Improving Dementia Services in Northern Ireland: A Regional Strategy

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Policy Subgroup
Women's Centres Regional Partnership (WCRP)
c/o 6 Mount Charles
Belfast
BT7 1NZ
Tel: 028 90 23 02 12
Email info@wcrp.org.uk

1.0 Introduction

1.1 The Women's Centres Regional Partnership (WCRP) is a partnership of four lead regional women's organisations linking with fourteen frontline women's organisations across Northern Ireland to provide support and services to women living in disadvantaged areas.

1.2 Vision

WCRP's vision is "our vision of communities where women are recognized and valued as equal partners working toward a future based upon shared values of equality, participation and inclusion."

1.3 Mission

WCRP's mission is "To work in partnership to support and strengthen the voice of community based women's organizations."

1.4 Background

The four key lead partners of the Partnership are the Women's Resource and Development Agency (WRDA), Women's Support Network (WSN), Northern Ireland Rural Women's Network (NIRWN) and The Women's Centre, Derry. The fourteen women's organisations are spread across Northern Ireland with seven from the Greater Belfast and Lisburn area, four in the North West and three in Dungannon, Magherafelt and Craigavon. Together the WCRP seeks to develop and strengthen a regional infrastructure which will support community based women's organisations across Northern Ireland.

- To build a strong, effective and inclusive partnership for the benefit of partners and stakeholders;
- To advocate for the sustainability of frontline services for WCRP partners and stakeholders;
- To promoting best practice and quality standards training, education, advice and childcare services in the women's centres;
- To Influence policy relating to women's lives by identifying and publicising emerging issues facing women in disadvantaged areas.[1]

[1] http://www.wcrp.org.uk/mission.php

1.5 WCRP welcomes the opportunity to respond to this consultation 'Improving Dementia Services in Northern Ireland: A Regional Strategy' issued by DHSSPSNI.

2.0 Comments

2.1 WCRP welcomes the publication of this Draft Strategy. This response discusses gender budgeting, provision for dementia sufferers in rural areas, non-discrimination, holistic support for dementia sufferers and carers, and the role of women's centres in providing support.

2.2 The Strategy notes that women as a group have a higher prevalence of dementia than men due to longer life spans. The strategy estimates that the costs of dementia health and social care costs could equate to £230m (excluding contributions such as contributions made by people in care homes).

2.3 WCRP recommends that, given that women have a higher level of prevalence to Dementia for various reasons, the department should undertake a gender budgeting exercise to determine how much of the department's budget will be allocated to the health and social care costs of women suffering from dementia. This recommendation is consistent with commitments set out in the Gender Equality Strategy for Northern Ireland which states "the gender perspective will be taken into account in the whole process of policy development in all of the Government functions, and in the subsequent implementation review and evaluation of the policy."[2]

2.4 The Council of Europe has published a handbook on Gender Budgeting and defines gender budgeting as "an application of gender mainstreaming in the budgetary process."[3] According to the Council of Europe, gender budgeting involves three stages including analysis involving gender disaggregated data, determining the differential impact of the budget between men and women; reformulation of policies and redistribution of resources to ensure gender equality outcomes; and embedding gender equality within all budgetary processes.[4]

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[2] OFMDFM "A Gender Equality Strategy for Northern Ireland: 2006-2016", 35.

[3] Council of Europe (2009) *Gender Budgeting: Practical Implementation handbook,* Pg 5.

[4] Ibid, Pg 17.

2.5 WCRP believes the approach highlighted in the Council of Europe's handbook is vital to ensure that equality of opportunity on the grounds of gender is embedded in budgetary processes. We believe that it is vital that the Department utilises this handbook as a budgeting tool, particularly given any potential negative impact women may experience in accessing services, in this case dementia services and we would recommend a commitment to gender budgeting is included in the final strategy.

2.6 WCRP welcomes that the Strategy has adopted a rights based approach as the document explicitly states on page 28 that 'People with dementia have a right to the highest attainable standard of health.' WCRP believes that this approach has to be commended and reflects international law obligations, particularly Article 12 of the International Covenant of Economic Social and Rights (ICESCR) which provides for the right to the highest attainable standard of physical and mental health. WCRP would however recommend that reference is made to international legal obligations such as ICESCR in the draft strategy as this would leave no doubt that Northern Ireland is ensuring it is meeting its obligations under international human rights law in respect of the right to health.

2.7 WCRP is disappointed that there is a lack of reference in the strategy to people with dementia in rural areas given that there may be difficulties in accessing support due to limited service provision or inaccessible transport. We wish to draw attention to the Committee on Economic Social and Cultural Rights (CESCR) General Comment No.14 on the Right to Highest Attainable Standard of Health which further elaborates on Article 12 of ICESCR. The Committee has explicitly stated that accessibility of services includes physical accessibility. This means that services 'should be within physical reach, including in rural areas.'[5] WCRP recommends that the Strategy sets out how it will work to ensure the improvement and accessibility of dementia services in rural areas given the interpretation of the CESCR committee on Article 12 of ICESCR.

[5] CESCR, General Comment No 14 'The Right to Highest Attainable Standard of Health', para 12(b) (ii), available at http://www.unhchr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En

2.8 General Comment 14 also stresses the principle of non-discrimination and the need to provide services for the most vulnerable and marginalised sections of the community. Apart from persons with learning disabilities and younger persons with dementia, WCRP note that there does not seem to be any reference to the possibility that there may be minority and disadvantaged groups that have particular needs in relation to dementia. WCRP recommends that the Department determine whether there are minority and disadvantaged groups that have particular needs. The Department's Section 75 processes would be a suitable procedure for this.

2.9 WCRP welcomes the holistic person centred model for supporting people with Dementia set out in the Strategy which includes carers and families, services and the Community. WCRP welcomes the recognition of the role of the voluntary and community sector in providing dementia services, particularly advice and information services on page 35 of the document.

2.10 WCRP highlights the need to provide support for carers. Carers Northern Ireland note that carers tend to be women, that carers often work long hours, and that they provide considerable amount of unremunerated care in Northern Ireland.[6]

2.11 Women's Centres have been providing support to carers for many years in the form of a range of services. Accessing support and information from women's centres can be beneficial as they are strategically located across Northern Ireland, in both rural and urban areas and are situated in socially and economically disadvantaged areas.

2.12 Greenway Women's Centre has provided carers with access to alternative therapies such as aromatherapy, kinesiology, meditation and yoga to 'recharge the batteries'. Carers have also been offered support such as referrals to access information on benefits.

2.13 Windsor Women's Centre employs an adviser who is a welfare rights and tribunal representative and has offered support to carers and to families of individuals, including those suffering from dementia. Support services includes provision of advice and information on access to benefits, referrals to social services when

[6] Carers NI http://www.carersni.org/Aboutus/AboutCarersNI/TenfactsaboutcaringinNorthernIreland

needed and has worked in partnership with other agencies and health professionals, such as the Highway to Health worker, to meet the needs of clients. The experience of the adviser at Windsor reflects how the work of women's centres can complement statutory provision as it has been reported by the advisor that elderly people may have a fear of statutory provision and 'being put into care'.

2.14 The draft Strategy states on page 33 that the HSC Board will devolve commissioning of services to Local Commissioning Groups (LCGs) to ensure services are commissioned locally. WCRP recommends that LCGs are cognisant with the work of community based organisations such as women's centres, particularly around commissioning of advice and information services.

2.15 The draft Strategy also proposes on page 74 that DHSSPS will issue a Guide for Carers to inform them about the process of discharging a patient from hospital and intermediate care services. WCRP recommends that information is provided in the carers guide on community based services such as those provided by women's centres.

Conclusion

WCRP welcomes the opportunity to respond to this consultation document. Whilst welcoming this draft strategy, we have offered some constructive recommendations as to how it could be improved. We are happy to further discuss this response if required.