What I aim to do in this paper is to assess how far we have come in the journey towards age equality – and how far there is yet to go.

I want to suggest that we have hardly yet begun to grasp the scale and impact of age discrimination on our society. We expect older people to be treated unequally and to be treated worse than their younger counterparts. That is how policies are constructed, how services are shaped and how the environment is arranged. Age discrimination is so integral to our thinking, so much part of the accepted way of doing things, and so taken for granted in how we see and interpret the world around us, that our judgement is coloured, our perceptions affected and our expectations shaped, whatever age we are.

Ten years ago, when I first joined Help the Aged, even the concept of age discrimination was barely on the public agenda. In spite of the efforts of a few dedicated people like Evelyn McKewen of Age Concern England, there was little public recognition that age discrimination exists, or of how it impacts on daily life, for either those who are young or those who are old. Governments, policy-makers and even organisations primarily concerned with old age saw the issues associated with ageing not in terms of discrimination and human rights, but as a series of distinct social policy ‘problems’ affecting older people – poverty, long-term care, poor housing, the lack of preventive health and social care, poor treatment in hospital and so on.

Collectively, the increasing numbers of older people were themselves seen as a problem: a threat to, and imminent burden on, the rest of society – a strongly recurring theme over the last 10 years. What about the dependency ratio? How will we afford pensions for all those people? How can the health service be expected to cope? What about long-term care?

A series of commissions and inquiries have sought to address these major issues and find long-term solutions.

Politicians and others are now, thankfully, more likely to hail increasing longevity as a success story, a triumph of public health, better nutrition and more advanced medicine (older people do tend to vote, after all). But parts of the media clearly still feel that increasing numbers of older people are likely to become an unsustainable drain on the rest of us. They make demands, they require expenditure, they have to be ‘catered for’. It’s enough to make you feel guilty for being alive, notwithstanding the taxes you have paid for the last fifty or sixty years.

What has been singularly lacking is the acknowledgement of older people as full and equal citizens, people with equal rights in our society, as valued and as valuable as everyone else. We have not been using the language of rights, equality and fairness, participation and citizenship, and we
still do not do so as a matter of course. Instead, the language of need, the problems of old age and the responsibilities of society has predominated. Such attitudes are sometimes described as ‘benign paternalism’, given that feelings towards older people are generally well intentioned, if patronising, rather than actively hostile. (Women were patronised in much the same way thirty years ago, when they wanted a mortgage in their own name or applied for a demanding job.) While such attitudes may feel ‘benign’ to those who express them, being on the receiving end is another matter entirely – and both infuriating and disempowering. Is it any wonder that older people reject services that ghettoise and patronise them? Or, if they cannot reject them, accept them only when they must?

I came to Help the Aged after six years at the National Institute for Social Work, working alongside disabled people who were busy shaping the disability movement. That was a turbulent, challenging and exciting time; disabled people were rejecting, often vociferously, the patronising and paternalistic attitudes and policies of the day; they were demanding instead that the barriers that excluded them from participating in the world as full and responsible adults and citizens be removed. Society, they said, has a duty to adapt in order to accommodate all of its citizens. The social model of disability aimed to revolutionise attitudes towards disabled people; it made equality unquestionably the top priority. The Disability Discrimination Acts followed, along with the establishment of the Disability Rights Commission, with disabled people in the driving seat. What an achievement. What a demonstration of determination and the power of ideas. And what a learning experience.

Another experience that fed into my understanding at that time was spending a year in America, in 1993/4, on a Harkness Fellowship, studying the long-term care system and the impact of the Americans with Disabilities Act 1990 (ADA). The ADA is a powerful piece of civil rights legislation – a phrase which has, of course, a strong resonance in the US where civil rights are so central to political history. In fact I found that the ADA was having little or no impact on the long-term care system at that time, and certainly not on those services that older people were caught up in, especially nursing homes. It was only in 1999 that the Supreme Court came up with the Olmstead decision, which found that the enforced segregation in nursing homes of disabled people receiving state funding through Medicaid was discriminatory and contrary to the ADA.

What was very noticeable, in the US as in Britain, was that it was younger disabled people who were both the principal activists and the principal beneficiaries of this emancipatory legislation. Older disabled people were not noticeably part of that civil rights movement at that time in the US, neither were they well represented in the disability movement in the UK. They are still largely not. Nor have they benefited to anything like the
same degree as younger disabled people from that movement: the learning that has taken place as a result of the social model of disability has not been carried across to policies affecting older citizens. Attitudes and policies for older people are still stuck in the past, still patronising and paternalistic, and still carry with them a whiff of the Poor Law. There has been as yet no real revolution in thinking in older people's services, no burst of confidence and fresh ideas. What we need is a revolution of our own with all the clamour that that implies. We need emancipation.

**Recurring themes**

There have been several strong persistent themes over the last ten years, alongside the recurring questions of pensions and paying for long-term care – what might be called 'progressive' themes which aim to improve the lives of those older people who need support (which might be any of us at some stage in our lives).

**Joined-up services for older people** Health and social care services need to work more closely together and put the older person's own priorities at the centre of the picture. The single assessment process is the current means by which this objective should be achieved. Is it working? Can the single assessment process overcome the countervailing constraints on services, the need to ration expenditure and the wider drivers on the major agencies involved?

**Prevention** – the need to intervene early in order to support the independence of those for whom it might be at risk; better to have fences upstream to stop people falling into the river rather than an ambulance standing by to receive them downstream when they've been fished out. But as we all know, the available resources are in practice targeted at 'those most in need'. Year on year we see an increase in the number of hours of support that older people receive in their own homes, but a steady decrease in the number of households receiving that support (in spite of the increasing number of such households as the population ages). Whatever the rhetoric, this seems to be an aspiration doomed to repeated failure for lack of consistent and long-term funding.

**Quality of older people's services** There have been major concerns about this. The Help the Aged Dignity on the Ward campaign, backed by the British Geriatric Society, the Royal College of Nursing and the Relatives Association, highlighted the sometimes appalling levels of care and lack of basic humanity on some hospital wards back in 1999. Since then, the Healthcare Commission has produced several hard-hitting reports on the treatment of older patients on some hospital wards; but the same issues arise again and again. Only last year, yet another television programme showed seriously bad practice on a hospital ward in Brighton and only last month yet
another health authority was in the dock for similar failings.

- **Older people’s quality of life**
  Perhaps rather more progress has been made on a strategy to support the quality of life of older people and ensure that they have access to mainstream services, such as transport, healthcare, decent housing, and participation in social and educational opportunities. A Help the Aged report, *A Life Worth Living*, spelt this out in 1997, and the ADSS/LGA report *All Our Tomorrows*, published in 2003, makes some very similar points.² Earlier this year, a report from the Social Exclusion Unit argued strongly for a multi-faceted approach to improve the quality of life of all older people, saying that older people need access to universal services in the community from which they are often excluded. The Welsh Strategy for Older People is perhaps the first serious attempt to put this into action. Moreover, we now have a much better and more in-depth understanding of what constitutes quality of life from the perspective of a diverse range of older people as a result of the 24 projects in the ESRC’s enormously valuable Growing Older research programme.³

These are the ‘progressive’ issues – what we have repeatedly been aiming to achieve and improve – and we have perhaps made some limited progress towards meeting them. But how depressing that we go round and round the same old arguments and proposals and that progress is so slow and uncertain. Where is the urgency? Where is the real hunger for change?

Most of the real and pressing issues facing older people – issues of continuing poverty in old age, insufficient services, poor-quality services, an excluding environment – are the product of a fundamental lack of equality and of respect for their human rights. They are the consequence of age discrimination, which spreads its unseen filaments like a fungus underground and emerges bearing fruit of many different shapes and sizes.

We need to tackle the root cause if we want to eradicate the symptoms. It is age discrimination itself that should be in our sights.

**Direct discrimination**

Older people can still, quite legally, be treated less favourably than younger people would be in equivalent circumstances. We tolerate policies for older people that would be considered unacceptable, even outrageous, if they were applied to younger people: let me offer just a few examples.

**Disability Living Allowance** is intended to meet the additional costs associated with having an impairment, irrespective of income. But you are only eligible to apply for it if you become disabled under the age of 65. If you are over 65 when you become disabled, you may only apply for Attendance Allowance, which takes

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1 BBC, *Panorama: Undercover Nurse*, 20 July 2005
2 Association of Directors of Social Services/Local Government Association: *All Our Tomorrows: inverting the triangle of care*. 2003
longer to qualify for, is less generous and does not include a sum to meet mobility costs. Can you imagine the outcry if the support you were eligible for from the state because you are disabled depended not on your age but on your gender, your race or your sexuality? The very idea is preposterous – but it is tolerated for age.

Similarly, people under 16 or over 66 are not eligible to apply to the Independent Living Fund, which is fully funded by the Department for Work and Pensions and is intended to enable disabled people to live at home rather than in residential care – but not if they happen to be in their 70s, 80s or 90s.

Specialist mental health services for adults have catered only for those under the age of 65. There has been no comparable service for those over that age, even though we know that depression and anxiety states are common among older people.

The amount of money local authorities spend on social care for people over 65 is significantly less per head for older clients than for younger people in comparable circumstances. Consequently, services are limited, task-focused and purely practical – simply about keeping body and soul together. In a 15-minute visit two or three times a day, and with ever-changing staff, there is very little scope to address the wider needs for social, emotional and psychological support that we all share, whatever our age, or even to have a proper conversation or go outside for a few minutes for a change of scene.

It is not only in the areas of social security, health and social care that such discrimination exists. A report from the University of Bristol highlights the way age discrimination influences housing providers:

*There is evidence that assumptions based on age are made and that tenants and service users can be treated in a patronising way. Specifically, institutional ageism is illustrated in Housing Benefit Regulations and in under-resourcing of new housing, repairs and adaptations budgets.*

Similarly, the emphasis on funding vocational education and training, to the exclusion of the many other benefits of educational activities such as interest, purpose, personal growth and social interaction, has deprived people in older age groups of opportunities that they may well never have had earlier in life and that could be significant contributors to quality of life.

**Impinging on human rights**

The Human Rights Act (HRA) affirms the ‘equal dignity and worth’ of each individual, irrespective of their age or any other characteristic. Under the HRA, everyone has a right to have their life protected, to be free from inhuman and degrading treatment and to their private and family life. But *Rights at Risk,* published by Help the Aged last year, argues that the human rights of older people are put at risk by the very system that is supposed to protect them. It details many examples

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4 Brenton M, Heywood F and Lloyd L: *Housing and Older People: changing the viewpoint, changing the results.* Housing Corporation 2002
5 Harding T: *Rights at Risk: older people and human rights.* Help the Aged 2005
of older people in appalling circumstances for whom help is not available, or is delayed for months, whose lives are put at risk and whose well-being is compromised by the way we run our services.

Take just one example of how accepted practice can violate someone’s most basic rights. Older people who are no longer able to look after themselves are required to leave the home they have lived in for years, make a total change in their lives and live communally with others in a segregated community – something they may well never have done before and probably have no wish to do. But that is the system: there are not a lot of alternative options. Once in a care home, however, residents have no security of tenure and can be required to leave at any time.

So someone who has made the wrenching, life-changing decision to enter a care home in the first place, who has settled there so that it has become their home and who has friends among the staff and other residents, can suddenly be evicted at the drop of a hat. We know that old people are quite likely to die after unexpected and unwelcome moves – remember Winifred Humphrey and Violet Townsend, both of whom died within a few days of such a sudden forced move in 2003. Research confirms that moving old people without taking the necessary time to prepare and support them and give them some control over the process puts lives at risk. Yet there is nothing to protect older people from this threat to their lives.

How can we tolerate this? Why do we tolerate it?

**Indirect discrimination**

Older people’s lives are affected daily by indirect discrimination too. When corner shops and post offices are closed and you have to travel a long distance, probably by car, for ordinary everyday things; when buses are re-routed to cut out unprofitable journeys, without regard to their value to older people, then you are creating an environment that is inimical to older people and their capacity to manage their own lives. When you remove seating and public toilets from a public place, it may inconvenience everybody a little but it could well mean that older people simply don’t go there any more. When instructions on medicines are written in such small print that they are hard enough for people with the sharpest eyesight to read, or equipment is designed in a way that is awkward for all but the nimblest fingers to use, then it is older people who are likely to be the most inconvenienced. Who are we planning for and designing for? Who do companies think their customers are? Nearly 20 per cent of the population seems to be invisible. The more we fail to plan for older people alongside everyone else, the more we create and foster their exclusion.

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6 Jolley D: Report to the High Court of Justice, Queen’s Bench Division CP/2278/2002
Internalised inequality

The message to older people is that they don’t matter, that they are unimportant. Such pervasive structural inequality is readily internalised and affects older people’s perceptions of themselves, as well as those of younger people. It affects their expectations, their confidence, their relationships and their place in society. To quote Margaret Simey, a trenchant observer of her own old age, talking about what it felt like on the occasion of a surprise birthday party organised by her friends for her 90th birthday:

‘Til then I had been as active as any of them, deeply involved in the customary round of voluntary work, committee meetings, consultations and all the rest of it. Suddenly it occurred to them, as it did to me, that I was OLD. The transformation was stunning: I was no longer one of Them. I was an outsider. I seemed to be in a foreign country. I didn’t speak the language. I didn’t know the rules. I was no longer Me, Margaret, very defiantly my own person. Now I was simply one of a mass of clones without individuality, a stereotype, a number, not an individual . . . Once alerted, a thousand tiny incidents took on a new significance . . . What does it feel like to be thus excluded from all that makes life worth living? I experienced a new sense of loneliness, not because I lack company but because I am shut out . . . We simply don’t belong. Like balloons filled with gas but cut off from any anchorage, we float aimlessly, futile, without purpose.7

In summary, if we accept lower standards for services for older people, or show less respect for the individuality and humanity of an individual because he or she is old, then we are condoning age discrimination, and potentially breach of their human rights as well. If we erect barriers which hamper older people’s participation in ordinary life, then we are generating and encouraging social exclusion.

Unless we are prepared to face up to this and to examine with a clear eye the institutional discrimination that lies at the root of so many of our policies and to do something about it, then older people are always going to be second-class citizens, no matter how much we may wish otherwise.

That is why legislation to ban age discrimination matters and why it should be on the statute books. The standards that we expect for older people should be no less than those that we expect for ourselves and our contemporaries, for our children and our grandchildren.

7 Margaret Simey: Foreword, Age Discrimination in Public Policy: a review of evidence. Help the Aged 2002
Legislation

October 2006 has seen the implementation of the first legislative step along that road. The European Equal Treatment Directive required all member states to legislate to ban age discrimination in employment and training and Britain has finally done so (though we have left it to the last possible moment). Officially, the ‘young old’ now have the same employment rights as younger workers. Unfortunately, the regulations are marred by the introduction of a ‘default’ retirement age which means that people will still be able to be dismissed against their will when they reach the age of 65, and will have no serious power to object. The regulations will be challenged in the courts, since the ‘default retirement age’ certainly appears to contravene the spirit of the Directive and actually legitimises discrimination on age grounds. We may not have had legislation against age discrimination before, but neither, until now, have we had legislation which expressly permits it.

Giving public authorities a positive duty to promote age equality, and introducing legislation to protect people from discrimination in goods, facilities and services, are the necessary next steps, and would begin to bring age into line with the other strands for whom more extensive anti-discrimination legislation already exists. Both of these are subject to the Discrimination Law Review; the Green Paper we have been expecting for some months has now been delayed again, till the end of the year. There is as yet no clear and firm commitment from the Government to extend to age the full protection afforded to other groups: we cannot yet be certain that that will happen.

Age discrimination is often seen as more ‘difficult’ to legislate against than other forms of discrimination, and to an extent this is understandable. Age criteria are widely used in all sorts of different contexts. We use chronological age to mark stages in our lives: we can apply for a driving licence at 17, vote at 18, become eligible for a pension at 60 or 65. We use ‘age bands’ to describe broad categories, such as ‘people under 25’ or ‘those over state pension age’. We talk generally about age groups such as ‘young workers’ or ‘older people’.

These categories are handy, and they acknowledge a reality. We do change over the course of our lives and we do have different needs at different stages. The needs of children are different from those of adults and the needs of someone of 50 are very likely to be different from those of someone of 80. Our histories, experience and needs change as we move through life.

Moreover, we are each shaped by the times we live through; there are shared experiences between people in the same broad age group. Those who were born during the 1920s and ’30s and lived through the Depression and the Second World War share something of that experience that distinguishes them from the cohort of people who were born in the ’50s and
take the welfare state for granted. And their perceptions and expectations are different again from those born 20 years later. Our age helps to make us who we are.

But it is equally true that age is only one of the many things that shape us. Age alone does not determine our needs or shape our character. Who we are, and what our circumstances are, is determined by many things including our personal characteristics (e.g. race or gender or sexuality), by our social, family and financial circumstances, our educational opportunities and how we have used them, our health status and so on. A cross-section of the population at any age will reveal wide differences between us. So while our age may be relevant, it is just one of many factors, others of which might be equally or more significant.

To be effective, age equality law needs to allow for and accommodate this complexity. It has to be able both to treat people with respect whatever their age, and to acknowledge differences within age groups and between age groups. It needs to ensure equality of opportunity throughout our lives and to help people fulfil their potential at each and every stage.

The challenge is to distinguish between those instances where the use of age is appropriate and relevant and where it is inappropriate and irrelevant. This is not, I suggest, as difficult as it might appear. If the aim is equality, the equal citizenship of people, then the prime purpose of the legislation should be to ensure that age cannot be used arbitrarily to treat older, or indeed younger, people worse than others. Age should not be used as a pretext to provide less favourable treatment.

There are plenty of examples of policies where the use of age criteria does appear to be arbitrary and questionable, or even plainly unjustifiable. If age criteria for accessing goods or services are used simply in order to ration resources or limit expenditure, then that practice is highly likely to be discriminatory. If the use of age criteria is based on habit (‘we have always done it this way’) or on assumptions or stereotypes about older or younger people, then this needs to be rigorously questioned. Why are we using age as a criterion? Are we using it as a proxy for something else, such as health, or competence, or wealth? If so, should we not be using that criterion instead? Where is the evidence that might justify the use of age criteria in this context and how robust is it? All age-related policies and practices need to be subjected to this test.

Some parts of the public services have already had that experience: the National Service Framework for Older People (2001) included as Standard 1a statement that ‘NHS services will be provided, regardless of age, on the basis of clinical need alone’. Over the next couple of years there was a serious attempt, supported by the Department of Health, to tackle age discrimination head-on across the NHS. It raised awareness and made a significant difference to older people’s access to various forms of treatment, before support waned and other priorities
took over. The Older People’s Strategy in Wales also aims to promote the equality and inclusion of older people across all public services in Wales and to tackle age discrimination.

As with all anti-discrimination measures, treating everybody equally does not mean treating everybody the same. Treating women as if they were men, or disabled people as if they did not have an impairment, does not result in equality. The nature of differences between people and between groups has to be accommodated, not ignored, for equality to be realised. The same is true for age.

So how do we determine when the use of age criteria is legitimate and when it is not? Different treatment may be required at different stages of one’s life in order to meet needs appropriately and achieve equality of outcome. For example, age is sometimes used as a proxy for risk: if children under a certain age are most at risk from measles, we want to make sure they are protected. If older people and those with particular health conditions are more at risk of complications if they get flu, it is sensible to protect them from that risk.

We also use age criteria positively to target some goods and services, like concessions on transport for older and younger people, access to particular benefits and to some forms of insurance. We will want to be able to continue to do this if it meets legitimate social objectives, such as:

- to prevent or address existing disadvantage or discrimination (e.g. concessionary fares compensating for low incomes and lack of access to private transport);
- to promote economic and social inclusion, e.g. in access to education, employment or health improvement programmes;
- to promote integration and participation through special-interest groups, social clubs, sports or political activities;
- or to protect the health, safety and welfare of people within certain age bands or groups.

Both positive and negative treatment could be justified if different treatment based on age supports a legitimate aim. Objective justification is important for age as for other groups. In making the case for different treatment on age grounds, we need to ensure that the evidence presented is robust and up to date. At present there is no need to justify the use of age criteria, nor to provide evidence for those that are chosen, and that lack of transparency can give rise to injustice. It leaves the door open to inaccurate or out-of-date assumptions about older and younger people and their lives that do not reflect today’s realities.

So while legislation to ban age discrimination in goods and services presents some challenges, these are in essence no more ‘difficult’ than anti-discrimination measures for other groups, and indeed age can benefit from that experience.
Commission for Equality and Human Rights

When the Commission for Equality and Human Rights is up and running, age equality will be part of its responsibilities. The focus of the CEHR is equality per se, and covers all forms of discrimination and inequality, with a particular focus on the six strands of sex, race, disability, sexual orientation, religion or belief and age. It is also concerned with the promotion of human rights and the principles of dignity and respect for each individual, and thus has the potential to change the culture of public services in some fundamental ways which will affect everybody, including older people.

The CEHR will also be in a position to develop a better understanding of the impact of multiple discrimination on people’s lives. For example, existing anti-discrimination legislation on race, gender and disability has not improved the lot of older people who fall into those categories as much as it should.9 They have been invisible in the guidance that accompanies the legislation and consequently public authorities have tended to overlook them in planning to meet their legal responsibilities. I hope it is not unduly optimistic to think that the more comprehensive approach of the CEHR will mean this will not happen in future and that people of all ages will benefit from all existing equality legislation.

The CEHR will have a wide range of duties and responsibilities and a limited budget and there are inevitably fears that one group or other will lose out. These fears have been most vigorously expressed by those who feel they have most to lose, particularly perhaps by black and ethnic minority groups and by disabled people. Older people have had nothing to lose and have everything to gain. But the CEHR will have a major job to do to ensure that older and younger people understand and feel that the new Commission is there for them too.

Hearing older people

Despite the best efforts of voluntary sector age organisations like The Age and Employment Network (TAEN), Age Concern, Help the Aged, the National Pensioners’ Convention and others, the age strand does not have a loud voice on equality and human rights issues. A new body, the Age Reference Group for Equality and Human Rights,10 has been established to bring together organisations of and for older people and provide a focus for work on equality and human rights matters and a channel for communicating with Government and the other anti-discrimination strands. None the less, it is undoubtedly the case that older people need a louder voice.

Ultimately, it is older people themselves who will make the difference, just as it was disabled people who generated the social model of disability and fought for disability equality. As Cicero said (according to David Canadine on Radio 4 recently): ‘Old age will only be respected if it fights for itself, maintains its rights, avoids dependence on

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9 Age Reference Group for Equality and Human Rights: Age and Multiple Discrimination and Older People. Help the Aged/Age Concern England 2005

10 For further information about the Age Reference Group, contact Nina Schuller at Age Concern England or Paul Cann at Help the Aged
anyone, and asserts control over its own to its last breath.”

Standard 1 of the National Service Framework for Older People (NSF) exists because older people put it there (along with a couple of the other standards that might not have received such a high priority had they not been involved). They actively helped to frame the NSF from its very beginning—a first, to my knowledge, and one of the things in my working life that I am proudest to have been associated with. Following its publication, older people were recruited to help NHS organisations across the country to identify and tackle age discrimination—a difficult and sometimes frustrating task but a very positive one.

Five years later, in 2006, it is more usual for older people to be involved in developing policies that affect them. Senior citizens’ forums, run by older people and including organisations of and for older people, now exist in most areas of the UK.12 Forums are distinguished by their autonomy: it is those involved who decide what is important, set their own agenda and engage with public authorities and others on their own terms. Help the Aged has been active in supporting the development of forums through the Speaking Up for Our Age programme for a number of years. Better Government for Older People has also taken the involvement of older people in shaping policy as its starting point and created a pool of informed and active people working to influence their local authorities and other public bodies. In Wales, in Scotland and in Northern Ireland, older people have had a real and tangible influence on the shaping of policy that affects them. But it is still not universally accepted that those most directly affected should play such a key role. We still have some way to go, both for older and, indeed, for younger people. We need to reach a point where it is unthinkable not to involve people in shaping the policies and the services that affect them, as it is for other groups.

There has of course been progress over the last ten years. We do increasingly recognise that people don’t live in a health and care services ghetto just because they are over 60; that they have ordinary lives just like younger adults; that they differ from one another, and have different skills and interests, just like younger adults. We are beginning to talk the language of rights and participation, of older people as an asset rather than a liability. As David Miliband felt able to say in January 2006, when he was Minister of Communities and Local Government: ‘Surely we have learnt enough to see longer lives as an opportunity, not a threat. We need to break down the barriers that exclude older people from participation and tap into under-used and under-valued time, skills and experience. Without a positive vision we will miss the social and economic opportunities of an ageing society.’

11 David Canadine: Point of View, BBC Radio 4, 4 August 2006
12 Senior Citizens’ Forums: a voice for older people. Help the Aged 2004
However, the distinguished academic and social policy analyst Peter Townsend argues that social policy has actually created exclusion and ‘structured dependency’ for older people throughout the second half of the twentieth century. ‘Retirement, poverty, institutionalisation and the restriction of domestic and community roles are the experiences that help to explain how the dependency of older people came to be artificially structured or deepened.’13

If policy has the power to create dependency and discrimination, it also has the power to change it.

The long and winding road towards equality sometimes seems a slow and tedious road to travel; it loops back on itself and goes up blind alleys. That is not good enough; our own futures and those of our fellow citizens are at stake.

Age equality legislation is at a crossroads. Legislation is essential in order to begin to tackle the institutional discrimination that is embedded in policy and practice, particularly in public services: good will or good intentions can take us a long way, but not far enough. Moreover, strong legislation would make the clear statement that age equality matters and that discrimination cannot be simply ignored and passed by. As with other forms of inequality, however, putting the legislation in place is just the start – a necessary but not a sufficient step. After all, we have had thirty years of race and gender legislation and we are still learning, still fighting for equality.

The challenge to each of us, therefore, is to recognise how deeply age discrimination pollutes our culture and our society, how it is embedded in our policies, entrenched in our services and ingrained in our thinking. Many of us alive today will spend as much as a third of our lives being over 60: there is self-interest at stake as well as wider principle. We need to learn to see age discrimination where it exists and not be afraid to name it for the injustice that it is. Only then can we begin to take steps to eradicate it and work towards a more age equal society.

Tessa Harding

13 Townsend P: Human rights or structured dependency for older people. In Ageing and Society 26, March 2006 p165
Discussion

The Chair thanked Tessa for her comprehensive review of the situation. A number of questions had been raised: is early intervention doomed to repeated failure because of lack of consistent long-term funding? Where is the urgency to generate change? When is the use of age criteria legitimate? He invited contributions from the floor.

Anthea Tinker, Emeritus Professor at King’s College London, said the argument was powerful; she hoped this was not a swan song but a new beginning. ‘Will you stick with us?’ she asked.

Tony Carter of Bromley Older People’s Forum said that Tessa’s great virtue is not that she listens — many people do that — but that she identifies with what others say to her. He acknowledged what had been achieved so far but warned that ‘every solution has its own problems’. For example, the current legislation banning age discrimination in employment and training was already giving rise to assertions that concessions for older people in adult and further education will be illegal. This was typical of the kind of issue that will inevitably arise. So we should celebrate what has been gained, but be aware and vigilant, because further problems will ensue.

Elizabeth Sclater, currently on part-time secondment from Lewisham Council to the Transition Team for the CEHR, said that she would send a copy of the presentation to Trevor Phillips, who chairs the CEHR, to colleagues working on age and to those working on other strands across the transition team.

Jane Campbell, a Commissioner from the Disability Rights Commission, said that she had found herself nodding in recognition during the lecture. So many of the points made echoed issues from her own experience in the disability movement over the last 25 years. What had made the difference there was that disabled people had become angry. When, she asked, are older people going to get as angry as disabled people were?

Katie Ghose, Director of the British Institute for Human Rights, agreed that we must have comprehensive legislation on age discrimination and a positive duty on public bodies to promote age equality. However, we should not overlook the legislation that already exists, namely the Human Rights Act. Human rights law could be dynamite in hands of older people — for example, with regard to end-of-life care. The existence of this law should enable people not accept a charity model but to say ‘these are my rights’.

David Gardner of Better Government for Older People said he appreciated the inspiration and rigour of the lecture. He was particularly pleased that housing had been mentioned. Housing practitioners seem to assume older people need less space than others. He had recently visited social housing schemes where older people were only offered one-bedroom accommodation, while those who are buying are offered two bedrooms but at extortionate prices. Age discrimination and
disadvantage are being embedded in bricks and mortar, especially for poorer old people.

**Dorothy Runnicles**, also of Better Government for Older People, said she was particularly pleased that Tessa had highlighted the complacency of the business sector. Care homes are closed because they are not profitable and it is not good business to keep them open, with no thought for the rights of those who live in them. She agreed with the need to see ageism as the key to the barriers facing older people. Nothing will change in public or voluntary services until ageism is treated as seriously as other forms of discrimination. Links with the disability movement need to be strengthened and people need to learn about ageism, as they had had to learn about racism and sexism.

**Don Steele**, until recently Director of the Association of Retired Persons, said one didn’t often hear word ‘revolution’ in relation to the problems of ageing – although, by coincidence, Bill Novelli, Director General of the American Association of Retired People (AARP), a large and powerful membership organisation in the USA, had just published book called *50+: igniting a revolution to re-invent America*. In Don Steele’s view, however, the notion of ‘revolution’ is over-optimistic. Older people are lumped together as if they were all the same; but they won’t revolt because half of them are poor and don’t have the energy, while the other half are affluent and can’t be bothered. He quoted the final sentence of the book: ‘In this age we are surrounded by unsurpassed opportunities carefully disguised as insoluble problems.’

**Elaine Draige** of the Equal Opportunities Commission said that the forthcoming Single Equality Act would be of critical importance in dealing with age discrimination. She asked for suggestions about three practical steps the Commission for Equality and Human Rights should take in its early years on age.

**Jim Soulsby** of the National Institute of Adult and Continuing Education had concerns about the place of age in the CEHR. Age is the runt of the litter: age discrimination has too little history and pedigree to carry enough weight, and there were too few cases. He pointed out that, in education and training, age discrimination has been legitimised through a funding system which emphasises the economic value of education. Educational opportunity for older people is not seen to have an economic value. He hopes this assumption will be challenged. A further issue is the random nature of concessions for older people. For example, older people are granted a free television licence in the same breath as free classes are stopped. It is not possible for older people to exercise choice in these circumstances. The regulations do allow targeted positive action.

**Teresa Lefort**, Vice Chair of the UK Older People’s Advisory Group (OPAG), said that the Learning & Skills Council had acknowledged that mental stimulation is needed to avoid deterioration in later life, while simultaneously contradicting itself by
cutting back on educational programmes intended for older people. Organisations need to get together to fight this. She felt that older people will not get anywhere unless they were supported by the younger generation, and a plan is needed to take this forward. We need to be ‘kicking and screaming’.

Stephen Burke, Chief Executive of Counsel and Care, appreciated the call to arms and questioned the role of the media.

Stan Davidson of the Greater London Forum for Older People said he had been a long-term campaigner for the rights of older people and had worked alongside Tessa on the NHS National Service Framework for Older People. He felt that a new language and new words were needed to break through the culture of ageism. Ways and means had to be found to generate urgency for the job of challenging ageism and age discrimination.

Brian Groombridge of the University of the Third Age pointed out that demographic change was not unique to the UK and asked what strength we might draw from Europe and initiatives taken by the EU.

Lucianne Sawyer, President of the UK Home Care Association and an independent social care consultant, said the lecture was a tour de force. She commented that we had been challenged to recognise age discrimination when we saw it, but what should we then do about it? She had come across very overt discrimination but it was difficult to know how to challenge it. She gave the example of two care managers in the same authority: the person managing services for younger disabled people was permitted to spend up to £1,000 a week on support for an individual, whereas the person managing services for older people had her wrist slapped if she spent more than £160 a week. The cost of older people’s care packages is trimmed to fit budgets, and the budget for older people’s services is regularly raided to pay for children’s services and plug budget deficits, according to the King’s Fund.

Angela Sinclair of Islington Pensioners’ Forum said she saw some significant obstacles, a key one being that older people have no scarcity value any more. However, they could have strength through numbers. ‘In technology, our grandchildren’s generation is more skilled than we are. Our society helps children but leaves people flat at the end of life.’ She saw the need for more intergenerational work and alliances across the age groups.

In response, Tessa agreed that the influence of the European Union had been critical, both in the field of employment, where the Equal Treatment Directive had resulted directly in the current regulations banning age discrimination in employment and training, and in work currently going on in connection with goods and services.

She picked out two key issues: when were people going to get angry about discrimination? And how could the
Human Rights Act be used? Learning to recognise discrimination was a key step but it is difficult when discrimination is so pervasive and so unquestioned. Both the disability movement and the Equal Opportunities Commission had plenty to teach us about how to alert people to recognise and challenge it.

The culture of ageism that underpins public services, referred to by Stan and Lucianne, is particularly tough to challenge. These are examples of institutional age discrimination, and legislation is key to addressing that. Age discrimination needs to be given the same weight and profile, in the CEHR and in legislation, as other forms of discrimination which are today unlawful and widely seen as unacceptable.

Finally, Tessa hoped that we would all help to stimulate debate and encourage people to get a bit angrier.

Tessa Harding

Tessa Harding was Head of Policy and subsequently Senior Policy Adviser for Age Equality and Human Rights at Help the Aged (1996–2006). She previously worked at the National Institute for Social Work (1990–96), the National Council for Voluntary Organisations (1984–90) and for three local authorities (1972–84).

While at Help the Aged, she was a member of the Better Government for Older People steering group, an adviser to the Government’s Beacon Councils programme and to the Joseph Rowntree Foundation’s Older People’s programme, on the advisory board of the ESRC Growing Older Programme and a member of the King’s Fund Inquiry into social care for older people in London.

She developed the Help the Aged Speaking Up for Our Age programme of support for senior citizens’ forums and convened the Older People’s Reference Group, which advised on the development of the National Service Framework for Older People (2000–1).

She was on the Government’s task force to establish the Commission for Equality and Human Rights and was a UK representative on the age discrimination expert group of Age, the European Older People’s Platform. She is currently a member of the Attorney General’s Equality and Diversity Advisory Group, advising the Crown Prosecution Service on its single equality scheme, and a Governor of the Centre for Policy on Ageing. She was awarded the MBE in January 2004.


Tessa has two sons, two daughters-in-law and two grandchildren and now lives in Suffolk.
1 BBC, Panorama: Undercover Nurse, 20 July 2005

2 Association of Directors of Social Services/Local Government Association: All Our Tomorrows: inverting the triangle of care. 2003


4 Brenton M, Heywood F and Lloyd L: Housing and Older People: changing the viewpoint, changing the results. Housing Corporation 2002

5 Harding T: Rights at Risk: older people and human rights. Help the Aged 2005

6 Jolley D: Report to the High Court of Justice, Queen’s Bench Division CP/2278/2002

7 Margaret Simey: Foreword, Age Discrimination in Public Policy: a review of evidence. Help the Aged 2002

8 Thanks to Robin Allen for these distinctions

9 Age Reference Group for Equality and Human Rights: Age and . . . Multiple Discrimination and Older People. Help the Aged/Age Concern England 2005

10 For further information about the Age Reference Group, contact Nina Schuller at Age Concern England or Paul Cann at Help the Aged

11 David Canadine: Point of View, BBC Radio 4, 4 August 2006

12 Senior Citizens’ Forums: a voice for older people. Help the Aged 2004

13 Townsend P: Human rights or structured dependency for older people. In Ageing and Society, March 2006 p165
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WE WILL:

**COMBAT POVERTY** wherever older people’s lives are blighted by lack of money, and cut the number of preventable deaths from hunger, cold and disease

**REDUCE ISOLATION** so that older people no longer feel confined to their own home, forgotten or cut off from society

**CHALLENGE NEGLECT** to ensure that older people do not suffer inadequate health and social care, or the threat of abuse

**DEFEAT AGEISM** to ensure that older people are not ignored or denied the dignity and equality that are theirs by right

**PREVENT FUTURE DEPRIVATION** by improving prospects for employment, health and well-being so that dependence in later life is reduced