that my questions will be very simple, and I hope that keeping them simple will unpack the complexity. Currently, what are the standards in nursing care? How are they inspected? Are they good enough? To what extent are they enforced? As a society, we do not know the answers to those questions. The public are largely unaware of what they can reasonably expect in a nursing home. What are the standards of training? How do they recruit? What do they pay? How are they inspected? What happens if there is a complaint? What happens if it goes very well? Who gets praised for it? We do not hear about that. I hear stories from people about brilliant care, and people go out of their way to tell me about carers, care workers, care homes and care settings going the extra mile and providing the care that somebody needs. I also hear appalling stories of when something has gone wrong. We need to be certain what the standards are, to what extent and how well they are being enforced, and whether they need to be changed.

Your last question was on pension credit, which is a very interesting subject. When in Canada, I met Alice Wong, who is Canada's Minister of State for Seniors. She was looking at an automatic enrolment programme for their equivalent of pension credit. She said that Canada simply did not have the problem of pensioner poverty. There must be mechanisms by which our Departments can look at who they have information on and who is potentially entitled so that they can make more proactive responses. Benefit take-up campaigns result in more older people taking advantage of benefits. However, it looks to me as though the number doing so is in proportion to the increasing number of older people, so the same proportion of older people still do not get their benefits. Whether GPs could provide information in surgeries is an interesting question. GPs are often referred to as information hubs: they know where older people are, they may know who is vulnerable and can provide

information. GPs, however, have their own challenges and workloads to deal with. I certainly think that there is work to do with the Department for Social Development on being more proactive and looking at who should be entitled.

The Chairperson: So you think that there could be a presumption of entitlement to benefits, which would turn the process around so that the state would provide benefits without individuals having to claim?

Ms Keatinge: A pilot scheme, undertaken across England, Scotland and Wales, looked at the automatic payment of pension credits. As far as I understand, there are no plans to roll that out here. Some reservations about the pilot related to older people not being clear about whether money had arrived in their bank account or not being sure whether they were entitled to it. Apparently, some people even said that they did not want the money. People are perfectly entitled not to have a means-tested benefit if they do not want it. That is a matter of communications because there is no problem with under-claiming pension. It is the stigma, complexity and lack of knowledge attached to means-tested benefits such as pension credit that make the difference.

Mr Maskey: On your last point, I find it really frustrating that this is a constant problem. The Department for Social Development and the Social Security Agency will tell you that there has never been a benefit take-up campaign that did not result in people getting extra money to which they were entitled in the first instance. I have been involved in quite a number of campaigns over the years, and I know of none. However, nobody seems to be able to work out how some kind of trigger mechanism could get people to that position in the first place. We are dealing with that in the current Welfare Reform Bill. Either that or access on a statutory basis to independent advice is required.

It is a perennial problem that you list as one of your priorities. At what point will you be able to tick off that priority? I do not know whether that will ever happen. No matter what system you have, it might not be easily or fully addressed. It is, undoubtedly, an important issue, and I would like to see proposals from the agencies concerned for dealing with that. I think that it will become increasingly important because there is also evidence of lower take-up from voluntary campaigns than would have been the case years ago. I certainly have a sense of that in my community, and it may just be a reflection of the way that society has changed a wee bit. Years ago, a few people could have run a benefit take-up campaign throughout an entire district and got a very high success rate. Nowadays, the number who would want to take part is well reduced, and there are probably many reasons for that. I think that this needs to be developed on a statutory basis and integrated into agencies' systems.

My final point is one that I have raised with you before. At every stage of health and social services, there are wonderful people. That is without doubt, and I put that on record. However, equally, there are millions of glass walls in the system. I have said before that if there were not a number of us in my family, my mother would probably be sitting alone on a settee somewhere. It is great when someone is taken care of by one section of the Department, but not when people have to go from one section to another. It is almost the case that they may just forget about it. Anyone who does not know the system, or have somebody to advocate on their behalf, will struggle. That is unacceptable. As I said, in health and social services, there are people who are great when they are dealing with you, but once your situation is out of their hands, you will struggle. Even a family struggles, never mind an individual or one or two senior citizens trying to cope with the system by finding that little bit of support that they need.

I strongly favour enforcement when there are failures in the system because we hear about them too often, and nobody ever takes responsibility in those scenarios. It is also important to have people who are not necessarily senior citizens, but are strong advocates for that sector, interfacing directly with the system, with you as backup. I hope that you will bare your teeth at some point. I look forward to your office being effective. I want to congratulate you and commend you and your team. You have been fully entrenched in your office since 1 December, and that is great. Much work has been done and many preparations made, but I look forward to a year from now, when I hope to see evidence that your office has had to come down very heavily on somebody. The sad thing is that it will be necessary. I fully support the establishment of your office as an additional means by which people can get the support that they need and are entitled to.

Ms Keatinge: I will hold on very tightly to the fact that I have an independent function and strong statutory powers. I will work courteously, respectfully and co-operatively with every organisation and value the independence of the office. As I said to all the groups that I have visited, including you, I

belong to nobody. I am independent from government; I am independent from the voluntary sector; I am independent from everybody. My only interest is in safeguarding and promoting the interests of older people. The effectiveness of the office will come largely from keeping my questions and my work very straightforward so that there is no room for smoke and mirrors or confusion.

Alex, there is certainly still substantial stigma attached to means testing for older people. There is another reason why I would strongly support a much more proactive approach from the Social Security Agency to identifying older people who may be entitled to benefits. Often, I hear people who are very quiet, modest and decent, and who worked hard all their lives say, "Well, they are the Government, so they know who I am. They have my papers. They know where I am, and if I am entitled to money, they will send it to me." Again and again, I hear that from people who, potentially, are entitled to more but believe that the Government know where they are and should give the money to them if they are entitled to it.

Your last point about enforcement when there is system or systemic failure is very important. If there is a systemic under-expectation of what we expect for older people, or a systemic under-expectation of what older people expect for themselves, I have a duty, we all have a duty, to look at whether it is really good enough. If not, we must call it.

The Chairperson: Out of interest, I want to ask you about how you are perceived and the seriousness with which other agencies take your views on board. One of your 10 priorities is crime against older people, and you said that there was a 10% clear-up rate for crime against the over-65s. Do you get called on by the police? If so, how has that gone for you, and can people around this table do anything to weigh in behind you?

Ms Keatinge: That whole question of crime clearance rates is fascinating. When I was out meeting older people, they talked again and again about their fear of crime. They then said to me that they never hear what happens following a crime. So, I investigated carefully the PSNI statistics, and I found that the older people were absolutely right. Listen to older people about what really matters to them because they were absolutely right about there being a much lower clearance rate. I will meet the assistant chief constable next week and am seeking a meeting with Policing Board colleagues to discuss policing and older people. The clearance rate simply must improve because it is one of the quickest, most straightforward and pragmatic ways in which the fear of crime can be reduced. Beyond that, I can unpack and investigate the reasons why there may be such a poor clearance rate, but the means to repair it very quickly are available.

The Chairperson: You have not started the process. You are about to engage with the police.

Ms Keatinge: I am to meet the assistant chief constable next week.

Mr Maskey: I will tell you what answer you will get later.

The Chairperson: Thank you very much indeed.

Ms Keatinge: Thank you very much indeed for your time.