

Age Reference Group on Equality and Human Rights

**Age and... multiple discrimination and
older people**

A Discussion Paper

October 2005

The Age Reference Group on Equality and Human Rights is a consultative group of older people's organisations, established to inform and advise those representing older people during the development of the Commission for Equality and Human Rights and to feed into two reviews established by the Government - the independent Equalities Review and the DTI Discrimination Law Review. It aims to ensure that a wide range of older people's networks are engaged in the campaign for age equality and human rights. The group held its first meeting in November 2004 and includes people familiar with the diversity of older people's experience, who have made substantial contributions to this paper.

Comments are invited on the discussion paper from both organisations and individuals. These should be directed to The Secretariat of the Age Reference Group for Equality and Human Rights c/o Ellen Sharp, Age Concern England, Astral House, 1268 London Road, SW16 4ER.

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Summary

Older people experience prejudice, discrimination and disadvantage because of their age. Age discrimination is widespread and can have serious adverse consequences. Whatever their other characteristics, everybody gets older - therefore everyone in the UK will benefit from efforts to promote greater age equality.

Multiple discrimination or disadvantage occurs when those who experience discrimination for other reasons grow old, and age discrimination compounds other forms of inequality and disadvantage.

Disadvantage earlier in life results in increased likelihood of serious disadvantage in old age. Disadvantage amongst older people cannot be effectively tackled without taking account of both the discrimination that people carry with them into old age and the impact of age discrimination itself.

Older women and older men

- Older women are considerably poorer than older men – on average, women's income in retirement is only 57% of men's.
- The gender pay gap increases with age.
- Older women are much less likely to have access to a car than older men.
- Older women are much more likely to live alone than older men.

Gay, lesbian and bi-sexual and trans-gender older people

- Lack of legal recognition of same sex partnerships has meant that a same sex partner has no tenancy rights and no legal claim to inheritance of property.
- Older gay and lesbian people have increased health and wellbeing risks, yet there are very few examples of services geared to the needs of these groups.

- Housing and social services often display lack of awareness or outright prejudice towards older gay and lesbian people.
- The identities and needs of the ageing trans-gender population is an emerging issue, where further work is needed.

Disabled Older People

- Those who become disabled over State Pension Age are more likely to be disadvantaged.
- The disability benefit system is overtly discriminatory on grounds of age.
- Social care services for older disabled people are more restricted than those for younger adults.

Black and Minority Ethnic Older People

- Older people from ethnic minority groups are more likely to live in poverty than older people in general.
- Housing problems are more acute for older people from ethnic minority groups due to higher levels of deprivation in areas where they live.
- Older people from ethnic minority groups have difficulty accessing health and social care services because religious, dietary and language needs are not met.

Recommendations

The forthcoming Commission for Equality and Human Rights, the Discrimination Law Review and the Equalities Review all need to consider the prejudice, discrimination and disadvantage experienced by older people in all their diversity.

There is a need for more research and analysis on how discrimination of all kinds impacts on individuals as they get older and how different forms of discrimination interact.

1. Introduction

This report describes what happens when those who experience discrimination and disadvantage for other reasons grow old, and when age discrimination compounds other forms of inequality and disadvantage. Discrimination on grounds of age affects young and old alike but this report specifically concerns the older end of the spectrum. Whatever their other characteristics, everybody gets older. Over time, therefore, apart from the small minority who die young, every citizen of the UK will potentially benefit from efforts to promote greater age equality.

The forthcoming Commission for Equality and Human Rights will have broad powers to promote equality and respect for diversity and human rights. Although legislation against age discrimination is so far lacking, the Commission will have a duty to promote equality as an end in itself. For this, a coherent and comprehensive approach to equality is needed, founded on the principles of the equal dignity and worth of each individual in the Human Rights Act.

One of the strengths of the Commission will be its capacity to promote equality and challenge discrimination wherever these are found. Many older people experience disadvantage and discrimination not just because of their age, but for other reasons as well – because they are black or disabled or from a religious, cultural or linguistic minority, for example. Social class or social origin is also a powerful factor influencing the life course. Some people will have been subject to discrimination of one kind or another for the whole of their lives – because of their gender or their ethnicity for example – while others will have come across discrimination at a later stage in life, because of their sexuality, or on becoming disabled.

This paper brings together some examples of the discrimination and disadvantage experienced by people who, in addition to their age, have one or more other characteristic that is commonly discriminated against: older women and older men, older people from ethnic minorities, older people with disabilities, and older lesbians and gay men. It does not claim to be comprehensive: it does not, for example, cover older people from different religious groups or none, older

migrants, or older gypsies and travellers. The issues facing older carers are touched on but not explored in any depth. There is a need for much more research and analysis on how discrimination of all kinds impacts on the circumstances of individuals as they get older, how age discrimination affects individuals in different circumstances and how different forms of discrimination and disadvantage interact.

Nonetheless, we hope that this paper helps to bring wider attention to significant issues facing older people who experience multiple discrimination and stimulates further work.

2. The impact of age discrimination

It may be helpful to distinguish between

- **Prejudice:** ageism (or racism, sexism etc), which is the negative stereotyping of people because of a particular characteristic, which can be at the root of discrimination
- **Discrimination:** being subject to unequal treatment or treatment which fails to recognise or cater for one's needs and circumstances, which can result in disadvantage;
- **Disadvantage:** the experience of being in worse circumstances than other people, and of not having equality of opportunity.

Older people are often subject to ageism, a general perception that they are 'other', different and of lesser value than other people, which may be reflected in the attitudes of others and in the language or images used. They may also experience discrimination: ie they can be treated less favourably than others, or their distinctive needs may be overlooked. And they may well experience disadvantage as a result, as compared to others.

Age discrimination is often seen as distinctive because it can affect anybody at different stages of their life cycle, including those who experience discrimination on other grounds (eg race, gender, sexual orientation) and those who do not. It is therefore sometimes called a 'unifying' or 'horizontal' ground for discrimination: ie it cuts across all other grounds.

As for other forms of discrimination, older people are subject to both direct and indirect discrimination. Direct discrimination occurs most obviously in the use of chronological age as a criterion for accessing goods, such as insurance; services, such as health or social care; and opportunities, for example to participate in education, in public life or in the labour market. However, direct discrimination also occurs when age barriers are implicit rather than explicit, a matter of custom and practice rather than written policy. Analysis of the evidence may reveal, for example, that a company does not employ anyone over 50 even though they have no explicit policy to that effect. Older workers may be being denied jobs or training because they are simply

perceived as being 'too old'. Similarly, studies have found that older people are less likely to be referred for some specialist health treatments, are offered lower levels of social care, and have poorer access to financial aid (such as the Social Fund) than younger adults (Help the Aged 2002).

Indirect discrimination occurs as a result of ageist assumptions and stereotypes that result in a failure to include older people and a failure to address their needs. Examples include a failure of transport providers and urban planners to take account of the mobility needs of older people; the closure of community hospitals, resulting in difficulties in accessing necessary healthcare; restrictions on the availability of services such as podiatry, which are important to independence and the comfort and well-being of older people; and the targeting of adult education resources on vocational courses to the exclusion of those who are outside the labour force. The consequences of indirect discrimination can be every bit as serious and far-reaching as those of direct discrimination (Help the Aged 2002).

The impact of age discrimination on the lives of older people has been shown to be far-reaching and profound (Help the Aged 2004). It can range from irritation and inconvenience (eg when older people are unable to hire a car or get travel insurance or are barred from applying for public office) to being life threatening (eg when they are denied appropriate treatment for health conditions). Many older workers who are made redundant are unable to get another job and find themselves in severe financial hardship, cast on the scrap heap before their time and without the means to save for their own old age. Older people who need support may have to resign themselves to minimal help or with little option but to go into residential care whether they want to or not. Millions are denied the opportunity to lead productive and fulfilling lives and excluded from the mainstream of society.

In short, age discrimination, which is sometimes seen as a 'benign' form of discrimination, is anything but benign. One survey found that age was the most commonly experienced form of prejudice: 29% of those polled said that they had experienced prejudice because of their age. *'Age prejudice was experienced by 40% to 50% of people*

under the age of 34, declining steeply to around 25% of people between 35 and 54, rising again to nearly 30% for the 55-65 age group. From the age of 55 onwards, people are nearly twice as likely to experience age prejudice as any other form.' Older women and older disabled people were as likely or more likely to experience prejudice because of their age than because of their gender or disability, while those from Asian and Afro-Caribbean backgrounds reported that race or ethnicity was the most common basis of prejudice but were also more likely than white respondents to experience prejudice on grounds of their age. (Age Concern 2004)

3. Inequality and disadvantage amongst older people

One of the roots of any form of discrimination is the stereotyping of the group in question, and age is no exception. There are many preconceptions about the nature of the older population, and stereotypes abound. In fact, of course, the older population is very diverse: it spans four decades and two generations. It includes people with widely differing histories, experience and aspirations, different working lives and skills, family relationships, educational attainment, ethnicity, sexuality, religious belief, social status and financial security.

However, much social policy treats 'older people' as if they were a homogeneous group and many services for older people in the UK are still 'one size fits all' services. Similarly, private companies discriminate on age grounds and place restrictions on, for example, access to financial services such as mortgages, car hire or travel insurance. Such restrictions fail to recognise or cater for the distinctive needs and requirements of individuals within the older population or to make allowance for diversity

In 2001, there were 9.3 million people aged 65 and over in the UK (2001 Census), an increase of just over 50% since 1961. They make up nearly 16% of the total population and that proportion is rising (due partly to people living longer and partly to falling birth rates). Just over a million people are aged 85 and over, more than three times as many as in 1961 (ONS 2003); this is the fastest growing segment of the population.

The majority of older people consider themselves to be healthy (two thirds rate their own health as either good or very good) and the great majority live independently. Disability and the prevalence of long term conditions do, however, increase with age. Most older people also consider that their quality of life is good (Bowling 2002). Nonetheless, there are wide disparities in income and financial security, in health status, in access to decent housing and mobility and to social and family support. (It appears that how older people see themselves and how they are seen by researchers and demographers differs, which

may indicate that many older people tailor their expectations to their circumstances and aim to have a positive outlook on life.)

Some older people experience multiple disadvantage and severe deprivation, particularly those living in deprived neighbourhoods (Scharf et al 2002) or in isolated rural areas; but pockets of deprivation amongst older people can be found in most areas. Older people are more likely to live in older housing in poor repair with inadequate heating, and there is a significant problem of homelessness amongst older people (Crane 1999). One Government study of social exclusion amongst older people found that lack of material resources in later life was '*generally related to a lifetime of having struggled to get by financially*'; while exclusion from social relations could reflect either a life history of difficult relations with others or '*particular life events or age-related losses*' such as being widowed, the loss of close friends and the onset of chronic ill health. (ODPM 2005)

Poverty and deprivation in old age is generally long term; it is not easy for people to change or improve their circumstances significantly once they have left the labour market. Recent figures on persistent poverty from the Department of Work and Pensions indicate, for example, that, in 2001, almost a quarter of all those over State Pension age were living in persistent poverty, up from one in five in the early 1990s. The most usual reasons for entering into persistent poverty were a fall in the number of workers in a household, followed by a fall in benefit income and a change from couple to single status (DWP 2005).

Identity

Older people have multiple characteristics and can be the target of prejudice and discrimination on one or more of these grounds. Prejudice and discrimination may indeed be compounded because of their multiple identities and result in increased disadvantage. But multiple disadvantage is not just additive: it may come from a distinct combination of identities, for example being an older gay man or a disabled black woman.

The way that people identify themselves and others depends to a large extent on the context in which they find themselves. Identities

are triggered particularly when people come across barriers, such as a barrier to opportunity or participation or the respect of others. Much depends on the context: whether there are others around who share one's identity or whether there is a significant local minority community to which they belong. Some people with multiple identities may feel excluded in all the environments they experience: for example a black disabled person may feel excluded in their ethnic community because they are disabled and amongst their disabled peers because they are black. Getting older triggers an additional layer of discrimination and may result in exclusion even from communities in which people have felt comfortable in the past.

The causes of inequality in older age are inevitably complex. They result from the cumulative effect of disadvantage and lack of opportunity throughout the life course, which is then compounded by additional disadvantage and discrimination as people age.

Anyone who has experienced disadvantage because of their sex or race or religion or sexual orientation or disability earlier in life is thus likely to be additionally disadvantaged in old age.

4. Older women and older men

- In 2001, women over pensionable age made up 22% of the total female population of the UK and older men made up nearly 14% of the total male population.
- Of those over pensionable age, 63% (nearly 7 million people) were women and 37% (nearly 4 million people) were men.
- Women made up nearly two thirds of the population aged 75 and over and nearly four fifths of the population aged 90 and over (ONS 2002).

The circumstances of older women and older men reflect their life histories. During the first decades of the 20th century, educational opportunities for most women were limited and work opportunities were constrained by discrimination and public expectations. Women carried the major domestic responsibilities for the home and the major caring responsibilities for children and for other family members. The experience of the great majority of today's older women reflects this history.

Older women are considerably poorer than older men and the oldest are the poorest of all. On average, women's income in retirement is only 57% of men's, due in part to their greater caring responsibilities for children and other family members throughout their adult lives. (EOC 2004). This reflects the lower earnings of women throughout their lives: women have on average £250,000 less income over their lifetimes than men (Women and Equality Unit 2002). The pension system is based on mid 20th century assumptions about family structure, in which men were the main earners for the family and their income paid for the pension. Today's older women have inherited a pension deficit due to interrupted employment patterns, low paid work, lack of access to jobs with occupational pensions and rising divorce rates.

The consequences are evident from the figures: 64% of men have private or occupational pensions compared to 38% of women. In 1998/9, men in couples received £80.42 per week from their state pension and £88 per week from occupational pensions, while women in couples received on average £58.14 per week from the state pension and £16 from occupational pensions. Only 43% of women received a full state pension and in only 13% of cases was this based on their own contributions (EOC 2001). A quarter of older single women live in poverty, and twice as many women as men rely on means-tested benefits in retirement. The older someone is the more likely they are to live in poverty (ACE and Fawcett 2004).

Employment

Older women are working for longer and returning to the workplace in growing numbers: 60% of women in their 50s are in a paid job compared to 75% of men. One third of women aged 60 – 65 are working. Older women are five times more likely to work part time than men. Management roles account for 18% of male employment and 9% of female employment. The average pay gap for managerial jobs is 24%.

The gender pay gap increases with age: on average women working part time earn 40% less per hour than men working full time; for women over 50, this pay gap rises to 57%. (EOC 2004)

Mobility is essential to maintaining one's independence and way of life – whether going to work, meeting with friends, taking part in community activities or managing one's domestic life. The availability of transport and of local facilities such as shops, post offices, health facilities and social and leisure facilities is a crucial component of maintaining independence and participation in community life.

Older women are much less likely to have access to a car than older men; they make greater use of public transport, so the availability of regular, safe and reliable public transport, especially buses, is crucial. Older women in rural areas or areas without decent transport links are disadvantaged. Disabled older women are likely to be additionally disadvantaged, since they may not be able to use public transport at all, lack of access to a car makes mobility more difficult and disability

benefits intended to meet mobility costs discriminate against people on the basis of their age (see Section 6 below).

Family, friendship and social relationships are crucially important to quality of life (Bowling 2003). Many older people live busy and active lives, with time for their interests, friendships, families and communities. Some continue in paid work, others devote their energy to grandchildren, to voluntary activities or to a myriad of other interests. Many older people play a key role both formally and informally in supporting others (including other older people) and in contributing to community cohesion.

Older women are much more likely to live alone than older men. For the age group 65 -74, 34% of women live alone compared to 19% of men. For those aged 75 and over, 59% of women live alone compared to 29% of men (ONS 2000). Since men tend to die earlier than women, up to the age of 70, just under a third of women and 10% of men have been widowed. By the age of 85, 75% of women and 47% of men have been widowed (ONS 1994).

Living alone does not necessarily mean that people are lonely, provided that social and family contacts can be maintained. However, loneliness is a major problem for many older people. Bereavement is a major factor: the death of a spouse or of other family members and close friends results in a reduced social circle; fewer people who share one's history, interests and experience remain. The emotional costs can be very high. Lack of opportunity for social participation, poor health and lack of mobility can all contribute to increased social isolation. Depression is common in old age, but is often not understood, diagnosed or treated (Godfrey 2004).

Older women are more likely to experience social isolation and loneliness than older men; they are more likely to outlive their peers, and many lack access to a car. However, some studies show that non-married men feel lonely more often than non-married women or married men and women (Cattan 2002).

Older men may feel comparatively isolated, since women are in an increasing majority as people get older. In common with men in other age groups, older men are considerably more likely to commit suicide

than older women. In 1999, the suicide rate for men aged 75 and over is approximately 20 per 100,000 compared to 5 per 100,000 for women aged 75 and over (Samaritans, 2002)

Both older men and older women provide support to other people (their spouses, parents, children and grandchildren, friends and neighbours) but the nature of that support tends to differ. Older men are more likely to provide help to family members with transport and finances, while older women are more likely to provide personal and domestic support. However, from the age of 70, men are as likely as women are likely to be caring for someone else. Older male carers are most likely to provide personal care for their wives than for other people (85%). While the majority of older female carers provide personal care for their husbands (55%), they also provide support to parents (22%), other relatives (9%) and children (8%). Many older people receive little or no support in their caring roles, either from family members or from statutory services, though these roles can be very demanding and include round the clock availability seven days a week, whatever the state of their own health. (Milne 2001)

Shortfalls in the availability and quality of social care and health care for older people impact particularly heavily on women, since they make up the great majority of the oldest people (those in their eighties and over) who are the main users of these services, and they are also the majority of carers of other older people (particularly their spouses and parents).

5. Gay, lesbian, bi-sexual and trans-gender older people

- **People over pensionable age probably make up around 20% of the gay, lesbian and bi-sexual community. (750,000 as a percentage of 3,600,000) and a third of those over 50.**
- **Between 5 and 7% of older people (about three quarters of a million people) are likely to be gay, lesbian or bi-sexual (Stonewall estimate).**

Lesbian, gay men and bi-sexual older people

There is a lack of robust research evidence on the experience of older lesbians, gay men and bi-sexual people in the UK. However, older lesbians, gay men and bisexuals can face 'double discrimination' issues, or issues they are more likely to face because of their sexual orientation than their heterosexual peers.

The lack of legal recognition of same sex partnerships has meant that a same sex partner had no tenancy rights, no legal claim to inheritance of property, many pension schemes failed to offer equal terms to same sex partners and there were tax inequities (for example with regard to capital gains, inheritance tax or married couple's allowance). Local authority rules on charging for care homes may not recognise same sex partners as entitled to have the house disregarded when charges are calculated as happens for married couples. (ACE 2002).

Health, social services and housing providers often fail to take account of the needs of gay and lesbian people and may display lack of awareness or outright prejudice towards them. There are very few examples of services specifically geared to the needs of older gay, lesbian or bi sexual older people.

Inequities caused by lack of legal recognition of same-sex partnerships may be exacerbated as people age. These should be addressed by the new civil partnership legislation. However, they can

have profound consequences. Examples include being denied access to a loved-one's hospital bedside and exclusion from any medical or care-related decision-making when a disapproving family steps in or a hospital decides to take a strict line on interpreting 'next-of-kin'; having to sell a jointly owned home after a partner's death because unmarried partners are liable for inheritance tax; and even being denied any part in a partner's funeral. (ACE 2002)

Older lesbians and gay men may face rejection by both communities from which they might justifiably expect some support - their heterosexual peers for being homosexual (according to a MORI poll on prejudice against minority groups undertaken in 2001, those aged 65 and over constituted the age group most likely to be prejudiced against lesbians and gay men [31%]) and younger lesbians, gay men and bisexuals for being old queens/dykes and all the other pejorative terms. (One infamous and much quoted comment from a young gay HIV-positive man is that at least he didn't now have to face growing old as a gay man.)

One common experience is that there is no-one to call on in a time of crisis. Research from the USA found that 20% of older lesbians, gay men and bisexuals indicated that they have no one on whom to call in times of crisis, a rate up to ten times higher than that seen in the general older population. And yet despite this greater need, they are five times less likely to access generic older people's services because of a fear of rejection, discrimination, their needs and circumstances not being understood or that they will have to go back in the closet in order to do so.

Older lesbians, gay men and bisexuals have increased health and wellbeing risks. Although they may often have excellent close friendships amongst their peers (often referred to as 'family of choice'), compared to their heterosexual counterparts they are twice as likely to be single, 4 ½ times more likely to have no children and more than twice as likely to live alone. Research in the USA has shown that older people with this profile are at increased risk of depression, substance abuse, unnecessary institutionalisation and premature death (Brookdale Center on Aging 1990s)

Legal and attitudinal changes have simply come too late for some older lesbians, gay men and bisexual people. Some people choose to self-exclude in scenarios such as the above, and are likely to continue to do so even after civil partnerships legislation: they may have lived their whole lives discreetly, even secretively, and therefore feel unable to make what would be a very public declaration of their sexual orientation. Similarly, they are unlikely to be in a position to 'come out' for the first time and begin demanding rights at a time of deep emotional trauma, such as the illness or death of a partner.

Trans-gender older people

Issues affecting trans-gender people are different from concerns affecting gay, lesbian and bi-sexual older people. We are only now beginning to see an ageing trans-gender population, with people who have been taking cross sex hormone therapy for 25 years or more. In addition, it is only recently that significant numbers of older people have had access to hormone and surgical gender reassignment therapies. There is, therefore, a new, and growing, population of older trans people made up both of longer-term transsexuals (but with little knowledge of what the long-term health consequences of their hormone therapies might be) and people who may be old in years but relatively young in terms of their new gender.

In terms of identity, the situation of trans people is complex. As well as those who seek to live permanently in their new gender, using hormone and/or surgical therapies (transsexuals), they also include part-time cross-dressers (transvestites). Additionally, trans people may identify as straight, lesbian, gay or bisexual, and this may change as a result of hormone therapy. Some post-operative transsexuals continue to embrace a trans-identity, whilst others identify solely with their new gender.

The research on the issues to date has been modest in scale compared with other diversity strands though pioneering in its scope nonetheless. Key issues emerging are [Whittle, 2005]:

- that no assumptions should be made about the chosen identities of trans people
- trans status should not be assumed to be a problem with which people need help

- however, the experience of transphobia is virtually universal, with many trans people suffering domestic and public violence, loss of family and home, and discrimination in the workplace
- the above factors frequently combine to result in poverty for significant numbers of older trans people
- and finally, growing numbers of older trans people will inevitably present challenges to care and social welfare systems

It is also worth noting here that the Gender Recognition Act, which came into effect in April 2005, not only provides an important step towards equality for trans people, who will now be able to obtain a new birth certificate and be treated as their new sex for *all* legal purposes, but also means a higher profile for trans people and a greater preparedness to voice their concerns, making it particularly timely to ensure their inclusion in debates about older people's multiple identities.

6. Disabled older people

- **53 % of all people who have a limiting long term illness or disability are over 60 (nearly five million people). 24% of all people with limiting long term illness or disability are over 75 (2.2 million people). (Census 2001)**
- **60% of people aged 65 and over in Britain in 2001 reported that they had a limiting longstanding illness or impairment (most common relating to the heart and circulatory or musculoskeletal systems). 32% of people aged 65 and over report difficulties with their hearing, while 28% report difficulties with their eyesight. Nearly half of people aged 85 and over have difficulties with eyesight. (*People Aged 65 and Over*, ONS, 2003)**

There are two categories of people for whom age and disability overlap: those who acquire impairment after state pension age, and those who have acquired impairments earlier in life and have then grown old. Those who become disabled once they are already over pensionable age are likely to be disadvantaged as compared to their younger peers, due to age discrimination in the benefit, health and care systems, the difficulties of adapting to increased disability in old age and the greater likelihood of multiple morbidity.

People who develop one or more impairments in old age may not identify themselves as 'disabled people'. Symptoms that develop into impairment may be seen as a 'normal' part of ageing, and appropriate disability-related help may not be offered or sought. By contrast, those who have been disabled in earlier life may have very different expectations about their entitlement to the kind of support they require. Both groups tend to be treated the same way. Many of the barriers disabled people experienced when younger remain the same or may be exacerbated by age, for example gaining access to dental and chiropody services, of being able to function within a hospital setting and general practice facilities. People who become disabled

later in life may be facing those barriers for the first time, compounded by age-related barriers.

Human rights principles are fundamental to ensuring more positive outcomes for people who use a variety of health and social services and who wish to live their lives to the full, make use of leisure and educational facilities, contribute to their communities and/or be in meaningful employment. For both younger and older disabled people, physical, emotional and spiritual wellbeing and the retention of autonomy and control are likely to be high priorities. The right to social and family life and to participation in the wider economic and cultural life of communities remains crucial but can often be overlooked. Younger and older disabled people share the experience of being perceived being of lesser value or having a life 'not worth living'.

Health

For younger disabled people, there can be real difficulties in accessing primary health care and related services such as dentistry, chiropody and audiology. Older people who become disabled also experience the lack of such services, or restrictions on them, with the result that their health and mobility may deteriorate faster than necessary. Some screening programmes, such as those for breast cancer, have age limits. Other measures, such as flu jabs, are targeted specifically at older people.

Access to specialist medical care, such as high dependency beds or specialist stroke units, may be rationed, with older patients coming low on the list of priorities. Experience of care in hospital by disabled older people is very mixed: while some hospital care is good, there are many examples of scandalously poor care and neglect, especially on some wards specifically for older patients and for people with dementia. (CHI 2005; Help the Aged 2002a). There are serious concerns about the human rights of older disabled patients and repeated exposures in the media regarding the treatment of older people in both hospital wards and in settings such as care homes (Help the Aged 2005).

The physical environment in health care facilities, especially hospitals and nursing homes, can prove a challenge for disabled people of all ages, and this can be compounded by staff attitudes and behaviour.

Food and nutrition may be poor or inaccessible: there are many well-documented examples of food being left out of reach and no-one being available to help people eat or drink. There can be little special help available to enable people with visual or hearing impairments to find their way around or understand what is happening to them, and information both spoken and written may be presented in ways which are inaccessible to many – for example, those with learning disabilities, those who are confused, those who have difficulty reading and those for whom English is not a first language.

Mobility

Mobility is a key element in enabling disabled people of all ages to lead a full and active life and exercise choice and control over their lives.

Aids and adaptations may be required to enable people to move freely around their own homes; there can be long delays in supplying such essential support. Disabled people may not have access to a car; they may have difficulty using public transport and require special transport arrangements to enable them to get around.

The disability benefit system is overtly discriminatory on grounds of age: people who become disabled before the age of 65 are eligible for Disability Living Allowance which includes a 'mobility component' (worth up to £43 a week) and access to an adapted vehicle scheme; this entitlement is retained after their 65th birthday provided they have already qualified for it. However, those who become disabled after the age of 65 are eligible only to apply for Attendance Allowance, which is less generous, takes longer to qualify for, and has no comparable mobility scheme. Their capacity to maintain an active life is thus much restricted compared to their younger peers.

Social Care

Typically, social care services are organised on age lines, with one team of workers for 'adults' and another for 'older people'. One of the first barriers disabled people confront on reaching state pension age is that of changing from 'adult' social services to the teams that support older people. A review of community care needs usually takes place, which can result in withdrawal of some support,

particularly a reduction in allocated hours; there is also a new financial assessment.

Social care for older disabled people is typically more restricted than for younger disabled people in similar circumstances. Local authorities rarely spend as much per head on older people as they do on younger disabled people (Help the Aged 2002; SPAIN 2005). Consequently, services for older disabled people are usually more restricted than those for younger disabled people – the amount of help available at home is more limited, the range of services available is more stereotyped and older people are likely to be admitted sooner to residential care. Recent guidance (Fair Access to Care 2002) specified that social care should be allocated on the basis of need, not age, but seems to have had the effect of simply further rationing support to older disabled people to the top two levels of priority ('critical' and 'substantial' need), in spite of the Government's desire to see a greater emphasis on earlier preventative support (SPAIN 2005).

Mental Health

The contrast between those under and over pension age is particularly marked with regard to mental health services, where older people with mental health problems are denied access to specialist mental health teams and no service with equivalent expertise is available. Depression and other mental health conditions amongst older people are common and often overlooked. (Godfrey 2004). Community surveys in England suggest that between ten per cent and more than twenty per cent of older people may be experiencing depression, which is likely to go undiagnosed and untreated. (Department of Health, 2002)

Dementia affects over 750,000 people in the UK, one person in 20 over the age of 65 and one person in five over the age of 80 (www.alzheimers.org.uk). It has been estimated that three quarters of older people in care homes are affected by dementia. However, there is evidence of insufficient training amongst care staff about the needs and appropriate treatment for people with dementia, and services such as specialist care homes and domiciliary support for people with dementia and their carers are insufficient. General

services such as hospitals frequently fail to take full account of their particular needs.

Poverty and benefits

Older disabled people and older carers reliant on benefits can both experience a drop in income once they reach pensionable age. Under the 'overlapping benefits' rule, the state pension is treated as a benefit rather than an entitlement and is taken into account in calculating eligibility to other benefits. Consequently, carers, for example, lose their entitlement to Carers' Allowance, even though their caring responsibilities may remain the same or become more demanding.

7. Black and Minority Ethnic Older People

- **15% of the total ethnic minority population in Great Britain (672,000 people) is over 50 and 5% (210,000 people) is over 65. These proportions are rising quickly.**
- **People over 50 from ethnic minorities make up 4% (760,000 people) of all those over 50 in Great Britain, and those over 60 make up 3.3% (210,000) of all people over 60.**

The migrants who moved to the UK in the post war era were mainly young adults; the current age profile of each minority group is therefore greatly influenced by their period of migration. While the proportion of those aged 65 and over is lower among all minority groups than among the white population, the percentage of black Caribbean elders, probably the earliest generation of post war migrants, has trebled since 1991, and the percentage of the Indian population which is older has doubled. Women make up over 50% of Chinese, Indian and black Caribbean people over 65 but only 34% of Bangladeshi people over 65.

In line with the general increase in the older population, there will be an increase in the number of black and minority ethnic older people; the proportion of people from minority communities who are over pensionable age is expected to increase rapidly. Although there are no national projections, the London Research Centre has estimated that the total number of older people from black and minority ethnic communities will treble from below 5% in 1991 to over 15% in 2011.

Family and living circumstances.

Expectations about the role of family members are based on cultural assumptions which vary from one community to another. Even within communities, expectations may vary, and family structures are affected by economic circumstances, employment patterns, geographical mobility and other factors.

While family remains very important to black and minority ethnic elders, changing family circumstances mean that many older people, especially women, live alone - the figure for older women living alone is over 30%. Black Caribbeans over 60 tend, like white elders, to live in small households, while south Asian elders tend to live in larger households. Older people in minority communities also provide informal care, though rather less than amongst their white counterparts.

Housing problems are more acute for people from ethnic minority groups, as the majority live in inner city neighbourhoods with higher levels of deprivation and poor housing conditions.

Income

Currently around a fifth of all older people live in poverty, but poverty levels are higher amongst some groups, including black and minority ethnic communities, women and disabled people. Older people from ethnic minority groups are more likely to live in poverty than pensioners in general. Many will have faced discrimination during their life and their low income in retirement is associated with time out of the labour market and low pay when working. Some may have saved less for retirement for other reasons, for example because they may have been in the UK for only part of their working lives, or because they did not intend to stay. Economic activity rates were lowest for Pakistani and Bangladeshi women, and this group also had the highest unemployment rate.

Significant variations in income exist between white and minority ethnic older people, and then between older men and older women. For example in one study, the average weekly income for white people between the ages of 65 and 69 was £191, while for black and minority ethnic men it was £132 and for women it was £90. Benefit take-up is also low amongst elders from black and minority ethnic communities (DWP research). Funeral payments are available from the Social Fund for those on Pension Credit, but not for those who wish to be buried in their country of origin.

Mobility

There is very little national data on the transport needs of black and minority ethnic older people. However, one Department of Transport

survey (of 637 black and minority ethnic people) found that many of the problems experienced were the same as those experienced by white people: buses and coaches were used but not trains, and all felt insecure using transport at night. However, black and minority ethnic people were less likely to have a car. Car ownership varied across communities with some 63% of black Caribbean elders aged 60 and over living in households without a car compared with 43% of white older people and 33% of Indians. They were also far more likely to experience racial harassment and less likely to report incidents. Language difficulties and lack of accessible information could also be a barrier to using public transport.

Health and social care

South Asian men and women and black Caribbean women over 55 report relatively high levels of limiting longstanding illness compared to the white population, while Chinese men and women are less likely to report acute illness. Indian and Pakistani men aged 55 and over consult their GP on mental health matters almost twice as often as the comparable white population, and both South Asian and black Caribbean women also had higher consultation rates.

In one study (PRIAE 2001), hospital care was felt to be unsatisfactory due to staff attitudes, hostility and racism; staff insensitivity to and ignorance of cultural, religious and linguistic needs; lack of interpreters and advocates; lack of ethnic minority staff; and the quantity and quality of food. Inability to understand what was said in relation to medication and treatment was particularly problematic.

Black and minority ethnic elders have difficulty accessing services because of a 'one size fits all' approach by service providers; as a result, religious, dietary and language needs are not met and services are culturally inappropriate. One study by the Department of Health found that black and minority ethnic elders, especially black Caribbean and Chinese elders, were less likely to receive a service than their white counterparts. Fear of rejection, lack of confidence in the system and a perception that the service was 'not for them' play a part in the situation. Poor access to social services is exacerbated by ignorance of what is available, language and communication barriers, and culturally inappropriate assessment processes. Some specialist services exist, particularly in areas with large minority populations,

and ethnic minority voluntary organisations and community groups play a major role in trying to fill the gaps and offer culturally appropriate alternatives. However, security of funding is always an issue.

Communication

Language and communication is a major issue for many black and ethnic minority older people, who may not speak, read or write English or for whom it is a second language. Knowing that services exist, gaining access to those services and communicating with professionals and other staff, including in emergency situations, can present major obstacles. Additionally, 18% of Pakistani and Bangladeshi elders do not have a telephone at home, twice the rate of white, Indian and Caribbean elders.

8. Conclusions and Recommendations

In summary, we conclude that

- Older people experience prejudice, discrimination and disadvantage because of their age. Age discrimination is widespread and has serious adverse consequences; it can affect people at any age but is much more marked at the two ends of the age spectrum.
- The older population is large and very diverse; older people share many characteristics with younger people, including those who experience discrimination on other grounds, such as their race, gender, disability, sexual orientation or faith.
- Some people who experience discrimination earlier in life express a fear or dread of becoming old. Older people may experience prejudice because of their age from those with whom they share other characteristics, as well as from the general population.
- Most services for older people are still 'one size fits all' services and fail to recognise or cater for the diversity of the older population.
- Older people are often not considered in wider policy considerations and their needs and circumstances are often overlooked.
- A significant number of older people experience multiple disadvantage, severe deprivation and social exclusion, which may be persistent and long term.
- Age discrimination compounds other forms of discrimination once people reach pensionable age. Discrimination earlier in life results in increased likelihood of serious disadvantage in old age.

Recommendations

This report highlights issues that need to be urgently addressed, both through the Government's Equality and Human Rights agenda and through its wider policy initiatives on older people. Indeed it indicates that the two need to go hand in hand: disadvantage amongst older people cannot be effectively tackled without taking account of both the discrimination (due to their gender, race, disability or sexual orientation) that people carry with them into old age and the impact of age discrimination itself.

There are recent indications that the Government is taking steps to ensure that service providers and public bodies place a greater emphasis on the distinctive needs of each individual older person. For example, the green paper on adult social care 'Independence, Well Being and Choice' (DH 2005) emphasises an approach that offers greater flexibility and choice in the support available to people who need help in their daily lives, along with individualised budgets. Various recent initiatives also aim to provide a more joined-up approach to older people, earlier intervention and more comprehensive efforts to address their needs (DWP 2005).

These are, however, still early initiatives and have yet to bear fruit. They need to be progressed urgently if they are to benefit today's generation of older people. Furthermore, these initiatives need to take account of the reality of age discrimination and take active steps to counter it if they are to be productive.

Commission for Equality and Human Rights

The forthcoming Commission for Equality and Human Rights will be the first UK-wide statutory body with responsibility for promoting age equality, combating age discrimination and promoting human rights. To those ends, it will have significant duties and powers. Most existing knowledge and experience of age discrimination resides in voluntary organisations such as those represented on the Age Reference Group for Equality and Human Rights (the authors of this paper), though some think tanks such as the ippr and the Kings Fund have also conducted investigations.

The Commission will therefore need to make it an early and urgent priority to build up its own knowledge and understanding of age discrimination and the prejudice and disadvantage experienced by older people, and become its own centre of expertise. We trust it will draw on the existing knowledge of members of the Age Reference Group in so doing.

In addition to understanding the impact of age discrimination across the life course, it will also need to take full account of the impact of earlier discrimination on the lives of older people and the cumulative disadvantage that can result. Inequality is not confined to separate 'strands': the profound consequences of the interaction of different forms of discrimination and disadvantage needs to be understood and taken into account, which the Commission will be well placed to do. We commend this paper to the new Commission as a first step in that direction.

Discrimination Law Review

The Discrimination Law Review, led by the Department of Trade and Industry, needs to ensure that age discrimination in access to goods, facilities and services comes into force at the earliest opportunity, and that public bodies are required to promote age equality alongside equality on the existing grounds of race and disability and (soon) gender. Services in many aspects of both the public and private sectors discriminate on age grounds as a matter of course. This clearly affects everyone, including those who have been discriminated against on other grounds and who then face renewed discrimination as they become older.

The Equalities Review

The independent Equalities Review that is looking at the causes of persistent disadvantage should take particular account of disadvantage and discrimination amongst older people. The consequences of discrimination and disadvantage earlier in life tend to carry through into old age, where they have a long term impact on quality of life. Increased understanding of age discrimination and its consequences and how it compounds other forms of discrimination and disadvantage should be a central focus of its work.

Some older people experience prolonged and profound deprivation and exclusion: one valuable study identifies several forms of exclusion experienced by older people: exclusion from material resources, from social relations, from civic participation, from basic services and from neighbourhoods (ODPM 2005). In analysing the causes of persistent inequality, the Review should take account not only of the need to avoid persistent inequality in the future but of the immediate implications for those currently over state pension age who are already experiencing it.

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Appendix – Members of the Age Reference Group

Members of the Age Reference Group on Equality and Human Rights (August 2005)

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Pat Healy	National Pensioners' Convention
Katie Ghose	Age Concern England
Harry Graham	Better Government for Older People, Older People's Advisory Group
Patrick Grattan	Third Age Employment Network
Farzana Hakim	Commission for Racial Equality
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Sam Mercer	Employers Forum on Age
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