From Ageism to Age Equality: Addressing the Challenges

Conference Proceedings

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Jointly organised by

The Equality Authority

The Health Boards Executive/Health Service Executive

National Council on Ageing and Older People

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Introduction
Introduction

Aims and Objectives

On 14 October 2004, The Health Boards Executive (HeBE), The Equality Authority and the National Council on Ageing and Older People (NCAOP) jointly hosted a conference in the Shelbourne Hotel, Dublin, entitled From Ageism to Age Equality: Addressing the Challenges. The aims of the conference were to promote a greater understanding of ageism in Irish society and to explore the problems of prejudice, stereotyping and discrimination as they affect older people. It formed part of a wider ageism awareness campaign that took place from 4-18 October 2004, called Say No to Ageism.

The conference objectives were:

- to present the findings from recent research studies on ageism in Ireland
- to consider lessons from the English experience of tackling age discrimination in health and social care services
- to identify priorities in addressing age discrimination in Europe and Ireland
- to inform recommendations on age equality, access and quality of service provision for older people to be developed by the NCAOP.

Conference Proceedings

The structure of these proceedings follows the format of the conference, beginning with the Opening Addresses by Karen Erwin and Sylvia Meehan. The conference presentations took place over three sessions.

The Opening Session included presentations on:

- defining ageism
- ageism and attitudes to older people in the Republic of Ireland
- ageism in the health and social services sector in Ireland.

The Second Session comprised presentations on the UK experience:

- rooting out age discrimination in the NHS and social care services
- auditing age discrimination in health and social care.
Presentations in the Final Session focused on:

- the status of age equality and non-discrimination in the EU
- implementing equality for older people in Ireland.

**Conference Outcomes**

A number of key issues and challenges emerged from the conference presentations and discussion sessions.

**Ageism Exists**

Perhaps the most fundamental finding that emerged from several papers, including those of Loretta Crawley, Síle O’Connor and Eileen McGlone, is that ageism and age discrimination exist. They are embedded in our culture and attitudes. Everyone is responsible and tackling ageism is an issue for society as a whole.

**Prompt Action**

It was clear from the conference that the time to act is now. This message emerged strongly from several papers and through comments made by delegates during the discussion sessions.

We know that we are living in an ageing society. While there are many reasons to act now, as Richard Baker showed in his paper, it is the economic and social impact of an ageing society that has driven the EU to take action on age discrimination. ‘If we fail to act now, then more of us are going to be affected by ageism, and the more of us are affected, the greater the impact on our society’ (Baker).

**Building Awareness**

Both Craig Muir and Ros Levenson’s papers highlighted the fact that the first stage in tackling ageism is to acknowledge its existence and build awareness of it; people must understand and be able to recognise what ageism is and what it does.

We saw, however, that many people find it difficult to identify ageism. Ros Levenson noted this in her paper and it also emerged from the research findings presented by both Eileen McGlone and Síle O’Connor. The message was simple: ageism cannot be eliminated without raising awareness of what it is and how it works. It is necessary to demonstrate what it means for individuals to be ageist and for institutions or organisations to discriminate on the grounds of age.

**Why Ageism Must Be Eliminated**

Many reasons were offered during the conference that amply explained the importance of eliminating ageism. Age discrimination erodes the values we espouse for our society, as well as for our health and social services. It is, in fact, the antithesis of these values: it devalues and excludes people;
it refuses to see people as individuals; it rejects difference and diversity; it fails to treat people with
dignity and respect; it denies people choices; and it strips people of the power to be independent,
active participants in life.

The importance of eliminating ageism is abundantly clear: a society for all ages benefits all of us.

**Tackling Ageism**

We saw in Craig Muir and Ros Levenson’s papers that there are many ways in which we can act
successfully to root out ageism, such as the approaches included in the UK’s National Service
Framework for Older People and *Auditing Age Discrimination: A Practical Approach to Promoting Age
Equality in Health and Social Care*.

Legislation is already in place: Richard Baker and Niall Crowley showed us the existing legal
framework in the EU and in Ireland. As Niall Crowley pointed out, however, there is still work to be
done, including the amending of legislation to place a ‘positive duty’ on employers and service
providers to be proactive in promoting equality. Niall also noted that there is a need to ensure that
employers and service providers develop and implement effective policies and practices. As he
pointed out, guidance and support are necessary to help this process along; guidance and support
for older people, for employers and for service providers.

**Who Should Be Involved?**

Craig Muir, Ros Levenson and Niall Crowley all highlighted the fact that addressing ageism effectively
requires the participation of all stakeholders, including older people. It is necessary for stakeholders
to act in partnership: to collaborate, to communicate effectively and to coordinate their plans and
activities.

**What Else is Required?**

Several speakers, in particular Eileen McGlone, Niall Crowley, Craig Muir and Ros Levenson, clearly
highlighted the immensity of the task and the concomitant need for considerable investment. This is
an investment in our society and all our citizens, and will pay substantial dividends to all of us.

**Equality Legislation**

The terms discrimination and combating discrimination are used in a range of different ways
throughout the papers in this publication. It is important to note that there is a specific legal
definition of discrimination in the equality legislation.

Status Acts 2000 to 2004 prohibit discrimination in the provision of goods and services,
accommodation and educational establishments. Both Acts prohibit discrimination on nine specified
grounds: gender; marital status; family status; age; disability; sexual orientation; race; religion; and
membership of the Traveller community. The age ground under the Employment Equality Acts applies to all ages above the maximum age at which a person is statutorily obliged to attend school. The age ground under the Equal Status Acts applies to people over 18 except for the provision of car insurance to licensed drivers under that age. Both Acts prohibit discrimination. Discrimination has a specific meaning in the Acts. It is defined as the treatment of a person in a less favourable way than another person is, has been or would be treated in a comparable situation on any of the nine grounds which exists, existed, may exist in the future or is imputed to the person concerned. Different types of discrimination are covered including indirect discrimination and discrimination by association.

Indirect discrimination happens where there is less favourable treatment by impact or effect. It occurs where people are, for example, refused a service not explicitly on account of a discriminatory reason because of a provision, practice or requirement which they find hard to satisfy. If the provision, practice or requirement puts people who belong to one of the nine grounds at a particular disadvantage, then the service providers will have indirectly discriminated unless the provision is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

 Discrimination by association happens where a person associated with another person who belongs to one of the nine grounds is treated less favourably because of that association.

Both Acts prohibit sexual harassment and harassment on the discriminatory grounds. Victimisation is also prohibited. Both Acts require employers, educational and training bodies, service providers and providers of accommodation to provide reasonable accommodation for people with disabilities.

There is an exemption from this requirement under the Employment Equality Acts if the reasonable accommodation imposes a disproportionate burden on the employer, and under the Equal Status Acts if the reasonable accommodation costs more than a nominal cost. Both Acts allow positive action. Under the Employment Equality Acts employers can take steps with a view to ensuring full equality in practice between employees on all nine grounds. Under the Equal Status Acts positive action is allowed in relation to disadvantaged groups and in relation to measures which cater for the special needs of persons.

Both Acts impose a vicarious liability on employers and service providers in relation to discriminatory acts of employees and agents unless the employers or service providers took reasonably practicable steps to prevent the discriminations. Such steps should include putting in place equality policies and procedures to seek to prevent discrimination and harassment, and to address these issues if they arise.

Both Acts contain a number of detailed exemptions. In the Employment Equality Acts these include exemptions that allow an employer to set different ages for the retirement of employees and to set a minimum age, not exceeding 18 years, in recruitment. In the Equal Status Acts these include a statutory exemption that provides that nothing in the Act shall prohibit the taking of any action that is required under statutory provision or court order.

The provisions and the exemptions in these Acts have to be read in the light of the EU Equal Treatment Directives which take precedence over Irish legislation.  

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1 Information booklets on the legislation are available from The Equality Authority, 2 Clonmel St, Dublin 2 or LoCall 1890 245545.
Opening Address (1)
I want to welcome you all to this very important landmark conference. It places ageism at the centre of the debate to bring forward the age equality agenda in Ireland. Ageism can affect all people. Today, with our partners in the NCAOP and HeBE, we focus on ageism in later life.

The conference is taking place in the second week of a national advertising campaign called Say No to Ageism. It is a unique and timely campaign that challenges us all to ‘Say No to Ageism’. Age discrimination features prominently in our casework under the equality legislation, which covers age discrimination in employment and in access to goods and services, accommodation and educational establishments.

The campaign was proposed by the NCAOP and has been developed in partnership with The Equality Authority and HeBE. Each of the partners has committed time and financial resources to the campaign (and to the conference) so that it will have a real impact. I would also like to acknowledge the contribution of the Atlantic Philanthropies.

The aim of the conference is to flesh out the concept of ageism and outline necessary responses to this issue. The conference gives us the opportunity to learn, share experiences and develop initiatives that will combat ageism in our society.

The conference asks us to address the challenge of converting Ireland from an ageist society to one which values age equality. Older people face many barriers in their efforts to take part in their own society. These barriers limit the opportunities of all. As the Say No to Ageism campaign proclaims, ‘life will always have limits but age should not be one of them’.
Opening Address (2)
It is my privilege to welcome you to this conference on ageism on behalf of my own organisation, Age and Opportunity, as well as on behalf of the NCAOP, The Equality Authority and HeBE, partners in today’s conference and in the Say No to Ageism campaign, which was launched with the support of the Atlantic Philanthropies and Age and Opportunity.

Ageism is a very important issue. Having been involved for many years in the campaign for equality for women, and more recently in a similar campaign in respect of ageing, I can see the similarities between sexism and ageism. Unfortunately, while we have made some inroads in the last twenty years or so in tackling sexism, we are still in a position where ageism is only beginning to be taken seriously as something that has a negative affect on people’s lives.

I very much welcome the research studies whose findings we are going to hear about today. To date, very little research has been done on the prevalence of ageism and age discrimination, and this is something we need if we are to tackle these issues effectively.

As we will hear in the course of the day, ageism and age discrimination greatly affect all our lives. People can be discriminated against in a direct way: in work and in the provision of a whole range of services, from insurance to health and social services. Age discrimination also operates in an indirect way. This happens when, for example, services that are indispensable to supporting frail older people are not as well-resourced as other services.

Ageism can erode the self-esteem of older people, who do not counter it in their own minds. The fight against ageism requires people to sometimes challenge themselves and be more willing to make their voices heard.

It is not only older people who are damaged by the effects of ageism; it damages our entire society. We are all diminished when we exclude or discount a whole group of people, in this case just because of their age.

I am certain that, like me, you are looking forward to the papers and I wish you all a stimulating, thought-provoking day.
Opening Session

Ageism – What is it? Does it Exist in Ireland?

Chair: Karen Erwin, Chairperson, The Equality Authority
What is Ageism?

Loretta Crawley,
School of Nursing and Midwifery, University College Dublin

Introduction

The aim of this paper is to define ageism, to examine how ageist attitudes arise and to suggest some ways to oppose ageism.

A Definition of Ageism

A widely accepted definition of ageism is, ‘the systematic stereotyping of and discrimination against people simply because of their age’ (Butler, 1969).

What is Stereotyping?

Stereotyping is a way of establishing what is typical about people. Research shows that there are nine main characteristics or stereotypes associated with older people (Palmore, 1999):

- illness
- impotence
- ugliness
- mental decline
- mental illness
- uselessness
- isolation
- poverty
- depression.

What is Discrimination?

Discrimination is defined as making an unjust distinction in the treatment of people (Palmore, 2001). If we have a stereotype in our minds of what it means to be old or what older people are like, then we are being ageist and we may, as a result, treat older people in a way that means we are discriminating against them. We do this at several levels: the cognitive (or rational) level; the affective (or emotional) level; and the behavioural level.

2 This is not the legal definition as set out in equality legislation.

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When we meet a person for the first time we unconsciously draw on a number of preconceptions or stereotypes that shape our actions. We make assumptions about the other person based on what they look like, how they dress, how they speak; we make judgements about what social group they belong to, where they live and what age they are. These assumptions influence how we think, feel and behave towards this other person. If we hold the stereotypical view that old people are frail, for example, we may treat an old person in a particular way. In other words, the stereotype we have of older people, whether it arises from what we think, know or have experienced (the cognitive) or from what we feel (the affective domain, our attitudes, beliefs), will influence how we behave towards them (the behavioural domain).

Stereotypes and ageism can be reinforced and reproduced by what we see and hear in our daily lives and can be represented in ageist language. The way in which older people are portrayed in the media, for example on television, on the radio and in newspapers, not only affects older people themselves but also affects the ways in which we, as a society, see them. According to Laslett (1991), embarrassing and demeaning stereotypes of older people marginalise or isolate them from mainstream society by ‘removing signs of effectiveness and worth from the elderly, disposing of them as of no account’.

As a result of having a stereotypical view of what ageing is and what older people are, we, as individuals, can discriminate against them in personal acts; organisations can discriminate against them via their policies and practices.

The Impact of Ageism

There are several ways in which ageism affects the lives of older people: it decreases the power they have; it reduces their status; it reduces their life chances; and it devalues their social role (Thompson, 1998; Wade, 1999; The Equality Authority, 2003).

Marginalisation

Using age limits, for example, can affect how we think about age and what we deem to be appropriate for people of different ages. Using upper age limits can contribute to the marginalisation of older people. Some laws discriminate through the use of upper age limits; the Redundancy Payments Act (2003), for example, does not apply to those aged over 66. Many activities and services are closed off to older people by upper age limits without any objective justification for their use. Examples include:

- jury service
- membership of State boards
- occupational pension schemes
- eligibility for a driving licence
- health/motor insurance
- education and training.
Marginalisation is very often the result of such discrimination, as is the case with the forced retirement from work of people over the age of 65 (Palmore, 1999; Laslett, 1991). Forcing people to leave the workforce at a certain age, which in effect endorses the exclusion of a group from the workforce and from earning money, can debase ‘their status in the eyes of their juniors, and above all has devalued them in their own estimation of themselves’ (Laslett, 1991). An important point to consider is ‘those that write off the elderly are also writing off themselves’.

Under-representation of older people at local and global levels and lack of positive steps to enable older people to participate fully in social, economic and political activities also results in marginalisation.

**Older People’s Experiences of Ageism**

Research shows that many older people have experienced an ageist event (Palmore, 2001). The most frequent was, ‘I was told a joke that pokes fun at older people’. Others said they ‘were called an insulting name’ or ‘were treated with less dignity and respect’. Some said that people ‘assumed I could not hear well because of my age’. While older people may be aware of being seen as ‘old’, they may be uncertain about making claims that they are actively discriminated against because of their age. One explanation for this is that age discrimination can be obscure, subtle and may be difficult to decipher.

**Older People’s Perspectives on Ageism**

Another impact of negative stereotypes and ageist language is that people deny that they are ageing, internalise this denial and hence reproduce ageism. Older people dissociate themselves from the wider group of old people because they do not see themselves as old.

**Ways to Promote Positive Ageing**

The concept of ‘positive ageing’ can be promoted by:

- recognising and challenging ageist stereotypes
- not ignoring older people
- making sure organisations address the needs of people of all ages
- inviting local retirement groups to present workshops on age awareness
- informing agencies involved with older people of job opportunities
- making events and publications accessible to older people
- including pictures of older people in publications
- talking to people of all ages about how ageism affects them.
Conclusions

Ageism and ageist attitudes are present in contemporary Irish society. We must challenge these attitudes and celebrate diversity of all individuals regardless of age.

References


Ageism and Attitudes to Older People in the Republic of Ireland: Report of ARK Survey, 2003

Síle O’Connor, Professor of Social Policy, School of Policy Studies, University of Ulster and Lizanne Dowds, Director, ARK

Introduction

In 2003, parallel surveys on attitudes to older people were carried out in Ireland north and south. The Northern Ireland survey was carried out as part of the Northern Ireland Life and Times annual survey; the Economic and Social Research Institute (ESRI) conducted the parallel stand-alone survey in the Republic on behalf of the Northern Ireland Social and Political Archive (ARK).3

These surveys were a first attempt to address this topic via large-scale quantitative surveys with representative samples of adults from both Northern Ireland and the Republic. They reflect the increasing importance of ageing as a field of enquiry and policy concern in Ireland (The Equality Authority, 2002; National Economic and Social Forum [NESF], 2003; Russell and Fahey, 2004), the EU (Commission of the European Union, 2002) and further afield. This is reflected in the work of other cross-national organisations including the Organisation for Economic Co-operation and Development (OECD) and the United Nations (OECD, 2003, 2004; Sidorenko and Walker, 2004; Walker, 2004).

The increasing importance of ageing mostly results from concern with demographic change. Of particular concern is the increasing percentage of older people in the population and the associated issue of the funding of pensions. The debate is also being influenced by labour market issues which is reflected in the emphasis on increasing the employment rate of people aged 55-64 years (von Nordheim, 2004; OECD, 2004).4 Policy measures directed to increase the participation of older people in the labour market stem partly from the pension funding issue; they also reflect an attempt to increase economic competitiveness. A more recent, but particularly important, contribution to the increase in interest in ageing as a field of inquiry is the influence of the equality/human rights agenda (The Equality Authority, 2002).

This paper reports the results from the Republic of Ireland survey based on interviews with a nationally representative sample of the population aged 18 years and over.5 It is divided into three

3 Atlantic Philanthropies funded both surveys. The NCAOP made a significant contribution to the funding of the Republic of Ireland Survey. ARK acknowledges this support.
4 The OECD report on ageing and employment policies in the UK is one of eight country reports published to date in what will be a 21 country thematic review, including the Republic of Ireland.
5 This yielded 1,880 usable questionnaires reflecting a response rate of 67 per cent or 75 per cent when non-contacts are excluded. The data was re-weighted or statistically adjusted prior to the analysis to take into account differential response/non-response levels among subgroups of the population.
sections and a concluding discussion. The first section focuses on perceptions of the treatment of older people including their treatment by healthcare and financial services. The second is concerned with employment and retirement issues, while the third outlines general attitudes towards older people including views and preferences relating to particular scenarios.

The Treatment of Older People

‘Older people’ were identified for survey respondents as ‘people in their fifties and over’. Respondents were then asked whether they thought older people were treated better, worse or about the same as the general population because of their age and whether they thought that they themselves were treated with more or less respect as they became older. As Table 1 below shows, over a third of respondents expressed the view that older people were treated worse than the general population because of their age. Only 21 per cent of those aged seventy years and over expressed this view compared to almost 40 per cent of those aged under fifty. This difference may be due to higher expectations on the part of the younger population or their relative ignorance of the experience of people aged seventy years and over.

Table 1: Perceptions of treatment of older people relative to the general population

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated better</td>
<td>13%</td>
<td>15%</td>
<td>22%</td>
<td>27%</td>
<td>39%</td>
<td>19%</td>
</tr>
<tr>
<td>Treated worse</td>
<td>37%</td>
<td>39%</td>
<td>37%</td>
<td>34%</td>
<td>21%</td>
<td>36%</td>
</tr>
<tr>
<td>Treated the same</td>
<td>46%</td>
<td>40%</td>
<td>40%</td>
<td>37%</td>
<td>38%</td>
<td>41%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

The vast majority of respondents reported experiencing the same level of respect or more as they got older, including those aged seventy years and over of whom 42 per cent felt they received greater respect as they got older (Table 2). Yet a significant minority, 20 per cent overall and 22 per cent of those aged seventy years and over, experienced less respect as they got older.
Table 2: Perceptions of how one is respected as one gets older

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>More respect</td>
<td>54%</td>
<td>29%</td>
<td>26%</td>
<td>25%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>Less respect</td>
<td>13%</td>
<td>22%</td>
<td>25%</td>
<td>25%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>The same</td>
<td>27%</td>
<td>47%</td>
<td>48%</td>
<td>50%</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

When these perceptions and experiences were considered for men, women and people with different levels of education and income, there were no significant differences in the patterns emerging. There were some persistent differences, however, when tenure status was considered. People living in rented accommodation were more likely to perceive that people were treated worse as they got older and the difference in perceptions between those renting and those who owned their own homes was particularly marked for people aged sixty years and over: 57 per cent of the former category compared to 25 per cent of the latter perceived that older people were treated worse than the general population. When people’s own experiences of receiving less respect were considered, the difference between those aged sixty years and over in rented and those in owner-occupied accommodation was much less marked: 33 per cent of the former category relative to 22 per cent of the latter. The most important point here is that whichever group one considers, a significant minority of people aged sixty years and over reported experiencing less respect as they got older.

Policy Action and Services

Table 3 presents data on respondents’ perceptions of the adequacy of action for older people taken by public authorities.

Table 3: Perceptions of adequacy of action taken by public authorities for older people

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do all they should</td>
<td>18%</td>
<td>21%</td>
<td>29%</td>
<td>35%</td>
<td>51%</td>
<td>26%</td>
</tr>
<tr>
<td>Do too much</td>
<td>0%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>0%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Don’t do enough</td>
<td>74%</td>
<td>75%</td>
<td>68%</td>
<td>61%</td>
<td>47%</td>
<td>69%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>
More than two thirds of respondents expressed the view that public authorities do not do enough for older people. It is noteworthy that the percentage expressing this view declined with age. Almost 75 per cent of those aged under fifty years expressed this view, as did 68 per cent of those in the 50-59 years group, 61 per cent of the 60-69 years group and only 47 per cent of those in the 70+ years group. This may reflect higher expectations by the younger population.

Those who responded negatively to this question were asked in what way the authorities did not do enough. Pension increases and financial benefits were the most frequently mentioned issues (34 per cent), followed by healthcare (26 per cent) and services to assist individuals living in their own homes including relief for carers, home help services, meals on wheels and visits by nurses (24 per cent).

A significant majority of respondents (71 per cent) expressed the view that the basic State pension was a poor deal for those with a full contribution record. The younger age groups were the most negative in their evaluation: 71 per cent of those aged under fifty years considered the basic pension ‘a poor deal’ compared to 62 per cent of those aged sixty years and over. A third of respondents took the view that other benefits were adequate or very adequate; 45 per cent thought provision was inadequate but only 17 per cent thought provision was very inadequate. There was a clear difference in perceptions among different age groups, with those in the 50-59 years group and those aged under fifty years being more negative in their evaluations than those in the 60-69 years group and, more particularly, the 70+ years group.

The Main Problems Facing Older People

Very high levels of concern about problems faced by older people arose when respondents were provided with a list of possible problems (Table 4). No restriction was placed on the number of items that could be selected and, for comparison, responses of ‘all of these’ were recoded into each individual category.

<table>
<thead>
<tr>
<th>Problem</th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of crime</td>
<td>83%</td>
<td>84%</td>
<td>83%</td>
<td>83%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>76%</td>
<td>80%</td>
<td>83%</td>
<td>69%</td>
<td>69%</td>
<td>77%</td>
</tr>
<tr>
<td>Making ends meet</td>
<td>51%</td>
<td>61%</td>
<td>56%</td>
<td>50%</td>
<td>52%</td>
<td>56%</td>
</tr>
<tr>
<td>Access to healthcare</td>
<td>43%</td>
<td>54%</td>
<td>57%</td>
<td>48%</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Keeping warm in winter</td>
<td>47%</td>
<td>51%</td>
<td>49%</td>
<td>52%</td>
<td>41%</td>
<td>49%</td>
</tr>
<tr>
<td>Transport</td>
<td>29%</td>
<td>33%</td>
<td>28%</td>
<td>28%</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Lack of respect</td>
<td>28%</td>
<td>29%</td>
<td>30%</td>
<td>24%</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>Getting employment</td>
<td>33%</td>
<td>25%</td>
<td>24%</td>
<td>17%</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Fear of crime was identified by over 80 per cent of all age groups as one of the main problems facing older people. Loneliness was identified by more than three quarters of respondents. Two economic issues, ‘making ends meet’ and ‘keeping warm in winter’, were identified by 56 per cent and 49 per cent of respondents respectively and 50 per cent identified access to healthcare. No significant differences of perception were evident among the different age categories.

Healthcare

In addition to the importance of access to healthcare, the perception of equal treatment is of crucial importance to individuals whatever their age. Table 5 shows that approximately two fifths of respondents thought that age impacted on the care offered in terms of the attitudes of providers, the treatment offered and access to waiting lists for tests and operations. It is noteworthy that there is consistent variation among age categories with those aged seventy years and over being least likely to identify differential treatment because of age.

Table 5: Perceptions of differential treatment of older people by health and social care workers (percentage of respondents agreeing with each statement)

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>In attitude</td>
<td>41%</td>
<td>42%</td>
<td>43%</td>
<td>37%</td>
<td>28%</td>
<td>40%</td>
</tr>
<tr>
<td>In treatment of illnesses</td>
<td>45%</td>
<td>41%</td>
<td>41%</td>
<td>35%</td>
<td>29%</td>
<td>40%</td>
</tr>
<tr>
<td>Waiting lists for tests and operations</td>
<td>41%</td>
<td>44%</td>
<td>46%</td>
<td>43%</td>
<td>35%</td>
<td>43%</td>
</tr>
</tbody>
</table>

When perceptions of differential treatment are compared according to gender, educational level, income and tenure of the holder, the only significant difference to emerge relates to income: 52 per cent of those with household incomes below €8,000 perceived that older people were treated differently on waiting lists for tests and operations compared to 40 per cent of those with incomes above this level. These differences, however, were not evident for people aged sixty years and over.

Regarding individual experience, 8 per cent of respondents aged fifty years and over reported feeling that they had been treated ‘with less dignity and respect’ by health and social care professionals because of their age. Three per cent thought that they had not been offered treatment that might have helped them because of their age. Moreover, 17 per cent of all respondents felt that a friend or relative had been treated with less dignity and respect as a result of their age and 9 per cent thought that a friend or relative had not been offered treatment that might have helped them because of their age. While these figures are low compared to those for general perceptions of differential treatment they are not insignificant.
Financial Services

This survey found that there was a widespread view that older people, especially those over retirement age, are treated less favourably by the financial services industry.

Table 6: Perceptions of the financial services industry and older people (percentage of respondents agreeing with each statement)

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people (in their fifties and up to retirement age) are treated less favourably by the financial sector because of their age</td>
<td>56%</td>
<td>67%</td>
<td>59%</td>
<td>53%</td>
<td>52%</td>
<td>60%</td>
</tr>
<tr>
<td>Older people (over retirement age) are treated less favourably by the financial sector because of their age</td>
<td>62%</td>
<td>79%</td>
<td>68%</td>
<td>63%</td>
<td>60%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Sixty per cent of respondents agreed with the statement that ‘older people (in their fifties and up to retirement age) are treated less favourably by the financial sector because of their age’ and 69 per cent agreed that ‘older people (over retirement age) are treated less favourably by the financial sector because of their age’. In both cases, people in the 30-49 years group were most likely to agree with this statement (Table 6).

Being refused a loan or credit was mentioned most frequently. There was also reference to difficulties with loans, credit and mortgages, as well as more general responses such as ‘they don’t have time for you’, ‘they talk down to you’ and ‘they write you off’. Respondents also expressed the view that they do not get the same concessions or good deals as younger people and, as a consequence, pay too much.

Focusing specifically on the experience of friends and family members, 10 per cent of all respondents reported that a friend or relative had been treated less favourably by the financial services sector because of their age. Being refused a loan or credit was the most common item reported with 49 per cent of respondents reporting that friends or relatives had had this experience (Table 7). Problems getting a loan or a mortgage were mentioned by a further 11 per cent of respondents. The poor attitude of staff was mentioned by 5 per cent of respondents. Interestingly, three respondents highlighted the issue of being too young.
Table 7: Forms of less favourable treatment of older friends and relatives by financial services industry reported by respondents

<table>
<thead>
<tr>
<th>Treatment by financial services industry</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused loan/mortgage/credit</td>
<td>49%</td>
</tr>
<tr>
<td>Do not get same concessions as others/do not get as good a deal/pay too much</td>
<td>19%</td>
</tr>
<tr>
<td>Problems getting loans/mortgages/credit</td>
<td>11%</td>
</tr>
<tr>
<td>Bad attitude of staff</td>
<td>5%</td>
</tr>
<tr>
<td>Problems getting insurance: refused travel/car/home/life insurance</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

Respondents were asked about their knowledge of and views on legislation relating to goods and services and older people. Fifty one per cent were aware that discrimination in this area is illegal, 27 per cent did not know whether or not it was legal and 17 per cent thought it was not illegal. Sixty six per cent were in favour of such legislation while 20 per cent were against it.

In summary, there is a widespread perception that older people are treated less favourably because of their age. It is noteworthy that younger people were more likely to have such a perception; people aged seventy years and over were less likely to be negative in their responses whether these related to perceptions or reports of experiences with services. There was a strong view across all age groups that the State does not do enough for older people and that they are treated less favourably by financial services.

Employment and Retirement Issues

Employment

In setting full employment as an EU objective, the European Council in Lisbon identified the raising of the total employment rate from an average of 61 to 70 per cent and the female employment rate from an average of 51 to 60 per cent as a goal for 2010. These targets include a 50 per cent employment rate for those aged 55-64 years by 2010. In comparative terms, Ireland fares relatively well with an employment rate of 48 per cent for people in the 55-64 years group in 2002. But this is heavily unbalanced in gender terms: it comprises a 65 per cent employment rate for men and a 31 per cent rate for women. In the sample for this study, 30 per cent of male and 55 per cent of women.

6 Russell and Fahey (2004) provide a more disaggregated breakdown: the male and female employment rates in 2002 for the 55-59 years group were 73 per cent for men and 37 per cent for women; for the 60-64 years group they were 54 per cent for men and 23 per cent for women; for the 65-69 years group they were 24 per cent for men and 6 per cent for women.
female respondents in the 50-59 years group were not in employment. EU employment objectives presuppose a positive environment for employment at all ages and the promotion of active ageing. What does our data suggest about the Irish situation in 2003?

**Table 8: Perceptions of treatment by prospective employers of older applicants relative to younger applicants**

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated better</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Treated worse</td>
<td>72%</td>
<td>72%</td>
<td>67%</td>
<td>64%</td>
<td>59%</td>
<td>69%</td>
</tr>
<tr>
<td>Treated the same</td>
<td>17%</td>
<td>15%</td>
<td>19%</td>
<td>19%</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7%</td>
<td>9%</td>
<td>9%</td>
<td>16%</td>
<td>22%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Well over two thirds of respondents considered that people in their fifties and sixties are treated less favourably than younger applicants by employers when seeking work. Those in the younger age groups expressed most concern (Table 8).

Table 9 shows that there is a widespread perception that older workers are discriminated against when it comes to recruitment and training. Almost three quarters of all respondents, and over three quarters of those under the age of sixty, expressed the view that older people were discriminated against in recruitment; over 60 per cent of all respondents perceived discrimination in job training. The picture was more mixed in relation to promotion and status within an organisation. In these areas, respondents aged under thirty were less likely to perceive discrimination against older workers.

**Table 9: Perceptions of age discrimination in employment**

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job recruitment</td>
<td>76%</td>
<td>76%</td>
<td>76%</td>
<td>69%</td>
<td>63%</td>
<td>74%</td>
</tr>
<tr>
<td>Job training</td>
<td>62%</td>
<td>63%</td>
<td>69%</td>
<td>62%</td>
<td>54%</td>
<td>63%</td>
</tr>
<tr>
<td>Job promotion</td>
<td>56%</td>
<td>62%</td>
<td>67%</td>
<td>68%</td>
<td>58%</td>
<td>61%</td>
</tr>
<tr>
<td>Status or position in organisation</td>
<td>40%</td>
<td>46%</td>
<td>54%</td>
<td>55%</td>
<td>46%</td>
<td>46%</td>
</tr>
</tbody>
</table>
Just 4 per cent of respondents aged fifty years and over reported direct experience of age discrimination in employment. Women aged 50-69 years were most likely to report this; 6 per cent of this group felt they had been discriminated against by employers.

More broadly, 9 per cent of all respondents reported that a friend or family member had been subjected to employment ageism (discrimination in treatment solely because of their age). Of all instances of age discrimination reported, 22 per cent related to promotion, 19 per cent to redundancy/enforced retirement and 20 per cent to recruitment (Table 10).

Table 10: Forms of employment discrimination against older friends and relatives reported by respondents

<table>
<thead>
<tr>
<th>Forms of discrimination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t get promotion</td>
<td>22%</td>
</tr>
<tr>
<td>Refused a job</td>
<td>20%</td>
</tr>
<tr>
<td>Forced to retire/made redundant</td>
<td>19%</td>
</tr>
<tr>
<td>Employer has a poor attitude to older people</td>
<td>16%</td>
</tr>
<tr>
<td>Didn’t get training</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>19%</td>
</tr>
</tbody>
</table>

The majority of respondents (60 per cent) within all age groups, except the 70+ years group, knew that age discrimination in recruitment was illegal (Table 11). It is noteworthy that 21 per cent of respondents were against such legislation and a third of these were strongly against it.

Table 11: Illegality of age discrimination in recruitment

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal</td>
<td>63%</td>
<td>64%</td>
<td>55%</td>
<td>61%</td>
<td>41%</td>
<td>60%</td>
</tr>
<tr>
<td>Legal</td>
<td>16%</td>
<td>14%</td>
<td>21%</td>
<td>12%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>It depends</td>
<td>4%</td>
<td>3%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>17%</td>
<td>19%</td>
<td>19%</td>
<td>22%</td>
<td>33%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Retirement

Table 12 indicates that only 20 per cent of respondents favoured discouraging workers over the retirement age from staying in employment while over 40 per cent favoured active encouragement to remain in employment after retirement age. It is noteworthy that while only 36 per cent of those aged under thirty favoured the latter approach, 55 per cent of those aged seventy years and over did. Preferences did not vary with household income or education.

Table 12: Views on encouraging/discouraging people over the retirement age to remain in paid employment

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should be encouraged</td>
<td>36%</td>
<td>42%</td>
<td>45%</td>
<td>44%</td>
<td>55%</td>
<td>43%</td>
</tr>
<tr>
<td>Should be discouraged</td>
<td>20%</td>
<td>17%</td>
<td>26%</td>
<td>20%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Neither</td>
<td>42%</td>
<td>38%</td>
<td>25%</td>
<td>30%</td>
<td>21%</td>
<td>35%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Fixed retirement ages for particular categories of employee have been challenged in the courts in several countries in recent years and the appropriateness of a fixed retirement age is an issue that is frequently discussed in the media. Table 13 indicates that 56 per cent of respondents were opposed to having a fixed retirement age with those aged under fifty being particularly likely to be opposed. This age group also had a slightly higher personal preference for early retirement (34 per cent compared to 31 per cent of the total population) (Table 14). People with higher levels of education were most likely to oppose mandatory retirement: 61 per cent of respondents whose highest level of education was Leaving Certificate or higher compared to 52 per cent of those whose highest level of education was Junior Certificate were opposed to mandatory retirement.

Table 13: Views on mandatory retirement

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fixed retirement age is unfair to older workers who may wish to keep working past retirement age and have the right to do so</td>
<td>60%</td>
<td>58%</td>
<td>49%</td>
<td>55%</td>
<td>54%</td>
<td>56%</td>
</tr>
<tr>
<td>It’s better to have a set age for everyone so people know where they are and can plan</td>
<td>32%</td>
<td>32%</td>
<td>45%</td>
<td>39%</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>8%</td>
<td>3%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Table 14: Personal preferences for retirement age

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer to retire early</td>
<td>34%</td>
<td>34%</td>
<td>24%</td>
<td>10%</td>
<td>31%</td>
</tr>
<tr>
<td>Prefer to work beyond current</td>
<td>17%</td>
<td>21%</td>
<td>26%</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>retirement age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefer to retire at current</td>
<td>16%</td>
<td>17%</td>
<td>20%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>retirement age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It depends</td>
<td>27%</td>
<td>20%</td>
<td>12%</td>
<td>16%</td>
<td>21%</td>
</tr>
<tr>
<td>Already retired</td>
<td>–</td>
<td>–</td>
<td>5%</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>Not working for other reasons</td>
<td>3%</td>
<td>6%</td>
<td>12%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
<td>–</td>
<td>2%</td>
</tr>
</tbody>
</table>

The preference for early retirement varied according to education and income. Twenty three per cent of those whose highest level of education was Junior Certificate or below expressed a preference for early retirement, 34 per cent of those whose highest level of education was Leaving Certificate expressed this view as did 45 per cent of respondents with a university degree. Not surprisingly, a similar pattern emerged in relation to income: 11 per cent of those with a household income of €28,000 or less expressed a preference for early retirement compared to 22 per cent of those with an income from €28,100 to €55,000 and 39 per cent of those with an income above this level.

Gradual Retirement

Table 15 demonstrates that the vast majority of respondents across all age groups have a preference for some part-time work around retirement age, with 37 per cent expressing a preference for part-time work before and after the State retirement age. Only 12 per cent of respondents did not express a preference for any part-time work around retirement age.
Table 15: Personal preferences for part-time work

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time up to retirement age</td>
<td>21%</td>
<td>19%</td>
<td>23%</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Part-time after retirement age</td>
<td>21%</td>
<td>25%</td>
<td>30%</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>Both up to and after retirement age</td>
<td>37%</td>
<td>40%</td>
<td>28%</td>
<td>31%</td>
<td>37%</td>
</tr>
<tr>
<td>No</td>
<td>11%</td>
<td>11%</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>11%</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
</tr>
</tbody>
</table>

These findings are consistent with those of a Eurobarometer study conducted in October 2001. It found strong support for the proposal that ‘older workers should be allowed to retire gradually from work (e.g. to combine a partial pension with reduced work)’. Almost three quarters of people agreed (46 per cent slightly and 28 per cent strongly) while only 17 per cent disagreed. Support in Ireland was close to the EU average. Support was strongest in Denmark, Sweden and the Netherlands where partial pension schemes have already been enacted (Kohl, 2002). This suggests that the experience of such an approach to retirement may enhance its attractiveness.

Summing up, concerns about age discrimination in employment, particularly in relation to recruitment and training, were accompanied by strong support for legislation making such discrimination illegal. A mandatory retirement age is widely considered to be unfair to older workers; there is a strong preference for gradual retirement facilitated through the option of part-time work around retirement age.
### Table 16: Attitudes towards older people

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people are admired and respected by young people</td>
<td>55%</td>
<td>48%</td>
<td>51%</td>
<td>52%</td>
<td>62%</td>
<td>52%</td>
</tr>
<tr>
<td>People in their fifties should give up work to make way for younger people</td>
<td>9%</td>
<td>9%</td>
<td>15%</td>
<td>16%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Older people are too set in their ways and ideas</td>
<td>62%</td>
<td>53%</td>
<td>58%</td>
<td>55%</td>
<td>50%</td>
<td>56%</td>
</tr>
<tr>
<td>Older people are not willing to listen to young people’s views</td>
<td>46%</td>
<td>38%</td>
<td>46%</td>
<td>43%</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Older people should stand up more actively for their own rights</td>
<td>79%</td>
<td>87%</td>
<td>93%</td>
<td>95%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Older people and young people should mix together more often socially</td>
<td>79%</td>
<td>89%</td>
<td>88%</td>
<td>86%</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>All older people should be given reduced prices for things like gas, electricity, telephone and transport</td>
<td>90%</td>
<td>93%</td>
<td>91%</td>
<td>95%</td>
<td>99%</td>
<td>93%</td>
</tr>
<tr>
<td>These days older people are much younger in their ways</td>
<td>67%</td>
<td>86%</td>
<td>92%</td>
<td>95%</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>Society doesn’t recognise the contribution that many older people are still able to make</td>
<td>84%</td>
<td>86%</td>
<td>90%</td>
<td>87%</td>
<td>88%</td>
<td>86%</td>
</tr>
</tbody>
</table>

### Views and Preferences

In the closing stages of the interview, respondents were presented with three situations and asked how they would respond to them.
**Scenario One**
The first scenario concerned two women, both equally qualified to apply for a position as a secretary. Both were married; one aged 52 years and the other aged 24 years. Respondents were asked to whom they would offer the job, and why, if they were the employer. A significant minority, 42 per cent, opted for ‘it depends’ (Table 17). Thirty per cent would offer the position to the older woman and 24 per cent to the younger woman. Those aged up to 59 have a stronger tendency to offer the job to the older woman while those under the age of thirty are more likely to offer it to the younger woman. Is this a reflection of age identification?

**Table 17: Responses to Scenario One**

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would want to offer it to older woman</td>
<td>19%</td>
<td>37%</td>
<td>36%</td>
<td>26%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Would want to offer it to younger woman</td>
<td>32%</td>
<td>15%</td>
<td>25%</td>
<td>29%</td>
<td>34%</td>
<td>24%</td>
</tr>
<tr>
<td>It depends</td>
<td>45%</td>
<td>45%</td>
<td>35%</td>
<td>40%</td>
<td>33%</td>
<td>42%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Reasons for choosing the older woman revolved around a very limited number of themes. The most common response was that she was more likely to be settled and stay in the job. A substantial number of respondents also emphasised that the older woman was likely to be more reliable and mature. Less positively for other parts of the equality agenda, many respondents focused on the fact that the older woman would have fewer family commitments, she would not require maternity leave and would probably have reared her children by this stage.

Turning to those who would have offered the job to the younger woman, the most cited reason was that the younger woman would need the job more. Others stated that the younger woman would have more up-to-date skills, more energy and enthusiasm, and better health.

**Scenario Two**
The second scenario concerned a younger married man with three children and an older man aged seventy. Both had been on waiting lists for the same length of time and were equally in need of a heart bypass operation. Respondents were asked whom they would treat first if they were the surgeon. As Table 18 indicates, there was a clear majority in favour of treating the younger man first and the majority was greater for the 50+ years groups.
Table 18: Responses to Scenario Two

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger man</td>
<td>59%</td>
<td>61%</td>
<td>67%</td>
<td>68%</td>
<td>67%</td>
<td>63%</td>
</tr>
<tr>
<td>Older man</td>
<td>12%</td>
<td>5%</td>
<td>8%</td>
<td>7%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>It depends</td>
<td>20%</td>
<td>23%</td>
<td>15%</td>
<td>16%</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Scenario Three

Finally, respondents were asked how they thought most people in the Republic of Ireland would react if a close female relative in her twenties wished to marry a man in his fifties, and how they themselves would feel. The majority of respondents considered that most people would mind a lot or at least a little (Table 19). It is noteworthy that those aged under fifty were the most likely to think that people in general ‘would mind a lot’: 44 per cent of the 18-29 years group and 41 per cent of the 30-49 years group compared to 30 per cent of the 70+ years group. With regard to their own reactions, Table 20 shows that 44 per cent of respondents would not be concerned with those under the age of fifty being the least likely to be concerned. Respondents aged fifty years and over were more likely to have concerns but their attitudes were more muted than those they attributed to the general population in the Republic.

Table 19: Response of other people to Scenario Three

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would mind a lot</td>
<td>44%</td>
<td>41%</td>
<td>34%</td>
<td>36%</td>
<td>30%</td>
<td>39%</td>
</tr>
<tr>
<td>Would mind a little</td>
<td>20%</td>
<td>32%</td>
<td>33%</td>
<td>27%</td>
<td>24%</td>
<td>30%</td>
</tr>
<tr>
<td>Would not mind</td>
<td>21%</td>
<td>23%</td>
<td>23%</td>
<td>26%</td>
<td>36%</td>
<td>24%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5%</td>
<td>5%</td>
<td>10%</td>
<td>12%</td>
<td>10%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Table 20: Personal response to Scenario Three

<table>
<thead>
<tr>
<th></th>
<th>18-29 years</th>
<th>30-49 years</th>
<th>50-59 years</th>
<th>60-69 years</th>
<th>70+ years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would mind a lot</td>
<td>27%</td>
<td>27%</td>
<td>38%</td>
<td>37%</td>
<td>34%</td>
<td>30%</td>
</tr>
<tr>
<td>Would mind a little</td>
<td>24%</td>
<td>22%</td>
<td>24%</td>
<td>21%</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>Would not mind</td>
<td>45%</td>
<td>48%</td>
<td>36%</td>
<td>36%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

In summary, reactions to attitudinal statements on perceptions of older people vary in some instances according to age group of respondents but the overwhelming finding is one of positive attitudes towards older people. Views and preferences relating to particular scenarios vary according to age group but people of all age groups tend to perceive the general population as more age-conscious than themselves.

Conclusions

In conclusion, what do these findings suggest about ageism and attitudes towards older people in the Republic of Ireland? Attitudes to older people are overwhelmingly positive despite some differences in the strength of the attitudes according to age group. Yet, despite positive attitudes, there is an overwhelming perception that older people are treated less favourably because of their age and that the State does not do enough for older people. Clearly, the perception of the general population is that positive attitudes are not translating into positive policy outcomes for older people. Explanations for this anomaly can be suggested: services for older people have a low priority in the public policy framework or certain services, perceived to be problematic for all users, are those on which older people are heavily reliant, such as health and social care services. At a more fundamental level, is it due to the fact that despite positive attitudes towards older people other priorities take precedence in the expression of political preferences at election time?

This study points to widespread concerns about age discrimination in employment, particularly in relation to recruitment and training, and there was strong support for legislation making such discrimination illegal. This is also an area where general attitudes are not reflected in practice. There was strong support for the view that a mandatory retirement age is unfair to older workers and that gradual retirement should be facilitated through the option of part-time work around retirement age. These attitudes suggest a relatively favourable context for achieving the increased employment rate advocated in EU and OECD policy analyses. In particular they suggest a favourable context for increasing the employment rate of people aged 55 years and over, provided the approach includes the option of part-time work.
Overall, the data suggests a need and support for policies that implement equality for older people. This entails making an effective link between positive attitudes and policy choices.

References


Ageism in the Health and Social Services Sector in Ireland

Eileen McGlone, Director, QE5

Introduction

Older people with chronic conditions require more prolonged care, sometimes with no possibility of a cure. This can be frustrating for staff who work with older people and this frustration can impact directly on the quality of care that older people receive. Staff may display indirect discriminatory behaviour towards them.

Similarly, misconceptions about the ageing process can have a detrimental effect on healthy ageing (Grant, 1996). Walker et al. (1996) argue that ageist stereotypes underlie many of the services designed for older people with a disability, with the focus mostly on care and less on support of the older person to fulfil their potential.

Anecdotal evidence suggests that age discrimination occurs in health and social services in Ireland. To date, however, little research has been conducted into this issue. In order to tackle age discrimination, there is a need to identify and record its existence. The NCAOP, therefore, commissioned a programme of research to investigate health and social care service providers’ attitudes to older people and to investigate whether older people experience ageism within the health and social services; and, if so, to ascertain the impact of these experiences.

The research consisted of two parts: secondary research in the form of a review of published material; and primary research among health and social services staff and older people who are users of these services. In this paper we look at the findings of the primary research.

Programme of Primary Research

The primary research consisted of three elements:

- a postal survey of health and social services staff
- workshops with health and social services staff
- qualitative interviews with older people.
Postal Survey of Attitudes

We conducted a postal survey of professional staff in the health and social services sector across Ireland. The target population for this attitudinal assessment of ageism was any member of staff who, through their working capacity, came into contact with older people on a regular basis. The sample frame for the research included professional staff in the acute hospital sector, the community hospital sector and the primary care/community sector. Departments including Children’s Services and Gynaecology and Obstetrics were deemed ineligible for inclusion given their infrequent contact with older people. Of the 95,679 health service providers included on the Department of Health and Children Personnel Census of 2002, it was estimated that 70 per cent came into contact with older people on a regular basis. Therefore the target population was n=66,975 approximately. The desired sample size for the attitudinal assessment of ageism was 2,250 health service providers. This original sample requirement was stratified according to health board area and employment grouping on the basis of published employment figures from the Department of Health Personnel Census for 2002.

A process of consultation with health board CEOs and Directors of Services for Older People was then initiated to acquire personnel details against those target figures identified above. On the basis of information returned to the research team, 1,182 health service staff formed the eventual sample frame for the study. From the sample frame N=1,182 stratified quota sampling was further applied to the lists to identify 832 staff to whom postal questionnaires were issued while the remaining 250 staff on the lists were invited to attend round-table discussions. Of the 832 staff sent questionnaires, 698 completed returns. The response rate to the postal questionnaire was 84 per cent. Those who attended the discussion groups were also provided with an opportunity to complete the questionnaires and 128 staff availed of this opportunity. As a result, the overall sample size for the questionnaire was 826.

The survey questionnaire included questions from the Fraboni Scale of Ageism (FSA), a scale that has been used and tested elsewhere and found to be a valid and reliable measure of ageist attitudes.

Workshops with Health and Social Services Staff

From the original contact list of eligible staff we invited 250 to attend semi-structured round-table discussions. If a member of staff was unable to or did not wish to attend, a replacement of the same grade and from the same location was substituted. We held two workshops, each in a different location, within each health board area.7

Between 6 and 19 staff from each of a range of disciplines attended each discussion session; total attendance was 150. The purpose of these groups was to gather qualitative, in-depth data on the views and attitudes of staff working with older people. We posed the following questions in these sessions:

- do older people access healthcare as quickly as other patients?
- do older people receive the same quality of care as younger patients?

We also explored the nature and impact of organisational factors on the service provided to older people.

7 With the exception of the SHB area where a single discussion group in one location was requested, and the ERHA area where a bespoke workshop was held with medical students, house officers and registrars in Beaumont Hospital, Dublin.
Consultation with Older People

We consulted with 456 older people using individual face-to-face interviews, focus group discussions and telephone interviews. People were selected at random for this part of the research from a list of 800 who were in contact with health and social services (across the ten health boards) in the year leading up to the research. This contact included admission to hospital, out-patient clinics, primary care, day care and community care services. Participants indicated on a consent form which consultation option they preferred: focus group or individual interview.

Focus groups were held in day centres in four locations in each board area. Between 6 and 15 people attended each focus group, giving a total of 143.

Individual interviews were offered to older people in the form of face-to-face or telephone interviews. In total, 313 opted for this method of consultation. Face-to-face interviews were conducted with 233 older people in day centres, day hospitals, rehabilitation units and acute hospital settings. Semi-structured telephone interviews were conducted with eighty older people.

All older people, whether participating in the study through focus group or individual interview, were asked to provide demographic information regarding their age, gender, marital and accommodation status, health status and uptake/receipt of health and social services. This information is reported in quantitative format.

In these consultations with older people, we explored the issues of access to services, personal experiences, the impact of these experiences and what getting older means.

The Findings

Ageist Attitudes among Staff

The postal survey looked at overall ageist attitudes and at the three components that make up ageist attitudes according to the Fraboni Scale. These are based on Allport’s level of prejudice (1954) and Butler’s definition of ageism (1969):

- antilocution – the extent to which a person verbally displays dislike or hostility towards older people
- avoidance – the extent to which a person displays social withdrawal from older people
- discrimination – the extent to which a person displays prejudice towards an older person to the extent that they would segregate themselves from them or segregate older people from society in general.

Looking first at overall ageist attitudes, it appears that staff in the Irish health and social services do not appear to hold very ageist attitudes. The highest possible score on the ageism scale, meaning that the person or group holds very ageist attitudes, is 145; the lowest 29. Staff who took part in our survey scored 61.7. Comparing these scores to those of Fraboni’s original sample (undergraduates studying psychology or social welfare programmes; nursing and health care staff and services;
administration and management personnel from psychiatric hospitals, and health and educational institutions), Irish health and social services score significantly higher on the discrimination measure while on the antilocution and avoidance measures they score broadly the same.

There is also evidence that older staff members, those in the 56-59 years group and in particular the 60+ years group, are more likely to hold ageist attitudes on all measures than those in younger age groups. There is also a suggestion that ageist attitudes tend to decrease with middle age (from 36-45 years).

Older People’s Experiences of Health and Social Services

While many older people consulted complimented the care and attention received from health and social services staff, a similar number criticised the attitudes of staff and quality of care received. They spoke of being made to feel ‘dependent’, ‘grateful’, ‘in the way’, ‘a nuisance’, ‘stupid’ and ‘invisible’.

A significant number said they felt discriminated against because of their age. This was primarily through contact with individual staff, with a general feeling expressed of being ‘fobbed off’ because of their age. Many older people gave examples of having health complaints dismissed as part of the ‘ageing process’.

*Your conditions are seen as part of old age. You have chronic problems – they can’t cure them so they don’t bother.*

(Male, 80)

This was echoed by many staff: in their view older people were being prevented from receiving health and social care treatment on the basis of their age through the exercising of ‘value judgements’.

*Many GP’s won’t refer older people, they see complaints as part of [the] ageing process.*

(Public Health Nurse)

*At 80 years of age, they [GPs] go for symptom management rather than treatment.*

(Cardiac Rehabilitation Coordinator)

Sustaining the Stereotype

Our findings echo those of the King’s Fund (2001) that older people tend to be viewed by staff as a homogeneous group characterised by passivity, failing physical and mental health, and dependency. This stereotyping appeared to give rise to various forms of indirect discrimination. Examples include:

- failure to provide information or to consult with the older person. Over a quarter of the older people we spoke to felt that doctors are dismissive of them because of their age and that conditions or illnesses and their treatment are not explained adequately
- talking with families of older people rather than with the older people themselves about treatment and services
- characterising older people as ‘social admissions’ and ‘bed-blockers’. Staff referred frequently to this stereotype and some admitted to their ‘hearts sinking’ when they see an older person coming into a ward or A&E department.
Accessing Services

Access to services for older people is not only affected by prejudicial value judgements on the part of individual members of staff but by a range of policies and procedures that discriminate directly and indirectly against the older person. Issues raised included ‘condition prioritisation’, eligibility determined by age and geographic location, as well as barriers such as bureaucracy and lack of transport.

Participants spoke of health board policies that prioritised treatment: acute cases (those that can be ‘healed’), for example, have priority over chronic cases (those requiring maintenance and relief of symptoms) when it comes to physiotherapy services. Staff referred to explicit and implicit age limits for services; these seemed to vary between health board areas and included cardiac care, stroke rehabilitation and screening services. Staff felt that age limits were also used to determine the level of care provided for services including oncology and intensive care.

Both staff and older people felt that where they lived resulted in discrimination. They noted differences between and within health boards: community physiotherapy, for example, may be available to one older person but not to another living a few miles away because of a health board boundary. Many reported that the level of bureaucracy within the health service structure can make it difficult for older people to access the services they need. Many older people said they were confused by the structures, terminology and procedures used. Older people, especially those living in rural areas, highlighted transport (in particular, lack of public transport) as a barrier to accessing services.

Gatekeeping Due to Insufficient Resources

Insufficient resources can lead to gatekeeping practices, such as putting people on waiting lists, that indirectly discriminate against older people because they are disproportionately disadvantaged. Older people gave examples of those in their late seventies and early eighties being told they would have to wait between 10 and 18 months for services including ophthalmology, physiotherapy, orthopaedics, audiology and community occupational therapy.

A lack of resources was also noted in other areas. Staff commented on the lack of social workers for older people across the health boards. Indeed, only nine of the older people consulted (2 per cent) had received a visit from a social worker. Other services identified as suffering from a lack of resources, making them effectively unavailable in some areas to older people, included occupational therapy, speech and language therapy, chiropody and physiotherapy. Lack of chiropody in particular is seen as a major gap in service provision as it has a huge impact on the quality of life of the older person.

Constraints on services also have an effect on availability of equipment. Older people reported difficulties in getting mobility aids; many said that they had to buy their own walking aids, rails and, even, wheelchairs.

Staff identified Home Helps in most health board areas as ‘the saviours of care in the community’. They felt that this service often benefits older people most but is the least well-resourced. Where Home Helps are provided, many older people felt the amount of time given is very limited. Staff also spoke of the pressures that Public Health Nurses (PHNs) face, primarily due to a lack of resources and/or community support. This has the effect of creating a bottleneck in service delivery.
Screening and Preventative Services for Older People

Limited screening programmes, and health promotion and preventative work with older people were felt to be a deficit in current healthcare practice and constituted, therefore, a form of indirect discrimination. A number of staff believed that specific problems exist in relation to screening and preventative services, mental health services, and ophthalmic and audiology services. Many talked about the need for crisis intervention taking precedence over preventative work.

Independent Living

Without exception, staff across all health board areas identified a deficiency in community supports as a major gap in services for older people, as well as a key factor in older people being admitted to acute hospitals and being kept in acute beds for longer than necessary. Older people noted a lack of availability of community services or supports to enable them to stay at home.

The absence of community supports is also linked closely with a lack of accommodation choices for older people. This has a particular effect if their health and/or mobility deteriorates and affects their day-to-day activities. Some older people reported that they felt obliged to move in with family members due to decreasing health and/or mobility. Some are already in long-term residential care because they have no choice; there were no other options. Many feel that long-term residential care will be the only option available to them.

Community hospital beds are also scarce. A number of older people who are still active and independent said that they had put their names on the waiting list so they would have accommodation when ‘the time came’. It was noted that adaptations to people’s homes would make a significant difference in helping to maintain independence. It was also noted that the amount of paperwork involved in this often made it difficult to achieve.

Ethical Issues

Staff reported that they felt frustrated and disempowered in relation to protecting older people from abuse. The types of abuse referred to were psychological and/or financial.

There is much more protection for children. Older vulnerable people are neglected by the law. (Community Welfare Officer)

Do Not Resuscitate (DNR) orders were described as a ‘grey area’ by staff and there was evidence during discussions that there existed no clear understanding in relation to a defined policy in this area. This was also the case for Living Wills. This issue relating to DNRs and Living Wills is another example of direct discrimination: the wishes of the older person can often be ignored by medical staff if family members do not concur with the older person.

Older People’s Perspectives on Ageing

Approximately one in four of the older people (24 per cent) individually interviewed reported a positive view of ageing in that they were ‘happy and content’ and not unduly worried about ageing. These older people talked about active ageing, of having good social networks, of being prepared for retirement and of developing hobbies.
I am 82 and I live every day as it comes being a member of the local bridge, swimming and senior citizens’ clubs. I have little spare time and many good friends. (Woman, 82, lives alone)

Almost one in five older people (19 per cent) interviewed felt getting older was ‘okay’ so long as they retained their independence, which suggests that a significant level of positive attitude is closely interconnected with healthy ageing and self-sufficiency.

In three in five of the older people (58 per cent) interviewed individually, however, a perception of the ageing process as negative and unfulfilling was noted. This ratio broadly reflected that of the focus group discussions. Old age, as described by these older people, primarily represented the loss of the ability to do things that one used to be able to do, deterioration in health, loss of independence and loneliness. It was described to researchers on numerous occasions as ‘terrible’ and ‘awful’.

I think we are living too long. If you lose your independence you are better off dead. I would prefer to die than deteriorate. (Woman, 67, lives alone)

Loneliness and social isolation were issues for many older people. A number of those we spoke to rely on day centres or voluntary services such as senior citizens’ clubs as their only or principal source of social contact. Some older people talked of having gone for days without seeing anybody or having anyone to talk to.

Many older people also worried about a deterioration in their health and an increase in dependency.

I don’t have enough money to pay for a nursing home bed, if my health deteriorates I do not want to be a burden on my family, I would rather die. (Women, 75, lives with son and family)

When you are old you have to do what you are told and don’t be making a fuss. (Man, 79, lives with wife and son)

Many older people believed that there was nothing they could do about growing older and they felt that they had no control over their future. There was a clear perception of lack of choice, particularly in terms of accommodation, and that the only option available if they had health and/or social care needs was a nursing home.

The impact of negative experiences may well account for the decline in how positively older people view the ageing process. If ageism is experienced and internalised at an early stage it may result in older people effectively cutting themselves off from available supports and adopting a position of learned helplessness: a fatalist attitude with low expectations.
The broad aim of health and social service provision for older people in Ireland is to maintain older people in dignity and independence in their own homes for as long as is possible. As these findings have shown, however, access to service can be uneven and barriers to access have been identified which are having a significant impact on the quality of life of older people. It was generally perceived that if ageism is pervasive at Department level it tends to filter down through policies and practices. National standards, similar to those set out in the National Service Framework for Older People (2001) in the UK, are required to tackle ageism at every level. It is apparent that there is a need for specific policies on ageism where benchmarks can be set to assist managers to identify and eradicate ageism.

References


Second Session

Rooting out Age Discrimination in Health and Social Care: The English Experience

Chair: Martina Queally, Director of Health Promotion, SWAHB and Member, NCAOP
Introduction

We cannot get away from the fact that we are living in an ageing society. This is, however, something we should celebrate: more people are living longer, healthier lives.

As we grow older we become more vulnerable to illness and combinations of illnesses, and there may be far more to symptoms than meets the eye. Should we consider the special and complex needs associated with ageing when determining care? Yes. Should we consider age itself as a determinant of care? No. Age in itself should never be a determinant in decisions about access to investigation and treatment.

Tackling Age Discrimination

In the past, unfortunately, the complex nature of treating older people led many service providers to shy away from funding, planning for, developing and delivering services based on the needs of older people; services that younger people with less complex needs would not be denied.

In recent years, ridding health and social care services in England of age discriminatory practices and ensuring that older people get the same access to high quality and timely health and social care services as everyone else has been a central theme of our older people programme.

The National Service Framework for Older People

The National Service Framework (NSF) for Older People, launched in March 2001, recognised that age discrimination in accessing health and social care did exist. It went on to say that discrimination should not be tolerated and set out the actions needed to address it. Standard One of the NSF is dedicated to eliminating age discrimination. In the foreword to the NSF, Alan Milburn, then Secretary of State for Health, noted that:
It is true that services sometimes fail to meet older people’s needs – sometimes by discriminating against them. This NSF sets out a programme of action and reform to address these problems and deliver higher quality services for older people.

As a result, there is now a wider awareness of age discrimination. Local National Health Service (NHS) and local social services commissioners and providers are taking action to tackle it.

Evidence of Progress

Some significant progress has been made. NHS organisations have checked their written policies to ensure that they have no age bias. Only a few instances of discriminatory policies were found and action has been taken to change these.

Evidence of the new attitudes, together with some wider Department of Health initiatives, is already apparent. Hospitals, for example, are providing better access to some surgical specialities for older people. Between 2000 and 2002, for example, breast cancer surgery for patients aged 85 years and over rose by 13 per cent. During the same period, the number of coronary artery bypass grafts for those aged 65 years and over increased by 16 per cent, by 32 per cent for those aged 75 years and over, and by 65 per cent for the 85 years and over group.

Other Vehicles for Change

Fair Access to Care Services

Local councils have also been reviewing their eligibility criteria for adult social services. A policy guidance document called *Fair Access to Care Services* (FACS) was published in May 2002. It makes clear that when individuals’ needs are assessed, councils should not discriminate on the grounds of gender, ethnic group, religion, disability/ability, personal relationships or age. Similarly, eligibility for services should not be determined without reference to factors such as age; it is individuals’ needs and associated risks to independence that councils should focus on.

King’s Fund

In her paper, Ros Levenson covers the valuable work done by the King’s Fund on the identification and tackling of age discrimination in health and social care.

Benchmarking Tools

To enhance the work of the King’s Fund, the Department of Health has been developing benchmarking tools to help those responsible for commissioning or delivering services at local level to compare patterns of treatment and care at different ages with those in other areas.
Training Events

Training events on age discrimination have been held around England. The aim of these events has been to develop practical approaches to addressing age discrimination and to share learning. This is a key issue in England and these events have been well attended by all stakeholders: practitioners, managers and older people.

Conclusions

A Priority Issue

We have made a start but it is important that we continue to place age discrimination at the top of our agendas. At one end of the scale, age discrimination can lead to a loss of dignity and independence; at the other end, it may lead to abuse.

Older people are entitled to lead fulfilling, healthy lives like everyone else. To ensure that this happens effectively, all older people must have fair access to services. Older people and their carers should have the chance to express their personal preferences, wishes and aspirations. Their views should be taken account of in the services they receive.

Collaboration and Coordination

The Government or the Department of Health cannot and should not try to combat age discrimination alone. All stakeholders have a part to play. One of my key messages, and something that I think has led to an increased awareness of age discrimination and the effort to combat it, is the fact that agencies involved in commissioning and delivering services to older people have recognised the part that they must play. Moreover, different agencies are working together to ensure that older people regain access to better services.

At the heart of developing person-centred services that give equitable access, is the appreciation that older people and their carers know better than anyone else what is best for them, what makes them happy and healthy, what gives them security and satisfaction, and what detracts from their independence and dignity and so should be avoided. We recognised this when developing the NSF and it is something I hope we will all continue to encourage.
Auditing Age Discrimination in Health and Social Care

Ros Levenson, Independent Policy Consultant and Researcher and Visiting Fellow, King’s Fund

Introduction

The aim of this paper is to look at three important questions, how we have begun to address them in England, what we have achieved so far and what we hope to achieve.

The three questions are:

- How can we ensure that all our good intentions to root out age discrimination in health and social care are put into practice?
- How do we ensure that tackling age discrimination is given the priority it deserves and is seen to be an important aspect of our commitment to equality for all?
- How can we recognise when age discrimination is taking place? (This is an essential first step to doing something about it.)

In looking at these questions I have drawn on my work with the King’s Fund and on work done for the Department of Health. I have also drawn on my experience as a ‘champion’ in a London acute hospital.

Current Attitudes and Practices

In investigating age discrimination we needed to move beyond anecdotes. The King’s Fund’s early work on auditing age discrimination involved collecting evidence. We analysed reports over a ten-year period. This showed age discrimination was taking place throughout a range of policies and practices (restricted screening and access to surgery, for example, without clinical evidence to justify decisions).

We found that most managers accepted that age discrimination was happening, despite being unsure about how to define it, and could give examples from their area. As they were not under pressure to combat this discrimination, most were not doing much to tackle it. Help was needed, hence the guide Auditing Age Discrimination.
Standard One of the NSF, Rooting Out Age Discrimination, was a catalyst for looking systematically at areas where there had been concerns but little had been done to take stock of the potential issues and problems. The monitoring of the initial audit of policies by the Department of Health had focused minds on beginning the task. Few policies were found to be directly discriminatory but indirect discrimination and ageist attitudes and behaviours were more common.

How to Identify and Eradicate Age Discrimination and Prioritise Action

The age discrimination agenda seemed disconnected from other organisational imperatives. People in age discrimination scrutiny groups were working hard but often lacked confidence in what they were doing and questioned whether they could be doing more. There were, however, many examples of good practice. Active scrutiny groups reflected the enthusiasm and commitment of dedicated individuals.

Practical Tips

These involve:

- an approach to the scrutiny process
- how to identify age discrimination
- what to do to combat age discrimination.

The Scrutiny Process

We devised the following set of health checks for scrutiny groups who were auditing for age discrimination. These covered the following five areas:

1. work programme
2. attendance
3. meetings
4. support
5. taking action.

Scrutiny Group Health Check (1): Work Programme

- Is the group clear what its purpose is?
- Does the group have a clear programme of work, with identified leads and timetables?
- Is there a programme to address explicit policies, unthinking or insensitive provision of services, staff awareness, attitudes, behaviour, unwritten policies, custom and practice?
- Is the work programme reviewed at regular intervals?
Scrutiny Group Health Check (2): Attendance
- Has the group secured core members?
- Are all relevant local health and social care organisations involved?
- Do they attend regularly?
- Are the people from health and social care organisations of sufficient seniority to be able to be effective within the group?
- How has the scrutiny group addressed the possibility of tokenistic participation of older people and carers, and ensured that it moves beyond tokenism?

Scrutiny Group Health Check (3): Meetings
- How frequently does the group meet?
- How do you assess whether this frequency is satisfactory?
- Is the time of day suitable for all members including older people and carers?
- Is the venue accessible for all members including older people and carers?
- Is the venue seen as neutral and acceptable to all members?

Scrutiny Group Health Check (4): Support
- Does the scrutiny group have adequate administrative support?
- Do individual members of the scrutiny group receive support, as required, in order to maximise their effective participation in the group?
- Is training and development available to members of the scrutiny group to reflect both common and individual needs?
- Are older people reimbursed for their out-of-pocket expenses including travel and carer costs (if required)?

Scrutiny Group Health Check (5): Taking Action
- Has the scrutiny group reported in the annual reports of local health and social care organisations?
- Has the scrutiny group identified mechanisms for translating analysis into action?
- Is the scrutiny group aware of action that is planned or has been taken to root out age discrimination or aware of any barriers to doing so?
Effective Involvement of Older People

The involvement of older people in audits of age discrimination should be part of a strategy for patient and public involvement. General principles include:

- think about who you want to involve and why you want to involve them, and be explicit about this
- be clear about whether you are involving people for their personal experiences and opinions or for their links with a wider group of older people
- be aware of the diversity of 'older people': the needs and views of a sixty year old person may be quite different from those of a person aged 95. Race, gender, disability and area of residence may be relevant
- do not expect one person to represent the diversity of older people's views
- attend to the practicalities, such as suitable venues, transport and payment of expenses
- don't look for a single method to involve all older people
- go out to older people; don't expect them always to come to you.

Furthermore, involving older people should be part of an ongoing dialogue, not a one-off approach:

- offer background information and support to maximise the participation of older people
- communicate effectively about what has happened as a result of the involvement of older people
- identify resources to support the involvement of older people. It may not be very expensive but money and staff time will be required.

Identifying Age Discrimination

Age discrimination can take many forms:

- direct age discrimination occurs when people are treated less favourably on the basis of their age. Indirect age discrimination occurs when a group of people are treated less favourably for a reason other than their age and this treatment disproportionately affects one age group
- positive discrimination indicates that some provision may be reserved for older people or they have high priority
- multiple discrimination indicates that age discrimination can be compounded by other factors including race, gender and disability
- policies – an initial audit, though undertaken, might not have identified much
- custom and practice (harder to identify and usually the result of assumptions about older people’s capacity to benefit)
- environments including wards, day centres and other places where older people are cared for can sometimes be of lower standard than those used by younger people.

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8 As noted in the Introduction, this is not the legal definition as set out in Irish equality legislation.
Where to Look for Evidence of Age Discrimination

It is important to know where to look for evidence of age discrimination. Evidence can be found in:

- surgery statistics
- nationally collected comparative data
- inspection reports
- local research studies into, for example, facilities, staff ratios or skill mix in services for older and younger people
- information from older people (discussions in local fora and discovery interviews etc.), staff (focus groups and workshops etc.) and voluntary organisations (older people’s groups, minority ethnic groups and local faith groups etc.)
- observation (on the wards, in clinics etc.)
- complaints.

Simple questionnaires asking whether older people have suffered age discrimination have not been found to be very effective.

How to Judge Whether it is Age Discrimination

We identified ten questions which help to reach a judgement, of which the following are examples:

- Do age-related criteria in relation to specific health or social care services allow for some flexibility to reflect the needs of individuals? Enabling younger people with dementia, for example, to use specialist services that may be used mostly by older people or enabling an older person with learning disabilities to use services that primarily serve younger people provided that the services continue to be appropriate for the individual.

- Is there research evidence to support the effectiveness of an age-related model of service delivery? If so, what is the evidence and is it robust? Does it include research findings that are based on older people’s experiences? Were older people, for example, included in clinical trials on the effectiveness of medicines?

- Is there evidence of older people preferring an age-related model of service delivery? This might include special wards, day centres or other services used exclusively for older people. If so, what is the evidence and is it robust? Does it allow for different preferences among older people? Is the evidence reasonably recent in order to reflect changing views and values?

- Can age-related criteria be justified by organisational factors? These might include specialist services for older people with similar needs or the requirement to have a particular number of people in order to offer services or ensure an appropriate skill mix in the staff group.

If the answer to any of the main or subsidiary questions above is ‘no’, age-related criteria may not be justified.
Listed below are some principles we would suggest for making change happen:

- be explicit about priorities for change
- make clear recommendations for change
- identify areas where small changes can be made immediately, as part of a longer-term strategy
- build on sustainable, incremental improvements
- plan training and development that link awareness of age discrimination with planning for change
- link action to other relevant initiatives for change
- ensure that there are structures to link the scrutiny group with boards and councils responsible for resourcing and implementing change
- involve staff and empower them to make changes
- identify key people who can take action and be allies in making change happen
- be clear that tackling age discrimination is an ongoing process, not a one-off event
- learn from the experience of others.

Other Initiatives

We have received positive feedback on the use of the King’s Fund guide. There is now more awareness of age discrimination and greater efforts are being made to tackle it. There is, however, still widespread concern among older people, particularly about attitudes.

The initial impetus to audit and take action may have stalled somewhat in some areas but it is important to continue. We have found that the role of older people’s champions (outlined in the NSF document) is valuable and worth supporting.

Toolkit

The Toolkit for Older People’s Champions produced for the Department of Health is available to help non-clinical older people’s champions. It aims to give practical advice for non-executive directors, councillors and lay people acting as older people’s champions.

Age Awareness Week

We ran an Age Awareness Week at Whipps Cross University Hospital in Leytonstone, East London. It was the culmination of work to challenge ageism and age discrimination in one hospital. There was a series of linked events including advice and screening sessions, exchange of worn slippers, advice on falls prevention, talks on health issues, and question and answer sessions involving patients, carers, clinicians and managers. We invited wards and departments to submit details of what they were...

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doing or had done to improve services for older people. Our aim was to compile a Top 10 list: we arrived at a Top 100.

The Awareness Week was a catalyst for change; it helped to get staff to discuss and think about tackling age discrimination and improving quality.

References


Final Session

Developing the Age Equality Agenda in Ireland

Chair: Cllr Éibhlin Byrne, Chairperson, NCAOP
The Status of Age Equality and Non-Discrimination in the EU

Richard Baker, Chair, Non-Discrimination Expert Group, AGE

Introduction

In discussing the current status and future trajectory of age equality and non-discrimination in the EU it is important to recognise: firstly, the context in which these issues are being addressed is economic and is driven by a concern about the effect of ageing populations; and secondly, the European Council, the authority responsible for decision-making on discrimination and equality, must agree to act unanimously and it operates by following proposals from the European Commission. It is important to understand this when considering where future developments and opportunities for influence might lie.

Present Situation

In its 1999 Communiqué, Towards a Europe for All Ages, published to coincide with the International Year of Older People, the European Commission brought together its thinking on ageing and identified four key issues for action:

- enhancing the participation of older people in employment and productive activity
- dealing with the discrimination faced by people of all ages
- improving the health of older people
- addressing issues of sustainability of pensions and social protection systems.

Employment

European institutions identified the ageing of our population as a challenge some time ago. In the context of boosting economic growth and enhancing employment and inclusion, the issue of under-employment of older workers has been frequently raised. The EU Council of Ministers agreed in Lisbon in March 2000 to set targets to increase both participation levels of older people and the age of departure from the workforce as part of its strategy to address employment and growth.
Health and Pensions

Member States have also recognised the importance of ageing in the areas of health and pensions. Legal authority for action on pensions and healthcare, however, does not rest at European level but is covered by the notion of subsidiarity and is, therefore, the responsibility of Member States. European action is restricted to the ‘open method of coordination’, whereby the European Commission brings Member States together to collaborate and share practice with the intention of improving consistency of approach.

The EU has agreed common objectives in the area of pensions under three headings:

- safeguarding the capacity of systems to meet their social objectives
- maintaining their financial sustainability
- meeting changing societal needs.

Member States will report on their national pensions strategies in 2005.

The European Parliament adopted a resolution in March 2004 that proposes to extend the open method of coordination to the area of health and long-term care. The European Council agreed these proposals in October 2004. The main areas that the open method of coordination will look at are:

- universal access
- fairness and solidarity in healthcare
- financial sustainability.

The Commission will take a first look at these issues across Member States and report to the spring summit in March 2005. We at AGE are working, and will continue to work, to ensure that ageing is given due weight in these discussions.

Discrimination

European institutions have pursued the notion of an inclusive Europe free from discrimination since the 1957 Treaty of Rome. Article 13 of the 1997 Amsterdam Treaty agreed powers for the EU to address age discrimination and promote diversity through legislation. Article 13 proposals must be agreed unanimously in the Council: that is, the governments of the Member States must agree to act together.

In 2000, the Council of Ministers agreed to a package of measures designed to enhance the rights of people across the EU. The package consisted of two Directives and an Action Programme to support implementation.

The two Directives were the Race Equality Directive (known as the Race Directive) and a framework Directive on equal treatment in employment and occupation (known as the Framework Employment Directive). The Directives supplement existing EU legislation on gender issues.

The Directives are required to be transposed into national law by 2 December 2003. In the cases of the disability and age provisions of the Framework Employment Directive, however, a further three years until December 2006 is allowed for the transposition. The ten new Member States were
required to have adopted the two Directives as part of the *acquis communautaire*, the entire body of EU law, when they joined in May 2004.

**Race Directive**
This bans discrimination on the grounds of racial or ethnic origin in the areas of employment and training, and in areas that can broadly be described as goods, facilities and services which include education, social security, healthcare, and the purchase and renting of goods and housing.

**Framework Employment Directive**
This bans discrimination on the grounds of disability, religion, sexual orientation and age in the areas of employment, occupation and training.

**Action Programme**
This promotes practical measures to combat the discrimination banned by the two Directives by supporting projects which, for example, promote awareness of rights and responsibilities or seek to influence attitudes and behaviour.

**The Framework Employment Directive and Age Discrimination**
The Framework Employment Directive defines five forms of discrimination:

- direct discrimination, which indicates that one person is treated less favourably than another because of their age
- indirect discrimination, which indicates that a person suffers due to an apparently neutral provision which puts them at a disadvantage
- harassment, which indicates that conduct takes place which degrades or violates the dignity of an individual
- instructions to discriminate
- victimisation.

It bans discrimination in the following four areas:

- access to employment, self-employment and opportunities for promotion
- access to vocational training and guidance and to work experience
- terms and conditions of employment, including pay and dismissal
- membership of trade unions and professional organisations and subsequent benefits.

The Framework Employment Directive also includes three Articles which set out circumstances where *prima facie* (at first sight) discrimination can continue. It is here that complex debates continue as governments seek to implement the Directive. These Articles are:

- Article 7 of the Directive, which provides governments with the opportunity to adopt positive action to help disadvantaged groups including specific age groups
- Article 4, which covers Genuine Occupational Requirements (GOR) and indicates that a job is such that it genuinely requires a candidate with specific characteristics. This provision is made in all European discrimination law. It is more difficult to conceive of circumstances in the area of age where a GOR can truly be identified than in the areas of gender or race
Article 6, which provides governments with the facility to exempt certain actions by employers and governments from being defined as illegal even if they are clearly discriminatory. This is the most important part of the Directive for determining the levels of protection from age discrimination from which workers can benefit. The Directive suggests criteria which governments may focus on when defining an exemption: if there are, for example, ‘legitimate employment policy, labour market or training requirements’. Employers who want to use exemptions, however, must be able to justify them as reasonable and necessary. This is a demanding test and one that will be explored in many employment tribunals. The debate over the implementation of this Article has been protracted in many States and I anticipate that the legal cases testing the transpositions will be even more protracted.

Beyond the legal details of the Directive, there are also important requirements placed on governments to consult stakeholders, including non-governmental organisations (NGOs), and raise awareness among people and organisations with rights and responsibilities under the law. Unlike the race and gender legislation, however, the Framework Employment Directive does not require governments to set up a body such as The Equality Authority to promote awareness and advise individuals.

There has been much concern expressed by age sector organisations, including AGE, about the Framework Employment Directive. When the original negotiations were taking place, age sector NGOs were dissatisfied that the legislation was to be restricted to employment and training when it is known that older people also face discrimination in other areas including healthcare, housing and financial services. We were also concerned that the drafting of Article 6 in particular would provide loopholes that would blunt the effectiveness of the Directive; we worked hard to eliminate these as far as we could. This being said, we are also clear that, if effectively implemented, the Framework Employment Directive offers the following significant gains for older people:

- it offers an opportunity to promote awareness of age discrimination, a form of discrimination which is barely recognised in Europe but which was first banned in Canada in 1964 and in the USA in 1967
- it positions age alongside other forms of discrimination and presents an opportunity to develop a broader, more positive approach to equality and diversity which recognises the complexities of identity experienced by most people
- it provides a platform to raise wider issues including those linked to goods and services, housing and images of older people
- it begins to deal with the under-employment of older people, a key issue within European economy
- it bans age discrimination in job advertisements and recruitment, training and development, retirement, pay and promotion.

Response of National Governments

Critical to achieving the changes which underpin the Directive is the response of national governments. There are three elements to this (what we at AGE call the ‘Triangle of Activity’) which need to be coordinated and integrated: legislation; culture change; and support services. Firstly, having agreed to the legislation, it is our view that governments must transpose and enact the Directive effectively. Secondly, age discrimination is ingrained within European culture. It is therefore
necessary to promote awareness of it in order to affect a culture change among employers, employees and the wider community. Finally, support services (information, advice and legal support) are needed to ensure that individuals can benefit from their new rights and employers can change their policies and procedures to enable them to act in an age-neutral way. The mechanisms for delivering these support services may be formal bodies funded by government but information must also be embedded in wider society within NGOs, the media and other organisations.

AGE is monitoring the progress made by governments in delivering on these tasks. In December 2003, the implementation date for the Directive, we presented a report to the European Parliament summarising our review of progress made: we found progress to be inadequate.

Four governments, including the Irish Government, reported complete transposition by the deadline. Three had formally requested extensions. Of the other eight, some were making progress but had neglected to request an extension. Others had made no progress; this group included the German Government whose Chancellor was publicly unenthusiastic.

Of the four who had reported transposition, AGE was sceptical about the approaches of the French and Italian Governments. Their approaches involved a technical transposition of labour laws without the wider processes of engagement and raising of awareness required by the Directive.

Among those who failed to transpose or inform the Commission on time, we observed interesting developments. In Belgium and Sweden, for example, governments were looking at broader approaches than the simple transposition of the Directive. As in Ireland, the proposed Belgian legislation, which is now in place but delayed until 2006, deals with goods, facilities and services as well as employment.

AGE will publish a further report in December 2004 updating its assessment of the 15 old Member States and reporting for the first time on the ten new Member States. Also in December 2004 we will publish a report on age discrimination beyond employment. While the EU agenda does not extend into this area, at least on the age ground, we are familiar with the experiences of older people with whom we work. They tell us, for example, about discrimination in healthcare, the insurance industry and the media. We are aware that outside Europe, in the USA, Canada and Australia, legislation exists in these areas. In its recent Green Paper on the future of equality action, the European Commission was cautious in its proposals for further work on these broader age issues, acknowledging the issues but proposing to focus on the Framework Employment Directive. While this may reflect political realities, we believe that it is right that European institutions, at the very least, build the evidence base about real people’s experiences. A failure to do so would suggest that not only have we yet to address underlying discriminatory attitudes against people on the grounds of age but that we are also unwilling to include older people fully in European society.

Conclusions

If our society is willing to continue to allow discrimination on the grounds of age, it is a strong indication that we have yet to come to terms with our changing demography. Older people will be critical to the economic and social development of Europe, as consumers, contributors and citizens.
So what can those of you working on this issue in Ireland take from and contribute to the current situation? I would like to bring your attention to the following five issues.

- **The Framework Employment Directive has put age on the equality agenda to a greater or lesser degree everywhere.** Member States, however reluctant, must now consider age equality in the field of employment and provide older people with new rights. For NGOs and others working to promote age equality this provides an opportunity to promote rights, encourage people to use them and engage with governments and employers to promote change.

- **While transposition of the Directive is variable, there is good practice in transposition and in moving beyond the limits set out within the Directive.** This offers an opportunity for learning across the EU and, over time, of levelling up by example. One mechanism available will be the use of case law; jurisprudence in one Member State can have an impact directly or indirectly across the whole EU. The monitoring of and reporting on good practice and strategic use of case law will be important tools in making further progress. In Ireland, you have an important role to play in both of these.

- **It is not sufficient to rely on further action emerging from the EU.** Decision-making on Article 13 requires unanimity and the text of the EU Constitution does not change this. Member States, and in some cases regional authorities, not only transpose EU laws, they can also undertake cultural change activities and provide services and support. If there is to be further legislative development, it will, of course, need agreement from governments. It is important to ensure that comprehensive action is promoted at national level and that there is contact between organisations working in Member States to share information and practice. AGE will play its role in monitoring development, producing information and stimulating coordination but it will also require proactive involvement at Member State level. Again, colleagues in Ireland can play an important role in this regard.

- **We need to articulate our concerns about discrimination against individuals both in the field of employment and beyond.** We also need to articulate a broader case, showing the economic and social benefits of age equality. The time is right for this as Europe ages and older people become increasingly numerous. It is important to emphasise the role that older people have as consumers of goods and services, contributors to society and as citizens with rights, aspirations and votes. This should ensure that the Framework Employment Directive is only the beginning. It is in the economic and social interest of Europe to break down the barriers faced by older people and we need to make this case.

- **Finally, we in the age sector and our colleagues from the other equality strands have much work to do to move the debate on and deepen understanding and awareness of equality issues.** We must recognise the complexity of identities of individuals and promote a proactive view of equality and diversity which values people, whatever their characteristics. As Europe becomes increasingly diverse and the single market and enlargement lead to greater movement of people within the 25 Member States, the need for a comprehensive response to diversity increases. Ageing is an interesting issue in this regard. It is the one characteristic that everyone shares, although experiences and transitions are different and individual. It has been suggested that ageing can therefore serve as a unifying equality theme connecting all parts of our society. We must explore the role of ageing in more detail and bring together people from all age groups and backgrounds to plan a better response to our increasingly diverse life-course.
Implementing Equality for Older People

Niall Crowley, CEO, The Equality Authority

Introduction

In 2002, The Equality Authority produced a report called Implementing Equality for Older People. This report, which sets out a comprehensive equality strategy for older people, was prepared by a committee that brought together organisations of older people, employers, trade unions and the state sector.

Initially there was some debate within the committee as to the need for such a strategy. Arguments against suggested that the diversity of older people militated against a single strategy; that an equality strategy for older people might depict older people as victims or as dependent on charity; and that a strategy was not necessary: all that was needed were a few improvements.

The debate, however, moved on and established that while older people are a diverse group they do share experiences and situations. Rather than a focus on charity it looked to a rights-based strategy and noted that there were, in fact, significant deficits in provision for older people.

In other words, there was a need for a coherent and comprehensive equality strategy for older people on the basis of:

- our emphasis as a society on the value of youth and youth culture
- the need to challenge ageist behaviour and attitudes
- the exclusion of older people due to ageism and institutional practices
- the need for positive action to address the needs of older people, repair a history of exclusion and create conditions for full participation
- the importance of services for older people that enable them to participate actively in society
- the particular needs of those older people who have a disability or who are in a vulnerable situation.

The Implementing Equality for Older People report provided a useful definition of ageism. Ageism involves an interlinked combination of individual attitudes, institutional practices and relationships. Individual attitudes can reflect stereotypes of older people as dependent, in decline or marginal.

Ageism is practised not only by individuals but also by organisations. This is what is referred to as ‘institutional practice’. This is manifested in a range of ways including:
the use of upper age limits

a failure to take account of the situation, experiences or aspirations of older people when making decisions and allocating resources

inadequate provision for the needs of older people

the segregation of older people as a result of the lack of real choice to remain within their communities.

These sorts of institutional practices are shaped by individual attitudes and vice versa. This mix of institutional practices and individual attitudes can lead to ways of relating to older people that can be characterised by abuse, neglect, dependence and being patronised.

The report has been well received by the social partners through the NESF and by a range of Government Departments and State agencies. We must now move from consideration of the report to implementation of the strategy.

Age Discrimination

To put the equality strategy into action we first need to eliminate age discrimination. The case files of The Equality Authority provide valuable evidence of the discrimination experienced by older people and therefore of the nature and size of this task. At the heart of many of these cases is the issue of stereotyping, that is, of holding the view that an older person’s capacity, ambition and aspirations are defined solely in terms of their age. This notion is deeply embedded in our culture. It gives rise to discrimination and is a driving force for ageism.

Examples of Discrimination from the Case Files of The Equality Authority

Employment

In 2003, approximately one in ten (9 per cent) of The Equality Authority's case files under the Employment Equality Acts 1998 and 2004, which outlaw discrimination in the workplace, related to the age ground. These almost exclusively involved older people. The issues covered reflect the particular difficulties faced by older people who seek to participate in the labour market. They included claims of discrimination in relation to job advertisements, interviews, promotion and working conditions.

Job advertising including age restrictions has been an ongoing focus. A successful case against Ryanair highlighted the discriminatory nature of a job advertisement that sought ‘a young and dynamic professional’. Another case, Dunbar v. Good Counsel College, raised the issue of promotion. It found that Mr Dunbar was discriminated against because date of birth was used to determine seniority, resulting in the appointment of the older candidate, when both candidates had been considered equally suitable for promotion. In another case, a firm of solicitors was found to have discriminated against a woman who was told she was being made redundant because it had been ‘decided to take on a young girl who could be trained to do her job’.
Provision of Goods, Services, Education and Accommodation

In 2003, approximately one in ten (9 per cent) of the case files under the Equal Status Acts 2000 to 2004, which ban discrimination in the provision of goods and services, education and accommodation, related to the age ground. These involved both older and younger people. The issues raised included the use of age limits to exclude older people without any consideration given to the particular circumstances of the person involved. They included claims of discrimination in relation to access to insurance provision, licensed premises and public services.

In the case of Jim Ross, Sun Alliance was found to have discriminated against him in refusing to provide motor insurance purely on the basis of his age. The company did not quote for new business for people aged seventy or over. In another case, the Q Bar was found to have discriminated against a man aged 72 when it refused him access to the bar because of his age.

Challenging Discrimination

Legislation

Discrimination can be challenged by our equality legislation. As Richard Baker points out in his paper, we lead the EU with the inclusion of an age ground in the Employment Equality Acts and Equal Status Acts. This legislation has contributed to positive change in three ways:

- it provides a means for individuals to challenge their particular experiences of discrimination
- it serves as a stimulus for employers and service providers to have regard to equality in providing employment or services to older people
- it focuses our attention as a society on ageism and the need to combat this form of discrimination.

Advocacy

Legislation alone, however, is not enough. It is important to ensure that there is an effective range of supports in place to enable older people to make full use of the protections offered by the legislation. The Equality Authority has a role to play in providing legal advice and representation to claimants under the legislation. Criteria established by the Equality Authority prioritise cases that have a strategic impact or an effect that goes beyond the individual claimant. The Equality Authority is not in a position to provide legal advice and representation in all cases under the legislation. In this context it is important that other sources of support are available to claimants.

The trade unions play a valuable advocacy role in relation to workplace discrimination. More recently the community sector has begun to play a valuable advocacy role in relation to discrimination in the provision of goods and services. Community advocacy has an important role to play in ensuring that the equality legislation makes its full contribution to challenging ageism.

Community advocacy could involve older people’s groups in:

- providing information, advice and support to older people who have experienced discrimination
- promoting an awareness of the equality legislation, its coverage of older people and successful cases among local service providers and employers
- stimulating debate about the equality legislation, its importance and how it might be evolved to best respond to the needs of older people.
To do this effectively requires adequate resources. It is important that we work together to secure these resources and advance community advocacy as a source of support for older people. It is key to the effectiveness and potential of the legislation. It does, however, pose new challenges for community organisations and demands innovation and creativity. It could, therefore, usefully provide a focus for further debate.

**Institutional Practice**

Equality legislation is an important starting point in challenging ageism. To accompany it, employers and service providers need to change their practice. This change should involve more planned and systematic approaches to equality with a more proactive approach to including an equality focus in decision-making, policy development and programme design.

Planned and systematic approaches to equality ensure an equality dimension within all the systems, policies, procedures and practices of an organisation. Equality should be mainstreamed or integrated into the human resource, customer service and business planning functions. This mainstreaming or integration should be built on an equality infrastructure. This infrastructure should consist of five ‘pillars’:

- equality policies that focus on older people and establish the organisation’s commitment to combating discrimination and promoting equality for older people as employees and customers
- equality and diversity training that builds awareness among staff about ageism and how to combat it, and that develops skills among key staff to effectively manage age diversity and promote equality
- equality plans that establish equality objectives for the organisation and the steps required to meet these. (Plans should take advantage of the new ‘positive action’ provisions of the Employment Equality Acts that allow the pursuit of full equality in practice for older people; they should be evidence-based, developed on foot of a review of the experience and situation of older people as employees and customers and a review of institutional policies, practices and procedures)
- a designated staff member or wider committee responsible for advancing equality objectives within the organisation
- fora or meetings that allow for a dialogue between the organisation and older employees and customers about their specific needs and how best to meet these.

**Equality Proofing and Age Proofing**

This planned and systematic approach to equality, encompassing strategies to build an equality focus into decision-making, policy development and programme design, should focus on all nine grounds covered by the equality legislation alongside this specific focus on older people. This is known as equality proofing and age proofing should sit within this.

Age proofing involves testing out new policies, new programmes or important decisions for their impact on older people and for their capacity to achieve equality for older people. To do this involves:

- gathering relevant data on the experience and situation of older people
- talking to older people and their organisations about the issues concerned
- assessing the capacity of the decision, policy or programme to take account of age diversity and identifying any changes that are required to ensure a positive impact on older people.
Such an exercise, often quite simple, can quickly eliminate the potential for discrimination and can secure best use of resources in terms of their capacity to be used by and benefit people of all ages.

Changes to Legislation

Equality legislation, with its prohibition of discrimination, helps this organisational change to take place. The Equality Legislation must go further, however, to make sure that this change happens consistently and with an ambition for equality across all organisations. The Equality Authority has recommended a further development in the equality legislation to achieve this: the introduction of ‘positive duties’ on employers and service providers to be proactive in promoting equality.

A positive duty on the public sector, for example, could draw from the experience in Northern Ireland and require public sector bodies to have due regard to equality in carrying out their functions. This involves preparing equality schemes and conducting equality impact assessments on key policies.

An example of a positive duty on the private sector could draw from the amended Equal Treatment Directive of the EU. The Directive requires Member States to encourage employers to be planned and systematic in their approach to gender equality. Organisations could be required to prepare equality policies, conduct equality and diversity training, and produce equality action plans.

Investment

Legislation and institutional change also need to be accompanied by new investment in older people. While older people should be in a position to benefit from all mainstream public expenditure, expenditure targeted at older people is also required to meet needs specific to older people and to address the legacy of past exclusion.

We have identified three key areas for new investment in older people: income maintenance; health and community services; and lifelong learning.

Income Maintenance

Work, in terms of current work or the accumulation of pension rights while working, is a key determinant of income. In the past, choices were made which clearly preferred one generation to another as older workers were encouraged to leave the workforce early. Intergenerational equity requires that those who were displaced from the workforce should now benefit from an adequate income. There is a heavy reliance among older people on social welfare pensions and there must be a particular focus on these in order to ensure adequate income. The recommendations of the National Pensions Policy Initiative are important in linking such payments and their growth to a percentage of average industrial earnings.

Health and Community Services

Community services have a key role to play in ensuring the continuing presence and participation of older people in their local communities. These services are unevenly distributed around the country and are inadequate to meet demands. In such a context we have recommended that community care services be underpinned by a clear legislative entitlement for older people alongside dedicated funding to ensure this entitlement is delivered. This would cover home help services, night sitting services, respite care, day care and social activity centres, social work services, and community and domiciliary paramedical services.
Long-term care is another area of importance for some older people. There is a need for clarity regarding entitlements and for core standards of provision to be established and monitored. This should be reinforced by an independent advocacy service for older people who are thinking about entering long-term care provision.

**Lifelong Learning**
Finally, lifelong learning needs to be a focus for investment in older people. Access for older people to education and training opportunities is important to facilitate participation in society and in the economy; to secure access to cultural activities and sustain and develop the individual person; and to ensure an awareness of one’s rights and a confidence in asserting them where necessary.

Older people have the same right of access to education and training as all other adults. There can, however, be hidden barriers for some older people including low levels of educational attainment, low literacy levels, lack of confidence and teaching approaches that alienate older people. Investment could usefully be made in effective information provision for older people on education and training opportunities, and in tailoring education and training opportunities to meet the specific needs and aspirations of older people.

**Participation**
We have noted that implementing equality for older people requires effective equality legislation, institutional/organisational change and new investment. These can usefully be accompanied with strategies to include older people and their organisations in the decisions that must be made.

Older people’s organisations at national and local levels have a key role to play in this decision-making. Working with these organisations is an effective way of identifying and articulating the specific interests of older people. This, however, is no easy task. Participation in decision-making demands significant time and effort; it requires skills in negotiation and policy development; and systems of accountability to identify the core issues for older people and renew this agenda on an ongoing basis. New platforms can be exploited for organisations to come together to pool ideas, strategies and agendas for change. This requires resources and it is harder to get resources for participation than for the provision of a service. Yet such resources will be crucial if older people’s organisations are to continue this important role to good effect long into the future.

**Conclusions**
In conclusion, it is important to highlight that equality for older people must be equality for all older people. Older people are a diverse group, in terms of gender, ethnicity, sexual orientation, ability/disability, family status, marital status and religion, and this diversity needs to be taken into account if the equality strategy is to be effective. It is important to review the equality strategy for its capacity to take account of this diversity. The legislation is a useful starting point with its coverage of nine different grounds: older people are covered specifically by the age ground but also as members of the other eight grounds.

Institutional or organisational change will require an equality infrastructure that integrates a focus on older people within the wider nine ground equality focus. Likewise, age proofing needs to be
developed as an integral part of equality proofing. Investment in services targeted to older people must reach and be relevant to all older people. Finally, participation that brings to the fore the voices and perspectives of older people must reflect both the diversity and the specific perspectives of particular groups of older people. This demands solidarity between older people and their organisations and other groups experiencing inequality. Solidarity must be reciprocated as these groups take account of age diversity among their members. This solidarity is good for equality as it mobilises and links a diversity of minorities into a stronger voice for change. It is good for a society that thrives on the participation of all its members, young and old.
Conference Conclusions and Priorities for the Future

Bob Carroll, Director, NCAOP

What is Ageism?

Robert Butler, who coined the term, said that the underlying basis of ageism is the dread and fear of growing older, becoming ill and dependent, and approaching death.

As we heard this morning from Loretta Crawley, ageism is multi-dimensional: affective, cognitive and behavioural. It encompasses negative feelings and prejudices against older people, stereotyping of them and discrimination against them.

The old are often portrayed as conservative, set in their ways, cranky, feeble-bodied and feeble-minded. These stereotypes are increasingly contested by the organisation Age and Opportunity and others who promote positive attitudes to ageing and older people. More insidious perhaps is the increasing use of terminology implying a threat to society from the older population generally. Examples emerging from the pensions, insurance and medical industries include:

- the ageing crisis
- the demographic time bomb
- the burden of ageing
- bed-blocking.

As indicated at our last conference, to characterise population ageing as a crisis and a burden is ageist, not only because it devalues the triumph of increasing life expectancy, but also because it threatens intergenerational solidarity and a society for all ages.

Does Ageism Exist in Ireland?

Terminology such as ‘the burden of ageing’ and ‘bed-blocking’ quickly projects onto older people and facilitates negatively differential treatment of them in employment, education, pensions, health, social care, insurance and other services particularly important to them.

But does ageism exist in Ireland? It is pretty clear from the papers presented by Síle O’Connor and Eileen McGlone that indeed it does. Among respondents to the ARK Survey, there was a widespread perception that older people are generally treated less favourably in our society because of their age.
Older people who internalise pejorative ageing terminology and negative stereotypes are more likely to accept being treated less favourably because of their age. There is evidence to suggest that older people are more accepting of negatively differential treatment than younger people.

Eileen McGlone’s study provides important evidence on the nature and extent of ageism in our healthcare services as attested by 456 older people using the services and 976 staff from all round the country involved in the provision of health and social care services at all levels. While the majority of older people consulted felt that they had no difficulties with the quality of care they received from staff within health and social services (including 53 per cent of those individually interviewed), there was strong evidence of negatively differential treatment of older people in the services because of their age or because of their conditions, particularly if chronic. Over a quarter of the older people interviewed, for example, felt that doctors were dismissive because of their age and that their conditions/illnesses were not explained adequately to them.

It is clear from Eileen’s presentation that within our health and social care services institutional practices and policies exist that fuel the stereotypes about older people, reduce their opportunity for life satisfaction and undermine their personal dignity.

There is a general perception among staff that, while the motivation and will is there to recognise the changing needs of an ageing population, there is a lack of implementation in terms of the necessary structures, systems and resources. Some staff pointed to the paradoxical policies of patient-centred care against performance monitoring using indicators that do not take into account personal interaction as a productivity or quality measure. The absence of integration of services under the health system is also felt to be discriminatory to those older people with complex health and social care needs (Butler).

There are some other very important messages on best practice in healthcare services provision to older people arising from Eileen’s presentation. These include:

- take time to assess patients properly
- recognise important losses associated with ageing
- confer not only with care givers but directly with patients
- do not dismiss symptoms as being due to old age
- do not delay treatment for chronic or other conditions
- recognise that positive enforcement improves health and general well-being
- include the over 65s in clinical research
- promote research on topics relevant to the oldest old.

**Rooting Out Age Discrimination in Health and Social Care**

To confront an endemic problem of this kind, however, more than counsels of good practice are required. In the first instance, ageism must be understood, recognised and accepted as a national
problem. Hence the public awareness campaign, Say No to Ageism, which the partners supporting it see very much as only a first step. Awareness of ageism must begin among policy-makers and those who manage services of critical importance to the welfare of older people, including the health and social services. We must look to them to develop and implement strategies to combat ageism in their sectors.

The organisers of this seminar count themselves most fortunate that Craig Muir from the UK Department of Health was able to brief us on Standard One of the NSF for Older People, Rooting Out Age Discrimination. We have much to learn from this strategy, not least that it demonstrates a recognition of the problem and a vision and determination at departmental and senior health services management level to ensure that older people are never unfairly discriminated against in accessing NHS or social care services because of their age. This must also happen in this country.

Acknowledging ageism and age discrimination in health and social care services is one thing; doing something about them is another. Here, too, we are fortunate to be able to learn from the experience of auditing age discrimination and tackling it at management and grassroots levels in England, as described by Ros Levenson. The King’s Fund guide and the Toolkit for Older People’s Champions will undoubtedly be important leads for us to follow in our efforts to address ageism in general and age discrimination in particular in our health and social care services.

Developing the Age Equality Agenda


We look forward to AGE’s December 2004 report which will look at evidence of age discrimination beyond employment. We also note the importance of last week’s European Council decision to look at universal access, and fairness and solidarity in healthcare as part of the open method of coordination in the field of health and long-term care.

Niall Crowley of The Equality Authority gave us a comprehensive briefing on the current status of recommendations made in Implementing Equality for Older People. While it is clear that some progress has been made, particularly on the legislative front, much remains to be done in addressing upper age limits where there is no justification for them, and in implementing the recommendations made on policy-making (10), working (13), income (6) health and community services (18), and lifelong learning (12). Some of these reiterate recommendations long called for by the Council and other agencies. Some touch directly on matters of age awareness training, equality of opportunity and equality of access. While we should seek to ensure that all of these recommendations are implemented, in the context of this conference we must particularly emphasise those recommendations relating to age discrimination, age abuse, access to core community care services and access to long-stay residential services for those who need them, and, most importantly, quality of services for the frail and chronically ill.
When considering the implementation of policies relating to the welfare of older people, we must not underestimate the barriers. If the older population is characterised as a burden, a threat or a drain on society, this can make it immeasurably more difficult to develop a society for all ages. Older people and their agencies need to be particularly resourceful in promoting intergenerational solidarity in our competitive society with its emphasis on lobbying for short-term measures rather than long-term planning for an equitable society. The World Health Organisation (WHO) has said that societies who are willing to plan can afford to grow old. Are we willing to plan?

The Say No to Ageism campaign is an important step taken by The Equality Authority, HeBE and the NCAOP. It is designed to introduce the concept of ageism, however belatedly, in our society. We very much acknowledge the support of the Atlantic Philanthropies and Age and Opportunity in this endeavour. We hope that, following review, we will be able to design and implement a longer-term public awareness campaign allied to initiatives to address negative attitudes to ageing and older people, stereotyping, and direct and indirect discrimination.
Speakers’ Biographies
Richard Baker

Richard chairs the anti-discrimination expert group within AGE, the European Older People’s Platform, which supports anti-discrimination work across Europe and involves representation from the 25 Member States of the EU and international associations. Richard works on a number of key areas for AGE including employment and productive ageing, anti-discrimination, regional policy and rural affairs.

In the field of discrimination, Richard represented Age Concern as a member of the DTI’s Age Advisory Group between 2001 and 2004, and advised on the implementation of the EU Employment Directive. He has also participated in the DTI’s Fair Markets project.

He is a board member of PRIME, an initiative which promotes self-employment for older people, and a Trustee of the Employers Forum on Age (EFA), an employer-led organisation which promotes age diversity in employment.

Bob Carroll

Following careers in teaching and the management of a variety of projects for voluntary and statutory social welfare agencies, Bob Carroll was appointed as the first executive of the National Council for the Aged, and subsequently Director of the NCAOP, a statutory body established by the Minister for Health and Children to advise on all aspects of ageing and older people.

Loretta Crawley

Loretta Crawley is currently employed as a lecturer in the School of Nursing and Midwifery, University College Dublin. She is a registered general nurse, registered midwife, registered orthopaedic nurse and nurse tutor, and holds a Bachelor’s degree in Nursing Studies from UCD.

Loretta completed a Masters in Equality Studies and is now a registered PhD student in equality studies researching older people’s perceptions of ageing and ageism.

Niall Crowley

Niall Crowley has been the CEO of The Equality Authority since its establishment in 1999. Prior to this, he worked in the community and voluntary sector on a wide range of equality issues. He has been a member of the NESF and the National Economic and Social Council (NESC).

Karen Erwin

Karen Erwin is the Managing Director of Erwin Mediation Services Ltd, a company which provides commercial mediation services in Ireland. Karen is an ADR Group accredited mediator and is also on their mediation panel. She is a member of the Irish Commercial Mediation Association (ICMA) and the Mediators Institute of Ireland, and has thirty years of experience in dispute resolution.

Karen qualified as a solicitor in 1976 and at the age of 28, in 1980, she became the first woman partner of A&L Goodbody, Ireland’s largest firm of solicitors. In 1994, Karen was appointed the first
woman executive director of The Irish Times Ltd and Group General Counsel. In 2000, she was appointed to chair the Interim Board of the Irish Auditing and Accounting Supervisory Authority (IAASA) and, in 2003, was appointed to her second Government position, as chairperson of The Equality Authority.

Ros Levenson

Ros Levenson is an independent policy consultant, researcher and a visiting fellow at the King’s Fund, London. She has published widely on a range of health and social care topics and has a particular interest in older people. Ros is the author of the King’s Fund guide, *Auditing Age Discrimination: A Practical Approach to Promoting Age Equality in Health and Social Care*, published in 2003, and *A Toolkit for Older People’s Champions – A Resource for Non-Executive Directors, Councillors and Older People Acting as Older People’s Champions*, published in 2004. Ros is also a non-executive director of an NHS Trust in London.

Eileen McGlone

Eileen McGlone is one of the founders of QE5 Consultancy and has led the team in many research projects in the public sector and community and voluntary sector, in both the Republic of Ireland and Northern Ireland. She has an extensive knowledge of public sector management acquired from 21 years of working in the NHS. She is a qualified RMN, holds a Certificate in Counselling and a Diploma in Advanced Health Care Studies from Queen’s University, Belfast. She also holds a BSc in Health and Social Services Management from the University of Manchester.

In her career within the health services, she was a specialist practitioner in the care of older people. She worked for many years as a dementia liaison nurse before becoming a care manager for older people and mental health services. Prior to leaving the NHS, she was employed as a community services manager, where she managed multidisciplinary teams, service development and budgets.

Sylvia Meehan

Sylvia is a former secondary school teacher and school vice-president, who became well-known nationally in the 1970s when involved in the establishment of the Council for the Status of Women. Her national profile continued as chief executive and chairperson of the Employment Equality Agency. Since her retirement, she has been active on ageing issues as a member of the NCAOP, a board member of Age and Opportunity, and an officer of the Irish Senior Citizens Parliament (ISCP), the largest membership organisation of older people in Ireland. In April 2000, she was elected President of the ISCP.

Craig Muir

Craig Muir is Director of Older People and Disability Services at the UK Department of Health. He has responsibility for the NSF for Older People, a ten-year NHS and social services programme, introduced in 2001. The NSF for Older People is the key vehicle for ensuring that the needs of older people are at the heart of the reform programme for health and social services in the UK. It sets out national standards and service models of care for all older people, whether they live at home, in residential care or are being looked after in hospital.
Sile O’Connor has been Professor of Social Policy at the University of Ulster since June 2001. She was Director of the NESC for the previous five years and before that was an associate professor in the Department of Sociology, McMaster University, Canada. She holds a PhD in Sociology from the University of Toronto and her main areas of research are in comparative social policy, social inequality and exclusion, gender and social citizenship rights. Much of her recent work has been on social policy in the EU.
Terms of Reference
The National Council on Ageing and Older People was established on 19 March 1997 in succession to
the National Council for the Elderly (January 1990 to March 1997) and the National Council for the
Aged (June 1981 to January 1990).

The functions of the Council are as follows:

1. To advise the Minister for Health on all aspects of ageing and the welfare of older people, either
at its own initiative or at the request of the Minister and in particular on:

   (a) measures to promote the health of older people;

   (b) measures to promote the social inclusion of older people;

   (c) the implementation of the recommendations contained in policy reports commissioned by the
       Minister for Health;

   (d) methods of ensuring co-ordination between public bodies at national and local level in the
       planning and provision of services for older people;

   (e) methods of encouraging greater partnership between statutory and voluntary bodies in
       providing services for older people;

   (f) meeting the needs of the most vulnerable older people;

   (g) means of encouraging positive attitudes to life after 65 years and the process of ageing;

   (h) means of encouraging greater participation by older people;

   (i) whatever action, based on research, is required to plan and develop services for older
       people.

2. To assist the development of national and regional policies and strategies designed to produce
health gain and social gain for older people by:

   a) undertaking research on the lifestyle and the needs of older people in Ireland;

   b) identifying and promoting models of good practice in the care of older people and service
      delivery to them;

   c) providing information and advice based on research findings to those involved in the
      development and/or implementation of policies and services pertaining to the health, well-
      being and autonomy of older people;
From Ageism to Age Equality: Addressing the Challenges

d) liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for older people.

3. To promote the health, welfare and autonomy of older people.

4. To promote a better understanding of ageing and older people in Ireland.

5. To liaise with international bodies which have functions similar to the functions of the Council.

The Council may also advise other Ministers, at their request, on aspects of ageing and the welfare of older people which are within the functions of the Council.

Council Membership

Chairperson: Cllr Éibhlin Byrne

| Mr Bernard Thompson         | Ms Mary O’Neill                  |
| Mr Eddie Wade              | Cllr Jim Cousins                |
| Mr Michael Dineen           | Dr Ciaran Donegan               |
| Fr Peter Finnerty          | Mr James Flanagan               |
| Mr Eamon Kane              | Dr Michael Loftus               |
| Mr Michael Murphy          | Ms Mary Nally                   |
| Mr Pat O’Toole             | Ms Rosemary Smith               |
| Ms Pauline Clancy-Seymour  | Mr John Brady                   |
| Mr Noel Byrne              | Ms Kit Carolan                  |
| Dr Davida de la Harpe      | Mr John Grant                   |
| Dr Ruth Loane              | Ms Sylvia Meehan                |
| Mr Paddy O’Brien           | Ms Martina Queally              |
| Ms Bernard Thompson        | Mr Oliver R Cleary              |
| Ms Annette Kelly           | Ms Eileen O’Dolan               |
| Mr Paul O’Donoghue          | Ms Elaine Saffe                 |

Director: Bob Carroll
The Equality Authority

The Equality Authority has the statutory mandate of working towards the elimination of discrimination and promoting equality of opportunity in employment and in matters covered by the Equal Status Acts 2000 to 2004. It is also given a public information function in regard to the Employment Equality Acts 1998–2004, the Equal Status Acts 2000–2004, the Adoptive Leave Act 1995 and the Parental Leave Act 1998. The Equality Authority may prepare Codes of Practice which, if approved by the Minister, are admissible in evidence in proceedings. The Equality Authority has a power to undertake or sponsor research. The Equality Authority has a power to conduct an inquiry. The Equality Authority may invite particular businesses to voluntarily carry out an equality review and prepare an action plan or may itself carry out an equality review and prepare action plans (in relation to businesses with more than fifty employees). An equality review is an audit of the level of equality of opportunity and an examination of the policies, practices and procedures to determine whether these are conducive to the promotion of equality. An action plan is a programme of actions to be undertaken to further the promotion of equality of opportunity.

Any person who considers that s/he has been discriminated against can apply to The Equality Authority for assistance in bringing proceedings under the Employment Equality Acts, the Equal Status Acts and the Intoxicating Liquor Act 2003. The Equality Authority has a broad discretion to grant assistance if it is satisfied that the case raises an important point of principle or it appears to The Equality Authority that it is not reasonable to expect the person to adequately present the case without assistance. The Equality Authority can also initiate proceedings in its own name where there is a general practice of discrimination, where an individual has not referred a complaint and where it is not reasonable to expect the person to refer a claim, or where there is discriminatory advertising.