Less equal than others

Public responses to government proposals on age discrimination

Executive summary

Fighting to free disadvantaged older people in the UK and overseas from poverty, isolation and neglect
The quotes, which appear throughout this summary, are just a small sample of those provided in the dossier by older people themselves.
Introduction

“Less equal than others”. This is the experience of many older people in our society today.

This summary captures the messages which older people are sending to government about how age discrimination impacts on their lives. It is informed by a dossier of over 450 submissions made by older people and, in a few cases, their family members. The dossier was presented to government in September 2007 to convince them of the urgent need for legislation to end age discrimination within our society.

Top findings

The top findings are that 87.6% of respondents say there should be legislation against age discrimination and 91.1% say a single public sector equality duty should be extended to cover age. The questions were answered as follows:

**Question 1** reads, ‘What instances of unfair age discrimination outside the workplace, against people of any age, are you aware of?’ People’s responses to this question show clearly emerging themes: 23.5% of respondents cite ageism in healthcare, 20.5% cite public life, 22.3% cite insurance, 7.7% cite social care, 6.5% cite the marketplace, and 4.2% cite information. 15.3% of people mention a range of issues (but in smaller numbers) including taxes, benefits, allowances, TV and driving licenses, pensions and crime. More detail on these themes, and what people are actually saying, is provided below.

**Question 2** reads, ‘Is legislation the most appropriate way of tackling harmful age discrimination?’ 87.6% of all respondents say that it is, while 6.1% disagree, and 6.3% are unsure.

**Question 3** reads, ‘Do you think that a single public sector equality duty should be extended to cover age?’ 91.1% of all respondents say that it should, while 4.9% disagree, and 4% are unsure.

**Question 4** reads, ‘If yes, please state your reasons. Include examples of the types of disadvantage you believe are experienced by people because of their age, which could be addressed effectively through such a duty.’ The emerging themes are consistent with those in Question 1 (above). More detail on these themes, and what people are actually saying, is provided below.
“It’s not surprising that so many elderly people disengage from society when they are given so little time to cross at pelican crossings, have limited resources financially, suffer ageist attitudes and lack of empathy from society.”

“My 53 year old daughter gave up work to care for me full time two years ago. She gets paid a mere £48 per week to look after me. Apart from the reduction in council tax, she received no other help. If she was to look after foster children, she would be paid a lot more.”

### Setting the scene

In June 2007, the Government set out its plans for tackling age discrimination across all aspects of UK life – from the way in which the health service treats older people, to getting travel insurance if you are over 65.

The proposals, captured in the Discrimination Law Review, suggest that age discrimination could be outlawed in the same way that discrimination on the grounds of racism and sexism is now illegal. These proposals follow years of campaigning by Help the Aged and other organisations.

The public, and anyone else with an interest in this issue, was given until September 2007 to respond to these new proposals. They were directly asked whether age discrimination should be outlawed by new legislation, and whether and how public bodies should be compelled to bring an end to age discrimination through all aspects of their work.

This consultation presents a real opportunity to influence government policy and to help ensure that we begin to see the end of age discrimination within our society. To seize this opportunity, Help the Aged produced a user-friendly version of the consultation materials and a form for people to fill in. Within less than one month, over 450 forms were returned - and they are still coming in.

Put together, these forms have become a dossier of public responses on age discrimination. The dossier sits alongside a separate Help the Aged submission to the consultation process. The two documents present a strong case for swift government action.
“My first husband had a major stroke aged 56, was deemed too old and that ‘resources were needed for younger people’... and was only given 2 weeks physio and the same amount of speech therapy. He was written off at 56!”

“I was refused a cholesterol test when I was 71 years old - 3 years later I had a heart attack with a cholesterol count of 8.4, which could have been avoided if I had been informed that it was high... this could have saved the NHS the expense.”

### Themes

#### 1. Healthcare

Healthcare is the issue most frequently mentioned, with 23.5% of respondents highlighting it. Within this broad theme, key areas clearly emerge.

**Older people as a low priority**

Many older people refer to the health service treating them as a low priority, compared to other age groups. This is one of the most frequently mentioned concerns, including older people experiencing longer waits and services aimed primarily at older people being cut. One respondent sums this up by saying: “Provision of healthcare is still based on age. People over a certain age may have healthcare reduced or stopped because of their age, e.g. home visits by Primary Care Trusts stopped, hospital care reduced, older people put at the bottom of waiting lists”.

Podiatry and chiropody services, hearing tests and the availability of hearing aids are put forward as examples of the low priority given to older people’s needs. One respondent comments that the waiting times for appointments for hearing loss, “took no account of the impact of deafness on their health and safety”, while another was “made to wait 18 months – 2 years” for a hearing test. Another reports that, “I and many others have to wait years for digital hearing aids. Latest news is that my wife was told it will be a few more years yet”.

Several respondents mention long waits in A&E and on hospital trolleys. One reports, “My 92 year old mother was left for four hours on a hospital trolley in A&E with a broken leg and in agony”. Another adds, “Despite what doctors say it does matter the time a pensioner/patient is kept from emergency treatment”. Several respondents express the view that older people are given low priority because they are regarded as being “an old person who’s going to die anyway” – or even that treatment is “sometimes delayed in hope of the older person dying”.

**Age-based rationing**

Another common theme is that of the aged-based rationing of drugs and treatments. The refusal to treat, based simply on age and not clinical need, is also highlighted.
“The elderly have worked for a long time and have paid taxes and NI contributions, to see little results at the end of their working lives.”

“My 86 year old mother was badly neglected in hospital and was left to die without her family ever being told. I have known similar treatments of other older people including 2 friends in their 60’s, who were treated very poorly. All three were in different hospitals in different areas of the UK.”

“Age should not be a diagnosis.”

One respondent comments, “Many drugs, such as those for Alzheimer’s or muscular degeneration, are denied by NICE to NHS patients. These are drugs which are not usually needed by younger people”. Another adds that the wait for Alzheimer’s drugs is too long, “and people are at risk whilst waiting”.

The upper age limit on invitations for breast screening is a cause of concern to many people, with one woman asking “Are we to assume that it is not important after this age?” Many respondents also express concerns about the postcode lottery on certain treatments.

The rationing issue is perhaps best highlighted by one person’s example: “My drugs were changed and I was asked to go away and think about what treatment I should have, as this saved money for our local PCT. A friend had a similar experience and she paid for a private consultation”.

Examples of the refusal to treat include non-referral to specialist health professionals on the basis of age. One respondent was being seen by her GP about a long-standing ankle problem. He explains, “I asked to be referred to a physiotherapist and, on inquiring about my age, he said ‘a physiotherapist would not be able to help you’”.

One respondent sums up, “My mother saw her GP for years, complaining of back pain. He never examined her and told her it was ‘old age’. When she moved … the new GP sent her for a scan and found she had a tumour the size of a football in her back which could have killed her! This blatant lack of care and regard – absolute discrimination on the basis of age – is criminal”.

Treatment on the basis of clinical need

Another key area emerging from people’s experiences of the health service is that of being ‘fobbed off’ by doctors and being told that they should expect no more at their age. Several respondents make the point that “old age is not a definable disease” and that their symptoms are too often dismissed as “general wear and tear”. One respondent refers to “being judged on chronological age and treated according to this, rather than on actual condition and state of health”.

One respondent went into hospital due to problems with her leg. “The doctor said that if I was younger or a footballer, they could do something. Lucky for me my daughter was with me and she intervened and told him in a polite way that he was wrong … that I was an active
Finally, several respondents express disappointment about being unable to donate blood once they reach a certain age.

What happens in hospital

The treatment of older patients in hospital is another key area, with a number of respondents expressing concern about a general lack of care and even neglect. They convey little confidence in the treatment they can expect, with one commenting that “in hospital older people are treated as if a cure is not important”. One respondent was led to feel that “I am a worthless thing which does not require attention” and another that s/he has “no right to live”.

A strong example from another older person is of a friend who has just died in their local hospital, who “contracted MRSA three times and C. difficile twice whilst an outpatient. The nurses almost have no time to deal with the immense number of bed-ridden patients on geriatric wards … health and hygiene standards are appalling”. Another observes that, on one of these wards, “elderly women are only assisted to the lavatory at two hour intervals however desperate their needs”.

One respondent questions the need for geriatric wards, suggesting that patients should be grouped according to their medical condition and clinical need, not age. Another reports that a friend’s father was in his 80s and sustained head injuries after being trampled by a bullock on a farm – he was sent to a geriatric ward, not a head injuries unit.

The following detailed account tells of the treatment of someone’s mother-in-law who died aged 91. On entering a hospice towards the end of her life, “the sister at the hospice was horrified on looking at her medication – she said the combination of tablets was highly dangerous and were making her condition much worse … and it was obvious the hospital and her doctor had not properly examined or diagnosed her. She arranged a new examination and new medical regime after which she was much better.”
“It should be remembered that older people are young people who have aged. They still enjoy company, social stimulation and the opportunity to go out and meet people.”

“Many can look to social exclusion because of transport problems.”

“Public transport is treacherous for older people. Bus drivers pull off before older people with obvious mobility problems have even sat down.”

Finally, several respondents mention poor nutrition and no help from hospital staff at mealtimes. They refer to food being left out of reach and then removed before the patient has been able to eat it.

**Attitudes of doctors**

Many of the issues raised above relate to the attitudes of the medical profession towards older patients. One respondent suggests a way forward, proposing that “young nurses and doctors who may not have contact with grandparents’ should visit older people in community centres where they are actively taking part in sports or entertainment” – thus challenging the stereotypical view they appear to have of their older patients.

**Going private**

A number of respondents have been forced to go private because of long waits or a refusal to treat. One comments, “As a 63 year old woman, I was too old to have an operation for the repair of cruciate ligaments in my knee. I eventually paid to have this operation. I am now able to attend a gym and remain active”. Another observes that older people are having to pay for basic services to enable them to maintain their health and be active citizens.

2. **Public life**

Another large area of concern for respondents is public life, with 20.5% raising it as an issue. This primarily includes transport, council provision, housing and education.

**Transport**

Many respondents highlight restricted travel times and geographical coverage for those using free bus passes, which detrimentally affects older people and those with caring responsibilities. In some rural areas, this means that older people cannot make use of their passes at all.

One contribution states that: “The cost of transport is prohibitive where older people want to attend leisure events, especially for those who can’t use buses. The Freedom Pass is only valid after 9am, but we need to use it all the time. There is an assumption that older people are not working or don’t have hospital appointments before 9am. The time restriction also discriminates against carers who are travelling to look after children”.

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“Public facilities are not orientated towards older people and bus/tube services do not encourage elderly travellers.”

“I should like to see Jeremy Paxman cope without losing his temper if he was shouted at to ‘get on the bus, you’ve got two seconds.’”

“When I told a neighbour I intended to go to an exercise class he said: ‘You can’t do that! At your age, you have to be careful.’”

The poor accessibility of public transport is commonly mentioned, including the lack of low steps on buses and trains, mobility issues, and so on. One respondent comments, “The distance to bus stops has been lengthened from 400m to 700m on evenings and weekends. This affects older people disproportionately and is a cost-saving measure the effect of which is discriminatory”.

Again this issue is raised by one respondent who comments, “Travelling by public transport (mainly local buses) creates huge problems for seniors with elderly bodies, and transport companies need to consult more to overcome these major problems”. Another comments, “Buses don’t always stop at bus stops when another bus is in front at the stop … if I rush to catch it before it goes off, I would fall”.

The reduction in rural bus schemes has affected many contributors, and detrimentally affects older people who are less likely to have access to transport. The poor provision of buses elsewhere is also a common theme.

Several respondents have also encountered a generally ageist approach to older passengers. One cites the following example, “I was on the bus from x to x, when an old lady came on the bus. She didn’t have her Freedom Pass because she was mugged. The bus driver wouldn’t let her on the bus without her Freedom Pass. She was 70 years old. Then a young lady came on the same bus. She looked like 20 years old. The same driver let her on the bus without paying”.

**Council provision**

Common themes regarding council provision are the lack of seating in public areas, the reduction in/lack of public toilets, the lack of zebra crossings, the lack of clear information about public services, as well as generally poor access to them.

One response states, “Closing down public toilets is an appalling act of discrimination against elderly people, many of whom have some degree of incontinence”. Another adds that this act “leads to isolation as people won’t leave home, because there are not enough public toilets in the area”.

Another key area around council provision is the lack of activity centres and venues for older people. Many respondents report the closure of day centres, recreation clubs and lunch clubs for older people. Public and private sports clubs are reported to commonly fail to adequately cater for the needs of older people.
“Making insurance affordable for the elderly will enable them to have peace of mind that they are equally protected.”

“Inability to drive or travel safely has nothing to do with age - it’s just an excuse to make a profit for the company, at our expense.”

“Such greatly increased costs threaten independence and increase isolation, and do not reflect the actual risks posed by other people.”

Education

Many older people are clearly keen to participate in adult education, but are unable. This is strongly felt by several respondents, with one stating, “National government funding for adult education concentrates on those who are pre-retirement/looking for work, excluding older people”.

Another adds that the local council is “cutting down on adult education - a lot of the subjects that appealed to older people are being cut, e.g. basic computing”.

One contributor draws attention to the “lack of a national programme under the Skills For Life initiative for older people to learn how to use a computer and to become computer literate”.

Housing

A final area of concern is housing, with several respondents commenting on the absence of adequate housing for the needs of older people. One says, “There is a need for safe, warm housing for those whose health is declining”.

3. Insurance

Travel insurance

Many respondents mention high premiums being based simply on age, “and not fitness or past record”.

These high premiums for older people can mean that the cost of insurance is more or less the same as the cost of the air fare. This too often results in “the loss of foreign travel to visit family in Australia” and elsewhere. Another respondent comments that it “becomes increasingly expensive after the age of 70 … I think it is out of proportion, though one does expect to pay a bit more”.

In many other cases, older people are refused travel insurance on the basis of their age or have great difficulty obtaining it. One respondent’s father has arthritis and has been refused, while she and her husband have been refused insurance for being over 60. Where financial companies offer ‘free’ travel insurance, one respondent reports being refused because of age and “without considering other criteria”.

One person writes, “I should like to know the proportion of over 70 year old travellers who make insurance claims compared to the under 70s”.

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"The apprehensiveness that old people feel about ‘going into care’ is one of the things that can make old age seem intolerable.”

"Residents of care homes are often treated as though they are infantile and their range of choice in matters affecting them is restricted accordingly. This may be convenient for over-stretched and lowly graded care workers, but reduces the quality of life for the residents.”

"A public sector equality duty should cover care homes, whether local authority or privately run.”

Motor insurance
The same issues of increased premiums and refusal of insurance emerge, making this a recurrent theme in the responses.

One example reads, “My insurance company was taken over by another. When it came to renewing, I was classified as a new customer over 75 and the premium was hugely increased”. Another, in his eighties, explains that “even with a seven year plus no claims bonus, my premium is much higher than either a 60 or 70 year old would have to pay, and higher still than for someone below 60.”

One respondent finally found motor insurance to drive his camper van at the age of 75, but had to pay £300. Another takes the view that, “There is a higher risk of insuring older people but this risk should be reflected in the cost, as it is for young male drivers. Higher risk should not result in the loss of services”.

Difficulties in obtaining car hire are also mentioned by several respondents. One comments, “Most car hire companies are unable to rent cars to the over 70’s, certainly over 75’s, even if the driver has a flawless record of 50 years or more. This is because they allege that they cannot obtain insurance cover, although this is available to the wildest young drivers in their 20’s … The consequence is that ‘oldies’ are obliged to acquire cars for themselves”.

4. Social care
The issue of social care, primarily including care homes, is mentioned by 7.7% of respondents.

Dignity in residential care
Many older people have witnessed a poor quality of care and a lack of dignity in care homes. One respondent, who had done work experience in a care home, was shocked and upset by it – adding that the older people were being “managed” not cared for. Others refer to the lack of expectation that older residents will carry on their own activities and continue to lead meaningful lives.

Another respondent writes, “Most care homes present something of a nightmare for people as they get older. It is only because the widespread practice of ‘going into care’ is so tolerated by our society, and that old people are unwilling to be a ‘burden’ on their families, that a lot of care homes can get away with the really poor service they provide”.

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“My wife was in a nursing home suffering from Parkinson’s. I was told her bandaged leg was for treating sores... I battled to get a hospital to look at it and they confirmed her lower tibia and fibula had been fractured... Elderly people need a voice and to be listened to.”

The example of a 92 year old woman is given. “Her son went to visit her and found her collapsed. When he asked for a doctor, he was told that the doctor came in the next day. So he dialled 999. The 92 year old was rushed into hospital with pneumonia. That just saved her life. That was a year ago – she is now in a better home, with TLC and physiotherapy. She is walking and taking an interest in life once again.”

The issue of ‘a lack of human rights’ appears several times. One respondent says that older people should be protected under the Human Rights Act in the same way that children are. She adds, “It is therefore difficult to prosecute staff who commit acts of cruelty and negligence …This needs to be addressed NOW”.

Several respondents comment on the need for tighter regulation of care homes, with one suggesting that the overall impression is that care homes are unsupervised and escape inspection.

Community care

For several respondents, the pressure on older people to go into care – and then to sell their homes to do so - is viewed as ‘shameful’ and implicitly discriminatory. One comments, “Elderly people should not have to sell their homes if they need to go into a care home. Government grants or the NHS should fund this”.

One respondent comments on couples being separated unnecessarily because of their care needs, “Older people need to stay together if care is needed. Couples are still being split up after many years of living together”. Another sums up, “People live longer if they stay in their own homes among their own people. Money is not allocated to assisted living.”

Several respondents raise issues regarding community care. This includes a response from a Scheme Manager in a block of private retirement flats who writes, “My main concerns are the long wait for assessments when residents require help … carers have a woefully short time allotted to residents when it is agreed they do need help … Small items (zimmerframe, perching stool, etc) are relatively easy to acquire, but we are told the wait for help with a walk-in shower is in excess of two years. Many of the residents could die in this waiting period”.

Another respondent writes, “A friend aged 83, who lives alone with no warden, was discharged from hospital following a stroke – she was given no home visit by a GP, no social care assessment, and told she must provide her own transport for clinic appointments.”
“Trading standards should compile and distribute a list of electricians, plumbers and other tradesmen who will not exploit senior citizens.”

“Knowledge and information is only available on websites - the majority of the 60+ age group do not own a PC.”

“Letters from public bodies should be given in clear simple English, free from jargon. Increasing use of the internet/text messaging etc by public bodies discriminates against many older people who do not wish to, or may not be able to, use this technology.”

The main worry before her discharge was “whether she could make a cup of tea”.

One former care worker explained, “I come from a professional career in health and social care so have knowledge of what should happen. As a disabled OAP I regularly need health and social care input and am painfully aware of what actually happens. The gap between the two is unacceptable. Many of the problems arise from government policies over many years and some policies have been disastrous for the elderly and disabled. I am disgusted at the present state of services / attitudes to OAPs”.

5. The marketplace
The marketplace emerges as an area of life where older people encounter age discrimination, with 6.5% of respondents raising the issue.

The most common theme is older people being patronised in shops or excluded from activities such as street surveys. Several respondents mention negative experiences with trades people, including being exploited and overcharged. One reports being quoted a price which was three times higher than that which was actually paid to someone else, and double glazing fitters providing the wrong finish – only to be told that “you won’t notice it if you stand back”.

Other respondents report the inability to purchase larger items as they get older, regardless of their financial situation. Credit is commonly withheld on purchases by over 75’s, while one respondent was “refused extended terms when buying furniture because I was retired and over 65”.

6. Information
A final theme which emerges from the responses is that of age discrimination in the area of information provision, with 4.2% of respondents raising the issue.

The main issue in this area is older people’s experience of exclusion from the world of technology, with assumptions made that communications can be made by computer or mobile phone. Several respondents mention a reluctance to provide materials in printed format. As one respondent says, “Not everyone has access to a computer!” Another comments, “Bank savings accounts, some services and even access to information on benefits and public services is now only given on a website …this excludes older people”.
Another issue is the ‘illegibility’ of much information, with one respondent saying, “Much age discrimination is indirect but clearly unfair. Why are so many legal documents, leaflets, application forms, notices, etc printed in very small writing?” Respondents also comment on the use of colours making materials illegible and timetables which are impossible to read.

Several respondents mention the difficulty in making sense of the benefits system and processing forms. One comments, “I am trying to get Pension Credit and Council Tax reduction. Forms are still arriving after one month. They are quite daunting, and I have an education.” The point is made that, rather than making things so difficult for people, more should be done to enable them to access benefits and services to which they are entitled.

One respondent suggests that older people could be made more aware of their entitlements by posters at pensioners clubs, advice from Social Services and those who deliver meals on wheels, and anyone else who has direct personal contact with “those who need it”.

Finally, a number of older people mention the patronising way in which they see themselves portrayed via television, advertising and on the high street. One respondent asks why road signs near nursing or care homes have to portray older people as infirm and using walking sticks. Another comments on the use of language, for example that it is accepted to talk about ‘adults and older people’ – when older people are adults.
Conclusion

The issue of age discrimination remains a complex and largely hidden one. Through hearing the experiences and views of older people themselves, we can begin to unpick it and agree ways of tackling it. This is what the dossier provides us with.

The case for legislation is argued strongly, with 87.6% of those providing responses saying that it should be introduced. While not everyone is convinced that this will provide an immediate solution to the problem, it is undoubtedly seen as an essential first step. When asked if a single public sector equality duty should be extended to cover age, one respondent replies that it is “disgracefully overdue”.

One respondent summarises this by saying, “The really vital issue is to change attitudes towards older people, to combat ageism to ensure that older people are not ignored or denied the dignity and equality that are theirs by right. There seems little doubt that legislation helps to change attitudes”.

We are determined that the Government takes an immediate stand against age discrimination and makes it illegal. Age equality should not simply be an aspiration, but a reality. How can it be right that, as the dossier so powerfully shows, today’s older people are less equal than others?
Appendix

An enormous thank you to all those who completed and returned their responses within a short period of time, particularly those older people’s groups around the country which helped to promote this activity. Thank you also to those individual older people who have never spoken out in this way before, but who did so on this occasion. The amount of time and effort which respondents have taken to complete their forms speaks volumes.

The photograph, which appears on the front of this publication, is of older people taking part in the Help The Aged mass lobby at Westminster in April 2007. On this day, older people from across the UK came together to call for ‘Just Equal Treatment’ and to lobby their MPs on the issue. Photographs by Jenny Matthews.