Towards an Age Friendly Society in Ireland

Conference Proceedings

THE EQUALITY AUTHORITY
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An Chomhairle Náisiúnta um Aosú agus Daoine Aosta

Towards an Age Friendly Society in Ireland

Conference Proceedings

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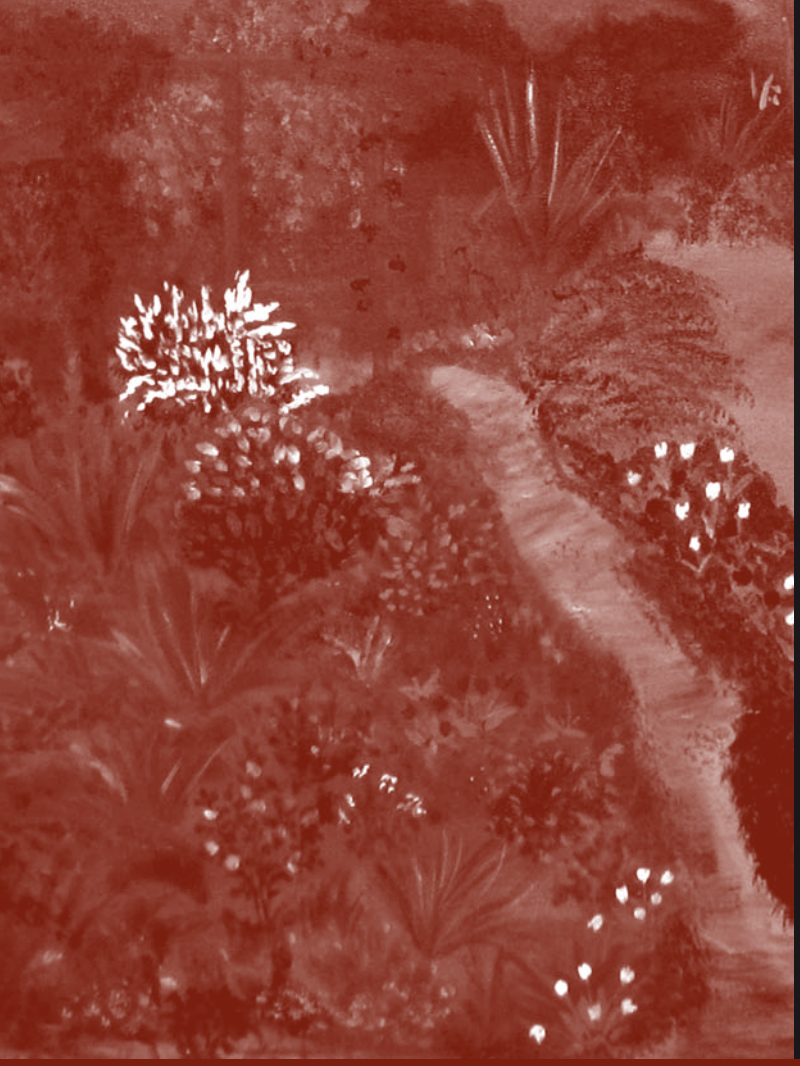


Introduction

Introduction

On 17 May 2005, the National Council on Ageing and Older People (NCAOP) held a national conference in Tullamore, Co. Offaly, on the theme, *Towards an Age Friendly Society in Ireland*. The conference aimed to focus discussion on the kind of society we want to achieve for older people in Ireland. Its objectives were to:

- explore the meaning of ageism in society
- identify the characteristics of an age friendly society
- explore how service provision might be more age friendly
- discuss how older people can better shape policies and practices relevant to their welfare
- review progress in implementing equality for older people.

This report chronicles the proceedings of that conference. It is divided into three sections, following the conference sessions:

- Opening Session: Towards an Age Friendly Society
- Second Session: Age Friendly Service Provision
- Final Session: An Age Friendly Future

In the Opening Session, Towards an Age Friendly Society, chaired by **Éibhlin Byrne**, we heard two papers: the first by Bob Huber setting out the United Nations (UN) perspective on an age friendly society; the second by Bob Carroll on creating an age friendly society in Ireland.

In his paper **Bob Huber** examined the images of ageing and older people, and how these images might affect policy action. He set out why images are important for the development and implementation of policy on ageing, he looked at how major international policy documents on ageing, such as the Madrid International Plan of Action on Ageing, address images of ageing, and made suggestions about how we might promote more positive images and approaches to ageing.

He noted that societal images are of particular concern to policy-makers because they underlie much of our thinking and our action. He stressed how important it is that policy-makers recognise what societal perceptions about ageing are and how these might differ from the perceptions held by older people and from reality, so that they can develop and implement policies that are appropriate to the needs and circumstances of older citizens.

Bob outlined the commitments of the 2002 Madrid International Plan of Action on Ageing, its vision of population ageing as both a challenge and an opportunity, its view of older people as a vital resource and, due to their numbers in coming decades, their potential to be a powerful source for development. He noted how the goals, objectives and recommendations of the plan strive to achieve a society for all ages and how the development of positive images of ageing is an essential prerequisite to achieving this. He indicated how the empowerment of older people and the promotion of their full participation are the essential elements of active ageing.

He mentioned that the Madrid Plan calls for changes in attitudes and practices at all levels in all sectors so that the enormous potential of ageing in the 21st century may be fulfilled. It also calls for governments to ensure that people everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights.

He suggested that a truly age friendly society would be one in which issues of ageing and older people are not treated in isolation but rather in the wider context of achieving social integration for all members of society. He noted that the UN encourages life-course and intergenerational approaches to achieve a society for all ages. He stressed the need to overcome stereotypes and promote intergenerational solidarity and suggested one way of doing this is to appeal to younger people, to involve them in a discussion of ageing issues in general and the situation of older people in particular.

In his paper Bob Carroll called for a public debate on the place of older people in Irish society in order to inform thinking and decision-making on matters critical to the welfare of older people in Ireland. He cited many reasons why such a debate is long overdue including: the limitations and datedness of some current national policies on ageing and older people; the frequent inconsistencies between policies on services for older people and their implementation; the urgent need to address health and social care deficits affecting older people in particular; and the need to adequately plan and provide for the ageing of the population.

He went on to describe what an age friendly society should look like, noting that it is a society for all ages and not just one that seeks preferential treatment for older people. He proposed that the UN Principles for Older Persons, which relate to independence, participation, care, self-fulfillment and dignity, be used to 'age-proof' laws, policies, strategies and service plans before they are implemented.

He identified a number of barriers to the development of an age friendly society in Ireland: firstly, these relate to our attitudes to and understanding of ageing and older people; and secondly, to policy, planning and standard-setting deficiencies leading to inadequate provision for the ageing of the population and for our oldest citizens.

He outlined the need for accurate and timely information about the older population if policy-makers are to plan effectively for an age friendly society. Existing information systems, he said, are unable to provide such data.

Bob emphasised the urgent need to develop a national coordinated strategy on ageing and older people to ensure the full implementation of UN, World Health Organization (WHO) and national aspirations for the participation, security and health of older people in our society. He advocated that this strategy adopt a life-course perspective and an intergenerational approach. He recommended that the strategy articulate the values and principles underpinning an age friendly society and address itself to overcoming the barriers to the development of this society.

He called for the development of a legislative framework governing the provision of these essential services to older people as entitlements rather than on a discretionary and unequal basis as they are at present. He stressed that this legislation is required to underpin the health and social care framework and to ensure that the requisite funding is provided for the success of the policy.

Finally, he noted that the participation of everyone including government, social partners, policy-makers, service providers, family, friends, neighbours and strangers is required if we are to create a truly age friendly society in Ireland.

In the Second Session, entitled 'Age Friendly Service Provision', chaired by **Donal Devitt**, there were three papers: Niall Crowley presented a case for equality competence in service provision; Irene Hoskins described a WHO age friendly primary healthcare project; and Aidan Browne outlined the work of the newly established Health Service Executive (HSE).

In his paper **Niall Crowley** noted that while equality legislation in Ireland provides an important foundation for the creation of an age friendly society, the implementation of the legislation has highlighted the distance we still need to travel to achieve this society.

He introduced the notion of equality competence, arguing that to achieve age friendly provision of goods and services we need organisations and individuals to be 'equality competent'. To become equality competent, he said, an institution or organisation must do two things: build equality objectives into its business systems and practices; and pay attention to how the attitudes and behaviour of individual staff contribute to the achievement of those equality objectives. He noted that, first and foremost, equality objectives for older people should be concerned with access to resources but that equality in access to resources cannot be achieved in isolation from the achievement of other equality objectives. These other equality objectives, he said, include according value and status to older people on a par with other groups; involving older people in decision-making; and building relationships of respect, trust, care, love and solidarity with older people.

He pointed out that if service providers are to contribute to the achievement of these equality objectives, they need to develop their business systems to a point where the pursuit of these equality objectives becomes a part of normal day-to-day business activity. In doing this, he said, they face two challenges: to ensure that equality becomes a factor in governance or decision-making systems; and to develop an equality infrastructure within their organisation that supports a planned and systematic approach to equality. This, he said, means making equality a factor in governance and decision-making systems by using equality impact assessments to test policies and services for their potential impact on equality for older people and for their capacity to address the specific needs, experiences and situations of older people; and allowing for participation by older people and their organisations. It also means designing governance and decision-making systems based on evidence, i.e. data on older people's experiences and situations, on their involvement with the service provider and the outcomes of that involvement. He stated that this evidence should ensure that negative stereotypes of older people and false assumptions about them have no influence on decision-making.

He discussed the need for organisations to set out a formal equality policy; to provide equality and diversity training to all staff; and to formulate an equality action plan to create a context in which staff can use their equality and diversity training to give practical expression to the commitments made in the equality policy. He also noted how business practices (in marketing, quality control, auditing and communication) must also be a focus for attention in age friendly and equality competent provision of goods and services.

In addition to the contribution of business systems and practices to the equality competence of an organisation, he stressed the importance of individual attitudes and behaviour. Institutional or organisational equality competence, he said, needs to be accompanied by an individual equality competence. This, he noted, poses several challenges: affording real choices to older customers by creating a dialogue of equals; listening to and communicating (with care) with older people; exploring the assumptions made about the older customer and checking for the influence of false assumptions and negative stereotypes; and finally achieving new outcomes for older people from the service provided.

In her paper **Irene Hoskins** described the Age-Friendly Primary Health Care Project run by the WHO. The project aims to sensitise and educate Primary Health Care (PHC) workers about the specific needs of their older clients. Irene outlined a set of age friendly principles for PHC centres, which, she said, serves as a tool to increase health literacy and to empower all users of PHC centres, in particular older people. She stated that the rationale for the project is that by increasing accessibility to, and the responsiveness, quality and comprehensiveness of, primary healthcare, older people as they age will be enabled and empowered to remain active, productive and independent for as long as possible. Primary healthcare, she noted, has been identified as one of the key determinants of health and well-being in later life.

She outlined the seven objectives for PHC centres: availability; accessibility; comprehensiveness; quality; efficiency; non-discrimination; and gender and age-responsiveness. The aim, she said, is to work to minimise barriers to care; promote age friendly attitudes and services; ensure comprehensiveness of primary healthcare services; increase geriatric knowledge and skills of primary healthcare staff; support coordination and linkages with other community-based groups, services and family; and empower older people. She noted that under the WHO Perth Framework for Age-Friendly Community-Based Primary Health Care in 2004, these objectives must be set within the cross-cutting principles of gender, culture and human rights.

She described how, working with a series of national groups, the WHO arrived at an understanding of the barriers that older people face in getting care and also gathered their suggestions for change. The findings from this consultation, supported by background research and a consensus of experts, led to the development of a set of age friendly principles. These principles are designed, she said, to serve as a guide for community-based PHC centres to modify management and clinical services, staff training and environments to fit better the needs of their older patients. They address three major areas: information, education, communication and training; healthcare management systems; and the physical environment.

In his paper **Aidan Browne** outlined the recent reforms in the health and social care system in Ireland with the setting up of the HSE. There are now two parts to the system: the Department of Health and Children (DoHC), which has responsibility for policy; and the HSE, which has full operational responsibility for running the health and personal social services. He stated the two goals of the HSE: to improve the patient/client journey; and to provide a better working environment for staff.

He explained that the National Hospitals' Office (NHO) runs Ireland's 53 acute general hospitals with each hospital managed locally through ten local hospital networks which report to the NHO. Community services, he said, are run by the Primary, Community and Continuing Care (PCCC) Directorate. These are managed locally by Local Health Managers who report to the PCCC. The PCCC has responsibility for primary care including general practice, community-based health and personal social services, services for older people, services for children, disability services, mental health services and social inclusion. These new national directorates within the HSE, he said, will provide leadership and expertise at national level, allowing for the development of a unified approach to health service delivery. He explained that they will also better facilitate the involvement of stakeholders, i.e. the individual person and his or her family.

In the Final Session, An Age Friendly Future, chaired by **Niall Crowley**, Ita Mangan highlighted the lack of progress on legislation and policy implementation in the context of the Equality Authority report, *Implementing Equality for Older People*. Following Ita's paper a panel of speakers – Louise Richardson, Molly Collins, Dermot McDermott, Mary Keogh and Brigid Barron outlined the challenges and priorities in creating an age friendly society from the perspective of different groups of older people.

Ita Mangan looked at the challenges of policy implementation with particular reference to *Implementing Equality for Older People*. She noted the considerable gap in many areas between policy and its implementation. She cited recent examples including the Health Strategy and *Protecting Our Future: Report of the Working Group on Elder Abuse*. She also noted that while there are many reports on better government, which outline principles that should apply to the involvement of citizens in policy-making, these never seem to be fully implemented. There is, she said, a gap between legislation and policy in many areas, notably in the provision of community care services. She set out in detail the recommendations from three main areas within *Implementing Equality for Older People*: working; involvement in policy-making; and involvement in health services.

Under 'working' Ita noted, among other things, the lack of use of the positive action provisions set out in employment equality legislation. In terms of the right to work, she noted that unless it is ensured that this right and the right to pensions are separate and discrete rights, which can exist together, there is a danger of bringing about a situation where older people's right to work will be seen as compensation for the loss or reduction of pensions. She also noted that many of the obstacles to older people remaining in or returning to work have not been addressed, including the existence of a statutory retirement age in some employments and a mandatory retirement age in almost all; pension arrangements that are unfavourable if people go back to work with their former employer; inflexible working arrangements; and the lack of appropriate training and education.

Ita noted that there has been almost no progress on the list of recommendations regarding health and community services. She set out a few of these including: no coordinated action plan such as that proposed in the 2001 Health Strategy; no clear legislative entitlement to community care services; no clarification of entitlement to long-stay care; and no new care allowance. She also noted that the Disability Bill 2004 introduces a further possibility of age discrimination in the assessment of need.

In the first of the panel presentations, **Louise Richardson** outlined the views and perspectives of the diverse population of older women in Ireland. She presented an overview of the priorities: to ensure that older people can live independently for as long as possible; to enable greater access for older people to information and opportunities for education and training; and to ensure that older people are socially included for the whole of their lives at their own pace. She said that to ensure that older women are able to live independently for as long as possible they must have access to appropriate health and social care; availability of and access to appropriate social services; financial security; and freedom from fear of violence and abuse and from actual violence and abuse. She stressed the importance of education and training in building the confidence and self-worth of older women and said that it was necessary, in consultation with older women, to identify educational opportunities to meet the needs of older people. She also stressed the importance for the health and well-being of older women of making connections with others. She called on everyone to be more aware of our own ageist attitudes – in particular the notion that social inclusion is only for active older people.

Molly Collins outlined the key priorities for older Travellers: the need for better access to health and social care services; the need for a change in the approach of health and social care service providers in dealing with older Travellers; and the provision of appropriate accommodation. She noted that health is a major area of concern among the Traveller population. The 2002 census shows that Traveller women and Traveller men die at a younger age than those in the settled community. To improve this situation, she said, improved health and social care, and better access to this care, are needed. Health and social care providers must change, she said, to take account of the distinct characteristics of Travellers and their different perceptions of health, disease and care needs. Many older Travellers have literacy problems, she noted, yet few health and social care providers ask older Travellers if they can read before, for example, giving them written instructions for their medication. Many older Travellers, she said, live in inadequate accommodation, which also has an adverse impact on health. Much of the accommodation that is provided, she said, is situated in isolated places, at a distance from key services and is of a design and layout that is not suitable for older Travellers.

In his presentation **Dermot McDermott** posed three challenges in relation to older men: What can they do for themselves? What can they do for society? What can society do for them? He noted that older men must take steps to ensure that they stay healthy. He called on organisations to make better use of older people and argued that it is wasteful not to 'recycle' the wisdom and experience of older people for the benefit of all – the older person, the community and the organisation. He also identified the need to address several issues which, if addressed, he said, would help to alleviate many of the problems faced by older people in isolated communities. These included: greater access to improved healthcare services including hospital facilities; a greater number of retired people's groups; improved transport links; and the availability of suitable housing.

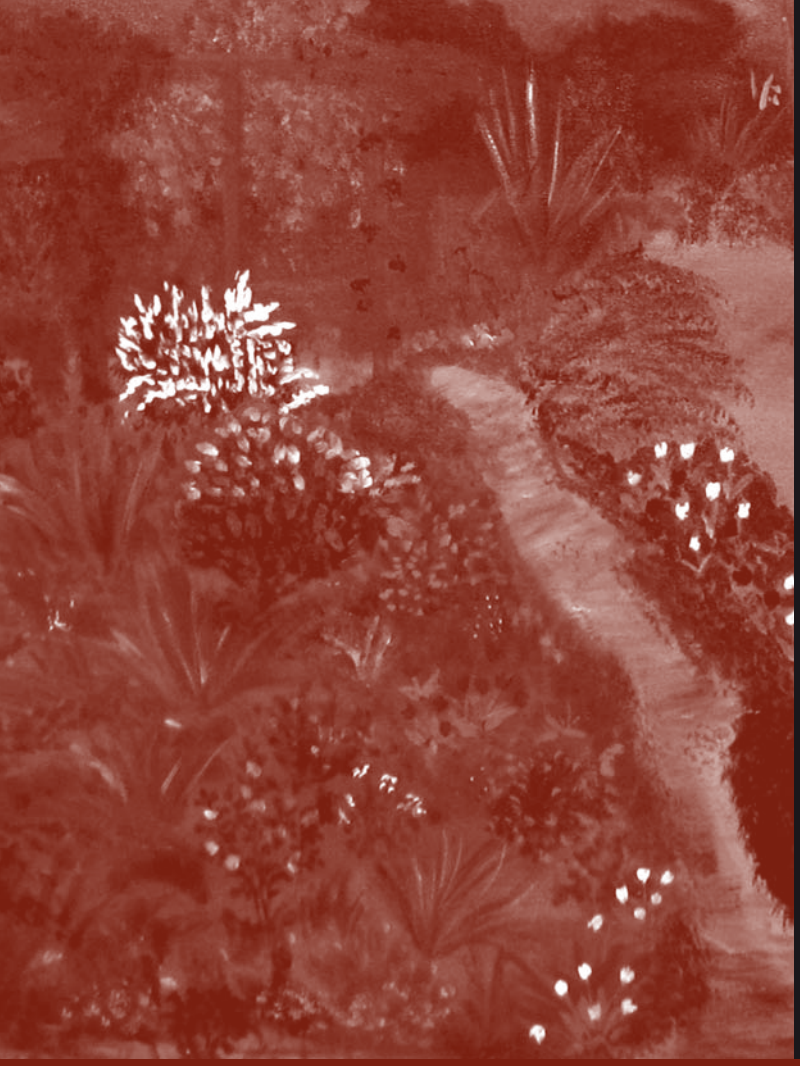
In her paper **Mary Keogh** outlined five key priorities from the point of view of older people with disabilities: the need to adopt a rights-based approach to legislation; the need for continued access to social services into older age; the need to ensure a suitable environment for all and to adopt the principles of universal design and adaptable lifetime housing; the need for research, particularly on older people with disabilities; and the need to challenge strongly the idea that older people with disabilities are a cost to society.

Brigid Barron identified the priorities from the perspective of older carers. She described these as the need to recognise, and value, the work of older carers; to provide an integrated system of community care incorporating health and social care services, housing, income and transport; to establish a clearly identifiable community-based service for older carers, such as the Carers' Clinic; and to provide adequate resources to carer-focused organisations.

In summing up the panel discussion, **Niall Crowley** noted four main challenges:

- the cultural challenge – the need to change the images and stereotypes we hold of older people
- the institutional challenge – the need to create organisations that are equality competent and that are staffed by equality competent individuals
- the policy challenge – the need to implement a rights-based legislation
- the challenge to the individual older person and to society in general – to seize independence, demand autonomy and organise in order to define how to achieve an age friendly society.

We need, he said, to achieve an integration of all members of society; and we need to make society accepting of all people.



Opening Session

Towards an Age Friendly Society

Chair: Éibhlin Byrne

Images of Ageing: Policy Considerations for an Age Friendly Society

Bob Huber
Chief, Generational Issues and Integration Section, Division for Social Policy and Development, United Nations Department of Economic and Social Affairs (UNDESA)

Introduction

I would like in this paper to address images of ageing and older persons, and how these images might affect policy action. We look at four questions:

- Why are images important for the development and implementation of policy on ageing?
- What are the differences between images and stereotypes?
- How do major international policy documents on ageing, such as the Madrid International Plan of Action on Ageing, address images of ageing?
- What might we do to promote more positive images and approaches to ageing?

Images of ageing exist on two levels: the individual and the societal. Individual images of ageing include subjective age identity, self-images of older people, and the image older people have of the society they live in. Subjective age identity (as distinct from chronological age) relates to how old a person feels and with which broad age group he or she identifies.

The self-images of older people are based on perceptions of personal traits, attributes and characteristics. Self-image remains remarkably stable over time regardless of changes in the social world of the ageing individual; people do not feel that they change as they get older (Victor, 1994).

The image of society held by older persons involves how they perceive their place and their role in the wider society. This is an important observation for policy on ageing, as it reflects the potential of older persons to continue to contribute to their families, communities and society at large.

Self-image is often in direct opposition to the societal image, which is often marked by simplistic and negative stereotypes. The societal image of ageing refers both to how older persons are perceived by the wider society, and just as importantly, how older persons *feel* the rest of society perceives them. The relationship between perception and reality is very important, and in many respects, the way societies view their older citizens may reflect how older persons perceive themselves.

Why Are Images Important for the Development and Implementation of Policy on Ageing?

In ordinary conversation and in policy discourse, the images of older persons that we hold derive from our immediate experience and interaction with older relatives and neighbours. This immediate experience is tempered by images of ageing that are projected by the media, cinema, television and interest groups. All of these influence the status of older persons and their role in society, as perceived by each of us individually and collectively by wider society. Culture, economics and historical traditions clearly have a hand in shaping our perceptions of old age.

Societal images are of particular concern to policy-makers because they underlie much of our thinking and our action. It is essential that policy-makers recognise what societal perceptions about ageing are, and how these might differ from the perceptions held by older persons and from actual reality, so that they can develop and implement policies that are appropriate to the needs and circumstances of older citizens.

Image Versus Reality

Positive images of ageing as a time of active engagement, personal growth, sharing with family members and heightened respect, may hold true for many older persons in many places. Yet nowhere are they universal. It bears remembering that the experience of ageing varies within and among countries, social classes, ethnic groups, families and communities. Older persons are not homogeneous. Approaches should be developed that recognise and take account of this diversity of experience, if they are to address appropriately the needs of older persons.

Many older persons find their 'golden years' tarnished by constrained financial resources, loneliness or ill-health. Adult children, traditionally the main source of support for older parents, may be absent from the family home. Older persons may lose the respect they expected to receive from younger generations. Extended families may be no longer able to care for their older members. Abuse, exploitation and violence are reported by older persons from different parts of the world, and often the perpetrators are family members.[1] One study found that family members were the aggressors in 80 per cent of cases of abuse of older women, and 61 per cent of those who suffered abuse did not seek help because of fear and shame.[2]

In addition to, and perhaps even in connection with, the erosion of traditional family support for older persons, societal views of older persons continue to be shaped by media and entertainment images that portray them as feeble and dependent. Most people internalise these images without realising how damaging they can be for an older person's self-image, finances, relationships and physical and mental health. The damage is real. According to a report of a twenty-year study conducted at Yale University, older people with positive perceptions of ageing lived seven and a half years longer than those with negative images (Levy *et al.*, 2002).

1 HelpAge International, 2002. *State of the World's Older People 2002*. London: HelpAge International 2002, p. 37.

2 Lowick-Russel Avalos, J., 1999. *State of the World's Older People 2002*. HelpAge International 2002, p. 66.

The images that gain our attention are youthful images that bear little relationship to reality and reinforce a concept that to be successful and to live a worthwhile life one has to be forever thin, young and beautiful. Thus, the questions to ask are not just which image of ageing and older persons will prevail in the current century, but how accurate are those images likely to be, especially as globalisation and other forces gain momentum. Will societies 'restore' the old models of respect and authority of older persons, particularly as their numbers continue to grow? Or will a new image of ageing emerge as a result of modernisation and post-industrial development? And finally, just how able are we to resist prevailing images that we know are unjustly stereotypical, or even to change those images for the benefit of older persons?

What Are the Differences Between Images and Stereotypes?

When does an image become a stereotype? Both images and stereotypes are shorthand means for communicating a view about a specific person or a social group, but I would suggest that a stereotype is more fixed and value-laden. An image is based on perception. A stereotype goes beyond conveying an image and conveys a message or a meaning about that image. A stereotype objectifies a person, and the meaning is fixed, perhaps based on preconceived ideas – not changing according to actual evidence.

The sources of stereotypes can be both societal and individual. The major source is a lack of adequate, realistic information. Commonly held stereotypes about old age include, but are certainly not limited to, the following:

- all older people are alike
- older people are socially isolated and lonely
- most older people are in poor physical and mental health
- retirement means you have nothing more to contribute
- older people are dependent
- older persons cannot learn
- intelligence decreases with age.

Stereotypes about ageing lead more and more people to ignore or discount the old – even their own family members – because they are considered non-productive in societies which increasingly emphasise economic productivity and material possessions. Stereotyping often leads to exclusion of older persons from participation in decision-making, activities and social interaction. Stereotypes may condone and sanction the subordination of older people within society, allowing society to ignore the real issues and problems of older persons. Younger people may consider their elders to be feeble and frail, out of touch, or dependent. The result is that they fail to consult them or they actively exclude them from decision-making. When older persons accept negative stereotypes of what it means to be old, they may actively or passively engage in destructive behaviour by, for

example, not seeking help for medical conditions, not claiming welfare or other benefits, or withdrawing from social relationships, thus accepting the stigma of isolation (Victor, 1994). Stereotyping may even lead people to fear growing old because of problems they associate with ageing.

Stereotyping in the extreme has been labelled as 'ageism'. Ageism is systematic stereotyping and discrimination against people because they are old. The most radical view of ageism is that it is similar to sexism or racism because it discriminates against all members of a particular group. Unlike sexism and racism, however, ageism is generally more covert and subtle (Victor, 1994).

It is surely an over-simplification to blame the Western media or Hollywood for the erosion of traditional norms and beliefs, including those that govern intergenerational relationships. 'Norms and values are rooted in the domestic cultural environment and they may or may not accompany values that arrive with international capital and technology' (Sedghi, 1999). Each culture and society still has a large degree of control over its own images and how it adopts and adapts outside influences. The impact of global mass culture is more likely a process of constant interaction and negotiation, not an involuntary 'overpowering by a stronger culture', or 'submission by a weaker' one. Nevertheless, it is true that cultures constantly interact, now perhaps more than ever, and influences are constantly absorbed. The influences may be positive or negative, and sometimes both simultaneously, making it difficult to judge and impossible to stop.

The lesson is that we need to be aware of the images and stereotypes we adopt and promote. We must recognise how these images and stereotypes affect the work that we do. At the international level, this work is best reflected in the Second World Assembly on Ageing.

How Do Major International Policy Documents on Ageing Address Images of Ageing?

At the Second World Assembly on Ageing in Madrid in April 2002, governments adopted the Madrid International Plan of Action on Ageing (MIPAA). The aim of this plan is to guide policy action on ageing. The commitments of the Madrid Declaration and the goals, objectives and recommendations of the plan strive to achieve 'a society for all ages'. They consider the development of positive images of ageing as essential prerequisites. The entire Madrid outcome promotes a new vision of population ageing as both a challenge and an opportunity.[3]

The new image of older persons is quite clear; they are a vital resource and their sheer numbers in the coming decades give them the potential to be a powerful source for development.[4] The empowerment of older persons and the promotion of their full participation are the essential elements of active ageing.[5]

3 Second World Assembly on Ageing, Political Declaration, Article 1.

4 Second World Assembly on Ageing, Political Declaration, Article 10.

5 Second World Assembly on Ageing, Political Declaration, Article 12.

The Madrid Plan calls for changes in attitudes and practices at all levels in all sectors so that the enormous potential of ageing in the twenty-first century may be fulfilled.[6] It also calls for governments to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights. To achieve this goal, specific recommendations were made, which will have to be adapted to the individual circumstances in each country.

A new image of ageing cannot be developed at once. Its promotion has to start with ensuring a secure and dignified place in society for older persons through legal and legislative measures. Respect for human rights of people of all ages is an essential foundation. Simultaneous actions have to focus on promoting intergenerational cohesion and interdependence.

During the three years since the Madrid Assembly, plans have been developed by three of the UN's regional commissions: the Economic Commission for Europe (ECE); the Economic and Social Commission for Asia and the Pacific (ESCAP); and the Economic Commission for Latin America and the Caribbean (ECLAC).

The second commitment of the Regional Implementation Strategy (RIS) for the MIPAA for the European region sets out a specific objective to promote a positive image of ageing, emphasising that a positive image of ageing and older persons in society, particularly of older women, is crucially important to ensure their full integration and participation.[7] All concerned should undertake special efforts to promote a positive image of ageing and older persons, and to enhance the image of older persons as active participants in society. The promotion of a positive, active and developmentally-oriented view of ageing may well result from action by older persons themselves. It is, therefore, important to encourage older persons to make the general public more aware of the positive aspects of ageing by developing realistic portrayals of old age.

What Might We Do to Promote More Positive Images and Approaches to Ageing?

Beyond these internationally agreed documents, what can we do to promote a healthy image of ageing and to overcome negative stereotypes? I would suggest that a truly age friendly society would be one in which concern for issues of ageing and older persons is not treated in isolation, but one in which the focus on ageing is embedded in the larger context of achieving social integration for all members of society. An age friendly society must take account of the relationships between older persons and the rest of society. The UN encourages life-course and intergenerational approaches to achieve a society for all ages.

6 Madrid International Plan of Action on Ageing, 2002, paragraph 10.

7 ECE RIS, paragraph 18.

Social Integration and a Society for All Ages

The idea of a society for all ages emerged from the concept of social integration developed at the World Summit for Social Development, held in Copenhagen in 1995. There, social integration was described as the aim to create 'a society for all', in which every individual has a role. The idea of a society for all leads to a new approach to social policy, in which social integration is no longer achieved by making people conform to society, but by making society accepting of all people.

Achieving better social integration requires changing the dynamic relations in society that create inequality by creating social institutions and mechanisms that are accessible to people and are responsive to their needs: ensuring opportunities for all people to participate in public life; strengthening participation and involvement of civil society; providing objective information and data to enable people to make informed decisions; and promoting social justice, non-discrimination, tolerance, mutual respect, and the value of diversity.

Drawing on this definition, the Secretary-General of the UN described a society for all ages as one that:

> *… adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all. A 'society for all ages' would additionally enable the generations to invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity.*

A Life-Course Approach to Ageing

Obvious as it may appear, it is nevertheless important to state that the process of ageing is life-long. Individuals begin to age at the moment of birth, and go through the life-course accumulating a range of experiences that may positively or negatively affect their capabilities and well-being in later years.

Age-adjusted policies and programmes that encourage workplace flexibility, life-long learning and healthy lifestyles (especially during transitional periods, such as youth to adulthood, family formation, or midlife to later years) can influence choices and have cumulative effects on health and well-being. A clear priority for successful ageing is development of policies aimed at younger generations; they will need to cultivate healthy lifestyles, flexibility and foresight, continually upgrade work skills and maintain social networks.

At the same time, from an economic point of view, there is often a 'disconnect' between what people want to do and what they have to do at different points in their lives. A life-course approach recognises an individual as a complete human being, and not simply as a worker, or a mother, or an old person. Responding to all the needs and desires of that human being, this approach would introduce more flexibility in working arrangements. Traditional concepts of a 'working life', for example, that consists of a forty-hour working week that extends for 48 weeks a year from the time of university graduation until the time of pension eligibility, could be tailored to an individual's specific needs and interests as they change over the course of their life.

The life-course approach also focuses on interdependence and reciprocity among generations, which is often lacking in policy-making that is narrowly designed for a specific age group, such as youth or older persons. Reciprocity recognises that the 'payoffs' from resource allocations are both direct and indirect. Investments in education, healthcare and social welfare services benefit not just the immediate recipients, but also the entire society which, as a result, is more engaged, competitive and healthier. As competition becomes global, education and life-long learning become ever more important. Today's workforce must be more capable and productive, able to respond to changing conditions and flexible to new demands and opportunities. A more productive workforce is better able to support those who are dependent. Pensions show that payoffs are not merely direct but have compounding benefits: a sound pension programme benefits not just pensioners but all of society, as it enables parents to focus resources on their children, knowing that their own parents' retirements are secure.

All members of society have contributions to make and needs to meet. While the nature of the contributions and needs may change over the life-course, the giving and receiving of resources over time are crucial to promoting intergenerational trust, economic and social stability, and progress. The means by which resources are transferred are also important, whether they be formal mechanisms provided by the state or the private sector, or informal networks of kinship or community. The continued ability of these mechanisms and networks to collect and allocate resources effectively and equitably builds confidence, trust and social capital that are fundamental to social integration.

Finally, I would like to offer some thoughts about overcoming stereotypes and promoting intergenerational solidarity. By now it should be clear that efforts to improve the image of older persons must extend to and link with larger efforts to enhance social integration.

Overcoming Stereotypes and Promoting Intergenerational Solidarity

We have seen that images of ageing and older persons are varied, changing and by no means universal; we have also seen that they may be transformed into stereotypes, which are unchanging and inflexible, and reduce people to objects. Both images and stereotypes exist in the popular imagination and in the minds of policy-makers. It is, therefore, important to consider whether a particular view is an image based on empirical evidence and useful for policy-making, or whether it is a stereotype based on preconceptions and potentially dangerous for policy-making. We all harbour images and stereotypes of older persons. Policy-makers must be attuned to their perceptions and how these perceptions affect the development of policies on ageing and older persons.

One of the ways to overcome stereotypes and improve the image of older persons is to appeal to younger people; to involve them in a larger discussion of ageing issues in general and the situation of older people in particular. We need to instil in younger people a greater awareness of older persons as individual human beings. Younger people can help to expose the fact that today's older persons are often subject to stereotypes, and can make the young more aware of how they may be stereotyping older persons. Also, it could be useful to find connections between the stereotyping of older persons and the stereotyping of youth. Both groups may feel that they are not taken seriously by the middle generation and that their voices are not heard. If you stop to think about it, isn't it interesting that many of the complaints of young people are echoed by the old?: 'We are ignored', 'We have no say in decisions that affect us', 'We are treated like children'.

Despite the existence of many shared concerns, there often does not seem to be much communication across generations. Within families there may be very good relations between generations, but this rarely carries over into society and social policy. Trust between the generations can and must be improved but first we need to improve communication and understanding. We need to focus not on what divides the generations, but on what unites them.

How do we try to achieve better integration of the generations? I believe the way to start is to overcome prevailing but inaccurate stereotypes and to avoid making scapegoats of any group, whether they be young people, older persons, the poor or any other groups. Policies and programmes should not set one generation against another, but try to find common ground. Policies should meet the needs of all generations and resources should be used to connect generations rather than separate them.

Perhaps we can expand the 'society for all ages' concept adopted at the Second World Assembly on Ageing and start to focus on an 'intergenerational society for all', one that is based on the concept of reciprocity and mutual respect. Reciprocity can be defined as the obligations that each person has to others – obligations to give, to receive and to return something to others. What a person gives to others and what that same person requires of others will change over time, but the important thing is that the reciprocity exists. It is one of the things that connect us to our families, our friends and our communities.

The Second World Assembly on Ageing was a turning point in international policy debate and also, we hope, in action on ageing. The assembly recognised ageing as a global developmental phenomenon and supported the inclusion of ageing on the international development agenda. This means that the ageing of society is recognised to have a strong impact on societal development and provides an opportunity for that development, and older persons are embraced as a resource. There has been a strong move away, at least at the level of rhetoric, from a welfarist approach that categorises older persons as merely in need of care and support, to a developmental approach which recognises that the vast new numbers of older persons will, and necessarily must, be engaged as continuing agents of development and change. The question is whether we are ready to accept them as such.

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An Age Friendly Society in Ireland

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Director, National Council on Ageing and Older People

> *Only in this century has human civilisation made it possible for most people in Western societies to reach the age of seventy and over. Therefore, the shaping of what is possible in old age does not have a long tradition. As a society, we are only at the beginning of a learning process about old age. In this sense, old age is still young, its potential is not fully realized, and instititions, norms and resources advantageous for old age still need to be developed.*
>
> Baltes and Mayer (1999)

Introduction: The Need for a Public Debate

Advocating an age friendly society in Ireland? Is that not advocating the obvious? To you, maybe. But can we take it for granted that an age friendly society in Ireland is near the top of everyone's list of aspirations for our country? An age friendly society then may not be as obvious a national aspiration as it seems.

A wide-ranging and thorough public debate on the place of older people in Irish society is needed to inform thinking and decision-making on matters critical to the welfare of older people in Ireland. This debate is both overdue and timely in the sense that a number of very important issues affecting older people have come to public attention simultaneously in recent months, including:

- the refunding of an estimated 67,000 older people illegally charged for nursing home care
- the ongoing Accident and Emergency (A&E) crisis, which disproportionately affects older people
- the projected shortfalls in private pension coverage
- the consideration to be given to the possibility of older people preserving or improving their pension entitlements while continuing to work after the age of 65
- the review of nursing home subventions
- the examination of the future financing of long-term care.

However, coming to public attention and resolving these matters in the best interests of older people are not necessarily one and the same thing. Vision and leadership are now required to ensure that the compass used to determine the direction we take on these questions is the one that points in the direction of the quality of life enjoyed by older people.

The NCAOP believes that a debate on older people in Irish society is long overdue for a range of reasons including:

- the need to consider and agree as a society the respective roles of the state, the family, the community and the individual in maintaining and developing the independence, self-fulfillment and participation of older people in society; and in assuring the care and dignity of those older people who are most frail and vulnerable
- the limitations and datedness of some current national policies on ageing and older people
- the frequent inconsistencies between policies on services for older people and their implementation
- the urgent need to address health and social care deficits affecting older people in particular
- the need to adequately plan and provide for an ageing population and the ageing of the population.

What is an Age Friendly Society?

A Society for All Ages

In calling for an age friendly society in Ireland, the NCAOP reiterates the UN call for a society for all ages. In such a society, parity of esteem with other citizens will be accorded to older people. They will be treated with equal dignity and respect by the organs of the state, as well as by their fellow citizens; their independence will not be compromised by inequality of opportunity; and their participation in the activities of society will not be denied by differential conditions of access based on age.

A Disability Friendly Society

In calling for an age friendly society, the NCAOP is, by extension, calling for a disability friendly society, given the numbers of older people who have a disability and the numbers of people with a disability who are old. An age and disability friendly society will do all in its power to reduce the social and physical isolation of both older people and people of all ages with a disability. In this way, situations of dependence will be reduced for those who age with a disability or those who acquire a disability in old age.

Age Proofing

An age friendly society is one which subjects its laws, policies, strategies and service plans to scrutiny to ensure that the welfare and well-being of older people are taken into account before measures likely to affect them are adopted at national, regional or local levels. In this context, the NCAOP proposes that the UN Principles for Older Persons relating to independence, participation, care, self-fulfillment and dignity be used in such age-proofing exercises. These principles are listed in the Appendix.

Social Constructs of Ageing

The Inside Looking Out Versus the Outside Looking In

You might say that there are two perspectives on ageing and older people which have to be taken into account in an age friendly society. The first perspective is that of the observer looking in. The other is the perspective of the individual who is ageing looking out. For the observer looking in, concerns about demographic changes are added to the traditional concerns about policies, practices and services in relation to specific problems encountered by older people and by service providers. I raise this matter because it is so important to our understanding of what an age friendly society is. However we feel about ageing, we are increasingly concerned about the social construction of later life. We have, therefore, coined terms such as ageing well, active ageing, productive ageing, positive ageing, healthy ageing and successful ageing to give expression to what we looking in and we, perhaps of a different generation, consider are particularly worthwhile aspirations for older people.

Active Ageing

Active ageing is, as Irene Hoskins of the WHO explained, the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. This approach aims to recognise factors or determinants that affect how individuals and populations age.

Productive Ageing

Older people contribute to society in many different ways as the MIPAA says:

> *The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community.*

Positive Ageing

Positive ageing is an approach that aims to maintain and improve the physical, emotional and mental well-being of older people.[8] It extends beyond the health and community service sectors, as the well-being of older people is affected by many different factors including socioeconomic status, family and broader social interactions, employment, housing and transport. Social attitudes and perceptions of ageing can also strongly influence the well-being of older people, whether through direct discrimination or through negative attitudes and images.

8 Office for an Ageing Australia website: www.ageing.health.gov.au/ofoa/

Successful Ageing

Successful ageing has been described both in terms of its benefits to the individual and in terms of 'the "strategies or the how" of achieving a successful old age' (Torres, 2004). The benefits of successful ageing to the individual, identified in the literature, include: autonomy; tolerance; optimism; courage; capacity for self-care; the reaching of one's potential; generativity; the avoidance of disease; the maintenance of high physical and cognitive functioning; the maintenance of an active social life; being happy; remaining hopeful; and developing one's sense of self and connections with others.

The 'strategies or the how' description of successful ageing refers to the ability to adapt to the transitions and diminishments experienced by the ageing person. The best known model of successful ageing is the selection, optimisation and compensation (SOC) model (Baltes and Baltes,1990).

Active, Productive, Positive and Successful Ageing

An age friendly society will enable the achievement of active, productive, positive and successful ageing without, however, penalising those who do not have these aspirations. The policies of an age friendly society will address inequalities in health and well-being over the life-course to maximise the opportunities for productive, positive and successful ageing. Older people will be the key informants in determining the supports they need to enhance their potential for an active, productive, positive and successful ageing. These will include the financial, physical, psychological, moral and spiritual supports needed at key transition times in later life, such as retirement, the onset of illness, moving home for increased care and bereavement.

An Age Friendly Society Accommodates the Perspective of the Individual

An age friendly society is, therefore, a society which is receptive to positive constructs of ageing and which rejects negative ones. It is informed by and comes from ideas of active ageing, healthy ageing, positive ageing, and successful ageing. An age friendly society seeks to provide the conditions for the growth of positive attitudes to ageing among all its citizens, but particularly among older people themselves.

However, a truly age friendly society will not impose any social construct of ageing on its individual older citizens. To do so would be to risk alienating those for whom these constructs have no resonance, relevance or meaning, or who may feel threatened by a perceived moral selectivity, or burdened by norms set by others.

By contrast, an age friendly society will be person-centred in that it will seek to accommodate the perspective of the individual older person insofar as it can be ascertained and it will respect the individual older person's lived experience of ageing.

Introduction

The NCAOP has identified a number of barriers to the development of an age friendly society in Ireland. These relate to our attitudes to and understanding of ageing and older people; and to policy, planning and standard-setting deficiencies leading to inadequate provision for the ageing of the population and for our oldest citizens.

The attitudinal and conceptual barriers relate to:

- endemic ageism in Irish society
- equating old age with dependence
- confusion regarding the meaning of dependency
- inappropriate models of old age
- negative perspectives on the ageing of the population.

The policy, planning and standard-setting limitations relate to:

- current national policy on ageing and older people
- inadequate information for planning purposes
- lack of quality standards development
- lack of agreement on the respective roles and responsibilities of all sectors in building and maintaining an age friendly society.

Ageism in Irish Society

A critical barometer of how age friendly a society is relates to prevailing thinking, attitudes and behaviour towards its older citizens individually and its older population in general. When these are negative, we call it ageism.

Ageism incorporates:

- negative thinking which leads to stereotyping of older people
- negative attitudes which lead to prejudice against older people
- negative behaviour which leads to discrimination against older people.

Equating Old Age with Dependence

Dependency is part of the human condition experienced by all those who need support and assistance from others because of frailty, illness, impairment or poverty. It is not specific to old people. Equating old age with dependence has become self-fulfilling as society denies its older citizens the opportunity to continue to participate in economic and other activities on the grounds of their age, and provides inadequate financial, health, social and physical supports to those whose independence may be compromised for want of them. Understandably, under these circumstances, many older people have succumbed to the prevailing negative conditions and have internalised a view of themselves as dependent on others for all their needs.

Confusion Regarding the Meaning of Dependency

With regard to the meaning of dependency, there has been a failure to learn to distinguish between 'necessary dependency' flowing from individual life situations and 'socially created dependency' which results from those structures and systems in our society that inhibit optimal independence for the individual (Goode and Fitzgerald, 2005). The prevalent attitudes in a society, the physical environment it builds and the services it provides can make all the difference between a situation of independence for an older person and a situation of dependence.

Inappropriate Models of Old Age

The older population is a diverse population, each person experiencing life and growing old differently from the next; each coming from a different family and background, and living in different circumstances with different aspirations and beliefs. Why then do we treat all older people the same? Why do we adopt extreme models of old age: the 'deficit' model, which sees old age as an illness without cure; or the 'heroic' model which suggests that to age successfully you must maintain the looks, physical capacities and perspectives of youth and middle age? (Wistow *et al.*, 2003)

Negative Perspectives on the Ageing of the Population

At our 'Say No to Ageism' conference in October 2004, we asked, 'Is population ageing a good thing or a bad thing?'. Many people emphasise projected, deteriorating old age dependency ratios and resulting strains on the public system and on the working age population. Many predict, on the basis of certain calculations, that the ageing of the population will impose an unsustainable burden at some time in the future; others do not do any calculations at all in the hope that the issues surrounding the ageing of the population will go away. These we agreed are static positions, ultimately ageist, leading to discrimination against older people.

Strengths and Limitations of Current National Policy on Ageing and Older People

The strengths and weaknesses of current national policy on ageing and older people have been well rehearsed by the NCAOP and others in recent years. While the objectives of policy set out in *The Years Ahead: A Policy for the Elderly* (1988) remain valid today, problems of coordination, of the statutory basis of health and social services for older people, of funding, of the provision of core community care services, of eligibility without entitlement, and of quality standards remain, in certain respects, as intractable today as in 1988.

The Health Strategy, *Quality and Fairness A Health System for You* in 2001 identified measures and key actions which would be taken to address some of these issues. However, in the absence of an implementation framework, it is hard to be confident that the policy implementation problems will be adequately addressed in the near future, despite some encouraging signs on a few fronts.

Authoritative statements of policy on prevention, assessment, rehabilitation, standards of care, and the maintenance of independence and dignity in various care settings are lacking. Finally, the NCAOP recommendation that long-stay residential facilities be required by the health authorities to produce quality assurance policy statements and service plans has not been implemented.

An age friendly society must at all costs avoid the long-term residential care scenario described by an American author when he wrote of nursing homes as 'occupied largely by people who, if they could choose, would choose not to be there; staffed by employees of whom many will leave at the first opportunity; and financed primarily by public officials who resent every penny and feel trapped, without alternatives' (Vladich, 2003).

Limitations in Information for Planning Purposes

In order to plan effectively for an age friendly society, policy-makers require accurate and timely information about the older population. Existing information systems are unable to provide this data. Typically, datasets operate on a standalone basis and it is not possible to link and integrate data from a range of datasets, either to create a more holistic profile of the older population or to identify more vulnerable sub-groups of that population (Goode and Fitzgerald, 2005).

As the NCAOP will be publishing shortly on this matter, suffice it to say for the moment that in terms of a national framework of information about the older population, there are significant issues and deficits. Notably, these relate to social determinants of active ageing, including the quality of life and social contribution of older people to society; determinants related to the physical environment, including housing and transport; and to the health and social services where datasets are stronger in the provision of institutional than of community-based data, though the majority of older people live in community settings.

There are particular concerns about the lack of person-centred data, of population-based morbidity data, of a national psychiatric out-patient database and of data on the prevalence and incidence of different forms of impairment and disability in the population. There is a need for information systems to capture and analyse such data for Ireland (Goode and Fitzgerald, 2005).

Limitations in Quality Standards Development

Currently a lack of legally enforceable standards of care provision results in an absence of rights for the patient and a lack of responsibility on the care provider for quality care provision. As a result, the quality of services received and the dignity of the recipient may suffer.

In many cases, this is inadvertent and symptomatic of limited and limiting resources. However, in some cases, it is related to the manner in which the services are provided at a personal level. For example, recent Council research has demonstrated that ageist attitudes among health and social care providers may result in the provision of poor quality services at an individual level.

The absence of systems necessary to agree standards and to establish whether these standards are being met is notable. An English journalist wrote recently: 'Every parent knows their school's teacher-pupil ratio, but how many people wonder about the nurse-to-elderly-person ratio in their relatives' homes'.[9]

Lack of Agreement on Roles and Responsibilities in Building and Maintaining an Age Friendly Society

The recent debate on charging for long-term care has brought home to many of us the impoverished nature of our discussion on the place of older people in society and deficiencies in how our society determines and regulates its relationship with its oldest citizens. The result is that we have limited assurances on what to expect when we become very old and in need of long-term care. Some older people today are subject to inequitable treatment in respect of the cost and quality of care they receive relative to other older people and to some younger people. One of the most critical issues at the moment is the lack of agreement on the limits of individual and state responsibility for the costs of long-term care. This is clearly a major barrier to the realisation of an age friendly society in this country.

Towards an Age Friendly Society in Ireland

A Society for All Ages

As Bob Huber notes, the UN has provided us with a vision for a society for all ages. This is the prerequisite for an age friendly society in Ireland as elsewhere. The Madrid International Plan of Action on Ageing presents population ageing as both a challenge and an opportunity.

A Society for All Ages is a Prerequisite for an Age Friendly Society

In a society for all ages, the interdependence of generations and of individuals is emphasised. In such a society, independence is not equated with individualism, but with autonomy. Autonomy provides for the maintenance of an individual's identity, values and beliefs within a society which in turn acknowledges diversity. In a society for all ages, the generations are valued equally and intergenerational solidarity is part of the social contract. In such a society, a life-course perspective is adopted by all authorities, there is consistency and equity in the treatment of the generations, and risks are pooled between and within generations.

9 Hari, Johann, *The Independent*, (London), 30 March 2005.

A National Strategy on Ageing and Older People

In addition there is an urgent need to develop a national coordinated strategy on ageing and older people to ensure the full implementation of UN, WHO and national aspirations for the participation, security and health of older people in our society. It is advocated that this strategy adopt a life-course perspective and an intergenerational approach in addressing the issues of participation, security and health for older people in our society. It is further recommended that the strategy articulate the values and principles underpinning an age friendly society and address itself to overcoming the barriers to the development of an age friendly society as I have described them.

An Age Friendly Health and Social Care Framework

Over many years, the NCAOP has advocated the development of a legislative framework governing the provision of these essential services to older people as entitlements rather than, as at present, on a discretionary and unequal basis. This legislation is required to underpin the health and social care framework and to ensure that the requisite funding is provided for the success of the policy.

Conclusions

In her manifesto for a 21st-century society, Julia Neuberger (2005) identifies a number of important conclusions in regard to older people and society. These include:

- there is clearly a need for a movement of older people … that makes government wake up to what older people are feeling
- age itself needs redefining; retirement and activity in older age need rethinking
- very old people need to be assured that they will have proper care, properly funded, when they need it – even if they have to bear some of the cost themselves. They need to be reassured about what their liabilities might be. This means accepting that we will need to pool the risk for some of their care, and old people need to know that society accepts their care as an obligation, and also that they will not be abused in care homes or in their own homes
- care workers need to be treated with greater respect, receive more and better training, and be paid more. It should be deemed as honourable to be a care worker looking after older people as it is to be a doctor or nurse looking after children
- older people need to be able to die at home with all the information and support they require, if that is what they want
- older people need to know that there will be no discrimination against them in the provision of healthcare, that they will get what others get, subject to whether it seems sensible to them and their clinicians, and that they will be consulted every step of the way

- older people have a right to expect kindness and care from the rest of us. It should be part of what is expected of every citizen that, whilst he or she is able, they visit and genuinely look out for older people who are their neighbours.

All of us (government, social partners, policy-makers, service providers, family, friends, neighbours and strangers) are required for this enterprise: the creation of a truly age friendly society in Ireland.

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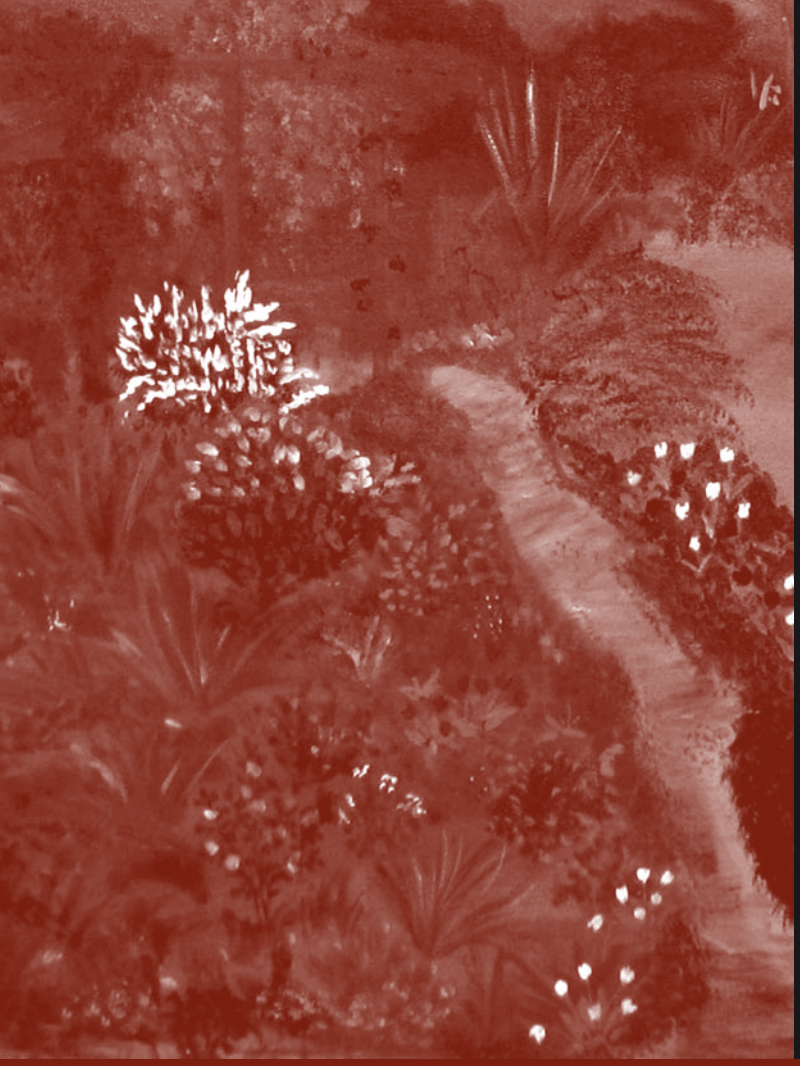


Second Session

Age Friendly Service Provision

Chair: Donal Devitt

Equality Competence in Service Provision

Niall Crowley
CEO, The Equality Authority

Introduction

Ireland remains ahead of many EU Member States with equality legislation in place that covers age. The Employment Equality Acts prohibit discrimination in the workplace. The Equal Status Acts prohibit discrimination in the provision of goods and services, accommodation and educational establishments. The age ground under the Employment Equality Act now applies to all ages above the maximum age at which a person is by law obliged to attend school. The age ground under the Equal Status Act applies to people over 18 (except for the provision of car insurance to licensed drivers under that age).

The Role and Importance of Equality Legislation

This equality legislation provides an important foundation for the creation of an age friendly society: at a basic level it provides a mechanism that enables older people experiencing discrimination to seek change in their experience and situation; at a more proactive level it creates an Equality Authority with a broad mandate not only to combat discrimination but also to promote equality of opportunity in the areas covered by the legislation; and at a cultural level it reflects a commitment by our society to equality for all, including older people. However, the implementation of this equality legislation has shown the distance we need to travel to achieve an age friendly society.

Experiences of Discrimination on the Age Ground

Older people have shown that they are ready to make use of the legislation to challenge experiences of discrimination and ageism. Allegations of discrimination on the age ground make up 10 per cent of the Equality Authority casefiles under the Employment Equality Acts and 9 per cent of those under the Equal Status Acts. Under the Employment Equality Acts, allegations are almost exclusively made by older people. Most of these relate to allegations of discrimination in recruitment, promotion and job advertising. Under the Equal Status Acts, allegations of discrimination are made by older and younger people. The issues raised here include access to insurance, to public sector services and to licensed premises.

Negative Practices

The experiences of discrimination alleged in these casefiles highlight the many different practices within employment and service provision that give expression to ageism. These negative practices include:

- setting upper age limits to exclude older customers without taking account of their individual circumstances or situations
- failing to take account of the impact of policies or procedures in the workplace on older people and so contributing to situations of indirect discrimination
- refusing to serve older customers or to employ older people because of their age and so creating situations of direct discrimination
- making decisions about older people and their value as customers or employees on the basis of negative stereotypes and false assumptions about links between capacity and ambition, and chronological age.

The equality legislation makes a valuable contribution in challenging these negative practices.

Age Friendly Service Provision

Goods and services should be provided in a way that:

- does not discriminate against older people and others on the grounds of age
- takes account of the specific needs, experiences and situations of older people and other age groups in their design and delivery
- makes adjustment and provides special facilities to reasonably accommodate older people with disabilities
- contributes to promoting equality for older people and other age groups including through positive action measures allowed under equality legislation
- communicates a commitment to age equality to the wider community that is served by the organisation.

Equality Competence

We need organisations and individuals to be 'equality competent' if we are to achieve age friendly provision of goods and services. Equality competent organisations are developed and run by equality competent individuals. If we are to promote equality competence of organisations we need to focus on the institution and on the individuals within the institution. There is a need to build equality objectives into business systems and practices; and pay attention to how the attitudes and behaviour of individual staff contribute to the achievement of those equality objectives.

Equality Objectives

Equality objectives for older people are first and foremost concerned with access to resources. Equality competent service provision means that older people have access to the service and the benefits from the service on a par with other groups. However, equality in access to resources cannot be achieved in isolation from the achievement of a wider spectrum of equality objectives.

According Value and Status to Older People

Equality competent service provision must be concerned with according a value and a status to older people on a par with other groups. Service providers who value older customers will take steps to ensure that their services are designed and delivered in a manner that takes account of the specific needs, experiences and situations of older people. This in turn will enhance the achievement of equality for older people in access to and benefit from the services provided.

Including Older People in Decision-Making

Equality competent service provision must also be concerned with access by older people and their organisations to the decision-making processes of the service provider. Older people and their organisations need to have a say if services are to be designed and delivered in a manner that meets their needs. This participation in decision-making will give service providers valuable knowledge and information that will enhance the quality of their decision-making.

Building Relationships of Respect, Trust, Care, Love and Solidarity

Finally, equality objectives are also concerned with the nature of relationships with older people and members of other groups that experience inequality. These relationships can often be characterised by hostility, harassment, abuse, neglect or patronising attitudes and behaviour. Equality objectives seek relationships of respect, trust, care, love and solidarity. Attention should be paid to the interaction between service providers, their staff and older people, and to the quality and nature of this interaction if equality objectives, in terms of relationships, are to be achieved.

Business Systems and Practices

Business Systems

If service providers are to contribute to the achievement of these equality objectives they need to develop their business systems to a point where the pursuit of these equality objectives becomes a part of normal day-to-day business activity. In doing this, they need to address two challenges: to ensure that equality becomes a factor in governance or decision-making systems; and to develop an equality infrastructure within their organisation that supports a planned and systematic approach to equality.

Making Equality a Factor in Governance and Decision-Making Systems

Governance is about how organisations make decisions. Equality impact assessments, participation in decision-making by groups that experience inequality and the gathering and analysis of equality data all assist in making equality a factor in governance.

Equality impact assessments test policies and services at the design stage for their potential impact on equality for older people and for their capacity to address the specific needs, experiences and situations of older people. They are a valuable tool for building equality into policy development and service design and delivery. They should ensure that policies and services take older people into account and have a capacity to benefit and be accessible and relevant to older people.

Governance and decision-making systems must also allow for and support participation by older people and their organisations in decision-making. Effective participation depends on strong, accountable and skilful organisations of older people. If all are to benefit fully from participation, service providers need to support and provide resources for this participation.

Finally, governance and decision-making systems within an equality competent service provider must be evidence-based. Data on older people's experiences and situations, on their involvement with the services of the service provider and on the outcomes from that involvement need to be collected, analysed and used in any decision-making that effects older people. This evidence should be used to ensure that negative stereotypes of and false assumptions about older people have no influence on decision-making.

Developing an Equality Infrastructure

Developing an equality infrastructure to support a planned and systematic approach to equality starts with establishing a formal equality policy that sets out the institution's commitment to equality, non-discrimination and the accommodation of diversity for employees and customers from across the nine grounds covered by the equality legislation. It should establish the broad strategies to be pursued by the organisation on foot of this commitment. It should make specific reference to older people.

Equality policies need to be implemented and turned into practice. This requires a specific staff capacity. A second key element of the equality infrastructure is, therefore, the provision of equality and diversity training to all staff. The training should:

- provide knowledge on the equality legislation and on the experience and situation of the groups covered by the legislation
- stimulate reflection on attitudes towards groups experiencing inequality such as older people
- develop skills to devise and implement equality strategies and to build in an equality dimension to their day-to-day work.

The third key element of the equality infrastructure is an equality action plan. An equality action plan is important in creating a context and establishing initiatives in which staff can use the awareness and skills developed in equality and diversity training to give practical expression to the commitments made in the equality policy. An equality action plan is based on a review of policies, practices, procedures and perceptions within the organisation for their impact on equality. This review identifies steps to be taken within an equality action plan to enhance this impact on equality.

Governance with an equality dimension and a planned and systematic approach to equality are thus central to the equality competence of service providers. These are the areas of priority attention for business system development.

Business Practices

Business practices must also be a focus for attention in age friendly and equality competent provision of goods and services. Business practices in marketing, quality control, auditing and communication have a particular contribution to make to equality competence.

Marketing strategies for services seek to communicate with a range of audiences. All too often the imagery, the message or the medium reflect a youth culture and fail to communicate with older people. This presents a barrier to access for older people who can remain uninformed about services and unconvinced as to the relevance of these services to them. Marketing strategies need to be devised that communicate effectively with older people and that communicate an age friendly message to older people.

Quality control is important within service provision in ensuring targets are met, standards are realised and quality customer service is sustained. Equality needs to be identified as a key component of quality. Quality control should monitor issues such as the participation by older people in the service provided and the outcomes for older people from this service provision. This monitoring should shape the ongoing development of the service and its delivery.

Auditing is an element of business practice that can assist evidence-based decision-making and can support equality competence. Auditing the local community provides information on the customer base and its needs and perspectives. Such an audit should have a focus on the presence, aspirations and perspectives of older people. Auditing the design and delivery of services by the organisation can provide information on barriers to access and participation, and outcomes from the service for older people. Finally, staff audits also have an important contribution to make. A staff audit can explore experience and expertise among staff in interacting effectively with older people and in delivering services with a capacity to achieve equality outcomes for older people.

The final area of business practice with a central contribution to make to equality competence relates to communication with older people and other groups that experience inequality and information provision to them. User-friendly and appropriate information designed to meet the needs of older people has a key role to play in ensuring that older people can avail of service provision. Information materials should be in a variety of formats; they should be comprehensive in introducing the full range of choices open to older people; and they should use imagery and language that reflect a diversity of age groups. Channels of communication already used by older people need to be prioritised and availed of by service providers including, in particular, local and national organisations of older people. Outreach and face-to-face contact with older people and their organisations should also be part of this communications strategy.

Individual Attitudes and Behaviour

Business systems and practices have an important contribution to make to the equality competence of an organisation and to its capacity to provide goods and services in an age friendly manner. Individual attitudes and behaviour also have an important contribution to make. Institutional or organisational equality competence needs to be accompanied by an individual equality competence.

Equality competent individuals are vital to advocate for and develop equality competence for the organisation. They provide an important voice of solidarity with older people and others who experience inequality and discrimination. They achieve an interaction with older colleagues or older customers characterised by equality and respect.

Equality competence in the interaction with older customers poses four challenges to the individual service provider:

- The first challenge relates to the power held by the service provider as holder of resources and information, sometimes in a context of vulnerability for the older customer. Equality competence is concerned with empowering the older customer in this interaction. This poses a challenge in terms of affording real choices to older customers and in terms of placing them in control of defining the best options to pursue. This involves creating a dialogue of equals.
- The second challenge relates to the understanding of diversity developed in this interaction. Equality competence is concerned with the practical implication of the different identities, experiences and situations of groups that experience inequality. The challenges here are to listen to and communicate with older people in a way that addresses the barriers to effective listening and communication in a context of diversity; and to change and evaluate the options available for older customers rather than seeking to shape older customers to suit the single option available.
- The third challenge relates to the nature of the relationship between the service provider and the older customer in their interaction. Equality competence is concerned with relationships of trust, respect, care and solidarity. The challenge here is to explore the assumptions made about the older customer and to check for the influence of false assumptions and negative stereotypes.
- The final challenge in this interaction relates to the achievement of benefit to the older customer from the service being provided. Equality competence is concerned with achieving a new access to resources for older people and others who experience inequality. The challenge here is to achieve new outcomes for older people from the service provided.

Conclusion

'Say No To Ageism' Week provides an opportunity to reflect on ageism and on how it diminishes older people, local communities and the wider society. However, reflection needs to be at the service of action. 'Say No To Ageism' Week must also provide a moment for service providers in all sectors to assess their provision for its capacity to include and benefit older people and to take steps to further develop an age friendly and equality competent provision of goods and services.

Age-Friendly Primary Health Care: A World Health Organization Project

Irene Hoskins
Senior Technical Officer, Ageing and Life Course Programme, WHO

Introduction

The Age-Friendly Primary Health Care Project aims to sensitise and educate PHC workers about the specific needs of their older clients. As we will see below, the set of age friendly principles for PHC centres serves as a tool to increase health literacy and to empower all users of PHC centres, in particular older persons. The main objective is to make the local PHC centre more aware of and more suited to the needs of older persons and the types of care they require.

By increasing accessibility to, and the responsiveness, quality and comprehensiveness of, primary healthcare, the project aims to enable and empower older people as they age to remain active, productive and independent for as long as possible.

Primary Healthcare: A Definition

While there is no uniform, universally applicable definition of primary healthcare, it is useful to understand PHC as involving core principles. These include:

- universal access to care
- equity
- community participation
- non-discrimination.

PHC is the first level of care; it is provided at the community level. WHO describes PHC as 'the principal vehicle for the delivery of health care at the most local level of a country's health system'. PHC is essential healthcare made accessible at a cost the country and community can afford with methods that are practical, scientifically sound and socially acceptable. Primary healthcare must be accessible and 'friendly' to persons of all ages.

The Madrid International Plan of Action on Ageing

In April 2002 in Madrid, at the Second United Nations World Assembly on Ageing, government representatives from 159 countries adopted the MIPAA. The plan outlines steps to change attitudes, policies and practices on ageing at all levels and in different sectors so that older people can remain healthy, active and productive. The plan approaches population ageing as an enormous potential and a dividend yet to be realised by societies around the world.

One of the three critical priority areas highlighted in the plan is Advancing Health and Well-Being into Old Age. Governments recognised that older people are entitled to health promotion and disease prevention and that health services should focus on preventive and curative care throughout life, including old age. Specifically, the UN plan called on governments to develop and strengthen primary PHC services to meet the needs of older persons.

WHO Policy Framework on Active Ageing

At the same time as the UN World Assembly, the WHO launched *Active Ageing – A Policy Framework*. The policy framework builds on the premise that the vast majority of older people, as indeed people of all ages, aspire to be active contributors and participants in society. They want to remain in good health and enjoy good quality of life for as long as possible. They also want the security of knowing that, if and when they become frail, they will enjoy the protection and the security they need.

The policy framework defines active ageing as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age'. The active ageing approach builds on the life-course perspective, a perspective which recognises the important influences of earlier life experiences, gender and culture on how individuals age.

The life-course perspective takes into account the determinants of health to include the behavioural, environmental, social, economic, biological and psychological processes that operate across all stages of the life-course and determine health and well-being in later life. Among these determinants is life-long access to healthcare services, especially primary health care (PHC).

Towards Age Friendly Primary Health Care Centres

Objectives

There are seven objectives for PHC centres:

- availability
- accessibility

- comprehensiveness
- quality
- efficiency
- non-discrimination
- gender and age-responsiveness.

The aim, therefore, is to work to:

- minimise barriers to care
- promote age friendly attitudes and services
- ensure comprehensiveness of PHC services
- increase geriatric knowledge and skills of PHC staff
- support coordination and linkages with other community-based groups, services and family
- empower older persons.

Cross-Cutting Principles

As set down in the WHO Perth Framework for Age-Friendly Primary Health Care in 2004, these objectives must be set within the cross-cutting principles of gender, culture and human rights (including, among others, those set out in the UN Principles for Older Persons and the Patients' Bill of Rights).

Age Friendly Principles

Working with a series of national groups, the WHO asked older people and their providers to describe their barriers to care and their suggestions for change. The findings from this consultation, supported by background research and a consensus meeting of experts, led to the development of a set of age friendly principles.

The Age-Friendly Principles are designed to serve as a guide for community-based PHC centres to modify management and clinical services, staff training and environments to fit better the needs of their older patients. They address three major areas:

- information, education, communication and training including staff training in clinical geriatrics and approaches to patient education
- healthcare management systems, that is, adapting procedures, such as registration, to the special needs of older persons and supporting continuity of care through updated medical records available at each visit
- the physical environment, that is, clean and comfortable centres that apply, as far as possible, the principles of universal design.

Information, Education, Communication and Training

To meet this objective, PHC centres should:

- provide basic training in age, gender and culturally sensitive practices addressing knowledge, attitudes and skills for all PHC staff
- provide basic training in core competencies of elder care for all clinical PHC staff
- provide age, gender and culturally appropriate information on health promotion, disease management and medications for older persons as well as their informal carers
- review regularly the use of all medications and other therapies, including traditional medicine and practices.

Healthcare Management Systems

To meet this objective, PHC centres should:

- adapt administrative procedures to the special needs of older persons
- facilitate access to services for low-income patients
- support a continuum of care across the community level and between the primary, secondary and tertiary care levels
- support continuity of care through good recordkeeping across all care levels
- ensure participation of older people in decisions on the organisation of PHC
- provide age-appropriate information on the operation of PHC centres (such as opening hours and fee schedules).

For example, in terms of age friendly appointment systems, the PHC centre could provide step-by-step guidance to aid older people with their appointment making and provide an appointment card to assist older people in complying with appointments. To enhance the flow of information between PHC and other levels of care the centre could, for example, set up a system of referral to facilitate good communication and sample referral forms for follow-up following discharge from hospital.

The Physical Environment

To achieve the objectives set out for the physical environment, the PHC centre should:

- apply the common principles of universal design to the PHC centre whenever practical and affordable
- make safe and affordable transport to the PHC centre available
- post simple and easily readable signage to facilitate orientation of older persons
- identify key healthcare staff with name boards and name badges
- equip PHC centres with good lighting, non-slip surfaces, stable furniture and clear walkways
- ensure that PHC facilities, including waiting areas, are clean and comfortable.

Design considerations should, for example, be in place for parking; circulation space; the approach ramp; steps and stairs; corridors; lifts; doorways; toilets; public telephones; signage; and protruding objects, among other things.

The Way Forward

How are we to achieve our goal of age friendly primary healthcare? We are currently compiling the tools to allow PHC centres to apply the age friendly principles. Our next step is to reach international consensus on the tools and to pilot test them in PHC centres. When we have measured the impact of the toolkit, we plan to finalise it. We aim to establish minimum standards for the age friendliness of PHC centres and monitor the use of these standards.

To achieve our goal of empowering older persons, the age friendly principles will be displayed in waiting rooms. In addition, we will set standards and establish a mechanism by which we can confer age-friendly status.

It is important to remember that, while age friendly principles primarily benefit older populations, they also enable people with temporary or permanent functional limitations to access care and to maintain health and independence. An age friendly healthcare centre does not favour older people but instead benefits all patients.

Towards an Age Friendly Health Service in Ireland

Aidan Browne
National Director of Primary, Community and Continuing Care, Health Service Executive

Introduction

Since the last Health Strategy the health and social care system in Ireland has undergone reform. There are now two parts to the system: the Department of Health and Children (DoHC), which has responsibility for policy; and the Health Service Executive (HSE), which has responsibility for delivery of health and social care.

The HSE took over full operational responsibility for running the health and personal social services in Ireland on 1 January 2005. It has two goals: to improve the patient/client journey; and to provide a better working environment for staff. The HSE reports to a Board appointed by the Minister for Health and Children.

Services are run through a number of national directorates. The various functions of the HSE are as follows:

- National Hospitals Office (NHO)
- Primary, Community and Continuing Care
- Population Health
- Shared Services
- Change Management and Organisation Development
- Finance
- Human Resources
- Information and Communication Technology
- Corporate Affairs
- Corporate Services

The NHO runs the country's 53 acute general hospitals. The hospitals are managed locally through ten local hospital networks which report into the NHO.

Community services are run by the Primary, Community and Continuing Care (PCCC) directorate and managed locally by local health managers who report into the PCCC. The PCCC has responsibility for primary care including general practice; community-based health and personal social services; services for older persons and children; disability services; mental health services; and social inclusion.

PCCC will have 32 local health offices and seek greater involvement of service users, their families and communities in the planning and design of services in this area.

Population Health has overall responsibility for the strategic planning for all aspects of the HSE to positively influence health, health service delivery and outcomes by promoting and protecting the health of the entire population and target groups.

National Shared Services will be responsible for delivering efficiencies and greater effectiveness in the administration of the health service through transforming processing activities in Finance, Procurement, Information and Communications Technology (ICT), Human Resources and the Primary Care Reimbursement Service (General Medical Services [GMS]).

Towards an Age Friendly Health Service

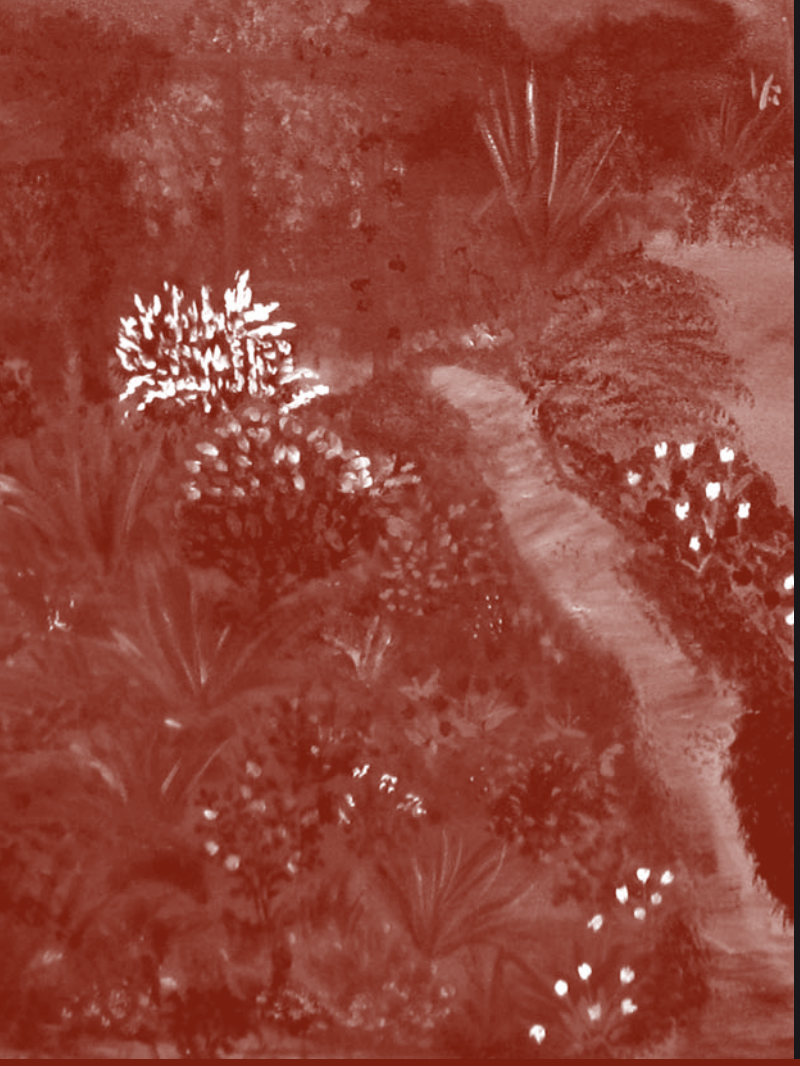
These national directorates provide leadership and expertise at national level. This allows us the opportunity, not available with the previous health board setup, to develop a unified approach to health service delivery; to transfer learning from service delivery into policy formulation; and translate policy into action. In addition, it allows us to facilitate better the involvement of stakeholders – the individual person and his or her family.

Our aim is to go beyond partnership and to share the experience of designing a health and social care system that it is fit for its purpose. We recognise the need to produce and reproduce minimum standards of care (informed by the body of international expertise from, for example, the UN). We plan to set, and monitor, national standards that are influenced by local knowledge. We aim to promote the development of best practice. We plan to include older people in service evaluation.

The new HSE structure also allows us to engage with other statutory agencies in a more meaningful way. In the past we have had very little influence on some of the key determinants of health including housing and transport.

The first mode of delivery of health and social care services is via the Primary Care Strategy. The success of the strategy relies on having in place an appropriate infrastructure and having the necessary resources – money and people. It also relies on a different way of working. We will aim to use the resources of the whole team to deliver the service in the most efficient way to the patient.

The journey has started. To achieve our goals to improve the patient/client journey and to provide a better working environment for staff we aim to do two key things: to facilitate an active participation process so that we hear the voice of the client; and foster an environment where the contribution of the team is more valuable than the contribution of the individual.



Final Session

An Age Friendly Future: The Challenges

Chair: Niall Crowley

The Challenges of Policy Implementation

Ita Mangan
Barrister

Introduction

The aim of this paper is to look at the challenges of policy implementation with particular reference to the report compiled by the Equality Authority, *Implementing Equality for Older People*.

There is a considerable gap between policy in many areas and its implementation. There are many well thought-out policy papers but the process seems to end there. Recent examples relevant to older people include the Health Strategy and the report of the Working Group on Elder Abuse, *Protecting Our Future*. While there are many reports on better government, outlining the principles that should apply to the involvement of citizens in policy-making, these seem never to be fully implemented. There is also a gap between legislation and policy in many areas, notably in the provision of community care services.

These problems arise for all groups. The problems of coherence between legislation, policies and implementation are not confined to areas affecting older people. Many age friendly policies are also family friendly and disability friendly and many of the recommendations in *Implementing Equality for Older People* would, if implemented, improve services for all groups. Society should be organised to meet the needs of all people and should enable all people to participate. A well-organised society, one that recognises the diversity of individuals, would have little need for categorisation by generation.

In the area of policies for older people, I have no doubt that attitude is a major issue. Media coverage suggests that older people are a problem or they are victims. It is, however, attitudes in the policy-making arena that are even more worrying. Rather than celebrating increased longevity as a success story for social policies and viewing the increased numbers of older people as a resource, public policy documents present the ageing of the population as a problem – a problem for the social security system; for the occupational pension system; and for society as a whole.

In this paper I concentrate on the recommendations from three main areas within the report, *Implementing Equality for Older People*:

- working
- involvement in policy-making
- involvement in health services.

One of the report's major recommendations involves the preservation of existing benefits whilst promoting the right of people who wish to continue working to do so. The reality is that not many older people want to work but it may be that they will have to because pension arrangements may not be sufficient.

Positive Action

Positive actions that could be taken include the following:

- allowing people to postpone taking up occupational and/or social welfare pensions while counting the additional years of work towards the pension
- reform of the Pre-Retirement Allowance scheme to allow people to retain some or all of the allowance while working
- extra tax incentives – similar to those available to long-term unemployed people who return to work (Revenue Job Assist)
- specific tax allowances for people who have not been in the workforce for over ten years – this would benefit women returning to work after home duties
- greater flexibility in working hours and length of the working day
- higher national minimum wage for older people
- free or subsidised training in IT skills
- a target for the participation of older people in FÁS training programmes
- subsidies to employers who employ older workers
- employer generated incentive schemes.

We look at some of these in more detail below.

The Right to Work

It is worth emphasising three fundamental points in relation to older people and work:

- the right to work
- the right to pensions (both State and occupational)
- The coexistence of these rights.

Unless we ensure that the right to work and the right to pensions are separate and discrete rights, which can exist together, we are in danger of bringing about a situation where older people's right to work will be seen as compensation for the loss or reduction of pensions.

Currently the question of older people working is being addressed purely in terms of the needs of the labour market and of the pension systems. It should be seen in the context of the rights of older people. The needs of the economy cannot be allowed to erode hard-won entitlements to pensions and other income maintenance arrangements. There must not be a cost in benefits foregone in return for active participation in the labour market.

Access to Work

The obstacles to older people remaining in or returning to work have not been addressed. Among the obstacles are:

- the existence of a statutory retirement age in some employments and a mandatory retirement age in almost all
- pension arrangements that are unfavourable if people go back to work with their former employer
- inflexible working arrangements
- inadequate skills and the lack of availability of, or access to, suitable training.

Age and Employment

More time is now spent outside paid employment than in it. Some commentators have referred to this as the 'age employment paradox'. Life expectancy has increased by about ten years since the 1950s yet labour force participation by older workers (those aged 60 to 64 years) has fallen from 80 per cent to 30 per cent.

This could be seen as a success story; people no longer need to work all their lives and can enjoy long years of retirement. It could, however, also be seen in terms of the exclusion of older people from the labour market and their consequent exclusion from other aspects of society. How it is seen is largely dependent on the individual's attitude to work. For some, it is a burden that should be cast off as quickly as possible; for others, it is a central feature of their lives; and there is the vast range of views in between.

Right to Pensions

The link between pensions and retirement was originally seen as removing the burden of work from older people. For those who regard work as a burden, this remains a valid consideration. There is, however, no necessary link between pensions and retirement. It is possible to have pensions available and to remove the exclusion from the labour market.

There are upper age limits for contributing to both social welfare and occupational pensions. People above these age limits who continue to work cannot contribute. This could be changed without much difficulty. It would mean that older people at work are treated in the same way as their younger colleagues. It would benefit the social welfare and occupational pensions systems and it might encourage some older people to remain in work.

Inflexible Working Arrangements

One of the main barriers to increased involvement of older people in the labour market is the inflexible nature of working arrangements. It may be that the demand for labour will result in the easing of the structural rigidity of the labour market. This has happened to some extent in areas where there are severe labour shortages, for example in nursing. However, there does seem to be considerable reluctance among employers to allow changes in working arrangements unless they are forced to do so by economic considerations.

Skills and Training

Inadequate or unsuitable skills constitute another barrier to older people at work. Older people have a strong case for the allocation of significant education and training resources to them. Issues we should address here include:

- special access for older people to FÁS training and to employer-provided training.
- special access for women in order to redress past discrimination
- IT access and training
- measures to ensure that age is not used inappropriately in recruitment and training.

Education and Lifelong Learning

Lifelong learning is usually seen in the context of maintaining or creating a skilled labour force. It clearly has a very important role in this but it also has a much wider social, educational and human role.

The White Paper on Adult Education, 'Learning for Life', defines adult education as learning being undertaken by adults who have concluded initial education or training. This seems to exclude those who have never benefited from education.

Education levels of older people in Ireland are considerably lower than in other Organisation for Economic Co-operation and Development (OECD) countries. At present there is proposed legislation on the setting up of a fund for the education of people who were in institutional care as children and who did not receive an adequate education there. The possibility of a similar fund for older people could be explored.

Age Limits

The upper age limit in the Employment Equality Act was removed in July 2004. This also affected the upper age limit in the Unfair Dismissals Acts; in general, the upper age limit is removed. However, the Unfair Dismissals Acts will still not apply to dismissed employees who, at the date of dismissal, had reached the normal retirement age in that employment. In other words, if it is the policy in an employment to retire employees at a certain age, then the new provisions would not apply.

There has been no change in the upper age limit for the Redundancy Payments Acts. This age limit has always been linked to the old age pension. It started off at age 70 and became age 66 in 1979 in line with pension age. It remains at age 66. It is interesting to note that the Redundancy Review Group report of July 2002 (the group was set up under the social partnership process) produced recommendations for the updating of statutory redundancy legislation and considered that increasing the upper age limit of 66 for redundancy qualification purposes would not be a priority in the short term if resources were scarce. It did recognise that the labour force is becoming older and that participation in the labour force by older people, if desired, should be facilitated. It recommended that consideration be given in the medium term to removing the age cap or raising the age cap in conjunction with similar changes to unfair dismissals, equality and social and family legislation, as recommended by the Equality Authority. A recommendation that 'consideration be given' is generally evidence of a less than enthusiastic approach to the proposal.

The Minister for Labour Affairs has said recently:[10]

> *There are no plans at present to remove the upper age limit in respect of statutory redundancy. However, in the light of the evolution of age-related legislative provisions, it will be necessary to review the age-related provisions of the Redundancy Payments Acts.*

Given that redundancy legislation has been passed in recent years, it seems unlikely that this will be addressed in the near future.

Health and Community Services

There has been almost no progress on the list of recommendations on health and community services. I will set out a few:

- no coordinated action plan as proposed in the Health Strategy 2001
- no clear legislative entitlement to community care services
- no new Care Allowance
- no improvements in the housing grants schemes; the review has been going on for more than two years
- no clarification of entitlement to long-stay care
- no changes in the monitoring of quality of long-stay care
- no independent advocacy service.

The Disability Bill 2004 introduces a further possibility of age discrimination in the assessment of need. The Bill explicitly allows for the assessment of need provisions to be introduced at different times for different age groups – the obvious implication is that older people will be the last to benefit.

10 Dáil Éireann, 20 April 2005. Dáil Debates, Volume 600.

Panel Discussion: Perspectives and Priorities of Older People

Older Women

Louise Richardson
National Coordinator, Older Women's Network

Introduction

To outline the views and perspectives of the diverse population of older women in Ireland is indeed a daunting task. What I present here is an overview of the priorities. We must take steps to: ensure that older people can live independently for as long as possible; enable greater access for older people to information and opportunities for education and training; and ensure that older people are socially included for the whole of our lives at our own pace.

Living Independently

There are four key areas that must be addressed to ensure that older women are able to live independently for as long as possible. Older women must have:

- access to appropriate health and social care
- availability of and access to appropriate social services
- financial security
- freedom from fear of violence and abuse and freedom from actual violence and abuse.

Health and Social Care

There must be adequate health and social care available to older people to enable us to live independently for as long as possible. In providing this care we, older people, should be consulted. Should we need to live in residential care, we need clear information about the cost of this care. Knowing our commitment in this regard removes the stress and gives us chance to prepare.

Social Services

We would like to see social services tailored to our needs. Again, this requires consultation with us. Some people find that they only need occasional support to maintain their quality of life. If this is the case, this level of support should be available. It should not be an all or nothing service.

Financial Security

To achieve and maintain independent living older people need to have financial security. At present many older women live in poverty as a result of inadequate pensions. Indeed, more than 70 per cent of older people depend solely on the State pension. Due recognition should be given to the unpaid and poorly paid work of women throughout their lives. In an age friendly society older people should not have to live in deprived circumstances. If older women take up work, they should be allowed to make paybacks to pensions without penalty.

Freedom from Violence and Abuse

Older people should be able to live free from the fear of violence and abuse and the actuality of violence and abuse. To this end, we recommend that the provisions set out in the report of the Working Group on Elder Abuse (2002), *Protecting Our Future*, should be implemented.

Information and Education

Older people, in particular older women, were, in their younger years, frequently deprived of the opportunity for education. This can have a major impact on feelings of self-confidence and self-worth. We need, in consultation with older women, to identify educational opportunities and, if necessary, tailor these to meet the needs of older people. Education and training can help to empower older women, giving them a meaningful voice and enabling them to have a say in the making of policy that affects them.

Social Inclusion of Older Women

A woman's role in society and family life can change dramatically in a short period of time with bereavement and widowhood, with retirement, or with children leaving home. These changes can lead to a change in the perception of self and can in turn lead to feelings of loneliness and isolation which can affect mental and physical well-being. It is very important for older women to be able to make connections with others, to be able to share their life's experiences, and to be able to call on the support of their peers. Making these connections and getting this support can help older women to adapt to their changing circumstances. The availability of public transport in allowing women to connect with others is very important.

Finally, I call on all of us, older people and those working with or for older people, to be more aware of our own ageist attitudes – in particular the notion that social inclusion is only for active older people. All older people, no matter how old or frail, have the right to participation, independence and choice.

Older Travellers

Molly Collins
Pavee Point

Introduction

I see two key priorities for older Travellers:

- access to and approach of health and social care services
- provision of appropriate accommodation.

Health and Social Care Services

Health is a major area of concern among the Traveller population. The 2002 census shows that Traveller women live on average 12 years less than settled women and Traveller men live ten years less than settled men. The census shows that there are 776 Travellers aged 65 and over out of a total population of 23,681 Travellers; in other words, 3 per cent of Travellers are aged 65 and over. This compares to 11 per cent among the population as a whole.

Better access to health and social care can help to improve health among Travellers. To achieve this, the approach of health and social care providers must change to take account of the distinct characteristics of Travellers and their different perceptions of health, disease and care needs.

Most older Travellers are unaware of their entitlements or what is available in the health and social care services for them. A lack of understanding of Travellers and their culture on the part of health and social care providers makes a bad situation worse. Many older Travellers have literacy problems. Few health and social care providers ask older Travellers, 'Can you read?'. I know of cases where doctors have given out prescriptions and pharmacists have given out medication with no verbal instructions on how to take it. Travellers often miss appointments because written notification is sent to them.

Accommodation

Accommodation for older and retired Travellers must be improved. There are around one thousand families currently living on roadside sites with no facilities; even the location and design of some official sites is poor. This inadequate accommodation has an adverse impact on health. Improvements can be made in consultation with Travellers. At present, any accommodation that is provided is situated in isolated places, at a distance from key services such as shops and health services. Transport then becomes a problem – how do older Travellers get to the services they need?

Many older Travellers with mobility problems can find it difficult to live in trailers. Attention must be paid to the design and suitability of accommodation for the older Traveller. In addition, thought must also be given to the provision of activities for older Travellers in or near their homes. These are simple things that could have a huge impact on the quality of life of older Travellers.

Older Men

Dermot McDermott

Introduction

I would define an age friendly society as one that treats its older people with due respect, deference, protection and care. In this context I pose three questions or challenges:

- what can older men do for themselves?
- what can older men do for society?
- what can society do for older men?

What Can Older Men Do for Themselves?

Self-preservation and protection are important goals. Older men must take steps to ensure that they stay healthy – healthy in mind, body and soul. This means making conscious and resolute plans to undertake physical, mental and spiritual activities.

What Can Older Men Do for Society?

When one considers the wealth of experience of older people it seems wasteful that this is not recycled. Older people do important work in a range of voluntary organisations, using their talent and experience to the advantage of their communities. Older people are also involved in an advisory role with some central government Departments. Other organisations, those in the private sector and in local government, for example, could involve older people in similar ways. This involvement is likely to be of benefit to all; to the organisation, to the older person and to the wider community.

Many areas in Ireland have poor transport infrastructure, high levels of emigration and isolated rural communities. The North West has, for example, a greater proportion of people aged 65 and over than anywhere else in the country. Its most northwesterly county, Donegal, has a particularly poor transport network with no rail service and many areas with no bus service. There are six issues which, if addressed, would help alleviate many of the problems faced by older people in these isolated communities:

- greater access to improved healthcare services including hospital facilities
- a greater number of retired people's groups (with support for these from government)
- improved transport links
- availability of suitable housing and the availability of downsizing options (swapping or moving from a larger to a smaller home)
- greater opportunities for 'recycling' the wisdom and experience of older people
- businesses more attuned to providing for the needs of older people.

Older men and older women have made a major contribution to the development of our society. This must be acknowledged and recognised if an age friendly society is to be realised. Our future may suffer if we consciously disregard our past.

Older People with Disabilities

Mary Keogh

Introduction

The majority of people with disabilities in Ireland are older people yet there is very little research data on people with disabilities who are older. I had to go back to 1996 to find a policy document on the status of people with a disability. If we examine the typical approach to disability in Ireland from a policy-maker and service planner perspective we find that it looks at us in a very one-dimensional way. When it comes to the different aspects of our lives such as ageing this is never identified or taken into account. It is important that policy-makers and service providers realise that we do have different identities and that we do have different aspects to our lives.

There are five key priorities from the point of view of older people with disabilities:

- the need to adopt a rights-based approach to legislation
- the need for continued access to social services into older age
- the need to ensure a suitable environment for all
- the need for research
- the need to challenge the idea that we are a cost to society.

A Rights-Based Approach

In terms of priorities, first and foremost is the need to apply a rights-based approach. This is an approach that the disability community has been advocating and campaigning for for the last 10 to 15 years. It is something that we cannot and should not give up on.

This approach should be extended to all citizens, especially older people with disabilities. One of the key mechanisms of this approach is advocacy. Older people's groups must become organised so that their voice is heard. Without organisation, and without advocacy we become disempowered. Our voice must be heard.

Continued Access to Social Services

The second priority for older people with disabilities is the need for access to continued social services. To give you an example from my own experience – I have a personal assistant; this allows me to live independently. It is unclear whether I will be eligible to have a personal assistant when I am 65 years of age. There are many such anomalies in the health and social care system. This lack of clarity needs to be addressed.

Suitability of the Environment

A third priority is the suitability of the environment. We should adopt the principles of universal design and the idea of adaptable lifetime housing. We should move away from thinking about this in terms of the cost of making the environment accessible for people with disabilities but rather think of it in terms of making it accessible to all. Disabled access is not just about people with disabilities; it applies to older people too. We need to take a broad rather than a narrow view.

Research

A fourth priority is the need for research on ageing and disability. It is important to have sound research-based evidence for planning and decision-making to ensure that the needs of all are addressed. The Disability Bill 2004, which at the time of writing is in its final report stage, highlights this issue. The definition of disability in this Bill is limited, and thus allows for a limited response to the needs of older people with disabilities. This needs to be addressed.

Challenge That We Are a Cost to Society

Finally, we need to challenge, and challenge very strongly, the idea that we are a drain on or a cost to society. If we do not challenge this assumption, we will always be fighting to justify our needs.

Older Carers

Brigid Barron
Director, Caring for Carers Ireland

Introduction

There are 150,000 people currently providing care in Ireland. Most of them are women aged between 45 and 60. More than one in ten of all carers (some 16,000) are 65 years or older. These older carers are more likely to experience poor health and functional limitations that make caring more difficult. In addition, they are more likely to live in poor housing and suffer financial hardship and social exclusion.

From the perspective of older carers, the priorities for shaping an age friendly society are as follows:

- recognise and value the work of older carers
- provide an integrated system of community care incorporating health and social care services, housing, income and transport
- establish a clearly identifiable community-based service for older carers such as the Carers' Clinic and provide adequate resources to carer-focused organisations.

Recognition

At present the state will only provide a carer service when all else fails, that is, where there is no family to provide care or where family care breaks down. In my thirty years of service I have yet to meet a family who do not wish to care but I have met carers who cannot continue to care because of the lack of adequate home supports. It is important to acknowledge the personal sacrifices made by carers. It is also important to acknowledge the significant benefits to both the carer and the cared for that arise from people being cared for in their own home, where social contact and overall quality of life are maintained.

Value

There are also significant benefits to the state. Older carers make a significant contribution to society in terms of savings to the Exchequer. With savings estimated at €490 per individual per week, 150,000 older carers save the Exchequer almost €74 million per week or almost €4 billion per annum (based on figures from 2000).

Integrated Care

The availability and accessibility of appropriate, coordinated health and social care services directed at the carer and cared for is perhaps the most crucial issue for older carers. The need for planned, regular respite care is vital to sustaining the carer's ability to continue to care over a long period of time. Service providers must address this need. A barrier to getting much-needed services and entitlements is the lack of information available about them. The time and effort needed to discover what services are available, to track them down, to arrange appointments and try to secure follow-up are aspects of care management that many carers can find very stressful. For many the barrier is insurmountable and they do not get the services they need.

A Clearly Identifiable Community-Based Service

If we are to have an age friendly society, then we must have a nationwide community-based service similar to the Carers' Clinic in Co. Clare; a service that supports the ongoing provision of care by families and their communities. The Carers' Clinic is a professionally led clinic. It identifies older carers, provides one-to-one confidential information, advice and support, and assists in referring them to appropriate services.[11] Given adequate funding, each Carers' Clinic could promote services that are integrated, needs-focused, carer-focused, holistic and flexible. These services could include:

- identifying carers in the community
- assessing carers' needs
- confidential information, counselling, advice and support
- access to appropriate health services
- access to appropriate benefits and entitlements

11 For further details see National Council on Ageing and Older People, 2004. *The 2003 Healthy Ageing Conference. Conference Proceedings.* Dublin: NCAOP.

- access to housing services
- health screening and health promotion
- referral to other non-statutory services
- ongoing follow-up and care.

Conclusion

The need for reform of the Irish healthcare system is well recognised. Caring for Carers Ireland called for a national strategy on carers and caring to be developed and implemented. This was first called for in 1996 – almost ten years ago. This strategy must be underpinned by legislation and it must offer financial commitment to support caring in the home.

I look forward to the forthcoming publication of the Equality Authority's report, *Implementing Equality for Carers*. I believe it will be one of the most significant documents to come before policy-makers in recent times.

Summary of Issues Raised and Priorities for the Future

Niall Crowley
CEO, The Equality Authority

Introduction

The conference focused on the idea of moving towards an age friendly society. An age friendly society was defined in a number of ways. We talked about it in terms of it being about:

- autonomy for older people
- participation by older people
- financial security for older people
- health and social care for older people.

We also talked about an age friendly society being a society that:

- accommodates the perspective of the individual
- provides conditions for the growth of positive attitudes towards an ageing population
- offers respect for the lived experience of older people
- is committed to a rights-based approach to change.

The Challenges

We contrasted these aspirations with the current situation. The Equality Authority report, *Implementing Equality for Older People*, sets out an agenda for the formation of an age friendly society. The lack of progress on the implementation of all of the recommendations set out in this report presents a major hurdle to achieving an age friendly society. We identified four main challenges:

- the cultural challenge
- the institutional challenge
- the policy challenge
- the challenge to the individual older person and to the wider society.

The Cultural Challenge

We need first of all to be aware of the images and stereotypes we adopt and use in our interactions with older people. We need to challenge the accuracy of the images and stereotypes we use. We need new images to reflect the reality. We need older people to define what these new images might be.

The Institutional Challenge

We need to challenge standards in the provision of services to older people, especially in the provision of health and social care services, and standards in relation to employment. We talked about the challenges facing institutions and organisations: the challenge of establishing equality competence; and the challenge of mainstreaming older people into development strategies, particularly in relation to primary healthcare. Mainstreaming is important; it creates a new paradigm or way of thinking and behaving. Including older people in the mainstream changes what the mainstream does. Bringing older people in from the margins has practical implications for how institutions and organisations do business. We need to use positive action. Positive action is important in addressing inequality. We should not, however, tackle it in an ad hoc way – it should be planned and systematic.

The Policy Challenge

We need to create a policy context for an age friendly society. There is a need to implement rights-based legislation that turns eligibility for services into entitlement to services. There is a need for a statutory duty on the public sector to have due regard to equality, to be equality competent and to promote equality for older people.

The Challenge to the Individual Older Person and to Individuals in Wider Society

Individual older people must seize independence, demand autonomy and organise in order to define how to achieve an age friendly society. The challenge to older people is to build solidarity with other groups, sharing and learning from experiences of inequality. As for the individual in wider society, we must raise the issue of age friendly attitudes and individual equality competence.

Finally, we looked at how creating an age friendly society is part of the wider challenge of establishing a society for all ages. We need to achieve an integration of all members of society; we need to make society accepting of all people. In aiming to achieve this we should remember the importance of shared agendas between groups of older people as well as the importance of meeting needs specific to each group. An age friendly society is very much an equality friendly society; this is the context in which I think we need to advance the issue of equality for older people.

Closing Address: An Age Friendly Future

Sean Power, TD
Minister of State, Department of Health and Children

Introduction

I was delighted to accept the kind invitation to attend this conference and I wish to congratulate everyone involved in its preparation. It has provided participants with the opportunity to discuss how we can ensure that ageism becomes a thing of the past.

The majority of older people live healthy and fulfilling lives, something often ignored by the media. Older age can be a time of freedom, of new challenges, a time to devote, at last, to a hobby or pastime. There are many examples of people who take up demanding new challenges when they retire and of people who use their retirement to make extraordinary contributions to society. It is not uncommon for people on retirement to either return to college or enrol in a college course for the first time.

Older people are no different from other age groups insofar as we all need to have a sense of control over our lives and the means to participate in society. All older people, including those who are vulnerable and in need of care, must be encouraged to participate to the maximum extent possible in the decisions that affect them and in all facets of life that contribute to their well-being.

There can be little doubt that participation in all aspects of society is a central component of healthy ageing and it is absolutely right that older people should seek to be empowered and to influence decision-making in the areas that affect them.

Perceptions of Ageing in Health and Social Services

The key findings of the report, *Perceptions of Ageism in Health and Social Services*, published by the NCAOP, point to prejudicial attitudes and discriminatory practices. The report is based on research conducted among 450 older people and 150 health and social services staff in all of the former health boards.

The study corroborates the findings of similar studies carried out in other countries that older people are stereotyped when it comes to dealing with service providers. The study found that some service providers treated older people as if they had limited understanding of their situation and were unable to make decisions regarding their own care. It also found that there was age discrimination in relation to older people's access to services with many older people feeling that they had been 'fobbed off' because of their age. The study further found that much of the ageism that exists is purely unintentional ageism.

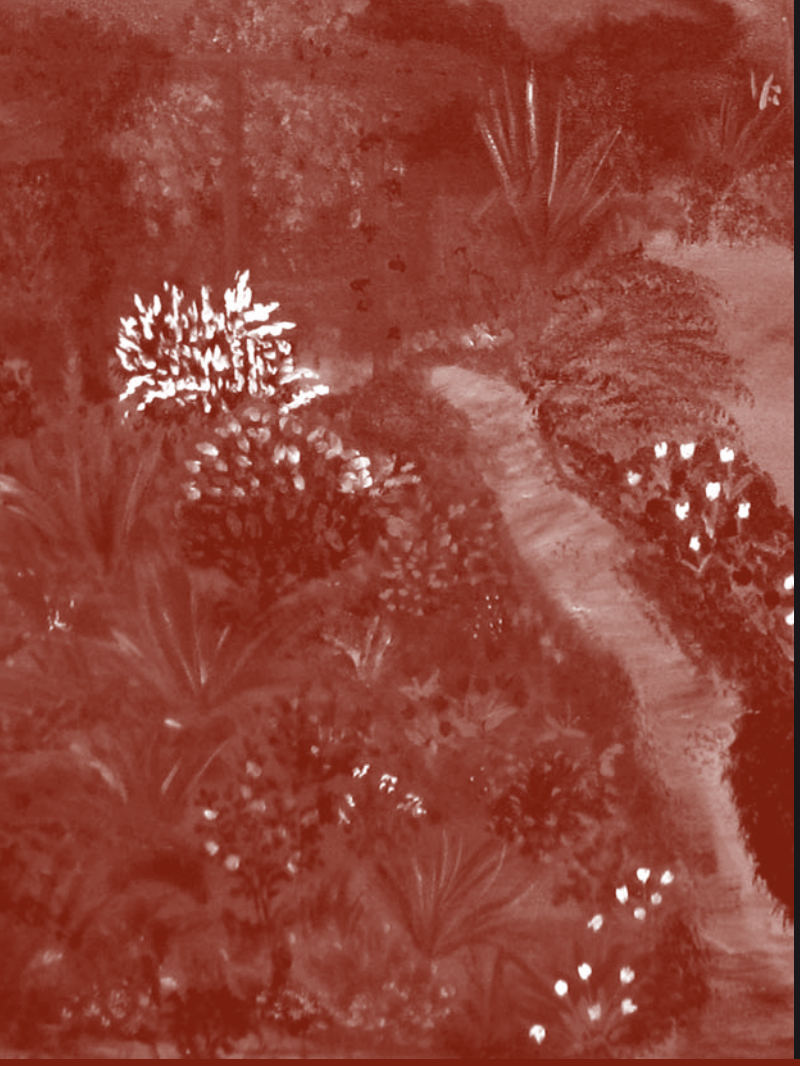
I welcome the publication of this report. It will give us all a better understanding of the experiences of older people in accessing health and social care services. The findings will be of interest to the HSE, the body with statutory responsibility for the provision of health services.

Commitment to Improve the Lives of Older People

The present government acknowledges the contribution of older people to society in general. It is fully committed to improving all aspects of their lives by focusing on issues that affect their well-being, including health issues.

Conferences such as this provide a forum to enable older people and those providing services to older people to come together to discuss issues such as ageism, to share experiences and to look for possible solutions that can influence policy-makers.

This government is committed to supporting your efforts in making older people feel wanted and valued. We hope that even more people will become involved in community initiatives to support older people and to address ageism in today's society.



Appendix

United Nations Principles For Older Persons

Appendix

United Nations Principles For Older Persons

Independence

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.

2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.

3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

4. Older persons should have access to appropriate educational and training programmes.

5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.

6. Older persons should be able to reside at home for as long as possible.

Participation

7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.

8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.

9. Older persons should be able to form movements or associations of older persons.

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.

11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.

12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfillment

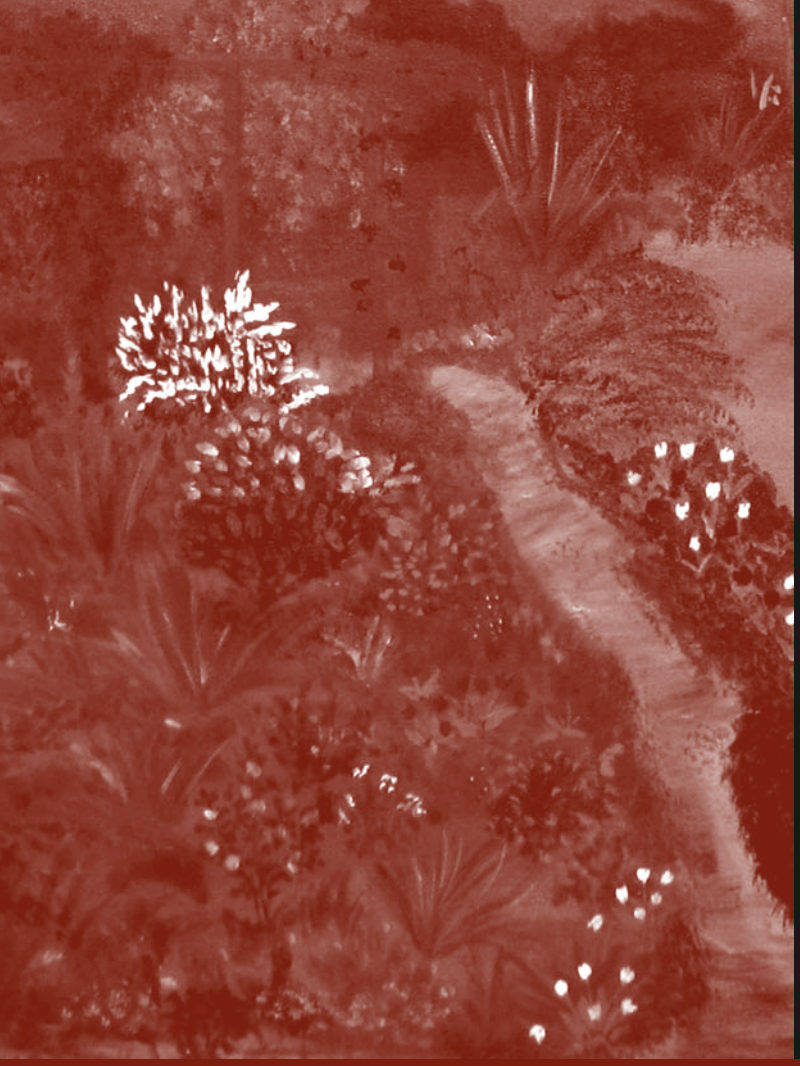
15. Older persons should be able to pursue opportunities for the full development of their potential.

16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.



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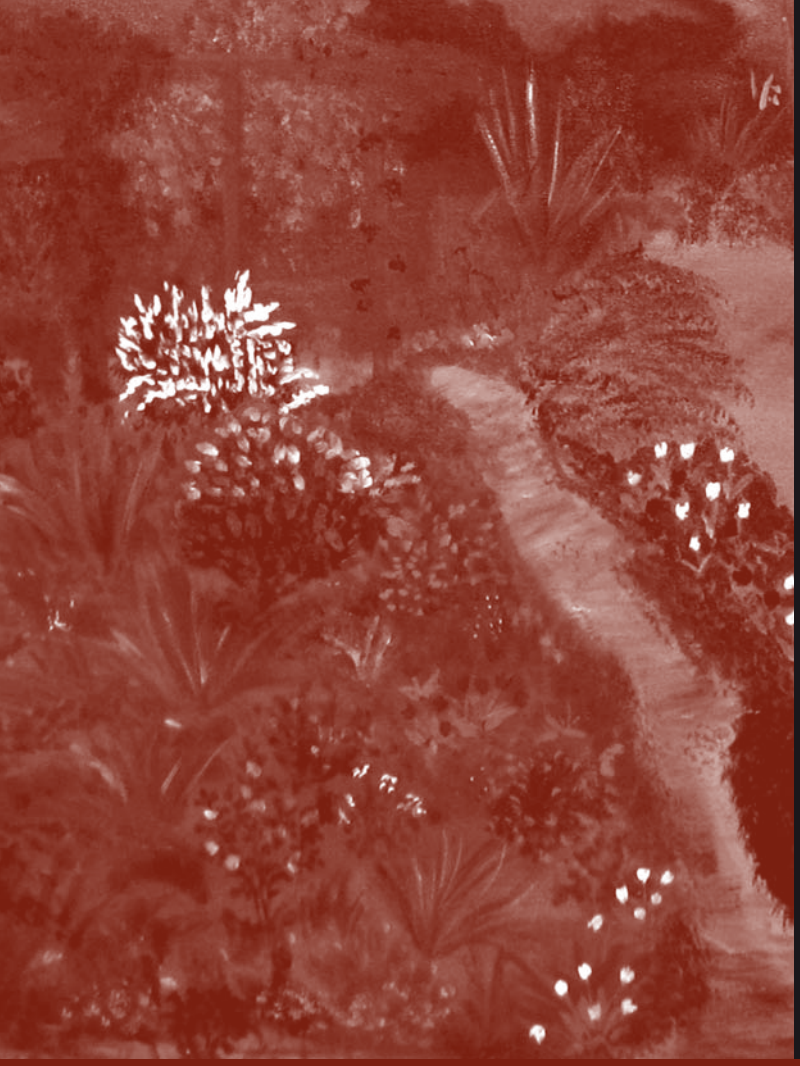

Terms of Reference

NCAOP

The National Council on Ageing and Older People was established on 19th 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;
    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.

Membership

Chairperson Cllr Éibhlin Byrne

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

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.

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