



AGE
Concern

Age of equality?

Outlawing age discrimination
beyond the workplace

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Foreword



2006 was a milestone for social justice. After a decade of lobbying in Brussels and Westminster, the Employment Equality (Age) Regulations came into effect, outlawing age discrimination in the workplace. Already, these Regulations have raised the profile of the negative effects of ageism – something that good practice guidance for employers never really managed to achieve.

Though welcome, the Regulations are limited in scope. Age discrimination outside the workplace is still lawful. Using the voices and experiences of older people themselves, this report presents evidence of many age-based practices that cannot be justified – from the financial services and leisure industries, health and social care to clubs and associations.

All forms of age discrimination should be seen as unacceptable, but good practice guidance and voluntary initiatives alone cannot achieve this culture change.

Age Concern's call for new legislation to outlaw age discrimination in goods and services, with appropriate exemptions, is one that I wholeheartedly endorse.

Likewise, public authorities should be placed under a legal duty to promote age equality in every aspect of their work – a measure that I attempted to introduce as an amendment to the Equality Bill in 2005. An age duty would make public services responsive to the needs of all age groups, and so more effective in targeting resources and challenging social exclusion.

Age equality has been left lagging behind the other 'strands' of race, religion and belief, gender, disability and sexual orientation. Parliament must now seize the opportunity of the promised Single Equality Bill to strengthen protection against age discrimination. With appropriate legal tools, the new Commission for Equality and Human Rights will be equipped to help consign age-based prejudice to history.



Baroness Sally Greengross

Commissioner, Commission for Equality and Human Rights
Vice President, Age Concern England

1. Summary – the case for change

Age Concern believes that legislation has a central role in promoting age equality and eliminating age discrimination. The Single Equality Bill, promised in the lifetime of this parliament, presents a unique opportunity to equalise protection for age.

We are calling for public authorities to be placed under a legal duty to promote age equality in all aspects of their work. An age equality duty – sometimes called a ‘positive duty on age’ – would mean that public authorities had a duty to promote equality between people of different ages and eliminate age discrimination. They would have to ‘age-proof’ all their activities and functions with the aim of achieving equal outcomes for people of all ages.

There is also an overwhelming case for introducing protection against age discrimination in goods, facilities and services. Taking this step would set a benchmark for the fair treatment of older people and send out clear signals about the standards of treatment that society finds acceptable. The legislation should be ‘light touch’, outlawing discrimination only when evidence does not justify it.

This report presents extensive evidence of age discrimination in support of our call for legislation. Our main areas of concern, summarised here, are health and social care, volunteering and public life, and financial services.

Health services

Some health services, particularly mental health services, still use explicit age criteria to control access. Negative, ageist attitudes affect decisions about the care and treatment of older people, underpinned by an attitude that older people are ‘not worth it’. Testimonies from older patients reveal age discrimination by busy NHS staff, who may lack the training and awareness to treat them appropriately according to their needs – or even with basic dignity. Elsewhere in the NHS, absence of age equality proofing means that indirect age discrimination continues unchallenged, leading to unjustifiable differences in quality of care and access to services.

Ageist attitudes must be rooted out of the NHS. Older people should receive appropriate care and their dignity should be protected. There should be equitable access to treatment based on clinical need alone. Older patients should be consulted about how services can meet their needs, and the NHS must ensure that it identifies and tackles persistent inequalities relating to age.

Social care

Older people have to make do with lower care standards, with services that just focus on health and safety rather than promoting their independence and wellbeing. Compared to services for younger adults, care for older people gets less money per head, including less financial support for independent living. As a result, older people may end up in residential care just because it is cheaper than helping them to stay in their own homes.

The chronic under funding of social care for older people, reflecting ageist assumptions about their needs, must be addressed urgently. Care provided in the home and in residential settings must support dignity, independence, and social and community participation. Older people should not be robbed of their independence just because residential care can be provided more cheaply. The planning of care should take older people's views into account.

Volunteering and public life

Around four and a half million older volunteers make a social and economic contribution to community groups, clubs and associations. But they can encounter age barriers that force them to leave their positions or prevent them from taking up a new volunteering role. Magistrates have to retire at 70, and people over this age cannot serve as members of a jury.

Rather than being forced out by arbitrary age limits, older volunteers should be able to decide when to step down. Volunteer selection should be based on objective criteria relating to ability to carry out tasks. Upper age limits for magistrates and other public appointments should be approached in a similar way. The age limit for Jury service should be removed.

Insurance and other financial services

Older people face discrimination in many areas of financial services. They are keen travellers, but when buying travel insurance many face unjustifiably high premiums or are declined because of their age.



Having a car is a passport to independence but older drivers often have difficulty getting motor insurance at a reasonable price. When applying for mortgages or consumer credit they can encounter unjustified age discrimination.

Older consumers should be recognised as a large and growing part of the financial services market. Motor and travel insurance companies should only be able to refuse quotes or charge higher premiums on grounds of age if this can be justified by evidence. Likewise, other financial products should be made available to older people unless refusal can be justified.



2. Ageism – breeding inequality

*The culture I live in makes me feel I don't exist – I don't see myself reflected anywhere.*¹

Britain today is a profoundly ageist society, ill at ease with demographic change. Everywhere older people turn they experience casual, unthinking prejudice – in the community, in the media, in the marketplace and in their dealings with public services.

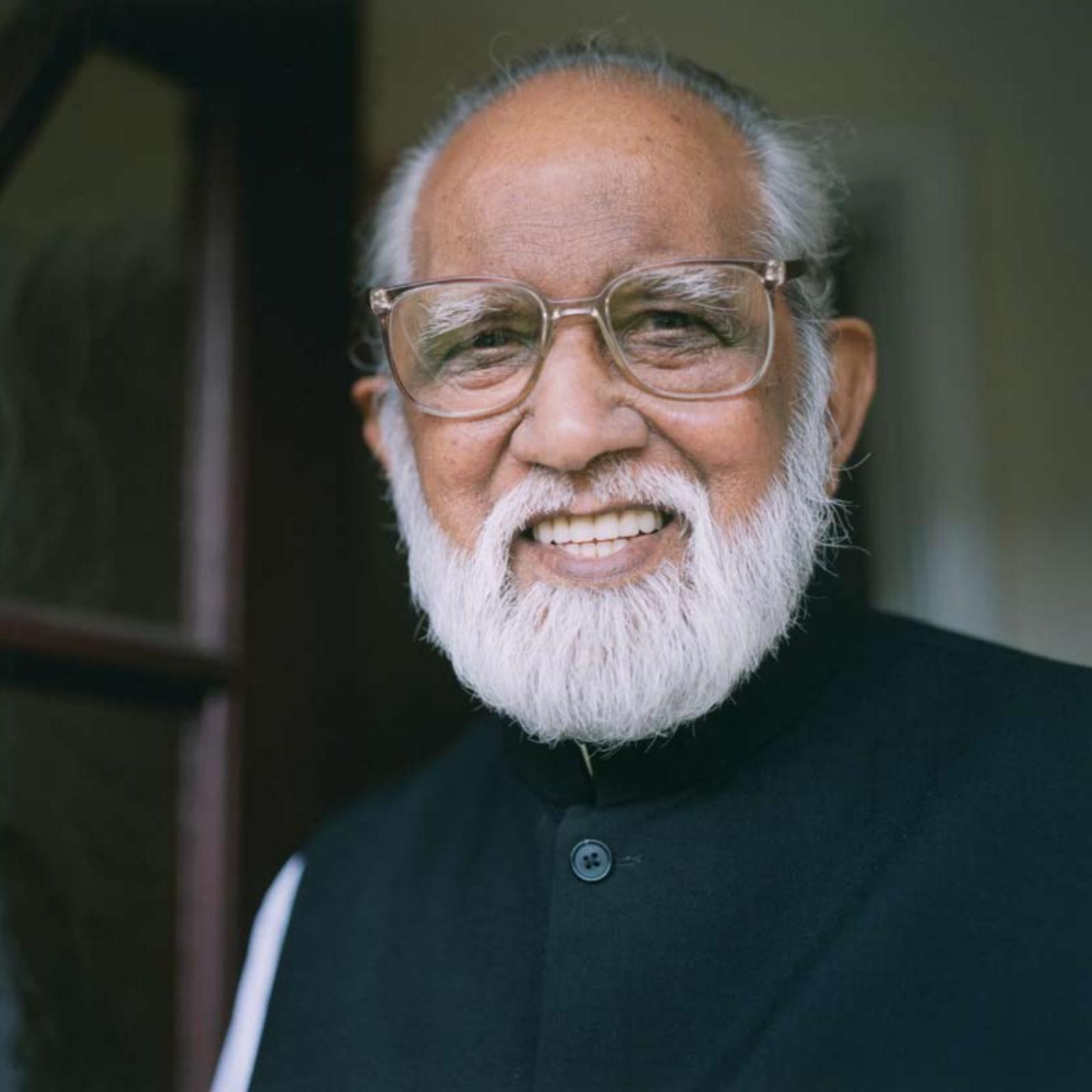
In a culture fixated on youth, older people often report feeling invisible and ignored. Others say they are patronised as needy and incapable. Lazy stereotyping often lumps together everyone with grey hair, despite their huge diversity; people can even be written-off as 'too old' in their 50s, when they may have half their adult life ahead.² And the language used about older people would no longer be tolerated were it applied to women or black people.

Britain is in denial about its ageism. The vast majority of adults claim positive attitudes towards people over 70, rather than admitting prejudice.³ They say exactly the same about disabled people, who know all about well-intentioned exclusion and unconscious prejudice. Both groups are seen as friendly but incapable – and often the subject of pity; they experience what is termed 'benevolent prejudice'. The effect is that older people, like disabled people, are viewed as dependent, homogenous and outside the mainstream.

Sadly, as people age, they tend to maintain these attitudes. Those who are middle-aged do not like to be associated with their age group, while people over 70 often accept or ignore the ageism around them, reporting age-related prejudice less often than younger groups.² But things are changing.

There is strong public support for recent legislation outlawing age discrimination in employment, and 40% of adults now think age discrimination is a serious issue.²

So how would new legislation tackle ageism? Laws send out a powerful signal about what society deems acceptable – just look at the social change since sex and race discrimination were first outlawed in the 1970s. And there is a strong 'feedback loop' between ageist thinking and discriminatory action. Ageism breeds much of the unequal treatment older people experience when accessing goods and services; but on the other side of the coin, clamping down on discriminatory practice also leads in time to changes in attitudes.



3. Age discrimination – the reality

Mental health services for older people are under resourced compared with younger people. Observations from older people, interviewed for a research report included: *'People think money is wasted on older people'* and *'mental health is not given a high enough priority – [the] Government does it on the cheap'*.⁴

Andrew, in his late 60s, was refused holiday insurance cover by several companies because of his age. He said: *This gave the feeling of rejection as a human being. Eventually, one company accepted the risk at a very heavy premium but even then excluding certain destinations.*

Stella, who is in her 80s, found that she did not have the right to buy her home because she was over 60 when she moved in. She has been a council tenant for 56 years.

Charlie, who is in his 60s, was rejected for a working holiday with a national conservation charity. When he challenged this, he was told: *After many requests, some holidays are for under 40s because they prefer a holiday where they don't have to socialise with 'the oldies'*.

A keen golfer and winner of two county competitions, Derek wanted to join a local golf club after he moved house. He was surprised and upset when his application was refused because of his age, and commented: *They have told me that at 58 I am too old; Gary Player and Arnie Palmer, in their seventies, might disagree.*

The extent of age discrimination in goods, facilities and services is disturbingly clear. Our report includes the voices and experiences of older people, mainly drawn from our survey of age discrimination carried out in February and March 2007. We have also brought together evidence of age discrimination from research, official statistics and government policy documents. Sections 6 - 9 of the report set out a detailed account of age discrimination in health and social care, financial services, volunteering and public life.

There are particular concerns about the impact of age discrimination on socially excluded older people. Inequality in service delivery has been recognised as a key element of the disadvantage experienced by those who are poorer: research by the Social Exclusion Unit found that 29 per cent of older people aged 80+ were judged to be excluded from important basic services, compared with only five per cent of those aged 55 to 59.⁵ As our report shows, the unfair funding regimes for social care and mental health services give low priority to older people's social life and community involvement, driving people who are already socially excluded further into isolation.



4. Age equality – part of social inclusion

Age Concern's vision is of a more age equal society. Age equality involves securing the equal participation of people of all ages, while acknowledging the dignity and value of each individual. Achieving age equality is a delicate balancing act: it means respecting equal rights of citizenship, promoting equality of opportunity and working to secure equality of outcome for people of different ages, while reflecting their diverse needs and aspirations.

Age Concern believes that older people should have the opportunity to participate fully in society without having to overcome direct or indirect age barriers. They should feel comfortable with growing older, their independence should be respected, and their economic and social contributions should be recognised and valued. As our evidence shows, achieving this vision may not be easy. It will mean changing public attitudes and transforming the culture of all institutions, from public authorities to the business community and voluntary sector organisations.

Achieving age equality – some starting points

- Age equality is underpinned by human rights – a framework that includes rights set out in the UN Guiding Principles for Older Persons: dignity, independence, participation, care and self-fulfilment. The Human Rights Act says that human rights must be enjoyed without discrimination on any ground.
- Age equality is a cornerstone of social inclusion. In 2006 the Social Exclusion Unit found that age discrimination can lead to older people being marginalised or denied access to essential services.⁵
- There is strong evidence of age discrimination in many sectors – and this places the onus on the Government to take action or prove that the discrimination is justified.
- Guidance on good practice and voluntary agreements can do a great deal to promote age equality – but so far they have not succeeded without legislative back-up.
- Differentiation on grounds of age is not necessarily wrong, but should be permitted only when justified by evidence. Age-based rules and practices that produce unfair outcomes should be outlawed. To identify what is fair, detailed investigation and evidence may be needed.



5. Legislation – the case for change

The law sets down a key benchmark of society's expectations and acts as a focus for action. Age Concern believes that legislation has a central role in promoting age equality and eliminating age discrimination in whatever form it takes. New regulations have already outlawed age discrimination in employment and adult learning – but the law needs to go further than this. The Single Equality Bill, promised in the lifetime of this parliament, presents a unique opportunity to equalise protection for age.

Compared to protection against discrimination on grounds of race, gender, disability, religion and belief and sexual orientation, age is currently the 'Cinderella' equality strand. Protection against age discrimination must be extended beyond the workplace to cover goods, facilities and services. However, achieving age equality is about more than combating age discrimination: we are also calling for public authorities to be placed under a legal duty to promote age equality in all aspects of their work.

An age equality duty – driving public sector reform

An age equality duty – sometimes called a 'positive duty on age' – would mean that public authorities have a duty to promote equality between people of different ages and eliminate age discrimination. This legal mechanism would drive the reform of public services at all levels, from policy making to service delivery. Instead of relying on individuals making complaints about discrimination, a positive duty would require public authorities to build age equality into their business planning. They would have to 'age-proof' all their activities and functions with the aim of achieving equality and fairness for people of all ages, taking into account the future needs of an ageing population.



The Race Relations Act 1976 and the Sex Discrimination Act 1975 are examples of the positive impact of legislation. Both these statutes have acted as springboards for significant cultural change in the workplace and in wider society. Thirty years on, although discrimination on grounds of race and gender has not been eliminated, it is widely seen as unacceptable. Many employers have developed equal opportunities policies that go much further than the basic requirements of the law. Most businesses have also come to recognise the benefits of having a diverse customer base.

How would an age equality duty work?

There are already positive duties for race, disability – and since April 2007 for gender. Experiences of devising and promoting those duties suggest that an age equality duty might work like this:

- The core duty – or ‘general duty’ – would be to promote equality of opportunity and good relations between people of different ages and to eliminate unlawful discrimination on grounds of age. This general duty would apply to public authorities as policy makers, service providers and employers. It should also apply to services and functions that are contracted out to the private or voluntary sector.
- Most major public authorities would also have to follow ‘specific duties’, setting out the steps required to fulfil the general duty. Specific duties could include:
 - Publishing an age equality scheme, with service users and employees of all ages involved in its development;
 - Setting age equality targets and agreeing on action to meet them;
 - Obtaining evidence to monitor progress against targets on a regular basis;
 - Conducting and publishing age equality impact assessments of all new legislation and significant policy developments.

The mechanism for enforcing an age duty is already available: as with the positive duties for race, disability and gender, enforcement would fall to the new Commission for Equality and Human Rights (CEHR).

The CEHR could expect to have enforcement powers against public bodies that range from carrying out investigations to issuing compliance orders that can be upheld by the courts.

What difference would this make in practice?

A positive duty on age would build age equality into all areas of an organisation’s work, acting as a key tool for public service reform. It would require ‘voice and choice’ for service users of all ages – including the most socially excluded. Decision makers would focus on addressing historic disadvantage between service users of different ages and on making sure that public services are responsive and effective. In Northern Ireland, the positive duty on age⁶ has raised the profile of age issues and positively influenced the culture of public authorities. Sections 6 and 7 of this report explain how an age equality duty might work in the areas of health and social care. Some other examples are opposite.

How an age equality duty would work

- In spite of recent learning and skills initiatives, there has been little change in the number of mature workers with Level 2 qualifications. Often the funding and qualifications available are unsuited to their needs. 'Age-proofing' the design, funding, and performance framework would lead to a complete reassessment of curriculum, teaching, marketing and financial support, giving older learners the same opportunities as younger adults.
 - Choice based lettings schemes are increasingly excluding vulnerable older people seeking to move into, or within, social housing. Local authorities are expected to ensure that applicants are given the assistance they need to bid for properties but many are not doing enough in practice. An age equality duty would ensure that adequate monitoring is taking place and that older people are not being unfairly disadvantaged.
 - The tax and benefits system gives unequal treatment to people of different ages, partly because of different needs and aspirations. This is often accepted; for example, no one objects to the state pension system. But an age equality duty would force policy makers to assemble evidence to justify their policies on taxes and benefits. This could lead over time, and as resources permit, to indefensible policies being amended – such as those on the upper age limits for disability mobility payments and additional money for carers.
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- Older people's public transport needs may differ a great deal from those of commuters: they often travel at different times or require different routes. An age equality duty would require public transport services and town planners to take older people's needs into account when planning routes and timetables.

What would be the costs and benefits?

An age equality duty would deliver clear benefits to public authorities and service users alike. By basing service design on user involvement and evidence of needs, services would provide what people of all ages actually want and be more effective in tackling social exclusion. The duty's built-in monitoring requirements would track the impact of changes in policy and service delivery. We could expect to see an increase in the quality of services and more cost effective use of resources. An age equality duty would bring improvements in health and social care, leading in turn to an increase in the number of years people live in good health. More personalised, responsive services would lead to greater satisfaction, and a reduction in user complaints.

A public sector duty on age may result in savings from services being delivered more efficiently; other services may require additional investment because of past neglect. 'Age proofing' might lead to some transfer of resources, with fairer distribution across all age groups. Implementing the duty would involve some additional process costs. We can get some idea of these by looking at the new positive duty on gender equality. The Regulatory Impact Assessment for this legislation estimated set-up costs of between £11.5 million and £16.7 million for public authorities, including the CEHR. Ongoing annual costs would be in the region of £2.2 million to £3.5 million per year.

Equality proofing in practice

The city of Leicester, a Beacon council for race equality, works in partnership with schools, police, the Health Authority and the private and voluntary sectors to mainstream race equality into service delivery. Race equality is embedded into the council's performance management framework and each department has its own race equality strategy and action plan. The council is committed to effective consultation, maintaining a stakeholder database of over 600 organisations as well as using forums and umbrella groups to maintain continuous dialogue with ethnic minority groups. A recent survey showed 70 per cent user satisfaction, and increasing levels of satisfaction among the Asian community.

An integrated public sector duty?

There are strong arguments for introducing a public sector duty covering all equality strands, underpinned by human rights. This integrated approach would make it easier to tackle problems of multiple disadvantage. It would also avoid overloading public authorities with piecemeal changes in the law.

There are a number of examples of cross-strand positive duties that could provide useful models, for example, in Northern Ireland⁷ and Greater London.⁸ *Fairness and Freedom*, the final report of the Equalities Review, recommends that the law should be extended through a strong, integrated public sector duty, covering all equality groups, with a focus on outcomes and not process.³ Age Concern supports this proposal provided age issues are properly safeguarded within the legislation.

Outlawing age discrimination in goods and services

Good access to goods, facilities and services is central to modern life and an important feature of social inclusion. Age Concern believes that the case for extending protection against age discrimination in goods, facilities and services is overwhelming. The evidence presented at the end of this report paints a picture of older people facing irrational and outdated age barriers in health and social care, volunteering, insurance and financial services. As our case studies illustrate, they also experience discrimination elsewhere; for example, in booking a holiday or exercising the right to buy a council property.

Britain has a proud record of leading the way in equalities. But we are running the risk of getting left behind on age discrimination in goods and services, already unlawful in other countries such as Australia and Ireland. In its Policy Strategy for 2008, the European Commission has committed itself to proposing 'new initiatives designed to prevent and combat discrimination outside the labour market – based on gender, religion, belief, disability, age or sexual orientation'.⁹

A new law on goods and services would allow someone who experiences unlawful age discrimination to challenge it through the courts. Introducing this individual right of redress would act as a deterrent for providers of goods and services in the public, private and voluntary sectors. The legislation would also work alongside an age equality duty, because public authorities have to eliminate unlawful discrimination as part of their positive duties.

Just as goods and services legislation complements the positive duties for race, disability and gender, so an age equality duty would strengthen – and be strengthened by – this new law.

Taking this step would set a benchmark for the fair treatment of older people and send out clear signals about the standards of behaviour that society regards as acceptable. The new legislation would need to be 'fit for purpose', prohibiting age-based differentiation that produces unfair outcomes while preserving justifiable age-based criteria.

Age is the only equality strand where there is no protection against discrimination in goods, facilities and services. Discrimination in relation to race, gender and disability has been outlawed for a number of years. For sexual orientation, and religion and belief, new laws came into effect in April 2007. Age has been left high and dry.

How would the law work?

The framework of legislation to outlaw age discrimination in goods, facilities and services should be broadly similar to the laws already in place for other equality strands. Direct discrimination and indirect discrimination on grounds of age would both be tackled. The legislation would prohibit someone refusing, on age grounds, to provide goods and services to a member of the public unless the discrimination could be justified. 'Justification' would involve showing that the discriminatory practice or treatment had a legitimate aim and that this aim was being achieved proportionately. Providing goods or services of an inferior quality, or in a hostile or discourteous manner, would also be outlawed. A person experiencing age discrimination could enforce the law by bringing an individual claim in the civil courts.

Discrimination on grounds of age¹⁰ should be made unlawful for all types of goods, facilities or services, whether or not a charge was made. For example, it would cover:

- Goods, facilities and services provided as part of a public function
- Transport or travel facilities
- The services of a profession or trade
- Facilities for banking, insurance, loans or credit
- Selling or letting premises, and the treatment of tenants
- Admission to hotels, pubs and places of entertainment
- Membership of clubs and associations

- Advertisements
- Volunteering – in Section 8, we set out the arguments for volunteering to be treated as a 'facility'

Older people would not be the only age group to benefit from this legislation; people of all ages would be protected. But on public policy grounds there would need to be a number of exemptions relating to children, covering primary and secondary education and the age at which one can marry, buy alcohol or obtain a driving licence, for example.

Direct and indirect discrimination

Direct discrimination is where, on the grounds of age, a person or organisation treats someone less favourably than they would treat someone else, and cannot show the treatment to be a proportionate means of achieving a legitimate aim.

Indirect discrimination is where a person or organisation applies a provision, criterion or practice to everyone equally but this measure puts people of a certain age group at a particular disadvantage when compared to others; and the person or organisation cannot show the provision, criterion or practice to be a proportionate means of achieving a legitimate aim.

So with direct discrimination, people of different ages are treated differently; with indirect discrimination everyone is treated the same, but people of a certain age group are put at a disadvantage.

When would age discrimination be justified?

Age has been traditionally used as a demarcation in our society and we believe this is sometimes appropriate. For this reason, age discrimination legislation for goods and services must take a 'light touch' approach. Rules that discriminate on grounds of age, either directly or indirectly, are not always unfair. But fairness cannot be assumed and age should not normally be used as a proxy for risk, ability or need. All age-based rules and exemptions should be open to scrutiny. They should be lawful only if they can be justified by evidence; that is, they can be shown to be a proportionate means of achieving a legitimate aim unconnected to age. If they cannot be justified, they should be barred.

Following the approach taken by the Age Regulations for employment, the new legislation would include detailed lists of exemptions and would also include a general provision for objective justification. This would offer certainty to service providers in cases where there is little dispute that a practice is justified, as well as leaving scope for flexibility in the future.

These are examples of age-based criteria that we think can be justified and should therefore be listed as exemptions:

- State retirement pension and pension credit would still be limited to older people because they need financial support in retirement that is not linked to work incentives.

- Concessionary bus passes and free prescriptions for older people can be justified on social policy grounds because they promote equitable access to healthcare, healthy lifestyle, and social contact. Replacing these subsidies with extra state pension would be a less effective way of achieving the policy aims.
- Primary and secondary education would remain restricted to children, because there are strong social policy reasons for focusing resources on education for this age group.

Below are examples of some age rules that might well be outlawed:

- Excluding older people from certain holidays, for reasons of 'image', cannot be justified, although proof of fitness may be needed for some activity holidays.
- It is hard to justify concessions such as cheap haircuts during slack periods for older people but not for other groups with low incomes, such as students and people who are out of work.

Sections 6 to 9 of the report give more examples of how exemptions might work in practice.



6. Evidence – health services

Older people are the main users of the NHS; two-thirds of general and acute hospital beds are occupied by people aged 65 and over.¹¹ The NHS needs to change to deliver decent health care for this large and growing section of society.

The Government has invested unprecedented sums in the NHS and has made a welcome start in rooting out age discrimination. Standard One of the 2001 National Service Framework for Older People (NSF) states: 'NHS services will be provided regardless of age, on the basis of clinical need alone.'

Early audits against the NSF standards exposed many age-based rules. In most cases, policies have been changed; for example, some rehabilitation services are now open to people beyond the age of 65 and there has been a significant increase in the proportion of older people amongst those receiving heart surgery. But our evidence shows that in many aspects of health care older people are still being short-changed.

Age discriminatory rules persist in health services

Annie suffers from depression following bereavement. For five years she has attended a drop-in centre where her condition improved but now she is 65 she has been asked to leave because the service is only for people of 'working age'. She has discovered that mental health services for the over 65s are mainly targeted at people with dementia.

Some health services still use explicit age criteria. Of particular concern is the arbitrary division between mental health services for older people and for younger adults. This has led to an unfair system with lower levels of investment in mental services for older people that do not reflect the level of need. For example, it is estimated that at any one time around 1.4 million people over 65 suffer from 'major' depression¹² and over 700,000 have dementia.¹³ The Government accepts that the system is wrong, but has done little to change it.

- The National Service Framework for Mental Health focused on 'adults of working age'. Additional investment in mental health services has targeted this age group, contributing to a system that treats older people unfairly.
- Services for older people with mental health needs are under-resourced and not joined up across health and social care.¹⁴ For example, older people are less likely to have access to out-of-hours services, crisis resolution, assertive outreach or other innovative services that have been developed for younger adults in recent years.
- At the age of 65, people may be transferred from 'adult' mental health services to services for 'older people' often focused primarily on dementia care. As a result, patients can lose access to the care they need, such as day care services, even if their needs have not changed.

- In the UK, there is a high suicide rate among people over 75; for men in this age group, the rate is 19 per 100,000 population. However, the National Suicide Prevention Strategy has not focussed on preventing suicide in older people.



Discrimination affects decisions about treatment

Whenever a clinical stone is turned over, ageism is revealed. British Medical Journal editorial, September 2006

Older people still face explicit age discrimination in relation to some medical treatments. Whether driven by NHS policies or ageist attitudes, excluding people from treatment because of their age is rarely acceptable. There is evidence that older people lose out on specialist treatments and preventative care that could improve health and prolong their lives.

- Peer reviewed research evidence suggests that treatment for minor strokes is covertly rationed for people over 80¹⁵ and that doctors are less likely to refer angina sufferers to see a specialist or to have tests if they are over 65.¹⁶
- The national priorities for health and social care restrict targets for reducing heart disease, strokes and cancer to people under 75.¹⁷ There is evidence of age discrimination in initiating treatment for older people for some of these conditions.
- Invitations to breast cancer screening stop for women over 70, despite the increased risk of cancer with age and the fact that older women are just as likely to attend screenings when invited.
- Older people tend to be excluded from drug trials, even though in many cases they are most likely to be prescribed the drugs, often in combination with other medication if they have more than one condition.

Ageist attitudes compromise standards of care

A woman reported that her mother, Dorothy, who is 92 and suffers from dementia, was admitted to hospital but not given the help she needed to eat. On many occasions Dorothy's food was left untouched on her bedside table and taken away at the end of mealtimes by the catering staff. Her food also needed to be pureed but often this was not done.

Negative, ageist attitudes still pervade the NHS, leading to lack of respect for the dignity and privacy of older people. The scandal of malnourishment in hospital is a stark example of how ageism can cause older people's needs to be ignored, including needs arising from dementia, other mental health problems, or from complex medical conditions. On the other hand, thoughtless and ageist attitudes can also cause healthcare professionals to patronise and infantilise older people.

- The Department of Health has acknowledged that there are deep-seated negative cultural attitudes towards older people and these are at the root of failure to provide decent services for them.¹⁸
- Around half of older people in general hospital also have mental health needs¹⁹ but nurses consistently report that their training has not equipped them to recognise or respond to these needs.
- Six out of 10 older people are at risk of becoming malnourished, or of their situation getting worse, while they are in hospital. Helping older people to eat is often not considered a priority for busy ward staff.²⁰ Patients with dementia are often at particular risk.
- Older people in hospitals often experience lack of respect for their dignity and privacy; for example, being cared for in mixed sex wards and being denied the right to use the toilet in private.
- Independent inspectors agree that there is insufficient training to counter ageist attitudes in health care. 'There was little evidence of staff [in acute wards] receiving training to help them challenge ageist attitudes.'¹⁴ Only half of A & E departments provide specialist training for medical staff on older people's health needs.²¹

Age inequality is designed into the healthcare system

Our existing services were not designed with older people's needs in mind.

Professor Ian Philp, NHS National Director for Older People, 2007²²

Age equality is not just about eliminating discrimination; it means delivering equitable outcomes for people with different needs at different stages in life. For some older people, long waiting times for services can undermine independence. Others have to put up with disabling conditions linked to ageing. Without effective rehabilitation services, older people have less chance of returning to their own homes after a stay in hospital, even though this is usually both a cheaper option in the longer term, and what people want.

- The penalties for 'delayed discharges', together with the shortage of rehabilitation services, mean that older people are often put under pressure to move from a hospital bed directly into permanent residential care before they have had the opportunity to recover.
- The National Institute for Health and Clinical Excellence has decided to limit the prescription of Alzheimer's drugs to people in the 'moderate' stage of the disease, even though these drugs often work in the early stage. The great majority of people with Alzheimer's disease are older people.
- According to 2004 figures from the National Audit Office, older people make up the majority of the 23 per cent of patients needing admission to hospital who spend more than four hours in Accident & Emergency.
- Community services designed to keep older people independent are often sacrificed for more glamorous hospital services. In many parts of the country, eligibility criteria for chiropody services have been tightened to restrict the number of people who qualify for NHS treatment. The restrictions fall heavily on people over 65, who account for over half of all new chiropody cases.
- Waiting times for some services heavily used by older people, such as chiropody, hearing aids and wheelchairs, are very long. Waiting lists are not kept centrally or made the subject of government improvement targets. As a result, these services are not getting the investment they need.

A fairer approach

There should be equitable access to health services based on clinical need alone. Services should be designed to meet the needs of older people and age equality should be taken into account when funding decisions are made. Age-based differences should only be permitted where they can be justified.

Ageist attitudes must be rooted out of health services, ensuring that older people receive appropriate care and their dignity and privacy is protected. Health professionals should be trained to recognise and challenge age discrimination in themselves and others.

The NHS must actively support older people in making their views heard, through inclusive public engagement in service planning and by seeking the opinions of older people as a key group of service users.



How can this be achieved?

- By introducing a public sector duty to promote age equality, the Government could start to root out systematic age inequality in health services. Rather than focusing on defensive compliance with the law, the Department of Health and the NHS would have to transform the planning and delivery of services, with the aim of achieving equitable access to healthcare for users of all ages. Older people would be consulted about how services could be made more responsive to their needs and the NHS would act on this.
- The Government should introduce light touch age discrimination legislation covering goods, facilities and services, including access to health care. This would give individuals the right to challenge serious cases of age discrimination through the courts.

Under new legislation, age-based differences in health care would be allowed if they can be justified by evidence. For example, it would be justifiable to continue providing free prescriptions and eye tests to older people, who often have higher levels of medical need. Public health programmes could still be targeted on age groups that research shows are most likely to benefit from them, such as vaccinations for pre-school children or 'flu immunisation for older people.

What would be the costs and benefits?

Rooting out ageism and age discrimination in health care may involve 'levelling up' some services for older people, including by reassessing resources allocated to conditions associated with ageing. The costs are hard to quantify, but in some cases they can be estimated. For example in mental health services, where direct discrimination is institutionalised, Age Concern has developed the following estimates:

- The Government is currently piloting talking therapies but is restricting them to people of 'working age', despite older people's ability to benefit from them. Involving older people in the national roll-out of a new service would by 2010/2011 add around £100 million to the projected costs of the project
- For severe and enduring mental illness, if older people's access to services were equalised with that of younger adults, the total cost would be around £800 million. (No data is available on what is spent today.)

These changes would deliver a more appropriate service for older people, one that was responsive to complex and multiple needs. In the long term, there could be savings from preventing or postponing illness and disability. Money would also be saved by maintaining the wellbeing and independence of older people, giving them confidence that the NHS would treat them more fairly.

A more equitable system for mental health services would improve the mental health and wellbeing of vulnerable older people; epidemiological studies show this leads to reduced isolation, better physical health, and better life expectancy.



7. Evidence – social care

Social care suffers from chronic under-investment and older people are losing out unfairly. It has never been more important to address this inequality. Over the next five decades, the number of people aged 85 or over – those most likely to need care – will rise from 1.1 million to around 4.2 million.²³ According to the Wanless Review of Social Care, over the next two decades the number of people over 65 with a disability is set to increase by 67 per cent – from 870,000 to 1,450,000. Social care currently needs an additional £2.5 billion to reach an acceptable level of provision.²⁴ Age discrimination within the system is one way that costs pressures are contained.

In 2001, the National Service Framework for Older People promised: ‘Social care services will not use age in their eligibility criteria or policies to restrict access to available services.’ On paper, this was a step forward but in practice age discrimination remains part of the fabric of a social care system in which services for older people and younger adults have been managed separately, with very different standards and expectations.

Older people have to make do with poorer services and a system that neglects their social needs and wellbeing. Community services such as shopping, cleaning and social activities may be all that is needed, but funding for this support has been systematically eroded. Intensive services only seek to keep older people alive and safe, in contrast to the offer of ‘independent living’ for younger clients. Often this results in home visits of only fifteen minutes or older people being institutionalised on grounds of cost not need.

On reaching 65, people with long-term disabilities or mental health problems are often made to leave specialist services and offered support designed for frail people in their 80s and 90s, as if older people were a single homogenous group.



Lower standards and 'one size fits all' care apply to older people

Pete has a learning disability and regularly attended a local authority-funded training centre – his only opportunity to socialise with anyone apart from his mother. When he reached 65, he was told he had to leave. An alternative day centre for older people could not accommodate Pete because of his learning disability. Pete was told that, because he was no longer of 'working age', it wasn't essential for him to attend day care at all.

Jennifer, who has learning disabilities, had been living in a care home catering specifically for her needs until the age of 65. At this point she was made to leave the home, because it is only registered for the 18 to 65 age group, and had to move into another home designed for people with dementia.

Current service standards do not properly support older people's self-fulfilment or participation in the community. Social contact should not be treated as a luxury but as an essential element of wellbeing. A telling sign of ageism is where services assume that all older people are the same. In social care, older people with particular needs can lose access to specialist services such as day centres because of arbitrary age cut-offs. This is often a devastating blow to their independence.

- The National Minimum Standards for older people's care homes are lower than for younger adults in that they do not require the home to support residents' social life or contact with the community. This has the effect of reinforcing

social exclusion for many older people. In contrast, homes for younger adults are expected to support independence and community involvement.

- Homes for younger adults are expected to offer service users the opportunity to 'contribute to the development and review of policies, procedures and services'. By contrast, older people's homes are only expected to 'obtain the views of residents'.
- There are few specialist care services designed for older people with long term needs such as learning disability or mental health problems. On reaching 65, they are usually expected to make do with 'one-size-fits-all' services for older people.

Social care for older people gets less money

We are convinced that ageist attitudes underlie the under-resourcing of older people's care. It is time we all examined what real value we place on older people's care.²⁵

An unequal funding regime for younger and older adults places a lower value on social care for older people. As a result, some are forced into residential care when they would prefer to live independently.

- Local authorities pay less per head for services for older people than for younger adults. For example, in 2006, the most that councils in the Home Counties were normally recorded as paying for residential care for older people was £481, while for other adults it was between £1,800 and £4,338 depending on their needs.²⁶

- The maximum value of a home care package that local authorities will support is generally pegged to the value of a residential care place. So, because local authority ceilings for residential care tend to be lower for older people, the maximum package of home care also tends to be less. Clients who need more support are usually required to move into residential care.
- To make matters worse, people over 65 cannot begin a claim from the Independent Living Fund; this is a payment designed for people with high needs to supplement the support their local authority is prepared to provide. Younger disabled people receiving local authority care at the qualifying threshold of £200 in value can receive extra money from the Independent Living Fund to bring the amount up to £785 per week. In the same circumstances, older people have to choose between inadequate services or institutionalisation.

Older people's independence and wellbeing are ignored

James was worried about a care home's treatment of his mother who was bed-bound unless she had help getting up. His concerns included the fact that staff provided food in her room rather than take her into the dining room to join in meals with other residents. They also intimidated her by 'telling her off' if she failed to finish her food, and often failed to respond when she rang the bell for help.²⁷

The result of the funding pressures for older people's care is that many services focus simply on health and safety, rather than promoting older people's

independence and wellbeing. People with intensive needs receive inadequate support, while people who need a little help to sustain quality of life increasingly receive nothing.

- For older people, care services are often commissioned in short blocks of time – even as little as 15 minutes – to cover basic needs such as getting up, getting dressed and preparing food. For a younger person, blocks of time are often longer to allow them to participate in social activities and take part in community life. This is explicit age discrimination.
- Local authorities invest significant resources in helping severely disabled younger adults to be independent and play an active part in society. But these days older people with moderate disabilities are rarely offered low intensity services, even though these would pursue the same aim of helping them remain independent in the home and active in the community. This indirect discrimination is short-sighted: withdrawing low-level services only stores up problems for the future.
- Age discrimination runs like a thread through the Government's thinking on disability. The inquiry by the Prime Minister's Strategy Unit into disabled people's life chances did not even include older people in its scope – even though most disability occurs in later life.²⁸ Only after lobbying by Age Concern did the Government include older people in its work on independent living for disabled people, but there is no-one over 60 on the advisory group set up to support this work.

A fairer approach

The chronic under funding of social care services for older people reflects ageist assumptions about the quality of life that older people should enjoy. This discrimination must be addressed. Social care assessments and levels of care provided in the home and in residential settings must be designed to support dignity, independence, self-fulfilment and social and community participation, all of which are enshrined as human rights in the UN Guiding Principles for Older Persons.

Allocating services to only the most disabled is incompatible with promoting independence and wellbeing, a goal that means allowing more than fifteen minute visits that simply keep someone alive. Resources should not determine a decision about whether an older person can remain living in their own home, as can happen at present. Older people should not be robbed of their independence just because residential care can be provided more cheaply.

The age discrimination underpinning social care must be eradicated. It may sometimes be possible to justify age-based differences but each case must be objectively assessed. Older people should be consulted when services are planned, and where necessary should be given support to make sure that their views are heard.

How can this be achieved?

- A public sector duty to promote age equality would transform social care services for older people. Public sector bodies involved in the planning, delivery and inspection of social care, from the Department of Health downwards, would have to assess the impact on different age groups of all significant decisions, with the aim of eliminating discrimination and promoting equality of opportunity. Consulting older people about their views would happen routinely. The Department for Work and Pensions would need to reconsider age criteria for payments such as the Independent Living Fund.
- The Government should introduce light touch legislation to outlaw age discrimination in goods, facilities and services, including in social care. This would give the right of redress to individuals who experience clear cases of age discrimination.

Under new legislation, some age-related differences in social care and in the benefits system might be acceptable if they could be justified by evidence. For example, in many cases it would be justifiable to design day centres and care homes for different age groups, provided services were run to equivalent standards and resources were distributed equitably.

What would be the costs and benefits?

In practice, the low starting point in the provision of social care for older people means that equality would have to be achieved by levelling services up, not levelling them down. The Wanless Review of Social Care has estimated the shortfall in spending on social care for older people:

- £2.5 billion extra needs to be spent on care to close the gap between today's spending and the amount older people need. However, some of this spending would come from individuals rather than the public purse.
- At least another £800 million is needed to improve services for people with moderate health problems to help them maintain social contact and independence in the community.
- To adequately meet projected needs, total spending from public and private sources will need to reach 2 per cent of GDP by 2026. If the current system continues, spending will only reach 1.5 per cent.

Age discrimination is one aspect of a grossly underfunded care system that is facing meltdown; it is a result of the under-investment, as much as it is a cause. The only solution is wholesale reform and a new settlement, with significant increases in public and private contributions. Building age equality into care should be just part of this process, leading to important outcomes such as greater independence, participation and dignity for older people.

The costs for society may be large, but the benefits could be on a similar scale; for example, through reduced ill-health and longer life expectancy, and savings for acute services down the line. Research suggests that mental wellbeing and a positive attitude towards ageing add on average 7.5 years to someone's life.²⁹ The Social Exclusion Unit has also shown how long term savings can be achieved by greater investment in early preventative work; for example, a reduction in the rate of institutionalisation by one per cent per year would save the economy £3.8 billion.³⁰



8. Evidence – volunteering and public life



Around four and a half million people over the age of 50 are engaged in formal volunteering through groups, clubs and associations. Well over five million over 50s work informally as volunteers, giving unpaid help to people who are not members of their own family.³¹ Many older people also take up positions of responsibility in public life. Age Concern estimated that the value of the unpaid work contributed to the economy by older volunteers in 2001 was approximately £5 billion per year.³²

Older retired people have been described as the glue that binds communities together. Their skills and loyalty are often valued and respected. But those who contribute their time to the community still come up against arbitrary age barriers. Where age limits apply to a public office, such as magistrates, the Government makes little attempt to justify them. Likewise, it has offered no proper explanation for the exclusion of people over 70 from jury service.

Voluntary organisations have been known to try to justify age cut-offs for volunteers by citing the expense of insurance premiums or age limits imposed by insurers, although this is almost always down to misunderstanding. Sometimes restrictions are imposed by professional or regulatory bodies. Frequently, volunteers show as much commitment as long-term employees. But many have been surprised to discover that the new regulations outlawing age discrimination in employment and vocational training do not cover unpaid work. Volunteers remain without protection against ageist assumptions about their ability to fulfil an existing role or take up a new one.

Older volunteers encounter upper age limits

A research report on older volunteers quoted one woman who had been 'retired' from voluntary work following the arrival of a new manager who claimed that there was a legal cut-off point at 70. She said: *You finish at Christmas...they didn't tell you why.... when you got to 70 there was a law that came out that you'd all got to retire.*³³

Tony had been a volunteer flying instructor with his local gliding club for over 30 years. On reaching 70, he could only continue giving full flying instruction by taking an expensive medical examination, based on rules which he believes are outdated as they fail to reflect current risk levels of cardio vascular problems. He remarked: *As a very fit 72 year-old who does well over ten times the average amount of flying in a year, I am aggrieved that I cannot pass on my skills.*

Older volunteers can contribute a great deal of expertise, knowledge and skills as well as showing reliability and commitment. Arbitrary age cut-offs for retirement and recruitment of volunteers are discriminatory and should be replaced by assessments based on performance.

- In a recent survey of 477 organisations in the voluntary and community sector, seven per cent had an upper age limit for their volunteers.³⁴ Some had limits because of 'insurance issues', while others justified age limits as part of a 'duty of care' owed to service users.

- According to a recent report examining insurance for older volunteers, insurance should never be a reason for imposing compulsory retirement ages. The primary insurance protection for volunteers should be provided by the organisation's liability policies, which have no exclusions on the basis of age.³⁵
- Older volunteers have encountered age cut-offs in unlikely places; for example, a dog show judge, a Brownie Guide leader, and a secretary for a local choir. All were forced to leave their positions due to upper age limits.



Magistrates and jurors face age barriers

Usha, from Middlesex, who is over 70, was angry when she found out that she was excluded from jury service. She commented: *We are blocking out a whole section of society whose experience, insight and wisdom can add greatly to the spectrum of jurors. ... Why is there no upper age limit on politicians, world leaders and those in powerful positions in other crucial areas?*

The Department for Constitutional Affairs is committed to diversity but does not appear to recognise the need for diversity in relation to age. The age limits for both magistrates and jurors appear both arbitrary and outdated, and serve to exclude a cohort of the population from engaging as stakeholders in the criminal justice system.

- Magistrates have to retire from the bench at the age of 70. As they are usually expected to serve for a minimum of five years, the Lord Chancellor will not normally appoint anyone who is older than 65.
- People over 70 are not allowed to be members of a jury. The Government maintains that it would be unreasonable to force older people to serve as jurors but it does not even have plans to change the current age discriminatory restriction so that older people have a choice whether to serve or not.

A fairer approach

There should be no bar on recruiting volunteers because of their age. Volunteer selection should be based on objective criteria related to ability to carry out tasks. Rather than being forced out by arbitrary age limits, older volunteers should be able to decide whether to carry on or whether to step down from their position. Organisations should retain the right to decide that someone is no longer suitable for a volunteer position, provided this assessment is based on capability and not based on age discrimination.

Upper age limits for magistrates and other public appointments should be approached in a similar way. Where age cut-offs exist, these should be replaced with a flexible approach to appointment or retirement based on the wishes and capability of the individuals concerned. The upper age limit for jury service should be removed.

How can this be achieved?

Light touch legislation to outlaw age discrimination in goods, facilities and services should be framed so that volunteering opportunities and positions of public office can be treated as a 'facility'. It would then become unlawful to exclude older people from positions on the grounds of age alone.



What would be the costs and benefits?

Research shows that there are no additional liability insurance costs to organisations in retaining older volunteers. The social benefits are clear: older volunteers maintain an active lifestyle and contribute to society and the economy. In 2003, there were 2.5 million people aged between 50 and 64 engaged in 'formal' volunteering. This dropped to 1.2 million for people aged 65 to 74, and to 0.7 million among the over 75s.³¹ By protecting older volunteers against discrimination, the fall-off with age could be reduced.

Permitting individuals over 70 to carry out jury service would allow older people to engage as active stakeholders in the criminal justice system. It would also ensure that juries were representative of the whole community, in keeping with the diversity policy of the Department for Constitutional Affairs. There would be similar benefits in raising the age limits that apply to magistrates.

9. Evidence – insurance and other financial services

Older people place a high value on travel. Those aged 65 to 74 take at least as many holidays as people aged between 30 and 49, and more than a quarter of over 75s go on holiday around three times a year.³⁶ Driving a car is also very important to them; for example, 46 per cent of 70 to 74 year-olds have motor insurance and the number of drivers aged 70 and over is set to increase from 4 million to 10 million by 2050. Older people also have money to spend – the ‘grey pound’ accounts for £245 billion of the UK’s annual spend.³⁷

All this suggests that older people should be viewed as a key market by the financial services sector. But many older people think that advertising and marketing generally ignores their spending power.³⁸ According to new research carried out by Age Concern and Help the Aged,³⁶ the motor and travel insurance industry disadvantages older people in both access to and cost of products. This also spills over into problems with car hire, credit cards and premium bank accounts. There is also evidence of older people being refused credit simply because of their age. Discriminatory practices such as these make poor business sense, as well as restricting the choices and aspirations of a growing market.



Getting travel insurance becomes more difficult with age

A leading retailer offers annual multi-trip insurance cover only to travellers up to the age of 70. For those aged 66 and over, there is a premium loading of 100 per cent. In contrast, the premium loading for winter sports is 35 per cent.

Frances, from Surrey, used to get family travel insurance cover for £50. She reported: *As soon as my husband turned 65 it went up to £130. From one day to the other he's no less fit!*

According to new research by Age Concern and Help the Aged, fears about travel insurance deter some older people from taking holidays.³⁶ Thirteen per cent of people over 80 said they were discouraged from taking holidays because of worries about insurance access or cost of premiums. Older consumers pay a price for having 'old-fashioned' shopping habits and those who are less assertive and confident are penalised for not shopping around.

- A fifth of travellers over 75 were either refused travel insurance outright or had restrictions imposed on cover. Only 4 per cent of 30 to 49 year-olds had the same experience. When older people reported medical conditions, they found that premiums rose sharply, even if these problems were controlled by medication.
- Our research shows that age barriers prevent older people from taking out multi-trip travel insurance, although they prefer this to single-trip cover. Those over 80 can rarely obtain annual cover; only two per cent have an annual multi-trip policy.
- Many cheap, basic insurance policies exclude older people just to avoid setting different prices on the basis of variations in risk. When these products are built into other services, the effects of the discrimination spreads to credit cards, premium bank accounts and holiday promotions, for example.
- Many of the best travel insurance deals are found online where older consumers are least likely to shop. But according to Ofcom, only 25 per cent of those aged 65 and over have internet services.³⁹

Older people have problems getting motor insurance

Stan, in his early 70s, tried to take advantage of a three day test drive offer for the new Kia range. He said: *On applying, I was refused because their insurers do not issue cover to persons 'overage'.*

Bob found that his premium went up considerably when he turned 75. He commented: *They said it was because of my age, but I haven't had an accident and I've got a full 60 per cent no-claims bonus.*

Gerald, who is a member of the Institute of Advanced Motorists, needed to hire a car after a double decker bus wrote off his nine-month-old Jaguar. *The local car hire company was happy to rent a car to me but hearing I was 78, they informed me that their insurance company would not allow it.*

Older drivers often feel upset and discriminated against to find themselves in a 'problematic' age category even if their health and driving skills have not changed. Loyalty to one insurer is often rewarded by price hikes, while older people who shop around – as many do – can face hurtful rejection because of blanket age barriers. The segmentation of the motor insurance market allows insurers to offer a low cost product for certain age groups, often by discriminating against older customers. Restrictions on car hire have ruined holidays for some older drivers.

- Although motor insurance companies will generally insure existing older customers while they are fit to drive, many companies operate age-related cut-offs for new business.⁴⁰ This contradicts the industry's assertion that premiums relate to future risks, rather than past claim patterns. Our own research shows that 10 per cent of over-75s are turned down for new motor insurance on the grounds of age.³⁶
- The cost of motor insurance rises considerably with age, often in sudden jumps at 'round numbers' like 65 or 70. Many older drivers claim that premiums go up by unreasonable amounts every year, although by using the road less, avoiding peak times, and driving at lower speeds, they believe they pose a lower risk.
- The insurance industry has admitted that it uses age brackets as a significant input to risk calculation, leading to automatic hikes in premiums for older people. Insurers maintain that older people present a higher crash risk per mile of driving and sustain more severe injuries as a result of accidents.⁴⁰ But older people also drive fewer miles and most present a lower risk than young drivers.
- Older people have written to Age Concern to complain about their experiences of being refused car hire on grounds of their age. This problem appears to be most prevalent when hire companies use fleet insurance with age restrictions.

Ageist attitudes pervade financial services

Theresa, aged 70 and in excellent health, runs a successful small business. Last year, she wanted to buy a large studio but a high street mortgage lender refused her a mortgage because of her age, even though she owns collateral in property worth over £2 million. Theresa was forced to borrow money from an overseas lender at twice the high street interest rate.

Keith, who is 78, wanted to buy a TV from his local electrical dealer using their 'buy now, pay in 12 months' scheme. But when the firm found out his age, they turned him down. He commented: *I would have thought that they, or their financial suppliers, could have built insurance into the scheme to cover their financial position in the event of an early demise.*

Robert, a GP aged 62, was turned down by thirteen income protection schemes in six months. He remarked: *Only one insurance company would accept me, at a derogatory rate, which is an excuse for rejection....*

Older consumers' financial choices are unfairly limited. This undermines their freedom to run businesses, manage their assets and take out credit. Some of these restrictions can place constraints on older people pursuing a longer working life.

- Older people have reported experiences of being turned down for mortgages, loans and consumer credit, simply on the grounds of their age.

- There is also evidence that older people have encountered age barriers in 'bundled products', such as free travel insurance, from credit card companies or banks.⁴¹ For example, Nectar points previously awarded for using a Platinum Visa card have been replaced by free travel insurance but only for account holders who are 65 or younger.



A fairer approach

Older consumers should be recognised as a large and growing part of the financial services market. Older drivers and travellers are caught in a vicious circle. Insurance companies are wary of covering this part of the market without accurate information on which to base prices. By extending their customer base, providers would obtain the actuarial data they need and so assess risk more cheaply and accurately. Motor and travel insurance companies should only be able to refuse quotes or charge higher premiums on grounds of age if this can be objectively justified by published data. Likewise, other financial products should be made available to older people unless refusal can be objectively justified.

How can this be achieved?

Light touch legislation to outlaw age discrimination in goods, facilities and services would cover access to financial services, including insurance, giving individuals the right of redress if they face unfair treatment because of their age. Under the new law, age criteria would be permitted only in certain circumstances and would have to be openly justified. Legislation would help drive culture change within the financial services industry, where effective self-regulation has so far failed to materialise.

What would be the costs and benefits?

The appetite of older people for travel is evident, and the number of older drivers is increasing fast. The insurance industry should recognise this trend as a business opportunity to extend their market. Better access to insurance products would support older people's independence and encourage an active lifestyle. Removing age discrimination from other financial services, such as consumer credit, would boost retail sales to this age group and allow them to participate fully in consumer markets.



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Age Concern is the UK's largest organisation working for and with older people to enable them to make more of life. In England, we are a federation of around 370 independent charities which share the same name, values and standards.

We believe that ageing is a normal part of life, and that later life should be fulfilling, enjoyable and productive. We enable older people by providing services and grants, researching their needs and opinions, influencing government and media, and through other innovative and dynamic projects.

Every day we provide vital services, information and support to thousands of older people - of all ages and backgrounds.

Age Concern also works with many older people from disadvantaged or marginalised groups, such as those living in rural areas or black and minority ethnic elders.



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Registered Charity no 261794

Published by Age Concern England
May 2007