Northern Ireland Executive Active Ageing Strategy Action Plan

Equality Impact Assessment

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1.Introduction

1.1. The Department for Communities (hereinafter 'the Department') is leading the development of the Executive's Active Ageing Strategy and Action Plan. The Department is taking forward the public consultation seeking input ahead of publication of the Active Ageing Strategy and Action Plan.

1.2. This Equality Impact Assessment (EQIA) is a thorough and systematic analysis of the Active Ageing Strategy and Action Plan to determine the extent of differential impact upon the relevant groups and in turn whether that impact is adverse. It is also an opportunity to demonstrate the likely positive outcomes of the Strategy and to seek ways to more effectively promote equality of opportunity and good relations.

2. Section 75 of the Northern Ireland Act 1998

2.1. This EQIA is being carried out to ensure that the two statutory duties on public authorities carrying out functions relating to Northern Ireland, as contained within Section 75 of the Northern Ireland Act 1998 (hereafter 'Section 75') are met.

2.2. This duty requires the public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between:

- people with different religious beliefs;
- people from different racial groups;
- people of different ages;
- people with different marital status;
- people with different sexual orientations;
- men and women generally;
- people with or without a disability;
- people with or without dependants; and
- people with different political opinions.

2.3. In addition, and without prejudice to the above duty, the Department is required to have regard to the desirability of promoting good relations between people with different religious beliefs, different political opinions or from different racial groups.

2.4. In all cases, the approach taken must be proportionate to the relevance of these duties to the function of the public authority. Within this EQIA, these duties are taken to apply to the Northern Ireland Executive as it seeks to ensure older people are treated fairly and equitably in Northern Ireland through the implementation of an Active Ageing Strategy Action Plan. The application of these duties to individual departments contributing programmes and policies will be fulfilled separately with a s75 screening.

2.5. EQIA commitments require public authorities to determine if there are any impacts on equality of opportunity and if there are opportunities to better promote equality of opportunity between people within the Section 75 equality categories. Where screening would not be an adequate means of gathering the information that is needed to assess the relevant equality impacts or opportunities or the policy is likely to have a significant or 'major' impact on equality of opportunity, the public authority should proceed to do an EQIA. In response to this, the Department has determined that the Executive's Active Ageing Strategy and Action Plan on which it is leading, requires an EQIA.

2.6. This document is therefore the prepared draft EQIA. The purpose of this document is to record the potential impacts of implementation of the Executive's draft Active Ageing Strategy and Action Plan on the Section 75 groups, to identify mitigatory measures and to invite comments.

2.7. As part of the development of the draft Active Ageing Strategy and Action Plan, an 8 week public consultation exercise will take place. The public consultation period will run for 8 weeks from 9th November 2026 – 4th January 2027. We would therefore welcome any comments you may have on the contents of the Strategy and the impacts it may have, as well as on this draft EQIA. The consultation will inform decision-making, and every response received by the deadline will be considered.

2.8. This document is available in a range of formats. To request an alternative format please contact:

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3. Equality Impact Assessment

3.1. The Department acknowledges that Strategy development and implementation may cause unintentionally adverse effects on groups identified within the statutory duty of Section 75.

3.2. The Department has carried out an EQIA on the Executive's Active Ageing Strategy and Action Plan to identify if adverse differential impacts may occur. This EQIA identifies categories of persons listed in Section 75 to whom policy proposals contained within the Strategy (as well any applicable sub-groups) will apply, and where necessary sets out specific mitigatory measures that will be taken.

3.3. The Department will act in accordance with the guidance published by the Equality Commission in February 2005 which recommends that there should be seven steps in the EQIA process. The table below shows how these steps map to the sections in this EQIA.

Steps prescribed in Equality Commission Guidance	Location in this document
Step 1: Defining the aims of the policy.	**Section 4: Policy Aim -** Describes the intended outcomes that the Executive's Active Ageing Strategy and Action Plan hopes to bring about for the people of Northern Ireland.
Step 2: Consideration of available data and research.	**Section 7: Consideration of Available Data and Research -** This section describes the sources data and research used to inform the impact assessment process.

Step 3 : Assessment of impacts**.**	**Section 8: Assessment of Impacts -** This section discusses uses the data identified in Section 6 to assess the consequences of implementing the Executive Active Ageing Strategy and Action Plan on the groups identified in Section 75.
Step 4: Consideration of measures which may mitigate any adverse impact and alternative policies which may better achieve the promotion of equality of opportunity.	**Section 9: Consideration of Mitigation/Alternative Policies -** Based upon the findings of Section 7, this section considers and outlines measures to mitigate potential adverse impacts as well disproportionate positive impacts.
Step 5: Formal consultation.	**Section 10: Consultation, Decision and Publication -** This section contains details of the public consultation process which the Department is undertaking to solicit public comments on the Active Ageing Strategy and Action Plan. This includes details of how the public consultation will be taken forward including the process of analysis, Strategy revision and Executive consideration that will take place between the consultation and the publication of the final version of the Active Ageing Strategy and Action Plan.
Step 6: Decision and publication of the EQIA results.	
Step 7: Monitoring for adverse impact.	**Section 11: Monitoring -** This section describes the mechanisms for monitoring the impact of the Active Ageing Strategy and Action Plan throughout its lifetime and how monitoring data relating to the implementation of actions contained within the Strategy will be reported.

3.4. In effect there are seven steps to the process from start to finish. The findings from the first four steps will be integrated into a draft EQIA Consultation Report which will be consulted on to seek the views of those directly affected by the policy proposals so that the Department reaches an informed decision.

3.5. As set out at 2.7, an 8 week consultation exercise will take place on the Active Ageing Strategy and Action Plan. We will report on the results of the consultation in the Final EQIA Decision Report, which will include suggested amendments and/or recommendations arising as a result of the EQIA consultation process.

4. Policy Aim

4.1. The policy aim of the Strategy is to create an inclusive society that respects, protects, promotes and fulfils the rights of all older people to participate fully and free from discrimination.

4.2. The Strategy sets out the NI Executive's commitment to promoting the social inclusion of older people.

4.3. The Strategy Action Plan is a priority for the NI Executive's Programme for Government 2024-2027. It has been developed with the involvement of older people and their representative organisations.

4.4. Older people are the experts on what needs to change, and they need to be involved in the design and delivery of policies and services that affect them.

4.5. The Active Ageing Strategy and Action Plan has been shaped by the voices and views of older people. A collaborative, co-designed process was used in the development of the Strategy and that included feedback sessions with older people and key stakeholder organisations representing older people.

5. Strategy Outcomes

5.1. Each of the outcomes listed below has been developed in collaboration with older people, their representative organisations and with other government departments. The Active Ageing Strategy will be supported by an Action Plan.

5.2. The Strategy is an overarching policy document, developed by the Department on behalf of the Executive. When delivering actions under the Strategy, individual departments will be responsible for screening their respective policies and programmes of work within their remit in line with guidance from the Equality Commission for Northern Ireland and - should an EQIA be required - this should be published by the relevant body to support the consultation process.

5.3. This paper sets out the Department's initial assessment of the impacts on equality of the proposals in the Strategy. The public consultation period on the Strategy runs for 8 weeks from 9th November 2026 – 4th January 2027.

5.4. The Strategy outcomes are:

Outcome 1 – Older people live independently for as long as they can, free from poverty and in suitable, safe homes.

Older people live independently for as long as they can, with choice and control over their lives, access to suitable and safe housing, financial security, and the support they need to remain active, connected and involved in their communities.

Outcome 2 – Older people are involved in their family and community and in civic life.

Older people are involved in their family and community and in civic life, with opportunities to build and maintain social connections, contribute to decision-making, participate in volunteering and community activities, and play an active role in shaping the society in which they live.

Outcome 3 – Older people are healthier for longer.
Older people are healthier for longer, with access to high-quality health and social care services, opportunities to maintain their physical and mental wellbeing, and the support they need to lead active, healthy and fulfilling lives.

Outcome 4 – Older people remain in employment for as long as they wish or need to.
Older people remain in employment for as long as they wish or need to, with access to flexible and age-friendly working opportunities, skills development and lifelong learning, and workplaces that recognise and value the experience, knowledge and contribution of older workers.

Outcome 5 – Older people participate in cultural, educational and physical activity.
Older people participate in cultural, educational and physical activity, with opportunities to continue learning, develop new skills, engage in arts, culture and recreation, and remain active in ways that support their wellbeing, personal growth and quality of life.

Outcome 6 - Older people's dignity and human rights are respected.
Older people's dignity and human rights are respected, with equality of opportunity, protection from discrimination, abuse and neglect, and the ability to exercise their rights, make informed choices and participate fully in decisions that affect their lives.

6. Development of the draft Active Ageing Strategy

6.1. Section 16 of the Northern Ireland (St Andrews Agreement) Act 2006 added section 28E to the Northern Ireland Act 1998. This created a statutory duty on the Northern Ireland Executive Committee to:

"Adopt a strategy setting out how it proposes to tackle poverty, social exclusion and patterns of deprivation based on objective need."

And that the Executive Committee:
"(a) must keep under review the strategy; and

(b) may from time to time adopt a new strategy or revise the strategy."

6.2. The Department for Communities was created in March 2016, and the new department was responsible for a range of functions including some which had previously been taken forward by the Office of the First Minister and Deputy First Minister (OFMdFM). It was also agreed in 2016 that the Department would take forward development of the Active Ageing Strategy, although overall responsibility for the statutory duty continues to sit with the Executive.

New Decade, New Approach

6.3. Following the publication of New Decade, New Approach, which provided the basis for the restoration of devolved government in Northern Ireland in 2020, the Department became responsible for leading on the development of a range of cross-cutting Social Inclusion Strategies of which the Active Ageing Strategy was one. Although the Department for Communities is leading on the development the Social Inclusion Strategies, they remain the responsibility of the Northern Ireland Executive.

6.4. In April 2021, a collaborative, co-designed process (iLab) was started with the aim of producing recommendations for the Executive on what should be included as part of an agreed Active Ageing Strategy.

6.5. The In developing the Action Plan a series of strategic definition consultation exercises (iLabs) were held with senior figures from our key stage holder groups, including AGE NI, the Age Friendly Network, the South West Age Partnership, Mid & East Antrim Agewell Partnership, Commissioner for Older People Northern Ireland and directly with older people themselves. The output from this strategic engagement was a report that contained an agreed set of co-designed recommendations with an agreed priority listing. The report also set out key recommendations on the themes and actions the Strategy should include.

Restoration of the Assembly 2024

6.6. Following restoration of the Executive in February 2024 and Ministerial agreement in April 2024, refreshed work recommenced on the Active Ageing Strategy. This work considered the recommendations from work previously undertaken. A renewed focus was placed on developing an Action Plan for a successor Active Ageing Strategy to replace the expired strategy which was in effect between 2016 – 2022.

7. Consideration of Available Data and Research

7.1. Data utilised in this exercise derives from a number of sources, including the following:

- Feedback sessions with Active Ageing people and organisations
- United Nations Principles for Older Persons
- iLab report
- COPNI reports
- AgeNI reports
- Northern Ireland Life and Times Survey
- Northern Ireland Census 2021 and 2011
- Northern Ireland Poverty and Income Inequality Report
- Department for Communities Audit of Inequalities.
- Office of National Statistics Report
- Department for Work & Pensions
- Family Fund Research
- Travel Survey for Northern Ireland
- Individual Wellbeing in Northern Ireland Report
- Family Resources Survey
- Continuous Household Survey
- Northern Ireland Transport Statistics
- Northern Ireland Audit Report 2023
- Equality Commission NI (ECNI) 2022
- ECNI Key Inequalities in Employment 2022
- NIHE Annual Reports
- House Condition Survey (NIHCS)

7.2. When new data becomes available that is relevant to monitoring the equality impacts of the Active Ageing Strategy and Action Plan, this will be considered in future EQIA's relating to relevant policies and programmes by the body responsible within the Active Ageing Strategy monitoring framework.

Overview of research data relating to Individual s75 groups,

Section 75 category	**Finding from research/data**
Religious belief	The data from the 2021 Census states the following about the general NI population: • 42% of respondents identify as Catholic; • 31% of respondents identify as Protestant; • 7% of respondents identify as other Christan religions; • 1% of respondents identify as other religions; • 19% identify as having no religion or their religion is not stated.
Political opinion	**Family Resources Survey** • Political opinion is broadly comparable across the older age demographic

Section 75 category	**Finding from research/data**
Racial Group	The data from the 2021 Census states that, 55-64 and 65+ age groups are predominantly White, accounting for 98.5%of those aged 55-64 and 99.3% of those aged 65+, with all other ethnic groups collectively representing less than 2% of each age group
Section 75 category	**Finding from research/data**

Age	According to the 2021 Census, the percentage of older people who reported being in good or very good general health is outlined below: • Ages 50-59: reported 70.2% have good or very good health. • Ages 60-69: reported 61% have good or very good health. • Ages 70-79: reported 52.4% have good or very good health. • Ages 80-89: reported 37.7% have good or very good health. • Ages 90 and over: reported 25.5% have good or very good health. According to the 2021 Census, the percentage of older people who reported being in bad or very bad general health is outlined below: • Ages 50-59: reported 12.3% have bad or very bad health. • Ages 60-69: reported 16.1% have bad or very bad health • Ages 70-79: reported 15.8% have bad or very bad health • Ages 80-89: reported 21.5% have bad or very bad health. • Ages 90 and over: reported 26.9% have bad or very bad health. According to the Policing Plan Survey 2025, the range of older people feeling sale in their local town centre was: • Ages 50-64: reported 29.6% felt safe in their local town centre. • Ages 65 years and over: reported 28.4% felt very safe in their local town centre.

	According to Census 2021 the employment history for a range of older people is below: • Ages 50-59: reported 68.7% are employed while 22.1% are not in employment. • Ages 60-69: reported 36.5% are employed while 50.7% are not in employment. • Ages 70-79: reported 7.5% are employed while 75% are not in employment. • Ages 80-89: reported 2.2% are employed while 77.9% are not in employment. • Ages 90: and over reported 0.9% are employed while 75.2% are not in employment. According to Census 2021 the adaptation to accommodation based on the range of older people are below: • Ages 50-59: 83.5% reported accommodation had not been designed or adapted compared to 16% that reported had been designed or adapted. • Ages 60-69: 81.4% reported accommodation had not been designed or adapted compared to 17.8% that reported had been designed or adapted. • Ages 70-79: 77.4% reported accommodation had not been designed or adapted compared to 20.7% that reported had been designed or adapted. • Ages 80-89: 64.5% reported accommodation had not been designed or adapted compared to 27.7% that reported had been designed or adapted. • Ages 90 and over: 46.5% reported accommodation had not been designed or adapted compared to 30.6% that reported had been designed or adapted. According to the Northern Ireland Poverty and Income Inequality Report, the relative poverty levels for older people

	before housing costs are reported 41,000 older people were living in relative poverty, this was between 2024/25 and for the figure after housing costs 26,000 older people are also living in relative poverty between 2024/25.
Section 75 category	**Finding from research/data**
Marital Status	According to the 2021 Census, among those aged 55-64 and 65+, marriage is the most common marital status (63.3% and 56.4% respectively). Widowhood increases substantially in the 65+ age group (24.7%), while the proportions who are single, divorced or separated remain comparatively lower. Civil partnerships account for less than 0.2% of both age groups.
Section 75 category	**Finding from research/data**
Sexual Orientation	The data from the 2021 Census states that, the majority of those aged 55-64 and 65+ identify as straight or heterosexual (92.5% and 87.7% respectively). A small proportion identify as gay, lesbian, bisexual or another sexual orientation (0.8% and 0.3%), while 6.7% of those aged 55-64 and 12.0% of those aged 65+ preferred not to say or did not state their sexual orientation.
Section 75 category	**Finding from research/data**
Men and Women generally	Northern Ireland's population aged 50-64 is broadly balanced between men and women. However, women comprise an increasing proportion of the population from age 65 onwards and significantly outnumber men in the oldest age groups, particularly among those aged 75 and over.

	Employment (Census 2021) • Women outnumber men in the older population, particularly beyond age 70, but men aged 50-64 continue to have higher employment rates.
Section 75 category	**Finding from research/data**
Disability	**Disability in Northern Ireland** Census 2021 data show for older people the data shows a clear increase in health problems or disabilities that affect day-to-day activities as age increases. • Ages 50-59: 15.5% reported that their day-to-day activities were limited a lot, 14.9% were limited a little, and 69.6% reported no limitations. • Ages 60-69: 20.9% reported that their day-to-day activities were limited a lot, 20.6% were limited a little, and 58.5% reported no limitations. • Ages 70-79: 23.9% reported that their day-to-day activities were limited a lot, 29.7% were limited a little, and 46.4% reported no limitations. • Ages 80-89: 38.4% reported that their day-to-day activities were limited a lot, 36.1% were limited a little, and 25.5% reported no limitations. • Ages 90 and over: 59.4% reported that their day-to-day activities were limited a lot, 31.3% were limited a little, and 9.3% reported no limitations. According to Census 2021, a range of long-term health conditions were reported across the population. The percentage reporting each condition is outlined below: Ages 50-59 • 2.6% reported having long-term pain or discomfort. • 2.0% reported a mobility or dexterity difficulty that limits basic physical activities.

	• 1.9% reported an emotional, psychological or mental health condition. • 1.7% reported shortness of breath or difficulty breathing. • 1.5% reported having another condition. • 0.7% reported deafness or partial hearing loss. • 0.3% reported frequent periods of confusion or memory loss. • 0.2% reported a learning difficulty. • 0.2% reported blindness or partial sight loss. • 0.2% reported a mobility or dexterity difficulty requiring the use of a wheelchair. • 0.1% reported an intellectual or learning disability. Ages 60-69 • 2.7% reported having long-term pain or discomfort. • 2.3% reported a mobility or dexterity difficulty that limits basic physical activities. • 1.9% reported having another condition. • 1.8% reported shortness of breath or difficulty breathing. • 1.3% reported an emotional, psychological or mental health condition. • 1.1% reported deafness or partial hearing loss. • 0.3% reported frequent periods of confusion or memory loss. • 0.3% reported blindness or partial sight loss. • 0.2% reported a learning difficulty. • 0.2% reported a mobility or dexterity difficulty requiring the use of a wheelchair. • 0.1% reported an intellectual or learning disability. Ages 70-79 • 2.1% reported long-term pain or discomfort. • 2.0% reported having another condition.

	• 2.0% reported a mobility or dexterity difficulty that limits basic physical activities. • 1.5% reported shortness of breath or difficulty breathing. • 1.5% reported deafness or partial hearing loss. • 0.5% reported an emotional, psychological or mental health condition. • 0.4% reported frequent periods of confusion or memory loss. • 0.4% reported blindness or partial sight loss. • 0.3% reported a mobility or dexterity difficulty requiring the use of a wheelchair. • 0.1% reported a learning difficulty. Ages 80-89 • 1.5% reported a mobility or dexterity difficulty that limits basic physical activities. • 1.2% reported deafness or partial hearing loss. • 1.1% reported having another condition. • 1.1% reported long-term pain or discomfort. • 0.8% reported shortness of breath or difficulty breathing. • 0.5% reported frequent periods of confusion or memory loss. • 0.4% reported blindness or partial sight loss. • 0.3% reported a mobility or dexterity difficulty requiring the use of a wheelchair. • 0.2% reported an emotional, psychological or mental health condition. Ages 90 and Over • 0.4% reported deafness or partial hearing loss. • 0.4% reported a mobility or dexterity difficulty that limits basic physical activities.

	• 0.2% reported frequent periods of confusion or memory loss. • 0.2% reported a mobility or dexterity difficulty requiring the use of a wheelchair. • 0.2% reported blindness or partial sight loss. • 0.2% reported having another condition. • 0.2% reported long-term pain or discomfort. • 0.1% reported shortness of breath or difficulty breathing.
Section 75 category	**Finding from research/data**
Dependants	The data from the 2021 Census (latest source for s75 group Dependents) states that: • 45% of households contained at least one person with a long-term health problem. • Of the households that contained at least one person with a long-term health problem, 43% had dependent children, and 57% had no dependent children.

8. Assessment of Impacts

8.1. The Department is committed to ensuring that it fulfils its duties under Section 75(1) and (2) of the Northern Ireland Act 1998 in relation to having due regard to the need to promote equality of opportunity and to have regard to desirability of promoting good relations.

8.2. This section provides an assessment using the most recent evidence available to help:

- identify those who are likely to be most affected.

- assess the likely impact on Section 75 equality groups, examining whether they are likely to have any direct or indirect differential impact on any of these groups.

- assess the extent to which the specific needs of section 75 equality groups will be addressed.

8.3. The intention is to ensure that in the development of the Active Ageing Strategy and Action Plan, due regard has been given to the needs and concerns of all Section 75 groups and that the subsequent actions put forward in support of the Strategy outcomes effectively target, on an equitable basis, the needs of those for whom they are intended.

8.4. **Wider Impacts – By Strategy Outcomes.**

Outcome 1: Older people live independently for as long as they can, free from poverty and in suitable, safe homes.

Strategic commitments under this outcome will include:

- Implement the Warm Healthy Homes Strategy.

- Promote safer and more inclusive living environments for older people residing in higher risk residential buildings.
- Reducing poverty and financial insecurity among older people.
- Supporting access to suitable, affordable and age-friendly housing.
- Improving community safety and reducing fear of crime.
- Enhancing access to transport, information and services.
- Supporting independent living through practical and community-based support.

By promoting, protecting and enhancing the rights framework for Active Ageing people there will be a **positive** impact from the Strategy.

Outcome 2: Older people are involved in their family and community and in civic life.

Strategic commitments under this outcome will include:

- Establishment of a Regional Age Friendly Forum.
- Support Libraries NI in delivering inclusive library services, programmes and community spaces that promote participation, learning, wellbeing and social connection for people.
- Tackling loneliness and social isolation. improving access to transport.
- Increasing opportunities for volunteering and community participation.
- Supporting older people to contribute to decision-making processes
- Promoting positive ageing and intergenerational connections.
- Encouraging active citizenship and civic engagement.

This outcome is focused on enabling older people to participate fully in their family, community and civic life. The actions will have a positive impact on older people by promoting social inclusion, strengthening community connections, reducing loneliness and isolation, and ensuring that older people's voices are heard in decisions that affect their lives.

Outcome 3: Older people are healthier for longer.

Strategic commitments under this outcome will include:

- Deliver Disabled Facilities Grand and the Disabled Adaptation Grant programmes to help adapt homes for people with particular needs.

- To deliver Ageing Well and community wellbeing models, including Living Well Moyle.

- Promoting healthy and active lifestyles.

- Supporting prevention and early intervention approaches.

- Improving access to health and social care services.

- Supporting mental health, wellbeing and resilience.

- Enabling people to live well with long-term conditions.

The anticipated impact of this outcome is **positive** for Active Ageing people.

Outcome 4: Older people remain in employment for as long as they wish or need to.

Strategic commitments under this outcome will include:

- Delivery of digital skills sessions providing basic level IT learning opportunities for adults in group (Go ON sessions) and one-to-one settings (Got IT) across the public libraries network.
- Deliver a new Rural Champion Model.
- Delivery of Jobstart Scheme and Work Experience Programme.
- Addressing age discrimination in the workplace.
- Supporting flexible and age-friendly employment practices.
- Enabling access to skills development and lifelong learning.
- Supporting older workers to remain in or return to employment.
- Promoting the value and contribution of older workers

This outcome is focused on enabling older people to remain in employment for as long as they wish or need to. The actions will have a positive impact on older people by supporting financial security, independence and wellbeing, while ensuring they can continue to contribute their skills, knowledge and experience in the workplace. Measures to promote age-friendly workplaces and remove barriers to employment may also benefit employers through a more diverse, inclusive and experienced workforce.

Outcome 5: Older people participate in cultural, educational and physical activity.

Strategic commitments under this outcome include:

- Delivery of an enhanced Decent Homes Standards for all social housing.
- Deliver funding for the Co-Ownership for the over 55's pilot.
- Deliver a Disability Parking Policy.

- Promoting lifelong learning opportunities.
- Supporting participation in arts, culture, heritage and leisure activities.
- Encouraging physical activity and recreation.
- Improving accessibility and inclusion in community programmes.
- Removing barriers to participation and personal development.

The anticipated impact of this outcome is **positive** for Active Ageing people.

Outcome 6: Older people's dignity and human rights are respected.
Strategic commitments under this outcome include:

- Deliver the Rural Micro Capital Grant Scheme.
- Work with Money and Pensions Service and delivery partners through the NI Financial Wellbeing Delivery Plan with the aim to are better supported older people to manage their finances to improve access to financial wellbeing guidance in later life.
- Promote and support access to the Make the Call service, providing older people with benefit entitlement checks, information, advice and assisted claims support to help maximise uptake of benefits and financial support.
- Promoting equality, dignity and respect for older people.
- Tackling ageism, discrimination and exclusion.
- Protecting older people from abuse, neglect and exploitation.
- Ensuring that older people can exercise their rights and freedoms.

- Strengthening participation in decisions that affect their lives.

This outcome is focused on ensuring that older people's dignity, rights and freedoms are respected and upheld. The actions will have a positive impact on older people by promoting equality, tackling ageism and discrimination, and supporting their full inclusion in society. Measures to protect older people from abuse, neglect and exploitation, while strengthening their ability to influence decisions that affect their lives, will help create a society in which older people are valued, respected and empowered.

8.5. The policy will have a **positive/neutral** impact on older people as the Active Ageing Strategy and Action Plan aims to tackle multiple inequalities.

8.6. The intention is to ensure that services provided to older people, their families and carers will improve as a result of the Strategy.

8.7. Below is a summary of impacts across S75 groups.

Section 75 Category	Assessment of Impact
Religious Belief	Generally neutral to positive. Interventions/services delivered must be respectful of faith-based needs, particularly in health, leisure and education contexts.
Political Opinion	Neutral The proposals will impact on older people with a political opinion (not intentionally) as people have multiple identities.

	Political opinion will often correlate closely with religious belief and consequently may encounter the same issues and challenges as set out in Religious Belief above. At this time there is no evidence to indicate that the actions planned would negatively impact any part of this Section 75 category more than the general population.
Racial Group	Positive Older people from minority ethnic groups are likely to experience positive impacts from the strategy, as it addresses health, housing and other needs that may affect. The proposals do not differentiate between or adversely impact individuals on the basis of race or ethnicity.
Age	Positive The Strategy and Action Plan is specifically to support older people.
Marital Status	Neutral to positive This Strategy ensures support is not limited by family, or marital structures. It supports independent living for older people regardless of partnership status.

Sexual Orientation	Positive The successful delivery of this Strategy will help ensure that services are inclusive and accessible to people from diverse identities and backgrounds. The success of this Strategy has the potential for a positive result that services are inclusive of people with diverse identities and backgrounds.
Men and Women generally (Gender)	Positive The Active Ageing Strategy will have a positive impact on both older men and women.
Disability	Positive / Neutral This Strategy is specifically designed to address inequalities faced by older people with or without disabilities.
Dependents	Positive Carers and family members benefit when the people they support can live more independently. Accessible transport and facilities reduce stress and improve the quality of life for households with dependents.

8.8. The Active Ageing Strategy and Action Plan is anticipated to have a significant positive impact for older people.

9. Consideration of Mitigation/Alternative Policies

9.1. As the aim of the policy is to introduce interventions that will have a positive impact on the lives of older people, their families and carers, mitigations will not be required. The need for alternative policies is also considered unnecessary. The promotion of equality of opportunity and good relations are integral aspects of the Active Ageing Strategy and Action Plan, its supporting policy framework, subsequent legislative activities and its delivery of operational programmes.

9.2. Each Strategic commitment contributing to the Strategy will be reviewed to consider its potential for adverse impacts on Section 75 groups and, where appropriate, will be subject to separate screening. Where necessary, full EQIA's will be undertaken for each action.

9.3. The Department welcomes comments on any potential equality implications arising from the proposals and will consider the need for possible mitigating actions in light of responses received during the consultation period.

10. Consultation, Publication and Decision

EQIA Feedback and Comments

10.1. A public consultation on the draft Active Ageing Strategy Action Plan and EQIA is being led by the Department on behalf of the Northern Ireland Executive.

10.2. The Department will consult for a period of 8 weeks from 9th November 2026 – 4th January 2027.

10.3. The Department is committed to seeking views on the Active Ageing Strategy and Action Plan and associated EQIA, we are keen to hear from individuals and organisations about their views on the equality implications of the contents of the draft Strategy as well as any mitigations that the Department could put in place to address any potential adverse impacts.

Public Consultation Process

10.4. During the consultation, members of the public are invited to make contributions on the contents of the Active Ageing Strategy and Action Plan through completion of an online survey or in writing. Details on how to respond to the consultation process are available at section 13 of this document.

Following the Public Consultation

10.5. At the conclusion of the public consultation process, the Department will collate all responses and produce a report containing an analysis of the findings. This will be submitted to the Minister for Communities and the Executive who will consider the conclusions and make final decisions on the content and publication of the Active Ageing Strategy and Action Plan. The outcome of the consultation will also be communicated to the Committee for Communities.

10.6. Views received during this time will be used to inform the contents of the final version of the Active Ageing Strategy and Action Plan, including any necessary mitigations. Responses will also be used if applicable, to consider further mitigations throughout the lifetime of the Active Ageing Strategy.

10.7. Responses will be collated and considered by the Department who will review this EQIA and consider any need for updating in light of evidence presented during the consultation. The updated version of the EQIA will be published alongside the Active Ageing Strategy and Action Plan on the Department for Communities website.

11. Monitoring

11.1. In keeping with this Department's commitments under its Equality Scheme, any adverse differential impact on equality of opportunity or good relations that may be identified through this assessment process will be taken into account in finalising the draft Active Ageing Strategy and Action Plan for approval by the Executive. Any such findings will be used to inform consideration of any further development of mitigations.

Tracking Progress

11.2. Whilst the Department for Communities has lead responsibility for the implementation of the Strategy it is a cross-departmental strategy and ongoing engagement from all departments will be required.

11.3. Individual actions to meet the commitments are part of the Active Ageing Strategy and Action Plan. The action plan will include milestones demonstrating progress towards the delivery of each of the commitments. The actions identified to deliver each of the commitments may evolve and develop as work progresses and circumstances change. This allows flexibility to address emerging issues and needs.

Review

11.4. Each year the Department will request information from departments on progress against their commitments in the Strategy and the Active Ageing Strategy and Action Plan from which a progress report will be compiled. The progress report will be published online and in accessible formats. If any adverse equality impacts emerge, they will be captured in the report.

11.5. The progress report will be provided to the Active Ageing Forum who will advise on the ongoing monitoring and implementation of the Strategy.

11.6. The Strategy, its action plans and progress reports will be considered by the Equality Commission's Independent Mechanism NI which monitors

the implementation of the Convention on the Rights of Persons of Active Ageing.

11.7. As the Active Ageing Strategy and Action Plan is a living document, departments may add actions which support strategic commitments at annual review points. Departments may also adjust or remove actions which do not appear to be contributing to outcomes as intended. Departments may take into account the views of the Active Ageing Forum and the Independent Mechanism NI when considering their ongoing implementation of the Active Ageing Strategy and Action Plan.

11.8. A formal review of the Strategy will take place during the third year of operation.

11.9. Any potential adverse equality impacts raised during the monitoring of the Strategy will be considered, and addressed if necessary, by the Department.

12. CONFIDENTIALITY

12.1. For this consultation, we may publish all responses except those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). Responses from organisations and individuals responding in a professional capacity may be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our consultation privacy notice (INSERT DfC Active Ageing consultation webpage-privacy notice).

12.2. Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA) and the Environmental Information Regulations 2004 (EIR); however all disclosures will be in line with the requirements of the Data

Protection Act 2018 (DPA) and the UK General Data Protection Regulation (UK GDPR).

12.3. A summary report and analysis of consultation responses will be published on the DfC website.

12.4. If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for this information under the FOIA or EIR.

13. Consultation Questions

13.1. The Department, acting on behalf of the Executive, would welcome your views on the proposed draft Active Ageing Strategy Action Plan.

13.2. It would be helpful if consultation responses focused on the following questions:

1. **Are there any data, needs or issues in relation to any of the Section 75 equality categories that have not been identified in Section 5 of the EQIA consultation document? If so, what are they?**

2. **Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified in section 6 of the EQIA Consultation document? If so, what are they?**

3. **Please state what action you think could be taken to reduce or eliminate any adverse impacts in allocation of the Department's draft Active Ageing Strategy Action Plan.**

4. **Are there any other comments you would like to make in regard to this pro forma or the consultation process generally?**

13.3. Comments on the draft Active Ageing Strategy are sought by online survey which can be found at (Insert survey link), by email: age.friendly@communities-ni.gov.uk, or by post to the following address:

Active Ageing Consultation
Department for Communities
Active Ageing & Disability Policy Branch
Level 7 Causeway Exchange
1-7 Bedford Street
Belfast
BT2 7E

13.4. The deadline for responses is 5pm on 4th January 2027.