

Strengthening Protection for All Ages against Age Discrimination outside the Workplace

**Examples to illustrate older people's experiences
when accessing goods and services**

A Report for the Equality Commission

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Introduction

Age discrimination is the practical manifestation of ageism, an all-pervasive problem which is a form of prejudice like racism or sexism. Such discrimination can be a barrier to older people seeking fair access to employment, goods, facilities and services, and an equal part in society (Simey, 2002). The term ‘goods, facilities and services’ is not defined in legislation, but is understood to denote a wide range of activities carried out by organisations such as public services, businesses, charities, shops and sports and leisure facilities. It includes such things as access to and use of public places; accommodation in hotels; financial services; facilities for education, entertainment, recreation, or refreshment; facilities for transport or travel; services of a profession or trade; and services of a local or public authority (Equality Commission 2011: 14-15).

Current legislation in Northern Ireland does not protect against discrimination or harassment on the grounds of age when accessing goods and services. The Equality Commission for Northern Ireland (ECNI) has outlined proposals for reform in legislation on this issue so that the legal framework in Northern Ireland keeps pace with changes introduced in Great Britain by the 2010 Equality Act.

The aim of this project was to identify, record and document the experiences of age discrimination by a range of older people living in areas across Northern Ireland. The report sets out a **range of case studies** that highlight **examples of potential age discrimination** experienced by older people when accessing health and social care, financial services, and other services such as retail or leisure facilities.

This report also documents case studies that illustrate **examples of the general barriers**, including negative attitudes, that older people face when accessing goods and services because of their age. Whilst the treatment experienced by older people in these **examples of the general barriers** experienced by older people **may not** amount to unlawful age discrimination, the examples highlight situations where older people perceive that they are treated unfairly because of their age when accessing goods and

services. Other forms of discrimination, for example, those involving activities based on hatred and bigotry, have highlighted the need to recognise the perspective of the victim rather than the intent of the perpetrator in determining whether an activity should be recorded as a hate crime and this report also take a victim centred approach in recounting perceived instances of discrimination based upon the age of a person.

This project was conducted by the Institute for Conflict Research (ICR), an independent research organisation, based in Belfast, which specialises in working on issues related to conflict, human rights, social justice and social transformation. The work has been commissioned by the Equality Commission for Northern Ireland in order to capture and share real world examples of older people's experiences of age discrimination when accessing goods and services and also to provide a greater awareness of the issue of age discrimination with a wider audience.

Methodology

The primary methodology for this project involved gathering first hand information from older people of instances where they perceived themselves to have been victims of discrimination based upon their age. This was done through a mixture of collective workshop events, conversations with older people through a range of locally based forums and through individual one to one interviews.

Two larger group facilitated workshop events were held, one in Belfast and one in Derry/Londonderry. These were attended by approximately 30 participants. The sessions included the following format:

- An initial '**plenary**' session which was used to provide an overview of the research, its aims and objectives;
- A series of **focus groups** of 4-8 participants working with a facilitator from ICR. These smaller groups enabled participants to voice their various experiences and to gather a broad overview of the different forms of discrimination experienced by older people when accessing goods and services; and

- The final part of the session involved **one-on-one interviews** with selected and self-selected participants in order to tease out further information and clarify details of their particular stories and experiences.

Throughout these workshop sessions, ICR facilitators were cognizant of other factors that may serve to impact or compound age related discrimination such as, ethnicity, gender, community background, sexual orientation or disability. Each session was audio recorded and those who contributed case studies were asked to give consent to have their story published.

In addition to the two facilitated sessions, the ECNI and ICR worked collaboratively to identify a number of individuals believed that they had experienced age discrimination when accessing goods and services. A number of other case studies were identified through engagement with older peoples' networks and local senior citizens forums as well as individuals who had reported their case directly to the ECNI. The organisations that were contacted and which facilitated the research include Age NI; Age Sector Platform; Citizens Advice Bureau; Consumer Council; Engage with Age; Greater Shankhill Senior Citizens' Forum; North Belfast Senior Citizens' Forum; and South Belfast and Castlereagh Lifestyle Forum. Discussions and conversation with representatives of various forums and networks served to offer a broader understanding and awareness of the issues that are affecting older people when accessing goods and services.

The final part of the project methodology was to undertake a brief review of relevant recent literature related to age discrimination and which has been carried out in Northern Ireland, Great Britain and on a European basis.

The next section of this report provides the local context for the project and outlines the main findings from the literature review. This is followed by a section which outlines a number of examples of perceived discrimination that have been recounted by older people for this project. This section is broken down into **three** main sub-headings relating to **health and social care, financial goods and services and other general services.**

This section contains **case studies** that highlight both **examples of potential age discrimination**, as well as **examples of the general barriers**, including negative attitudes, that older people face when accessing goods and services because of their age. The **examples of the general barriers** were in part drawn from discussions with representatives of older people's networks and forums, on the issues that affect older people when accessing goods and services. The next section of the report gives an overview of key issues that pulls together the various strands of the report, followed by a final section outlining conclusions.

Background

The background context to this project is the Northern Ireland Executive's commitment to develop and consult on proposals to extend age discrimination in the provision of goods, facilities and services that was set out in its *Programme for Government 2012-2015*. It is anticipated that the consultation on these proposals by OFMDFM will take place sometime during 2014.

The Equality Act 2010 was enacted in Great Britain to strengthen and harmonise protection against age discrimination and other forms of unlawful discrimination across a range of areas. From October 2012, the Equality Act was strengthened to ensure that people over the age of 18 were protected against unjustified, differential treatment on grounds of age when accessing goods, facilities and services, in the exercise of public functions or by private clubs. In Great Britain, specific instances of age discrimination may still continue by exception, positive action and objective justification. For example, certain exceptions were included to reflect the fact that there may be a good reason for some forms of differential treatment: for example, free bus passes and flu vaccinations, and discounted membership for private clubs and all benefit older people. In Great Britain the law does permit service providers to both directly and indirectly discriminate against older people due to their age, but only provided such treatment is objectively justifiable.

However, and despite devolution, these provisions have yet to be implemented in legislation for Northern Ireland. A report by Dickson and Glennon (2009) asserted that Northern Ireland was out of line with other common law countries in not having a law that protects older people when accessing goods, facilities and services. The report outlined three reasons why this gap in legislation remains within Northern Ireland. First that awareness and concern about age discrimination was developed later than in other areas; second that law-makers in England and Wales have been slow to enact pertinent laws, resulting in a lack of pressure to do so in Northern Ireland; and third

that law-makers had historically focussed on employment discrimination, rather than a broader range of areas of public life.

The Equality Commission for Northern Ireland (2012) argued that the proposed Northern Irish legislation should ban unjustifiable direct and indirect discrimination on the grounds of age (actual or perceived), as well as harassment and victimisation (for example, treating an individual less favourably because they have made a complaint of unlawful age discrimination). The Equality Commission is recommending that people of all ages should have protection against unlawful discrimination and harassment on grounds of age when accessing goods and services.

Previous Research

There has been a relatively small amount of published research on age discrimination in Great Britain and Ireland, although there is increasing awareness of the issue. A European wide survey of 55,000 people carried out in 2008 found that age discrimination was the 'most widely experienced form of discrimination across Europe', with perceptions of age discrimination in the UK at 64%, the second highest figure behind France (Age UK nd: 4). Research in Northern Ireland in 2010 by Age NI found that 45% of older people agreed 'that they were aware of instances where older people had been treated with less dignity and respect when accessing services because of their age' (cited in Equality Commission 2012: 7)

The most wide-ranging of recent studies, produced by the Research on Age Discrimination Project (RoAD) for Help the Aged, looked at age related discrimination across a range of social issues throughout the United Kingdom (RoAD 2007). The RoAD project adopted a broad holistic definition of age discrimination, in which age discrimination was considered as a form of exclusion, either threatened or actual, which can take many forms, from bureaucratic regulation to physical aggression. The RoAD study, a two year project key involving 300 older people from across the UK, found that 73% of respondents agreed that older people face discrimination on grounds of age in their everyday lives. Researchers collected 153 separate accounts of age discrimination which fell into the following broad categories (RoAD 2007: 7):

Employment	26%
Health	21%
Insurance	14%
Money matters (excluding insurance)	13%
Public areas - pavements	10%
Shopping	7%
Adverts and TV	5%
Buses	4%

Many of these categories of discrimination, and their relative frequency, reflect the findings highlighted in this report with health/social care and financial services encompassing the majority of cases where individuals perceive that they have received differential treatment, due to their age. The RoAD research found that a large number of accounts of age discrimination fell within the heading of health provision and this was the sector that clearly segregated users by age (RoAD 2007: 5). It claimed that it is difficult to root out age discrimination from the provision of care services because the assessment of needs is often based on stereotypical assumptions.

The research also found that financial services, including insurance and money matters, accounted for a large proportion of complaints because some sectors of the market apply age barriers, while in others, the cost of the product effectively excludes older consumers. Another reason why older people are being excluded within financial services is due to modern technology placing older customers at a disadvantage to younger ones. In fact the research noted generally that 'older people are largely overlooked in what remains a youth-obsessed consumer marketplace' (RoAD 2007: 4).

More recently, findings from the English Longitudinal Study of Ageing (ELSA) revealed 33% of all older people experience some form of perceived age discrimination, with poorer, older men being at highest risk. 'Perceived age discrimination in older adults' highlights both the high levels of age discrimination faced by older people, and the fact that was perceived to worsen as they age: 26.6% of people aged between 52 and 59

reported age discrimination, a figure which rose to 37.2% for adults aged between 70 and 79. The research reveals that the group at the highest risk of age discrimination are better educated, retired men with the low levels of wealth. It noted that the poorest older people were 35% more likely to report age discrimination than the wealthiest, while retired older people were 25% more likely to report age discrimination than those who were still employed, and it noted that older men faced higher levels of perceived age discrimination in many aspects of their lives in comparison with women (Rippon et al 2013).

In terms of accessing health and social care service, older people are the largest group of consumers of NHS services and while they account for 16% of the UK population, they consume 40% of healthcare resources (RoAD, 2007). A major review of 'the nature, extent and variability of age discrimination in the health and social care system' carried out in Great Britain in 2009 found that despite recent progress and the good quality of service received by many people of all ages, age discrimination remains an issue for the health and social care system and that examples of both direct and indirect discrimination have a detrimental impact on patients, service users and carers and on public confidence in the system. The report noted that negative attitudes and narrow assumptions about age, but particularly about older people, were an important cause of age discrimination, but that discriminatory behaviour was often bound up with other factors which contributed to poor quality care. It recommended that a specific focus on age issues at a local level was required, through such processes as local audits and planning, and clear actions should be identified and implemented to advance age equality and tackle discrimination (Carruthers and Ormondroyd 2009: 5-7)

In relation to financial services, the majority of complaints of age discrimination relate to forms of insurance, including travel, motor and home insurance. A House of Commons Library briefing paper cited a Help the Aged comment which noted that '91 per cent of annual travel insurance policies across the market impose an upper age limit. More than one in four of the annual policies examined by the charity - many of them from major household names - won't even cover the 9.4 million people in the UK

aged 65 and over. And less than 30 per cent cover the over-75s. When it comes to single trip policies, 77 per cent impose an upper age limit, with a fifth freezing out anyone aged 65, and over half refusing cover to people over 75' (Edmonds 2013: 10)

Research by Fitzpatrick and Kingston (2008) into older people's access to financial services in Northern Ireland for the Equality Commission identified instances of both direct and indirect age discrimination. One notable example of direct discrimination was when age was being used as a proxy for risk, and people over a certain age were precluded from accessing financial services, solely on the basis of their age. However, although this appears to be a recurrent problem, financial providers in Great Britain are able to continue using a person's age as a factor in assessing risk, under an exception in the legislation already enacted in Great Britain (Home Office 2010). However, risk assessments based on age must be objectively justified based on relevant information from a source in which it is reasonable to rely.

Examples of potential indirect discrimination that were identified included where the cheapest insurance offers and financial products were available only online, which was more likely to inhibit many older people from accessing them due to a lower levels of access to computers and computer literacy. This issue has been further highlighted in a CARDI report on the negative impact that an increase on e-government is likely to have on older people (Hardill 2013). In addition to uncovering examples of direct and indirect age discrimination, Fitzpatrick and Kingston also highlighted some general barriers that affect older people when accessing financial services. These included a knowledge gap and lack of familiarity with contemporary forms of managing money, especially online methods; fewer older people holding a bank account or credit cards; a preference for long-established forms of managing money, especially cash; concern about Post Office closures; and a reluctance to ask for help.

The report highlighted that protection for older people from abuse and discrimination, in the provision of financial services, is essential. The general barriers facing older people, and the examples of both direct and indirect age discrimination, are evidence of the need to strengthen existing legislation in the goods, facilities and services field.

Perceptions of Age Discrimination

This section documents a variety of examples that illustrate some of the barriers and negative attitudes that older people face when accessing goods and services because of their age.

The examples are broken down into cases involving **health and social care, financial goods and services and general goods and services**. Each of the three sections include both detailed **case studies** which highlight **examples of potential age discrimination** which highlight the experiences of older people who believe that they have been unfairly treated because of their age when accessing goods and services, as well as **examples of the general barriers** that older people face due to their age when accessing services, including experiencing poor quality of services and treatment

Examples of potential age discrimination

This report highlights **examples of potential age discrimination**. Clearly, as there is currently no equality legislation in Northern Ireland prohibiting age discrimination in the provision of goods and services, the older people identified in these examples have no right to challenge the unfair treatment they believe that they have experienced. Further, in the event that the legislation is introduced, it will, of course, be up a court to decide whether or not an individual has or has not been subjected to unlawful age discrimination. In addition, the ability of any individual to prove unlawful age discrimination will also **depend on the exact nature and scope of the legislation** introduced in Northern Ireland.

Due to these factors, the **examples of potential age discrimination** identified in this report therefore remain as **potential** examples of unfair age discrimination.

Examples of general barriers

This report also highlights **examples of the general barriers** that older people face due to their age when accessing goods, facilities and services. Whilst the treatment experienced by older people in these examples **may not amount to unlawful age discrimination** they illustrate the barriers, including negative attitudes, that older people face when accessing goods and services; as well as the types of situations where older people perceived that they were treated unfairly or treated with less respect because of their age when accessing goods and services.

Health and Social Care

People highlighted a number of ways in which they felt that they had been discriminated against because of their age by different health and social care providers including by GPs, in hospital, when engaging with specialist services and in nursing or residential homes. The types of complaints they had were in relation to a **decline in access to certain services** when they passed a certain age, **poor quality of treatment, being treated with disrespect**, feeling that **cost was a factor** in the treatment that they were offered, having **less care taken of diagnoses** and **not having complaints addressed** in a satisfactory manner. In a number of instances people cited a variety of interlinked factors that contributed to a perception of having been discriminated against purely because of their age.

Loss of a health care service when transitioning to services for older people

Mary is registered blind, an insulin dependent diabetic with associated foot problems. She has kidney failure and receives dialysis three times a week; she has cardiac problems and severe arthritis which is treated with morphine. Despite this, she lives independently in her own accommodation, with support from her family who provide for all of her personal care needs. For the past fifteen years the Health and Social Care Trust has also provided Mary with three hours home help service to do cleaning and ironing, which is essential given her blindness. Mary has relied heavily upon this practical care to support her in her own home.

When Mary turned 65 years old, she was informed by social workers from the Health Trust that she would be transferred from the social work team for the blind (sensory support team) to the social work team for the elderly. She was then reassessed by the elderly care team and, while the assessment confirmed that she still required practical help with tasks such as cleaning and ironing, Mary was informed that they were unable to provide the services due to limited available resources.

A complaint was made to the Trust, which explained that while they could provide her with a personal care service they were unable to offer any practical home help due to budgetary constraints. Mary's family provide for all personal care needs, so she does not require assistance from the Trust for this, but she does require practical home service which she now has to source privately and at a cost.

Mary's transferral from the sensory support team to the elderly support team, which occurred purely because of her age, has resulted in the loss of the three hours of practical home help service that she had relied on for fifteen years. In effect she has lost this service due to her age rather than her needs. Mary feels that this is wrong "I was totally shocked when the two social workers from each team informed me about this decision and I became deeply upset". Essentially, Mary feels that she has been treated differently as a 65 year-old physically disabled person compared to a 64 year-old physically disabled person.

Poor Quality of Care:

A 72 year old woman recounted a variety of poor experiences and unfair treatment in the health service, which she attributed to her age and the age of her fellow patients. She noted that she was treated in three different hospitals during 2012. In the first two, where she was on mixed age wards, “the care provided was exceptional” but she experienced a number of problems when she was transferred to a third hospital and was housed on a rehabilitation ward which was identified as providing “care of the elderly”. On one occasion, after using the bed pan, she asked if she could have a “sip of water” and was handed the water by the same nurse who had carried the bed pan, without her first washing her hands. When she drew this to the nurse’s attention she was told “well it’s your fault, you asked for the water”. She also recalled having a dressing on her knee changed on one occasion while she was on the toilet. The woman also commented on the small portions of food and limited choice of dishes on the menu.

The same woman noted numerous instances of poor treatment of other patients while she was in the ward, and in particular, the sometimes abusive treatment of patients with various forms of dementia. She noted that some (mostly night) staff spoke to patients with dementia in a cruel, abusive and disrespectful manner, sometimes shouting or arguing with patients with dementia, with one nurse finally ending a situation by simply yelling ‘Shutttt upppp’! Further, she saw one member of staff approaching a patient with dementia from the back and pulling up her pyjamas. When the patient reacted, the nurse teased her. She says that the main problems were during the nights and she noticed that when the ward was staffed by what she described as the ‘competent and caring nurses’ it remained ‘quiet and peaceful’; but on other occasions the nurses shouted or argued with patients which only served to increase the levels of agitation of those patients with dementia. While this woman did receive some very nurturing experiences from some staff, she also said that when she left the hospital she felt ‘traumatized’. She realised how bad this was when she was

subsequently admitted to another hospital and she jumped to protect herself when a nurse came near her. One nurse actually said to her: 'No one here will hurt you'.

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One woman, in her late 60s, recounted how the day after she had had an operation in a hospital she was awoken when a nurse 'started hammering (the foot of her bed) with her clipboard'. She also watched the nurse doing the same thing to other patients in the ward. Feeling extremely tired, cold and in pain she asked to see her doctor. She told him that the pain seemed much worse than after a prior operation a couple of years previously, but the doctor merely responded that 'no two operations are the same' and left. She remained in pain throughout the day and had difficulty using the morphine pump, when she mentioned this to the nurse she was told, in a rather condescending manner, that the pump worked fine and she must not have been using it correctly. A few hours later she asked the nurse to reposition her blanket following an examination but the nurse simply said 'no, you can do it yourself, there is nothing wrong with your arms' and she stood and watched as the woman struggled to reposition the blanket. The next day she challenged the nurse about the treatment she received and was told that staff did not have the time to do everything. However, she felt that the poor treatment was due to her being viewed as elderly. The experience had left a lasting impression and the woman remained deeply concerned about the possibility of going back into hospital: 'They'll have to drag me in unconscious to get me back into hospital'.

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A 60 year old woman recalled her experiences with a temporary doctor at her healthcare practice. At the time she was very stressed and was struggling both physically and mentally with her condition. She felt that the doctor was very dismissive when she described how she was feeling and he told her that he only could allow for ten minutes per patient and that she would now have to leave "I burst into tears. I was so upset at the time, I was feeling very low mentally". Subsequently she felt very angry about the situation because she believed that she wouldn't have received such poor treatment if she wasn't an older person. The temporary doctor has since left the

practice, but the woman said that if he was ever to return then she would leave that practice.

Limited access to services due to financial priorities:

A 71 year old woman cited two personal examples where she felt that cost had taken priority over her health. She had had a hip replacement some eight years previously and her arthritis had meant that she 'has been in constant pain in her other hip for a number of years'. She had been prescribed a herbal medicine for her condition for several years, but some two years ago her GP, who was also the centre manager and thus responsible for the practice budget, discontinued her prescription and told her that the medicine she had been receiving was no longer available on prescription.

The woman found out that GP surgeries in the same town continued to offer the medicine on prescription and she 'felt the decision was just about saving money'. Because she felt the medicine had helped her condition, she now pays for it personally. Around the same time as her herbal medicine was discontinued she was referred by her GP to have an assessment on her hip. She was told she did not need a hip replacement and was given a course of acupuncture instead. The acupuncture had no impact and the pain continued. Eighteen months later when she raised the issue again with her GP (a different one from before), she was informed that she did now need a hip replacement. In both instances she feels that she was not given the treatment she needed due to an attempt to save money. She feels that her health has suffered and that she was deliberately misdiagnosed in the first instance to avoid the costly hip replacement procedure.

Lack of respect:

A 69 year old woman was waiting on a care package to be arranged following surgery after damaging her shoulder and breaking her wrist when a young doctor began asking her questions which were designed to test her mental capability. She was asked questions such as 'Who is the Queen?' and 'Can you count from twenty to zero?' She felt that these questions were unnecessary and irrelevant. "I felt like I was sinking into

the ground and that nobody there (in the hospital) was actually listening to what I was telling them". She also felt that the nurses on duty spoke to her in a condescending way when she tried to explain that she was actually mentally well: "They said ... aw dear is that right? ... sure we will see about that".

When she tried to complain about her treatment to the on-duty doctor she was told that all patients, in that particular ward (a ward which predominately consists of elderly patients with mental health issues including dementia), were asked similar questions. She believes that the questions were completely unrelated to her circumstances but rather were due to her age and being housed on a ward with people with mental health issues. 'They were totally dismissive of my actually condition and they treated me like an invalid'. Since this ordeal, she said that she fears having to return to hospital because of the treatment she received from the staff and their pre-conceived perceptions due of her age. "The whole situation was very demoralising and I felt so deflated throughout".

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A 72 year old woman, whose experiences of her poor care on a rehabilitation ward for older people, as cited above, also noted examples of what she perceived as a lack of respect by health care staff. She recalled that people were referred to by staff by such terms as 'pet', 'dear' or 'love', even though 'every patient's name was above their bed', and she noted a nurse on night duty telling her that she hadn't time to say 'hello' to patients when she was in charge of the ward.

She also described what happened when, on one occasion, she had been unable to reach the buzzer to call for assistance (because she was immobile and the buzzer was on a chair). After calling out a number of times a nurse came to assist but commented "there's your buzzer. Are you blind?" She noted that "only one staff nurse ever asked my permission to enter my locker" and on one occasion when she and three other patients were watching television, a member of staff walked into the room and turned the television off without saying anything to anyone. She said that these experiences

made her feel that “some staff seemed to believe that because we were of the older age group we were invisible and not important human beings”.

Low Priority:

One woman, with personal experience of working in a healthcare profession, said that she believed that older people, especially those in a residential home, were sometimes subject to age discrimination when accessing healthcare services. She recalled the experience of her elderly mother-in-law, who lives in a nursing home, and who was sent to A&E on three occasions over a two week period before finally being hospitalised. She said she was aware of a number of other similar incidents in which elderly patients did not receive the appropriate healthcare by consultants or GPs. She believed that consultants and doctors appeared to have different healthcare priorities for different types of patients and that elderly people, especially those in a residential centre, were at the bottom of the list. “Nobody speaks up for them (elderly)” she claimed and, because older people are more vulnerable and tend not to be demanding, oversights can occur from some leading healthcare professionals.

Poor treatment of older people in nursing or residential homes:

One woman reported being distressed by the persistent poor level and quality of treatment her 95 year old mother had received in a Belfast nursing home. Her mother suffers with Alzheimer’s disease and she believed her mother suffered from neglect and lack of appropriate care in the home. She noticed that her mother was not being washed properly and her hair was not being cut or washed; there was no protective clothing available while eating; staff did not encourage her mother to eat or drink, and the food was often cold and nutritionally imbalanced.

She did express her concerns to the acting centre manager but this produced no evident improvement. She then wrote to the chief executive and managing director of the nursing home as well as the chief executive of the Regulation and Quality Improvement Authority (RQIA) and to the senior management of the Health and Social Care Trust. The management of the nursing home and RQIA stated that they did not

investigate individual complaints but the HSCT said it would investigate the home. After a period of more two months she felt that her mother was receiving better care, but she remained concerned about the other residents. Sometime later, following an unexpected inspection of the home, it was closed temporarily until management and staff had received training to ensure appropriate standards were being met. The woman said that she felt relieved that all the patients, including her mother were now receiving appropriate healthcare, but she wished it had not taken so long to happen.

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Another person recounted the experiences of her 83 year old mother-in-law, who suffered from dementia and a physical disability and who was living in a private nursing home. She stated that her mother-in-law had been given new medication that made her feel disorientated, unable to walk and very dizzy. Because of these symptoms and her poor condition, the family requested her GP pay a visit to the nursing home to assess her mother-in-law's wellbeing (the nursing home was two miles from the medical practice). The GP asked that she be brought to the practice instead, however the family persisted and the GP eventually agreed to visit the nursing home. When he arrived the GP gave her mother-in-law a very cursory examination 'just a quick in and out visit' before leaving.

The family were angry that the GP had seemingly been very dismissive of her mother-in-law's ill health and felt that he did not provide her with the appropriate care or consideration. They felt that this was purely to do with the woman's age and the fact that her dementia did not enable her to clearly enunciate her needs. She was given poor treatment because she was elderly, vulnerable and not demanding. The same person also noted that on occasion the management of the nursing home had sent dementia residents to an emergency medical appointment without an escort or a carer, or without someone who knew the patient, due to insufficient staff resources. Again she felt that this was poor practice that that was allowed to occur because the patient was elderly and could not complain.

Ignoring complaints:

Another person told how she was angry at the way she had been treated when trying to make a complaint about the treatment of her mother in a nursing home. She also felt that the relatives of other patients were also treated poorly. She felt that any complaint she had made to the management of the nursing home, whether verbal or in writing, were ignored. She also said that her lack of apparent ability to obtain a response made her feel both 'full of guilt' and 'powerless' to change her mother's situation and if her mother died in the nursing home she felt she would be unable to grieve because of the guilt.

Summary

These diverse examples highlight a variety of ways in which older people feel that they have been subjected to poor quality treatment within the health care system, including by their GP, in hospitals and in residential homes. Whilst a number of these examples may not amount to age discrimination per se, their experiences did create a perception, among the individual patients or their relatives, that they were receiving poorer quality treatment, were considered less of a priority and were being treated or spoken to with a lack of dignity and respect, and at the very least this was partly due to their age.

Financial Goods and Services

Financial services likely to be covered by the age discrimination legislation include products and services such as advising on regulated mortgages, bank accounts, consumer loans and credit, credit cards/ debit cards, motor/ travel/ private medical/ property insurance, life assurance, and breakdown insurance.

In a number of the case studies highlighted below, **older people have been refused insurance** because they have reached a certain age. In one instance, this has resulted in an older person being unable to continue in employment. In other case studies, older people have experienced what they consider to be **excessive rises in their insurance premiums simply because they have reached a certain age.**

It is important to note that age discrimination legislation that has been introduced in other jurisdictions, including the Republic of Ireland and Great Britain, has included a **broad exception for financial service providers.** This exception permits financial service providers to treat people differently on grounds of age provided it is proportionate to risks and costs.

For example, in Great Britain, this exception means that it is not discriminatory for financial service providers to operate age bands and age limits for products and services; nor is it discriminatory to refuse to provide an older person with a product or service due to their age.

However, this exception only applies if financial service providers in Great Britain, when carrying out a risk assessment, ensure that the risk assessment, so far as it involves a consideration of a person's age, is carried out by reference to information which is both relevant to the assessment and from a source on which it is reasonable to rely.

In addition, in Great Britain, where motor or travel insurers refuse to provide cover on the basis of that a person's age exceeds a maximum age limit, they must refer that customer to another provider or refer them to the dedicated signposting service which is designed to assist them to find a provider who can meet their needs. These

measures are designed to improve transparency within the travel and motor insurance sectors and to improve access for older people to these forms of insurance.

The extent to which an older person will be able to prove that they have been subjected to unlawful discrimination by a financial service provider because of their age, **will depend on the exact nature and scope of the legislation introduced in Northern Ireland; and in particular the breath of the financial services exception.**

It will be noted that whilst the Equality Commission has recommended that the legislation contains a tailored specific exception for financial service providers, it has raised concerns about the breath of financial services exception in Great Britain.

It is important to stress that whilst the existence of an exception is likely to mean that financial service providers can continue to use a person's age as a criterion when designing, pricing or offering financial service products, there may be circumstances in which the practices of financial service providers may be challenged.

In particular, **older people are likely to be able to challenge** a financial service provider if they believe that the **risk assessment**, so far as it involves a consideration of a person's age, **is not based on relevant information and from a source on which it is reasonable to rely.** Older people are also likely to be able to challenge a financial service provider if they **harass them due to their age** or **victimise them** because they have made a complaint of age discrimination.

A number of complaints have, for example, been successfully brought by older people in the Republic of Ireland under the Equality Status Act 2000, which contains an exception for financial service providers, in circumstances where the financial provider was unable to show that the data relied on was from a source on which it was reasonable to rely.

A number of people highlighted problems that they had experienced in relation to accessing financial goods and services once they got beyond a certain age. **These included difficulties in applying for a credit card, being refused motor vehicle**

insurance and an increase in costs or excessive premiums when purchasing or renewing travel insurance.

Examples below include both **examples of potential age discrimination**, as well as **examples of the general barriers** that older people face due to their age when accessing financial goods and services.¹

Refused motor insurance required for employment

James worked all his life as a driver, he has been driving cars since he was 17, has had a PSV license since he was 21 and an HGV license since he was 23. He has driven buses, taxis and lorries all his life. He has never had an accident or had any trouble with the police throughout his driving career. Since he was 65 he has been required to have an annual medical in order to have his PSV and HGV licenses renewed. He has never had any problems in passing his medicals.

He drove HGV vehicles until he was 70, and continued to work occasionally, 2 or 3 times a week, as a taxi driver until he was 72. His taxi driving work came to an end when his employer told him that the insurance company would no longer cover James because of his age. "I felt like I was being discriminated against and it completely knocked my confidence ... I wanted to take them (insurance provider) to court" (James). Although James can still qualify for a PSV and HGV license, he has ceased applying for them due to his inability to work in this area because his employer cannot get insurance for him. James has also tried other insurance providers since and has had no success. "I have always worked as a driver in some capacity and even though I continue to remain in good health, I can no longer do this work because of the insurance providers ... Now I have nothing to do and find myself sitting about the house all day ... I feel so deflated".

¹ For an explanation of the difference between examples of potential age discrimination and examples of general barriers that older people face due to their age when accessing goods and services, see page 10.

Refused access to credit card

In 2013 **Peter** applied over the telephone for a credit card from a leading UK supermarket chain, but he was informed that because he was over the age of 80 he was not eligible to receive one. He felt deeply annoyed and frustrated and went to the supermarket in person to enquire about the information he had previously been given on the phone. The staff were helpful and phoned the customer service department on Peter's behalf. He was informed that the policy had since changed and that he was now eligible to submit an application regardless of his age. Peter completed an application form and sent it off.

A representative from the supermarket chain subsequently contacted James on receipt of his application and informed him that the company had indeed changed their policy and that people over the age of 80 were now eligible to apply for their credit card. Peter's application has since been accepted and now he has the card. "At the time I was so annoyed about being rejected because of my age but I am now delighted that the company has re-thought their policy and the issue has now been resolved".

Potential
Discrimination

Refused private insurance

Joan finds private insurance cover very expensive so she shops around for the most competitive price. She was shocked and disgusted however by one insurance broker when she rang them for a quote and the broker asked Joan her age. When she replied that she was 78, the broker did not ask any further questions about herself but simply refused to offer her any insurance cover. Joan was upset and sees this is an obvious example of age discrimination.

Potential
Discrimination

Life Insurance:

One woman recalled how when she and her husband had applied for a mortgage some 10 years ago they were told by the broker that life insurance cover would be 'too dear' for people of their age. In the end they did take on the mortgage but did so without any life insurance cover as this would have made the mortgage too expensive for them.

Health or Age:

Another couple, who are both over the age of 75, noted that as they had moved beyond 70 many insurance brokers were unwilling to offer any cover for travel. In fact they have had to spend around £1,500 for an annual multiple trip cover for the two of them. The husband does have multiple health conditions, but he says he is in relative good health and travels to America every six months. He accepts that the high insurance quotes are in part a reflection of his health but believes that it is also age-related. He thinks that such high costs may prohibits older people from travelling because it is they generally who also have additional health conditions.

Potential Discrimination

Refused travel insurance and quoted excessive travel insurance premium:

Kathleen always purchased her travel insurance through a regular broker. However, the broker refused to provide a quotation for her when she passed the age of 60. She approached other insurance agencies but they were much more expensive than she had been quoted before she was 60. Kathleen is in reasonable health and has no medical conditions that would impact on her ability to travel, but was being quoted in the region of £250-300 per week for travel insurance. On some occasions this was more expensive than the holiday itself. Due to the expensive nature of the travel insurance, Kathleen has become discouraged about travelling abroad and feels discriminated against on the grounds of her age.

However, after considerable searching Kathleen finally found travel insurance for herself and her husband and at a price she was happy with.

Quoted excessive travel insurance premiums and wide variations between providers

Alastair (who is 68 years old) was surprised when he applied to renew his existing annual worldwide travel insurance policy and was quoted a significant increase in his premium. At the age of 56 Alastair had a surgical heart procedure and is on regular medication for his heart condition.

His previous premium had been £210 for annual worldwide policy insurance (including excess protection). When he sought to renew his annual worldwide travel insurance in December 2013, the insurance provider refused to give him annual travel insurance and offered him single trip insurance (to cover a trip to America) at a premium of £875. When he queried the excessive rise in his insurance premium from the previous year, he was made to understand that this was due to a change in the insurance underwriter and who sought information on a range of medical issues that had not previously been requested. He was also told that as a result of these changes, a number of older people had seen a significant rise in their premiums. Alastair subsequently asked the insurance provider why his premium was so high but he felt the written reply did not answer his questions in sufficient detail. He requested further clarification but was subsequently told by the insurance provider that there would be no further clarification to the points they made in their letter.

Alastair obtained a quote from another travel insurance company, which was aware of his heart condition, and which offered him single trip insurance cover to the USA for £426. This was significantly lower than the previous quote, but higher than his previous policy.

He subsequently obtained a policy from a third insurance provider who offered him annual worldwide travel insurance for £135, this included cover for his pre-existing heart condition, but does not cover dementia or instances of travel against a doctors advice. The policy also does not cover people over the age of 85. Alastair's current policy is provided through the civil service scheme for retired employees, which he is able to access as he is a member of a Union.

Alastair was surprised to see the marked difference in the three quotes that he received for travel insurance for an older person. He was also shocked that the first provider refused to provide him with annual travel insurance and was only prepared to offer him single trip insurance at what he considered to be a premium. He was also disappointed that he unable to ascertain from the information he received from the first insurance provider why their premium was so high.

Refused travel insurance that covered baggage

Allan and his wife planned to fly from Belfast to Exeter in August 2013. They did not require personal travel insurance but did want to have their luggage insured so he telephoned the insurance provider who covers their home insurance to request a separate policy to cover their luggage. However, he was told that because he was over 75, the company would not be able to insure him, although they would be able to insure his wife who is seven years younger under 70. Allan said: "I was very surprised. I could not understand or appreciate why I could not get insurance for my luggage, surely this has nothing to do with my age anyway". Allan noted that when he travels with coach companies his age is not an issue but if he wants to travel by plane then he is penalised because of his age.

Allan and his wife travelled to Exeter without insurance cover for their baggage. Unfortunately their luggage was misplaced and they spent six days without their possessions. He subsequently spent a lot of time contacting the aircraft authorities in the attempt to be reimbursed for the expenses incurred while the couple were without their personal belongings. "It is a complete nuisance value. It's annoying the amount of time and trouble it has taken". If Allan had been able to purchase the insurance he had wanted, the provider would have been able to deal with these problems. Allan reported this issue to the Consumer Council who informed him that they could not look into the case until the relevant authorities decided whether or not to reimburse him for his expenses.

Allan says the situation is a "farce" and the older he gets, the more discrimination he feels he receives in terms of getting travel insurance. He said "now I'm 76 years old, I think these insurance companies believe I'm over the hill and far away". Fundamentally Allan believes that: "Your age, irrespective of any other factors like health conditions, becomes a barrier to getting insurance".

General Goods and Services

A number of people cited examples of where they felt they had been discriminated against because of their age or treated with less than the expected levels of respect in different forms of routine activity.

Again, examples below include **examples of potential age discrimination**, as well as **examples of the general barriers** that older people face when accessing day to day goods and services, such as retail services or facilities for entertainment.²

Potential Discrimination

Lack of respect when accessing retail services

Martin, who is in his early eighties, regularly collected his prescription from a leading high street pharmacy. On one particular occasion as he went to collect his medication he was approached by a female shop assistant in her early thirties, who began asking him about his age, address, name, etc. Martin asked for an explanation in which the employee responded with a laugh “we are just testing your mental faculties”. This response was met with laughs from other employees behind the counter and Martin was “so embarrassed about the whole thing”. Martin was also aware that other customers in the shop could hear the exchange which added to the embarrassment.

When he returned home Martin phoned the chemist to ask for an explanation and to convey his anger about what he experienced. The pharmacist herself answered the phone. She apologized and said “it was only a bit of fun and was surprised he took it this way”. Martin was then contacted by the assistant manageress and was given a telephone number in England to make a complaint. Martin persisted and eventually spoke to the manageress of the chemist where the incident took place and who agreed to meet with him. When they met, the manageress had temporarily lost her voice and consequently ‘mimed’ throughout the conversation.

² For an explanation of the difference between examples of potential age discrimination and examples of general barriers that older people face due to their age when accessing goods and services, see page 10.

Martin eventually received a letter of apology and a gift voucher for twenty pounds. However he was dissatisfied with this response and telephoned the number in England he had been given. He made a formal complaint and was told this would be investigated further. Martin has received no further contact or information from the pharmacy about this incident and he remains angry about being subject to such treatment: "I feel like I've been treated like an absolute fool".

Public Transport:

A number of people raised concerns about the treatment of elderly people in accessing public transport, with complaints of rude and unhelpful drivers, as well as drivers who move off too quickly and do not consider the pace at which elderly people move. One 75 year old woman highlighted her concerns about the accessibility of public transport for older people travelling from the Newry and Mourne area to the Craigavon Area Hospital. She first became aware of this issue when her elderly sister had an early morning appointment in Craigavon Area Hospital but was only able to attend the appointment because her son drove her.

She feels that the current public transport from her area to Craigavon is extremely poor and it impacts more on older people because they are more reliant on such transport. In the past she had been referred to Belfast City Hospital for treatment and was very glad that she was as public transport to Belfast was more accessible even though it was a greater distance from her home compared to Craigavon.

She has raised this issue with political representatives and statutory organisations but nothing has come from such discussions: "Nobody wants to grasp the nettle or do any constructive work" she said. She believes that the lack of public transport to Craigavon from her area means that many older people have become isolated and it especially inhibits them from attending early morning hospital appointments at Craigavon.

Refused access to facilities for entertainment

Andrew, who is in his early 60s, was invited by his nephew, in his 20s, to watch a football match in a bar in Belfast City Centre in August 2013. After the match finished Andrew's nephew suggested going to a nightclub for a few more drinks but when they tried to gain entrance to the premises (about 11 pm), Andrew was told by one of the four doormen that "You are too old to get in here". He says he was in complete shock and did not know how to respond to this statement from the doorman: "It was so humiliating because I was with my nephew and also there was about half a dozen young ladies going into the club who had witnessed what happened". Andrew did not argue with the doormen and instead simply took a taxi home while his nephew went into the club.

The following day, Andrew tried to contact the nightclub directly to find out their entrance policy, but he was unable to speak to anyone. Since the incident Andrew has contacted his solicitor, local MEP, the Equality Commission for Northern Ireland and the media to relay his experience. Andrew said: "I would sometimes go down to a local nightclub (in Lisburn) with some younger friends and family members, and I have never had any bother gaining entry". Andrew feels like he was treated in a discriminatory way and that the manner in which he was spoke to was completely disrespectful.

Representatives of the nightclub eventually contacted Andrew's solicitor denying any liability. Andrew was dismayed with the club's response and said "I didn't want any compensation; all I wanted was an apology".

Lack of respect:

One 71 year old lady highlighted two examples of who she felt she had been unfairly treated because of her age. She has lived independently in sheltered accommodation for some fifteen years and takes an active part in community programmes and initiatives within her local area. One morning she was heading out to an event at Stormont as she walked past a milkman, who was delivering milk to a neighbour, he asked her where she was headed for and when she told him he replied “Oh, so you’re not just an old lady who sits in the house all the time”. The woman was astonished by his comment “I was so angry at him and I remained angry throughout that whole day”. She reported the incident to the supervisor of the sheltered accommodation and it was noted. Reflecting on the event she said “I felt like he was looking down at me and pre-judging me, there was no need for him to make those comments.”

On another occasion she was walking through a crowded shopping mall in Lisburn when a man working for a funeral services company approached her and asked her “Have you thought about making your funeral arrangements”. At the time she did not take offense at the comment but she did ask the man why he had picked ‘her’ out. “I told him that there’s a lot of other people walking past, granted they are all a bit younger, but do you think because I look a bit older that I need to do this”? The man just laughed it off and responded “I just thought you would be an ideal candidate”. She told the man that she had already made arrangements with another funeral provider.

When she returned home she thought some more about what had happened: “When I got home I just kept thinking to myself; why did he pick me out? ... Did he think I was near that time”? The lady wished she had remembered the name of the company who the employee worked for so that she could have made a complaint. She also said that she has heard of other similar instances of older people being targeted in this way by funeral service providers.

Summary

A number of older people who were spoken to as part of this project recounted instances where they believed they had been discriminated against and treated without sufficient respect by a range of service providers, or where service providers did not pay sufficient heed to the specific needs of older people. Furthermore, a number also noted that when they tried to complain out their treatment or raise an issue about the quality of service provision, they were not taken seriously or were effectively ignored.

Overview of Issues

This report has identified a number of types of behaviours and practices that are felt to negatively impact upon an older person's ability to access goods and services in Northern Ireland and which highlight their perceived inequality with other members of society. The issues have emerged from discussions with older people themselves, during the facilitated sessions, but also with representatives and stakeholders from organisations who work directly with older people.

In terms of **health and social care** provision for older people, this project found that older people were genuinely concerned about the level of care they, or other older family and friends, receive while accessing health or social care. **Some raised concerns that they were seen as a lesser priority for health care due to their age, others cited issues about the quality of care, but for many the main issue was perception of a lack of respect and common courtesy when trying to access health care, whether at their GP, in hospital or in nursing homes.** The prevalence of perceived derogatory and disrespectful comments or behaviour from medical and care staff towards older people in hospital was considered to be a pervasive problem in discussions with older people and representatives. Many of these issues regarding health and social care are also documented in the examples cited above.

A number of complaints which arose among older people and representative organisations were in relation to **accessing financial services**. The ability to purchase various forms of insurance (home, car or travel), was problematic for some older people once they pass a certain age because the insurance premiums were significantly increased. In some instances, **older people admitted that they had to stop driving or they had to cancel travel plans because they could not afford the cost of insurance.**

The emergence of modern technology and the changing nature of communication from telephone to online services was another issue which is perceived to inhibit some older people from accessing goods and services. In particular, this has been

exacerbated as banks and other financial providers have increased their online presence and continue to promote online banking. These are considered to be services that some older people struggle with because they are not computer literate. This is not an issue solely attributable to financial services and is much more widespread among all sectors in society. For example, the retail sector often advertises its promotions and deals online which means that those with no access to the internet may miss out on cheaper goods. Although not all older people are computer illiterate, the feedback suggests that generally older people are those who are disproportionately affected.

A number of general issues were also raised in relation to older people **accessing retail services**. In addition to the examples raised above, one representative, from an organisation who handles complaints from older people, mentioned that some retail companies use inappropriate selling techniques. She claimed that, in the past, some energy suppliers have targeted older people when carrying out door to door sales with the rationale that older people are more vulnerable and may be more acceptant.

Other areas of concern for older people when accessing retail or leisure facilities include the **use of public transport**. Some older people have found it difficult getting on and off public buses because some drivers are neglectful of older people's physical needs and often brake harshly or take off before passengers have taken their seats. Having to renew your driving license when you pass the age of 70 has also angered some older people. Regardless of a healthy physical condition, people over the age of 70 are asked to re-apply for their driving license every three years, accompanied by medical consent from their doctor. These are two further issues that disproportionately impact upon older people when accessing retail and leisure services.

While this project has focused on identifying **examples of potential age discrimination** against older people when accessing goods and services, it also documents **examples of the general barriers**, including negative attitudes, that older people face when accessing goods and services because of their age. Whilst the treatment experienced

by older people in these examples of the general barriers may not amount to unlawful age discrimination, they clearly highlight situations where older people perceive that they are being treated unfairly or being treated with less dignity or respect when accessing goods and services simply because of their age.

Conclusions

The report identifies a number of examples in which older people have potentially been treated in a discriminatory manner when accessing goods, facilities, and services in a variety of locations across Northern Ireland. It is envisaged that this report will inform the Equality Commission for Northern Ireland's work on raising awareness of age discrimination and in strengthening legislation in this area.

There are a plethora of issues that negatively impact upon the everyday lives of older people when accessing goods and services. This work has endeavoured to highlight some of these and has documented some clear potential examples of age discrimination and harassment, accompanied with further general examples of perceived discrimination on the basis of age.

As with other research on age discrimination, **this study found that perceived experiences of age discrimination are more representative within the provision of health/social care and financial services.** In terms of accessing retail and leisure services, older people raised a number of concerns but actual individual experiences in this area were sparse which again appears to reflect other similar studies.

The project found evidence that **older people**, and in some cases their relatives:

- **perceived there to be forms of discrimination** towards them in accessing a variety of goods, facilities and services **that was related purely to their age;**
- felt that too often **older people were treated with disrespect and a lack of consideration** by a variety of providers of goods, facilities and services **because of their age;**
- stated that **acts of discrimination and disrespect** could and did have **a palpable impact on the quality of life of older people.**

There is clearly work that needs to be done in highlighting the perceptions of discrimination against older people because of their age. In some cases the problems could begin to be redressed through a greater degree of respect being shown to

individuals. For many older people the lack of respectful treatment was the main issue that concerned them.

However, the report suggests that the **introduction of legislation that outlawed unjustifiable discrimination on the grounds of age**, particularly in relation to health and social care, financial services and in other retail, transport and entertainment services **will be an important step** in enabling people to challenge perceived inequalities, improve the quality of services, and improve the quality of life of older people. Such legislation would also ensure that **older people have the same rights to equal treatment as other groups of people** already covered by equality legislation, it would mean that older people in Northern Ireland have the **same rights and protections as those in the rest of the United Kingdom** and would ensure that local legislation is brought **into line with international obligations** relating to age equality.

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