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We welcome the opportunity to respond to this call for evidence. This response has been prepared by the above named academics who are connected through membership of the European Network on Gerontological Social Work (ENGSW) (aside from Bridget Penhale who is a retired academic with a shared interest and expertise in the rights of older people). The network aim is to connect social work academics, researchers, practitioners, students and policy makers with an interest in GSW. We have responded with points linked to a) digital exclusion, b) championing older people's rights, c) intersectionality, and d) stereotyping and discrimination, but see these areas as interlinked.

Whilst we note that the committee is not intending to consider issues around social care, we feel it should be acknowledged that:

1. It is important to consider social care within any focus on older people's rights. Many older people are in receipt of health and social care services, and this mediates their experiences across all areas noted above. Many older people are also caregivers of (older) spouses, partners, adult 'children', and grandchildren through both informal and formal arrangements (e.g. Kinship Care).
2. It is fundamental to note the heterogeneity of this population. Many of the issues considered within this call may impact more on some older adults than others and therefore some of the evidence presented here will be more explicitly linked to older adults with wide ranging health and social care needs, whilst other points are more generally linked to all older adults.

### **Stereotyping and discrimination**

Responses to older people differ, in comparison to younger people, because of their age. Gender, ethnicity, disability, and former (or ongoing) professional status also contribute to this. Ageism has widespread impacts on older people, including on their physical and mental health and it reduces lifespan and quality of life, contributes to social isolation and is linked to increased risk of abuse (as well as being considered abusive in itself) (WHO, 2021).

- The language used to talk about and to older people often rests on stereotypical assumptions which limit agency and autonomy, exacerbate a sense of powerlessness (e.g. in respect to decision-making) and fails to appreciate the diversity of lived experiences (Duffy, 2017; Phelan, 2018). Although challenges to such discourses have been made, via, for instance, joint initiatives between the NUJ and Age Scotland (2023), negative and generalised representations about older people remain evident across all forms of media. These typically portray older people as frail, vulnerable, physically inactive, sexually passive, resistant to change and a strain on the nation's resources (Ylanne, 2015; Gendron et al., 2015).

- Where positive representations do exist, these are marked as ‘something out of the ordinary’, underscoring consistently low expectations of what it is to ‘be old’. Such pejorative labelling forms part of the backdrop to the routine interactional ageism that is manifested in everyday talk. Older people are subjected to simplified and slower speech, exaggerated intonation contours, higher pitch and a greater frequency of terms of ‘endearment’ during interaction, indicative of infantilisation, which they report to find patronising and injurious to their self-esteem (Shaw and Gordon, 2021; Brown and Draper, 2003).
- The mental health impact of ageism and age discrimination on older people is significant. Ageism contributes to feelings of worthlessness, despair, increased feelings of loneliness, depression, and anxiety (Sargent-Cox, 2017; Milne, 2020).
- Internalised ageism (e.g. ‘depression is normal for older people’ or ‘I won’t want to have a treatment or use a service in place of a young person’) is associated with lower levels of help-seeking for health problems (WHO 2021).
- Age discrimination intersects with racism and sexism to amplify the impact of discrimination. For example, BAME women are exposed to all three, undermining their health and well-being and contributing to other adverse consequences. Disability and exposure to violence, abuse, neglect and exploitation of older adults also interact with other forms of oppression which may also exacerbate the impact.
- Examples of structural discrimination include the following:
  - In 2015, two thirds of NHS patients were over age 65, yet these older patients received only two fifths of NHS resources (Age UK, 2016).
  - There are lower rates of surgery for people aged 70+ without specific clinical rationale for this discrepancy.
  - Women aged 75+ are a tenth as likely as a woman aged 45-64 years to receive the ‘best standard treatment’ for a heart attack and half as likely as an older man (Shaw et al., 2004). Calls have been made to remedy this inequality, particularly since in older adults provision of guideline-based care achieves similar outcomes for both women and men when treating cardiovascular disease (Lawless et al., 2023)

#### Steps to be taken:

1. It is important to challenge the public narrative about ageing and older people. Seeing older people in varied roles may help to challenge dominant negative discourses, decrease the development of stereotypes in relation to ageing and later life, and render as normative images of an active ageing population.
2. Intergenerational work can contribute to a reduction in ageism (WHO, 2023). As part of the Global Campaign to Combat Ageism, a guide has been developed to support the implementation of ‘interventions for intergenerational contact’ (WHO, 2023).

3. Educational activity, such as incorporating intergenerational perspectives into the curriculum at an early stage, can challenge prevailing discriminatory scripts and help reduce ageism (Miller, 2023).
4. Further attention should be paid to the significance and power of language to construct and maintain ageism, with research funding being made available to explore how such discourses can be countered across multiple contemporary settings.

## **Intersectionality**

Within the category of age itself, both the life-course and the present-day experience will differ significantly between someone just turned 65 years and one of the UK's approximately 600,000 people who are over 90 years old (Office for National Statistics (ONS), 2021). There is some research in the UK taking an intersectional lens to the experience of older age, but there remain significant hidden complexities in the interplay of age and other personal characteristics which form identity.

- Factors such as socioeconomic status, ethnicity, religion, sex, caring responsibility, disability, and sexuality, as well as age, form a complex matrix of privilege and disadvantage that persists (and builds) across the life-course. Exposure to violence, abuse, neglect and exploitation, at earlier stages in the life-course, as well as in later life, also intersect with other factors and these are likely to have a cumulative effect over time (Penhale, 2003).
- In the UK, socioeconomic status is closely linked to ethnicity, disability and caring responsibility, with those from minority ethnic groups, and those living with a disability or providing care for a disabled person more likely to be living in poverty than those not facing the same challenges (Joseph Rowntree Foundation (JRF), 2023).
- Whilst, overall, a smaller percentage of pensioners live in poverty compared to working-age families, the risk of poverty increases with advanced older age; being single in older age; being an older disabled person; or being an older unpaid carer (JRF, 2023).
- Ethnicity is linked to disability, with a greater risk of disability in minority-group adults as compared to white British adults (ONS, 2023a), and a stronger impact of ethnicity with increased age (Williams et al., 2020).
- Across England and Wales, women tend to take on most unpaid caring roles and the most deprived areas have a higher percentage of people providing unpaid care (ONS, 2023b).
  - While it is likely that an inability to pay for external support increases the amount of unpaid care needed in these areas, gendered expectations across the life-course also play a part in the relationship between care and deprivation. Women are more likely to have taken a career break, work part-time or turn down opportunities for promotion due to caring responsibilities (Ford et al., 2020), and older women continue to be more likely to live in poverty compared to older men (JRF, 2023).

- However, amongst the oldest residents of England and Wales (over 80 years old), men are more likely to provide unpaid care (ONS, 2023b). These men often do not readily identify themselves as ‘carers’ and this can lead to isolation and lack of external support and provision of services (Milligan & Morbey, 2016).
- Isolation and lack of external support is also a concern amongst some minority ethnic groups, where family expectations and a lack of culturally sensitive services are a barrier to accessing formal services (Heart-Gunaratne et al., 2020; Armstrong et al., 2022).
- Current social policy around older age and the rights of older people does not adequately account for the financial, social, emotional and physical impacts of caring in older age, and this issue is not just the concern of social care; it also cuts across employment rights, health care, welfare benefits and housing.

### Steps to be taken:

1. Greater recognition of the heterogeneity of the older population within policy provision.
2. Explicit inclusion of intersectionality in impact assessments.
3. More funding for research which takes an intersectional and life course perspective to explore these issues so that findings can be used to inform policy decision making.

### **Digital Inclusion**

There is a digital divide between older and younger age groups with older people being less likely to use digital technology (Hunsaker & Hargittai, 2018; Seifert & Rössel, 2019). There is also a significant digital divide among 50–70-year-olds in the UK (The Centre for Better Ageing, 2021).

- If an older person has not become familiar with digital technology earlier in life, getting online and developing digital literacy when older is not just about access to digital devices (which can be prevented by poverty), but also the confidence to learn new skills and apply them.
- There is clear evidence that older people can learn digital skills if given the opportunity. Lu et al. (2022) suggested that older people excluded from the internet are more likely to develop functional dependency and removing individual and structural barriers to internet access would assist older people in maintaining their independence.
- Exclusion is a particular concern across several areas. Ordering food and other shopping items, managing banking and bills, and better access to family, friends and health professionals can all help an older person to remain living at home, maximise their independence and retain more control over their lives. It can also help them remain more socially connected if health issues reduce their ability to get out and about. Keeping in touch with family and friends, following interests and hobbies online and/or just being able to stream favourite programmes on TV can improve wellbeing and mental health (Mental Health Foundation, 2021).

- Providing opportunities for older adults to learn new digital skills is not just the responsibility of the individual. How older people are perceived, and the media and policy discourse in relation to older people are all important factors, as these influence provision of funding and actions by institutions regarding adult education (Galistl, et al., 2020).
- Information about opportunities to learn need to be distributed by post or advertising in places that an older person is likely to go (not just limited to GP surgeries or health centres).
- Older non-users of the internet are not a homogenous group. People who have participated in education and learning throughout their lives are more likely to participate in learning as they get older. In addition, those who are younger and living in an urban setting are more likely to engage in educational programmes to learn new skills than those who are older and in a rural setting (Galistl, et al., 2020). This suggests responses need to be varied to accommodate the diverse nature of the non-digital user group.
- Some people may not wish to use digital technologies as a matter of taste or as a conscious decision rather than due to barriers to its use (Centre for Ageing Better, 2021).

#### Steps to be taken:

1. Access to learning digital skills through free adult education, within colleges, health and social care services and voluntary organisations, as well as increased provision of these resources in areas such as libraries.
2. Support for community groups to help them provide learning opportunities.
3. Support to be advertised in non-digital forms in places older people access (or on television, both terrestrial and free view channels and through the post).
4. Support should be easily accessible via telephone.
5. All services, companies and government agencies should retain effective nondigital forms of access for services for those who cannot or do not want to access services digitally.
6. Funding is required for agencies to provide adequate support - this needs to be diverse to connect with different groups of people.

#### **Championing older people's rights**

We feel that the current legal framework is insufficient to protect all older people's rights. If their rights were better protected, we would have far lower levels of abuse and neglect in care homes and other services, as well as lower levels of discrimination in the workplace and other settings.

- In terms of outlawing age discrimination, in health and care services there is strong evidence that this needs coherent investment in the area of mental health. In 2008 it was estimated that 'eliminating age discrimination in mental health services' would require extra expenditure of around £2 billion

(Beecham et al., 2008). The fact that age discrimination legislation does not extend to cover the provision of goods and services is clearly detrimental to significant numbers of older people (in terms of meeting their needs) and a gap in relation to their human rights.

- Whilst *some* older, disabled, people's rights may be included within disability discrimination law, there are issues with this (not least that many older people do not fall within this remit). In 2017, the UN report concerning the compliance of the UK with the Convention on the Rights of Disabled People (CRPD) described UK policies on disabled people as a 'human catastrophe' and as forcing through welfare reforms with 'no regard' for the needs of disabled people. Further years of austerity since that time appear to have further exacerbated such tendencies. Additionally, this does not align with the Equality Act 2010 as all changes relating to public changes/ policy/ welfare etc have to be scrutinised for their impact on 'groups that will be particularly affected', many of whom will be older people.

#### Steps to be taken:

1. Older people's participation in policy making should be a priority. This could, for example, happen within existing models that work well that could also ensure the inclusion of older people. The [Dementia Engagement and Empowering Project](#) (a model from the dementia field) is an interesting example of such initiatives in action.
2. All policies should be 'age proofed' to ensure that they meet the needs of older people. As an example of such processes, see the model that used to be used by DEFRA regarding policy making; this required that all policies were proofed (they used a template to do this) to ensure that they took account of, and met the needs of, people living in rural areas. It is important to ensure that policy changes relating to a wide range of areas (including, for example, welfare benefits and housing), consider the needs of older people (and particularly older women living alone who are dependent on a state pension). An age proofing agenda and the development and implementation of a process would also need to take an intersectional lens, including consideration of, for example, gender, disadvantage, and complex need(s).
3. Engagement/ investment initiatives such as the Centre for Ageing Better are positive and it is important to ensure their inclusion within policy decision making. [Their response on the role of the GEO](#) also provides an active agenda for addressing age discrimination under the Equality Act.
4. In relation to justifiable direct age discrimination and age-related exemptions for financial services, some may be unavoidable but realistic alternatives should be on offer and lack of alternatives should be considered as a breach of the Equality Act.
5. Current calls for the establishment of a post of Older People's Commissioner for England should be endorsed (this post already exists in Wales and for Children within England).



6. There is an increasingly urgent need for an international, binding UN convention on the Human Rights of Older Persons, to secure the rights of older people, globally, including the UK. We note that the UK government has been supportive of the Open-Ended Working Group on Ageing (OEWGA) process at UN level and urge the government to continue to demonstrate its participation in, and support for the OEWGA process in future.

In summary, our view is that the rights of older people cannot be considered without a lens that also includes health and social care, given that many older people are in receipt of health and social care services themselves and also provide a caregiving role in many circumstances. We have noted the multifaceted impact of ageism on the lives and health of older people, the digital divide that exists between older and younger generations, the lack of an intersectional lens when considering the experience of older age, and the complex matrix of privilege and disadvantage that persists (and builds) across the life-course. Additionally, we noted that the existing policy framework is inadequate to protect the rights of older people. Within each section we have identified potential steps that can be taken to address these issues. In summary, there is a clear need for an intersectional lens in policy development and any work that is undertaken to address the issues noted here must occur in collaboration with older people. Thank you for the opportunity to respond to this call on the rights of older people. We welcome the opportunity to provide further information, if required.

Word count: 3000

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