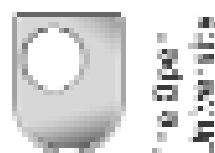


Too Old



Older people's accounts of discrimination, exclusion and rejection

A report from the Research on Age Discrimination
Project (RoAD) to Help the Aged



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**A report from the Research on Age Discrimination Project
(RoAD) to Help the Aged**

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Acknowledgements

Participative research inevitably involves a large number of people. RoAD is no exception and we are heavily indebted to many who have made a positive and valuable contribution. That said, responsibility for what is included in this report rests with the authors.

First, we wish to acknowledge the contribution of Irene Paton, the project secretary and linchpin; second, our colleagues at Help the Aged: Tom Owen, Debbie Beale, Louise Bell, Thomas Bland, Claire Greenhalgh, Tessa Harding, Leora Hauser, Kate Joplin, Caroline Kirby, Ajay Mehta, Phil Rossall and Debbie Smith; third, the project advisory group: Naomi Connelly, Joan Draper, Brian Groombridge, Dorothy Runnicles, Olive Stevenson and Stephen Townsend; and fourth, colleagues at the Open University: Joanna Bornat, Kate Fawcett, Jonathan Hughes, Julia Johnson and Rebecca Jones, Kath Stothard and Liz Tilley.

We are greatly indebted to our fieldworkers: Zara Farsi, Diana Findlay, Nicola Humberstone, Val Jarrett, Sue Jones, Nell Keddie, Anne Kelly, Jane Montague, Elizabeth O'Dell, Charles Patmore, Ros Pearson, Ulfat Riaz, Andrea Russell, Jenny Sleight, Diane Smeeton, Lynda Spence, Anthea Symonds, Katherine Thompson and Ruth Waitt.

The following participants, along with many others, have contributed substantially to the project: Dr Lorna Brierley, Mrs Lesley E Bruin, Michael E Challoner, Eileen Clarke, Mr Tom Conway, Mrs Doreen Green, Mrs Muriel Haig, Mr John D Hoodless, Philip Johnson, Mrs Wendy Jones, Mrs Jean King, Professor Robert and Mrs Elizabeth Leaper, Mrs Olive Mamuda, M Manackerman, Mrs Myra Merritt, Mrs Phyllis Perlin, Ms Rina Rosselson, Mrs Teresa Rubnikowicz, James Seal, Mrs Maureen Sheehan, Reverend St John Turner and Mrs Joan Woolard.

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ISBN 1-84598-020-4

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Executive summary

1 About the RoAD project

Research on Age Discrimination (RoAD) is a two-year participatory research study funded by the Big Lottery Fund and undertaken by the Open University and Help the Aged. RoAD has collected a wealth of information about the lived experience of age discrimination in the UK in the first decade of the 21st century. The involvement of older people is at the heart of the RoAD methodology, with over 300 older people from across the UK working in a collective effort to grasp the reality and significance of the issue.

2 Public places

- 68 per cent of people agree that there is a shortage of benches and seating in public areas.
- 74 per cent agree that there is a shortage of public toilets.
- One-third of older people have difficulty participating in public consultations.

Public places discriminate against older people by making access difficult, and by providing insufficient toilets and places to rest.

3 The market

- 53 per cent of people agree that businesses and retailers have little interest in older people's consumer needs.
- 95 per cent of annual travel insurance policies impose an upper age limit.

Older people are largely overlooked in what remains a youth-obsessed consumer marketplace. In some sectors of the market, there are age bars, and in others costs effectively exclude older consumers. Modern technology places older consumers at a disadvantage in crowded settings and in queues in banks, shops and supermarkets.

4 Appearance and fashion

- 70 per cent of people agree that older people who try to look or dress young are seen as a joke.
- 45 per cent agree that films and advertisements portray older people as figures of fun.

Personal appearance underpins age discrimination because fashion promotes age-specific styles of hairdressing and clothing. Keeping up with fashion leads to discriminatory comments such as 'mutton dressed as lamb'.

5 Health and the health service

- 40 per cent of people believe that health professionals see older people as a nuisance.
- 27 per cent of people aged 65+ say that older people receive worse healthcare than younger people.

The provision of many health and care services is discriminatory, because it segregates users according to age. It is hard to root out age discrimination from the provision of care services because the assessment of needs is often based upon stereotyped assumptions. Older people are often denied choice in health and care matters, and not involved in decisions about what should be done 'for the best'.

6 Culture and ethnicity

- 43 per cent of people agree that older people from black and minority ethnic groups face age discrimination as well as racial discrimination.

Although it is often said that families in black, Asian and ethnic minority communities 'look after their own', older people are liable to suffer from tensions between the generations whatever their ethnicity. Older people who have migrated to the UK experience discrimination in their efforts to maintain cultural values and cross-national links with family and friends.

7 Sexual orientation and sexuality

- 47 per cent of people agree that society discourages older people from expressing themselves sexually.

Age prejudice influences attitudes to sexuality, leading to discrimination against people who wish to have a sex life.

8 Family life and decision-taking

- 58 per cent of people agree that once you reach very old age, families assume you cannot make decisions for yourself.
- 68 per cent agree that once you reach very old age, people tend to treat you as a child.

People often assume responsibility for the care of their parents and, in doing so, often deny older people any choice in how this is organised and provided. Family occasions and celebrations are sometimes blighted by ageist humour.

9 Care and vulnerability

- 76 per cent of people think that care-home residents tend to be forgotten by society.
- 59 per cent of people who know someone close to them who is in residential care feel that care homes often neglect their individual needs and wishes.

Residential care isolates older people by denying them ready access to transport and preventing them from participating in wider society.

10 Fear and isolation

- 65 per cent of people agree that local communities neglect older people who have become socially isolated.

Older people who live alone tend to feel vulnerable in public places and are therefore more inclined to accept offers of care. As a result, and as in residential care, they are likely to become segregated from the wider community.

11 Conclusion

- 73 per cent of people agree that older people face discrimination on grounds of age in their everyday lives.

Age discrimination is found not only in employment but also in areas of life that are part and parcel of everyday experience. Reinforced by ageist language and commonplace practices, age discrimination is often invisible even though, alongside discrimination against people with disabilities and other forms of discrimination, it results in older people being excluded from many public spaces and social activities or placed at a severe disadvantage. It is clear that, in the UK today, age discrimination is part of the fabric of our everyday lives.

1 About the RoAD project

- 1 Introduction
- 2 How the project was carried out
- 3 About this report

Introduction

Key fact: age discrimination

- 73 per cent of people agree that older people face discrimination on grounds of age in their everyday lives.

Source: RoAD ICM survey (2006)

Age discrimination in employment has been high on the news agenda in recent years. The 2004 white paper *Fairness for All: a new commission for equality and human rights* states that:

‘Older people – who already experience discrimination in the labour market – will need choices and opportunities to continue in work and save for their retirement.’ (p14)

Since then, the Employment Equality (Age) Regulations 2006 have begun the process of tackling the barriers that exclude older people from paid employment.

Welcome though these developments are, there is a risk that they will lead to age discrimination becoming associated exclusively with pre-retirement workers in their 50s and 60s and that this will in turn further disadvantage those older people who have already left the job market. People in this ‘economically inactive’ group often find themselves excluded from choices and opportunities in education, housing, citizenship and travel as well as employment.

This report is based on the results to date of UK-wide research into the scope and nature of discrimination against older people. The Research on Age Discrimination (RoAD) project, which started in July 2004 and ends in January 2007, is being carried out in collaboration with Help the Aged and funded by the Big Lottery Fund.

What is age discrimination?

The RoAD project is based on a definition of age discrimination as exclusion, either threatened or actual. It can take many forms, from bureaucratic regulation to physical aggression. It may be written, verbal or expressed through subtle body language or gesture. It may be unambiguous or complex. It may be directed at an individual or at older people collectively. It may be articulated by one individual or expressed collectively by an organisation. Whatever form it takes, the underlying message is the same: ‘You’re too old.’

The older people involved in the research responded in very different ways to our request for evidence of age discrimination. Some actively sought out examples, only to report that they were hard to find. Others were angry about the discrimination they encountered, and keen for action to be taken. Others were reluctant to accept that age discrimination existed at all. It was also clear that, for many older people, age discrimination took the form of small but insidious everyday restrictions and restraints rather than specific, individually noteworthy incidents.

We therefore decided to relax our definition and maintain open minds as to what constitutes age discrimination. Essentially, age discrimination is what older people make of it. When asked, we stuck to our original premise: that age discrimination means being told that you’re too old. Generally, though, older people did not seek clarification: they knew what the term meant, and were keen to take part.

What do we mean by 'older people'?

In planning the project, we decided not to impose age barriers. Excluding people on the grounds that they were 'not old enough' is, arguably, a form of age discrimination in itself. Instead, we used a simple subjective definition: older people are those who are able and willing to be identified as an 'older person', and to recount and compare experiences of age discrimination.

However, we recognised that this approach might shift the focus of the project away from the very elderly. We therefore built age into our overall strategy for ensuring that we had a diverse sample. So, for example, as well as ensuring that we engaged with older people from minority ethnic groups, we specifically sought evidence from people in their late 80s and older and from those living in care homes.

How the project was carried out

A range of methods was used to gather evidence of age discrimination from a wide variety of sources. The involvement of older people as participants at every stage was a key component of the project.

What is participative research?

'Participative research' gives participants the opportunity to influence and shape the research project by helping to define the problem or issue, posing questions, choosing methods of data collection, analysing findings and determining actions.

Older people played active roles in both the project team and the project advisory group. They also contributed by:

- sending accounts of and opinions about age discrimination via older people's forums and other groups ('the mailing list');

- commenting on the outcomes of the data analysis ('the panel');
- keeping diaries ('the diarists');
- supporting the diarists and carrying out interviews ('the fieldworkers');
- discussing and commenting on the research findings as members of focus groups or participants in 'sub-projects'.

Accounts of the Experience of Age Discrimination (AEAD)

At the start of the project, we contacted the Help the Aged network of older people's forums and invited them to take part. A total of 38 forums distributed the RoAD newsletter to their members. The newsletter included a reply-paid envelope and two forms: a 'personal profile' to be completed by those volunteering to keep a diary or join the RoAD panel; and an Accounts of the Experience of Age Discrimination (AEAD) form that respondents could use to describe their experiences of age discrimination. We also posted the form on the RoAD website (<http://road.open.ac.uk>).

We received 116 AEAD forms, with accounts of 153 separate experiences. These fell into the following broad categories:

Employment	26%
Health	21%
Insurance	14%
Money matters (excluding insurance)	13%
Public areas – pavements	10%
Shopping	7%
Adverts and TV	5%
Buses	4%

About two-thirds of the AEADs referred to chronological age, while the remaining third related to how old the person appeared to be.

Around a third referred to older people as a group rather than to an individual, and nearly half described situations in which older people were barred or actively excluded rather than discouraged or disadvantaged. About half of the respondents talked of taking some kind of action as a result of their experience.

These accounts were volunteered; they were not collected systematically. There is therefore a danger that they constitute 'received wisdom' rather than 'hard' evidence. It is significant, for example, that so many are accounts of discrimination in employment and health: areas where age discrimination has been reported and where action is being taken. This has raised awareness among older people, and may well have triggered the submission of these AEADs.

Despite this, we feel it is relatively easy in reading these accounts carefully to identify genuine personal experiences that should not be dismissed as 'mere anecdote'. Moreover, even 'received wisdom' deserves to be taken seriously since it is based on the shared experiences of older people.

Diaries

Diaries were used to provide systematic evidence of how age discrimination features in everyday life. Previous research has shown that this is an effective and rigorous way of finding out what actually happens to people day by day.¹ We asked our diarists to record 'things that happened' to them in the course of a week. Fieldworkers helped them to identify which, if any, of the incidents recorded constituted age discrimination.

Twelve fieldworkers were recruited from around the country: two each from the south, Midlands and north of England, Northern Ireland, Scotland and Wales. Five were recruited through research networks, and the remaining seven through older people's forums and similar groups. Fieldworkers were told they must have

some relevant experience of fieldwork, and be willing to identify themselves as an 'older person' (although no age limit was imposed). Ages ranged from 44 to 71. Ann,² at 44, was 10 years younger than the next-youngest fieldworker and seemed a little self-conscious about this. She claimed 'older person' status on the grounds that she had recently become a grandmother and was clearly proud of her seniority within her own family.

Each fieldworker was asked to recruit one diarist through their own networks.³ The remaining diarists were chosen from among those responding to the request sent out in the project newsletter. A total of 39 diarists were recruited. We were keen to recruit a diverse group, so tried to anticipate barriers that could prevent people from volunteering: for example, sensory impairment, limited dexterity or not speaking English as a first language. The form indicated that diarists could ask someone else to act as a scribe. Diarists were also offered a small fee.

Nevertheless, it is likely that some older people were discouraged from taking part in the project for a variety of different reasons. For example, one member of the RoAD advisory group suggested that older people using mental health services might not see their experiences as relevant because they had grown accustomed to being excluded. As the project progressed, we realised that the difficulty of recruiting a representative sample in itself demonstrated the impact of age discrimination: some age groups and social categories readily volunteered to take part while others were much more difficult to contact and include.

Diaries were kept for a week at some point between February and October 2005. Of the 39 diarists, 31 were female and eight were male. Their ages ranged from 60 to 82 for men and 60 to 97 for women. Approximately two-thirds were aged 70 or more. Four started a diary but did not finish it.

¹ Bytheway B. and Johnson, J. (2001) *International Journal of Social Research Methodology*, 4.3, 183–204.

² The names of fieldworkers and diarists used in this report are pseudonyms. Where extracts have been edited for purposes of anonymity or clarity, this is indicated by square brackets.

³ This decision was forced by our tight schedule. There were advantages in that these pilot diarists became an extension to the fieldworkers' induction. Moreover, in the light of this phase, we made some minor modifications to the design of the diary.

Our aim was to provide enough space in the diaries for those ‘with a lot to say’ or with complicated experiences to recount, at the same time as emphasising that our main requirement was a record of things that ‘actually happened’. We did not ask diarists to search out evidence of age discrimination, or to check that specific criteria were satisfied before including notes on a particular experience, and they were reassured that they could leave spaces blank.

The fieldworkers supported and interviewed between one and four diarists each. When returning to collect the diaries and carrying out their interviews, they tried to obtain detailed accounts of up to four specific incidents. This yielded information on 128 incidents relating to age discrimination. The interview also incorporated a less structured phase in which ideas and experiences about age discrimination were exchanged and discussed. Fieldworkers were asked to produce a brief report on each interview, and given guidance on what should be included.

As the project progressed, it became clear that there is a difference between ‘real’ experiences and ‘hard’ evidence, and that a request for the latter imposes limitations on what can be recounted. Several diarists expressed uncertainty and ambivalence and, as a result, fieldworkers had difficulty in identifying relevant incidents in their diaries. One fieldworker, June, reported on two such diarists. The first, Janet Simpson, had (voluntarily) raised the issue of age discrimination with friends and colleagues at a drop-in centre. In her diary, she commented: ‘Most people I spoke to feel that what concerns them is medically related. Long waiting lists, etc.’ (Wednesday, 2 March 2005). Two days later, she tried again at a tea dance: ‘The only person who appeared anything like interested in what I was talking about complained she got on a bus full of students who let her stand with two bags of shopping’ (Friday, 4 March 2005). In her report, June noted:

‘I thought there might have been a wealth of information with her colleagues and friends... but they were surprisingly silent. No, no, they didn’t see any discrimination, didn’t want to talk about it. “I think it was apathy,” Janet said. “Or perhaps it was the wrong time to ask. We were all pretty busy.” Apathy to me means hopelessness. Perhaps if these people had been drawn out slowly, we would have learned more, as was true with Janet. Still, I think the clear unwillingness to speak about discrimination is important, particularly since Janet says everyone experiences it. Why?’

June had a similar experience with her second diarist, Mrs West. Having discussed a number of encounters recorded in Mrs West’s diary, June turned to the following entry:

‘Asked mature friends whom I met in the street, “What do you think about older age discrimination?” “Usually felt by people who have a lifetime of discrimination” – not a reply I’d considered. “Discrimination? Rubbish. It just keeps getting better,” added his wife.’ (Tuesday, 5 July 2005)⁴

June reflected on this as follows:

‘The friend went on to say that age discrimination worked against people who have felt that way all their lives. In other words, once a victim, always a victim. Mrs West wondered aloud with me if this were true. I sensed she’d been a bit embarrassed with her friends. Had she been showing weakness by even bringing up a topic that they dismissed so quickly (too quickly, I thought)?

‘I disagreed, saying that maybe some insecure people imagine slights where none exist, and perhaps the meek do invite abuse sometimes, but age discrimination is not a state of mind. And even if this were true, why should only the bold be free of unfair treatment – as if age discrimination only exists if you acknowledge it.’

This demonstrates well how these interviews engaged two older people – June, the fieldworker and Mrs West, the diarist – in an analysis of real experiences in a shared effort to understand age discrimination better.

⁴ Like many of the diary entries, this is somewhat cryptic. The ‘mature friends’ are Mr and Mrs Thompson (pseudonyms). The question comes from Mrs West. The first response is from Mr Thompson, followed by a comment from Mrs West. The second response, questioning discrimination, is from Mrs Thompson.

The vignettes and the panel

Seven issues of the RoAD project newsletter have been sent out to recipients on our mailing list. Both the newsletters and the project website encouraged readers to act as a ‘panel’; submitting their comments on and experiences of age discrimination. Editions 3, 4, 5 and 6 of the newsletter included vignettes – fictionalised accounts of real-life cases. The panel was invited to comment on the vignettes on an enclosed insert and to return this to the RoAD office in a reply-paid envelope. We received a total of 1,114 responses, an average of 80 for each of the 14 vignettes.

In the light of these responses, we consulted the project advisory group and began to modify the vignettes to ensure (a) that each had a solid evidential base and (b) that, taken together, they represented a wide range of experiences relating to age discrimination. The revised set of 12 vignettes, plus commentaries, were then put into the ‘RoAD toolkit’ and posted on the project website.⁵ We have discussed with focus groups and forums how the toolkit could be used as part of the wider campaign to challenge age discrimination.

Sub-projects

We recognised that working so closely with older people’s forums created a risk that certain groups in the population would be either over or under-represented and, consequently, that certain issues relating to age discrimination might be overlooked. Fieldworkers and forum members were therefore asked to suggest specific groups or topics that they felt needed further exploration. We invited them to put some of these forward as sub-projects, which RoAD would then resource.⁶

In this report, we draw upon the following sub-projects:

Chapter	Sub-project	Collaborators and/or location
2	Age discrimination and environmental issues in a city centre	York Older People’s Assembly (YOPA), York
2	Age discrimination and the provision of public benches and toilets	Aylesbury
3	Age discrimination, IT and the use of a forum website	Shropshire Association of Senior Citizen Forums (SASCF), Shrewsbury
4	Hairdressers and the image of older people	Neath, Wales
6	Age discrimination in black and minority ethnic groups	Services for Elders from Ethnic Minorities (SEEM), Leeds, and a Pakistani community centre in Bradford
7	Age discrimination, gender and sexual orientation	Various locations in England
9	Age discrimination and residential care	Senior Action Group Edinburgh (SAGE), Edinburgh

⁵ The RoAD toolkit is available online at <http://road.open.ac.uk>. It includes the full set of 12 vignettes plus detailed commentaries. The toolkit also includes other relevant information along with guidance as to how it might be used. In addition to the toolkit, the website includes a continuing series of RoAD reports.

⁶ Full reports of the sub-projects are available on the RoAD website at <http://road.open.ac.uk>

About this report

We hope the above information and examples demonstrate the quality and strength of the evidence generated by the RoAD project. The following chapters focus on particular aspects of everyday experiences in later life, drawing on evidence from all the sources described above. Abbreviated versions of the 12 vignettes are included.

We begin with four chapters relating to issues that all older people experience: the use of public places, being consumers, managing one's appearance (focusing in particular on hairdressing and fashion), and health. The chapters include evidence showing that older people are disadvantaged in all these areas of contemporary life.

The next five chapters relate to the experiences of some older people but not all. The first two relate to minority sections of the community: those defined by ethnicity and sexuality. In contemporary debates on issues relating to ethnicity and sexual orientation, the fact that *all* people grow older is often overlooked and, as a result, issues of multiple discrimination are seriously neglected. In these chapters we have sought to be inclusive, recognising that issues of race, ethnicity and sexuality are relevant for all sections of the community. The second three chapters cover forms of discrimination relating to dependence, vulnerability and isolation. Such challenges tend to be experienced more by people of great age and raise important issues for policies relating to care and security.

Finally, we review the conclusions we have drawn in analysing the fund of evidence that RoAD has generated, pulling together a number of threads that run through the whole project.



2 Public places

- 1 Introduction
- 2 What do older people want from public places?
- 3 Are older people discriminated against in public places?
- 4 Conclusion

Key fact: public places

- 68 per cent of people agree that there is a shortage of benches and seating in public areas.
- 74 per cent agree that there is a shortage of public toilets.
- One-third of older people have difficulties participating in public consultations.

Sources: RoAD ICM survey (2006) and RoAD panel

Introduction

This chapter is about older people's relationships with everyday public places – parks, gardens, streets, town squares, shopping centres – which, in theory at least, are designed to be used and enjoyed by everyone. It draws primarily on data from three sub-projects: one on public benches and toilets in Aylesbury, Buckinghamshire,¹ a second on environmental issues in the centre of York,² and the third on the use of an African/Caribbean Day Centre in Leeds (see chapter 6). It also includes responses to vignettes 7 and 8.

Most people's comments related to their own home towns, but the issues raised are universal. For example, vignette 7, which describes a visit to a newly redeveloped public square, brought this response:

'Recently I had occasion to visit Covent Garden. As I have mobility problems, I found it very hard to navigate. There are few facilities on offer. There were stairs down to the restaurants. They had no rails attached. There were little amount of seats. Those that were there were of poor quality and situated away from the entertainment. The toilets

were not of a hygienic nature. A lift would be of use but no arrangements were thought of.'

This response brings us straight to the point: to what extent can the elements that make life difficult for older people be ascribed to age discrimination? Surely everyone, young or old, appreciates clean public toilets and comfortable, well situated seating? As for the lack of handrails and lifts, is this not more a question of disability discrimination than ageism? Besides, Covent Garden is a historic place with many listed buildings that cannot easily be adapted.

Yet the fact is that older people are more likely to have mobility problems than younger people. They are more likely to have problems negotiating stairs, and to need to sit down and rest more frequently. Certain conditions linked to ageing make easy access to public toilets a high priority. So, while it is possible to argue that the obstacles in Covent Garden do not necessarily constitute age discrimination, the net effect is that this public place, like others, effectively discriminates against many of the older people who want to use it.

Vignette 7 'It's just for the young people now'

Once a month, Betty takes the bus 15 miles into town to see her old schoolfriends, Joan and Kath. A few weeks ago, they decided to go and look at the new square. The posters had promised 'al fresco eating, entertainment, a water feature and specialist markets', but on a cold winter morning it did not look too cheerful. A couple of young lads shot past on bikes, just missing Betty. The three friends looked in vain for the specialist market. The square had four pubs, which Joan said stayed open late and were very rowdy. 'It's just for the young people now: it's either too expensive or too noisy, and I wouldn't feel safe here after dark.' Betty is disappointed: 'I'd have liked an old-fashioned market. And somewhere to spend a penny.'

See page 18 for a summary version of vignette 8.

¹ Carried out by Caroline Holland. ² Carried out by Charles Patmore.

What do older people want from public places?

The York sub-project involved regular users of a city-centre meeting place and social centre for the over-60s. Participants were asked to identify and rank in order of importance the things they thought would make the city centre more age-friendly. The results showed that security, safety, transport and services were the most important factors in enabling older people to make good use of public places.

Security and safety

The two biggest preoccupations under this heading were 'cycling in a pedestrian zone' and 'hazardous pavements'. People wanted to be able to move around public places without having to worry about possible accidents.

In York, some city-centre pavements had been damaged and either not repaired or only repaired after a delay of several months. Participants referred to a number of specific spots where paving slabs were unsafe, with some putting this down to heavy goods vehicles mounting the pavements in order to make deliveries. In Aylesbury, some participants referred to having difficulties with the cobbled paving in the old town centre. In order to preserve the town's historic feel, the council had recently re-laid cobbles in a newly redeveloped square. These findings illustrate the fact that decisions about commerce and civic planning can have unintended consequences; and that, where those consequences affect people who have no voice, they may be ignored.

Bikes ridden on pavements and in pedestrian zones present another hazard. The strength of participants' feelings on this topic reflects their concerns about the potentially serious consequences of a collision. One person who had been knocked down by a cyclist commented: 'It's life-threatening. You could have a fall which you might never recover from.'

This is not an exaggeration. Most falls happen inside people's homes because this is where the most frail spend most of their time, but a fall on a hard outdoor surface can have very serious consequences. Falls are a major cause of hospitalisation for older people with hip fractures, the most common injury caused by falls, estimated to cost the NHS around £280 million a year. Ensuing complications such as pneumonia and the effects of immobility can be fatal, and older people who have had a fall may be more anxious and depressed as a consequence. The *fear* of falling can therefore have a significant impact on people's behaviour: many will choose to avoid damaged pavements and rogue cyclists by staying away from certain public places.

The following extracts come from Mrs Brown's diary. On the first day, she wrote:

'Local walk with spouse on canal path. Encountered 3 cyclists who showed no consideration – e.g. no bell or voice in spite of my white stick. Riding at great speed.' (Monday, 4 July 2005)

Three days later she visited her sister in a nearby seaside town and enjoyed another walk:

'After lunch Husband, Sister + Self walked on the coastal path. We jumped a number of times, as cyclists whizzed by. Me because I cannot see properly, my husband because he is deaf, my sister because she is 73 [and] of a nervous disposition. I ask myself, have bicycle bells been abolished (same thing on canal path near our home)?' (Thursday, 7 July 2005)

Regarding the first day's encounter on the towpath, the fieldworker commented:

'This was particularly upsetting for her husband who is now deaf. [Mrs Brown] said that she had at least heard them. However, she thought that they should have rung bells or shouted to signal their presence. When asked whether she thought that the behaviour of the cyclists was deliberately ageist she responded affirmatively, going on to say that younger people do not

appear to have respect for older people these days. This comment was illustrated by an account of how she is sometimes treated by motorists when crossing the road near her home. [Mrs Brown] remarked on the ambivalence of drivers who have the courtesy to slow down and wave her across the road when they see her at the roadside with her white stick but, when she is slow in crossing the road because she cannot see the driver's gestures, they appear to become very impatient, and sometimes make rude and inconsiderate remarks such as "silly old bag". When asked if she thought that the driver's behaviour was particularly ageist, she replied that she did not know as in her opinion drivers were impatient generally.'

This is a good example of how diaries, interviews and fieldworker's reports worked together to give a fuller understanding of specific experiences. Mrs Brown notes specific experiences in her diary. In her interview, she explains that, in her view, the cyclists' behaviour is an example of ageism and talks more generally about her experiences of crossing roads with a white stick. She is more willing to interpret the behaviour of the cyclists as discriminatory than that of the motorists. The former are seen as inconsiderate and dangerous; the latter as merely impatient. This highlights some of the complexities involved in identifying age discrimination: Mrs Brown feels threatened by the risk of colliding with a cyclist but not by the verbal abuse of motorists. It is evident from her diary that, as things are, a time will come when she and her husband will give up walking along the canal path, not because of age but because of the risk of accidents.

Avoidance is also a common response to worries about security, especially after dark. A York participant said:

'Many people avoid central York after 7pm. There are rowdy, drunken young people and bands of children roaming around late. There are some dark empty streets as well.'

Half the RoAD panel members said that they planned their day to avoid going out after dark.

This was backed by our findings in Aylesbury, where we observed who was around at different times of day as part of 'Social Interaction in Urban Public Places', a separate project funded by the Joseph Rowntree Foundation.³ Our research in Aylesbury showed that older people were present in the town centre during the day, shopping and socialising alongside younger groups but that, as the evening drew on, older people more or less disappeared from public places in the town.

However, one panel member challenged the suggestion that older people are especially at risk if they venture out at night:

'There is a need to dismiss this idea that it is dangerous to go out after dark – statistics disprove this and the older person needs to be aware that it is safe to go out after dark, not to slink at home in fear.'

Another respondent took issue with this for different reasons, arguing that women of all ages felt unsafe when out at night. Despite the statistics and these few dissenting voices, though, a large section of the older population feels neither safe nor confident about using public places after dark.

Services and transport

The York group's second main concern was the extent to which older people were prevented from playing a full part in the life of the community. They felt that the provision of a whole range of services failed to take their needs – or their preferences as customers – fully into account.

Specific concerns included the need for a new social centre or Saturday club for older people, more accessible and affordable food shops in the city centre, and a larger post office.

'Post office closures have left only two in central York. And one of these risks accidents because it has so little space for customers and its entrance is so close to road traffic. On Mondays in particular queues of pensioners can be seen on the narrow pavement outside – in all weathers.'

³ <http://www.open.ac.uk/hsc/researchsocinteracturban.htm>

Transport has a significant impact on whether and how older people use the city centre. There is a restricted zone in central York where taxis are not allowed during the main part of the day (i.e. when older people are most likely to be out and about), making it difficult for older people needing help with heavy shopping to get transport home. Some participants knew they could get round this ruling by phoning city centre managers; others did not. In any case, an exception would only be made if, for example, an older person were taken ill while shopping. As a result, some people did their shopping outside the city centre at places where they could park easily or hail a taxi.

A number of diarists noted experiences that raised issues relating to transport. Mrs Weeks, living in south Wales, noted:

'Elderly people, like me, who have a walking disability do not bother with a free bus pass as we cannot get to the bus if it does not pass the door.' (Tuesday, 8 March 2005)

In her area there are no concessionary tickets for taxis. In any case, she deplored the lack of training for taxi drivers. A participant in a focus group at the African/Caribbean day centre in Leeds raised some issues regarding physical access to buses.

'Cars are parked at the bus stops and you find it difficult getting on and off, because the bus can't get to the kerb. I was going on the bus one morning and, you know, the bus sometimes puts that thing down for people to get on if you can't walk on the bus, but they wouldn't put it down for me. And I couldn't get up on the bus because I have trouble with one of me legs, so he said I had to wait for another bus to come. It could have been because I'm old or because I can't walk very good with my arthritis. I had my trolley with me.'

This is a good example of the kind of discrimination faced by disabled people of all ages. In recognising that she was denied access to the bus either because of her arthritis or because of her age, this participant

acknowledged the impact of multiple discrimination. As further evidence of the poor relationship between older people and the bus industry, a member of an older people's forum wrote:

'When a petition with 6,000 signatures on it was presented to a bus company, complaining about drivers being rude, the company spokesperson said, "Old people moan about everything".'

Other RoAD participants spoke about the effects of cuts to bus services. Some felt that this was not an age discrimination issue because cuts affected all non-drivers, regardless of age. However, the effect on older people is greater because they are less likely to own or use a car. The timing, frequency, and type of transport can combine to make travelling difficult, with the result that older people feel like 'prisoners'.

Older people's forums in Shropshire, Lincolnshire and west Wales have all pointed out to RoAD that transport is a particularly difficult issue for older people living in rural areas. One member submitted an AEAD in which she described how she had decided to move into sheltered housing in a nearby town because the local bus service no longer came to her village.

Transport and ageing

Off-the-record comments made by transport operators within a research project regarded old people as a 'nuisance'. This was supported by comments made by bus drivers.

Source: Gilhooly M. (2003) Research Findings 16, Growing Older Programme

Public toilets

The lack of clean, accessible public toilets was another major concern for participants in York. Some resorted to using toilets in pubs, shops or other businesses: but this required prior knowledge and a degree of tolerance on the part of managers.

Over recent years, many local authorities have closed down public toilets rather than face the cost of adapting them to comply with the Disability Discrimination Act and regulations regarding access. In vignette 7 (see page 13), the redevelopment of the town square includes the removal of a public toilet. This struck a chord with many respondents.

'The closure of public toilets is a disgrace and many older people, male and female, are left in a quandary.'

'The council in this city is closing all the public toilets. Vandalism and misuse are the excuses, but the sites are cleared and flats built on them.'

'The general lack of public toilets definitely discriminates against the old – especially old men. Many public toilets were closed down by councils on the grounds that they were used by gay men for cruising – but really in order to save money.'

Some of the men that spoke to us had prostate problems: one described the situation regarding public toilets as 'very serious'. However, another pointed out that the ready availability of toilets is a concern to most older people, whether or not they have a specific medical condition.

'My father, 86 years, always worries about where he might be able to go to the toilet when he is outside. He needs to go at least every two hours or so. He does not have a medical condition – he just becomes anxious because he cannot hold in his urine and needs to be able to get to the toilet quickly. This can stop him from going out at all as he needs to be able to plan places to go to the toilet.'

Researchers taking part in the Aylesbury observation project picked up similar comments, so we decided to investigate further with a RoAD sub-project focusing on toilets and benches in the town. We carried out a survey by stopping older people in the town centre. We spoke to 37 women and 12 men. A few were visitors, but most lived locally and came into the town centre at least once a week.

Of the people who knew the town well, most thought that there were not enough public toilets and did not use those that were available because they were not kept clean. They preferred to use toilets in shops and cafés, both because they were convenient and because they were regularly cleaned and checked. They also noted that the public toilets were so poorly signposted that visitors would have problems finding them: this was borne out by visitors' comments.

Some respondents made comments like 'I would rather cross my legs', or 'I wait till I get home'. Our interviewees varied in age from their early 60s up to 95 and many spoke of the anxiety that can result from a lack of access to toilets. One RoAD participant submitted an AEAD in which she described the problems she has when shopping with her husband, who has dementia. He enjoys accompanying her but inevitably problems arise when he needs a toilet. Such experiences indicate how trips into town can be dominated by the need to get home 'in time' and how a poorly designed environment can prevent older people from playing a full part in the life of a town.

Benches

The Aylesbury observation project found people of all ages resting on benches and in other places such as the walls around statues and fountains. Older people tended to sit for longer than their younger counterparts and to use specific benches at regular times. We asked older people which benches they used and why.

There were two favoured sets of benches: one set of wooden benches with backs and arm rests inside the main shopping centre; and a group of metal benches at the top of the market square. Both sets were in good 'people-watching' spots and were 'protected' by security guards. Many people commented that the metal benches were less comfortable, but suggested that they were less likely to be vandalised than the more traditional wooden benches. In general, respondents called for more seating, as the existing benches were often full.

To supplement these findings, we developed vignette 7 (see above). The panel was asked to comment on whether they felt there were enough places to sit when they went shopping in their own town or city. Over two-thirds indicated that there not. Another response graphically illustrated how poor planning and design can affect older people.

'We have a modern town centre shopping complex leased out to a property company that sub-lets to shopkeepers. It works very well but does not cater for the elderly. The park to sit in and eat sandwiches is at one end and a very long way from Asda at the other end. The centre has air conditioning/heating and a few comfortable seats at intervals but not enough. Pedestrian access for the elderly/women with children is diabolical with badly serviced footpaths of tar macadam which deteriorate rapidly. The only treatment given is patch and mend, plus casual labour picking up litter. The main roads and car parks are akin to bowling greens but one walks on the latter at one's peril.'

This last comment, alluding to the dangers faced by all pedestrians in environments designed primarily for cars, demonstrates older people's awareness of the ways in which other groups – such as women with children – are neglected in the planning of modern facilities.

Are older people discriminated against in public places?

It could be argued that everyone has to contend with the kinds of challenges outlined above. There are no signs up telling older people that they cannot use public places. However, the evidence shows that many older people are having to plan their daily activities around the available facilities and, in some cases, avoiding public places altogether.

Vignette 8 demonstrates how a number of what may seem like fairly trivial factors can combine to exclude older people.

Vignette 8 'What do the plans mean for me?'

Mavis is in her 80s and a regular library user. When she hears that her local authority is planning a new library, she decides to attend the consultation meeting. The meeting is in a community centre on the other side of a busy road. Mavis walks there and almost misses the start of the meeting. The chief librarian talks through the plans, but is facing a screen and Mavis finds it hard to hear him. At the end, she asks what the plans mean for the branch library she uses, and whether there will be places for people to sit down while choosing books. The librarian says there will be seats in the children's area of the new library. The councillor says that if Mavis wants to sit down to read, she should go to the reference library. A few people laugh. No one answers her first question. Outside, there is no phone to call for a taxi so she walks home.

A third of panel members spoke of having similar difficulties when trying to attend meetings like the one Mavis goes to. One attended an older people's meeting every two months. These meetings are held at 10.30am, so attendees can use their bus passes, but this is the time when the drivers tend to take breaks. As a result, 'you sit on the bus waiting for a relief driver'. The public toilets at the centre are down two flights of stairs; those on the same floor are 'staff only'. In this respondent's view, public meetings discriminate against older people, preventing them from 'having a voice'.

The evidence suggests that, while certain aspects of the design and management of public places can make life easier or harder for older people, it is hard to state conclusively that this is the result of age discrimination. As with many other areas covered by this report, the discriminatory effect only becomes apparent when we look at the accumulated evidence of the impact on older people's everyday lives. The York group raised several examples of unwitting age discrimination. Their comments also demonstrate how difficult it can be to anticipate the discriminatory consequences of



attempts to address other concerns. Take, for example, the issue of people riding bicycles on the pavements in York. The city council has promoted cycling, in order both to improve people's health and to reduce the hazards caused by motor traffic in the city centre. Participants acknowledged this, and also recognised that concern for the safety of child cyclists had increased tolerance of cycling on pavements. Some older people on mobility scooters also used the pavements. Both were seen as hazards by some respondents.

The discussions also raised a point about the failure of authorities to understand the effect of apparently trivial matters on older people's well-being. For example, although the group was very concerned about the issue of cycle-related collisions, they felt there was a tendency for younger, fitter people – including the police – to see pavement cycling as a trivial offence, particularly in the context of the general drive to promote cycling as 'a good thing'. They suggested that the increased risk to pedestrians was seen as a 'small price to pay'.

By contrast, several mentioned binge drinking by young people as a reason why they no longer visited the city centre in the evening. Arguably, this reflects the over-reaction of the media to this and other forms of anti-social behaviour by young people (in itself an example of ageism), but this is nevertheless an important way in which public places come to be segregated by age: because older people see them as accessible and unthreatening at certain times of the day but not at others.

So older people are not just affected by policies that directly aim to meet their needs. How then does society take into account the impact on the lives of older people of policies and practices that are aimed at other sections of the population or other concerns? The most obvious answer is by making their views known, as Mavis attempts to do in vignette 8. Several RoAD respondents and panellists took up the challenge of making their own voices heard when decisions were being made about the design or use of public places. It was evident to us that many groups, including the York Older



People's Assembly, are playing an active part in representing the interests and concerns of older people in the management and development of city and town centres.

Are older people consulted about public places?

One panellist had the following to say about this issue:

'The local council should ensure it specifically considers the needs of older people in relation to design, maintenance and renewal of the local environment, including roads, pavements, pedestrian crossings and lighting, access to buildings and public toilets. The National Service Framework standard on preventing falls⁴ should be incorporated into planning criteria.'

However, the York discussions highlighted older people's reservations about taking a blanket approach to improving the situation for people aged 60+: what benefits one person might disadvantage another. Changing the design and

management of public places requires a thorough understanding of how people go about their daily lives. This is not likely to happen unless more older people make their voices heard, both individually and collectively. Some RoAD panellists described how they had taken positive action. One said, 'I have run a one-person campaign in my local building society where the tables and chairs were removed. They are now back.' However, this person also commented, 'Nearly all the councillors in my area are over 60. I wonder how the design of local public spaces can be so bad?' Another stated: 'You need to keep on at local elected councillors and be a real nuisance, reminding them of election times, until they listen to you.'

Other panellists referred to collective action. One older people's forum in Scotland decided to take a stand against the closure of the public toilets in their town centre. They lobbied and made representations while the area was being redesigned and redeveloped. As a result, they now have a well appointed public toilet with facilities for disabled people.

⁴ National Service Framework, Standard Six.

Conclusion

As stated at the start of this chapter, public places are – or should be – for everyone. However, our evidence shows that many older people have problems getting to and from public places and moving around them, and often feel uncomfortable when in them. Some people find this frustrating; others are resigned to ‘doing what they need to do’ as quickly as possible and getting home. Either way, unfriendly spaces encourage older people to withdraw from community life.

Being able to reach a public place is the first prerequisite. The older people we talked to referred again and again to transport as one of the key factors that make it easy or difficult to get out and about. Although more older people own and drive cars than in the past, public transport remains very important to them. However, it is not just the design of buses, trains and taxis that affects how easy they are to use. How services are organised (how often do they run? where do they go? where do they stop?) and the attitude of staff are also major considerations. We quoted one focus group participant who had encountered an unhelpful bus driver. We could have quoted many similar examples, including cases of older people being injured by buses stopping too suddenly.

Understandably, most older people are concerned about safety and security. Many therefore take steps to avoid crowds and being out after dark. It will never be possible to eliminate all risk, but a modest change in social attitudes could help to make public places more inclusive for many people.

People of all ages have the right to be involved in their communities, travelling, shopping, talking and expressing their opinions. Getting out into the public domain, seeing and being seen by others, is a vital way of making and maintaining links with communities. Rather than causing older people to retreat, the design and management of public places should encourage them to get out and about and to feel they are a significant part of the wider community.



3 The marketplace

- 1 Introduction
- 2 Are older people overlooked in the marketplace?
- 3 Does cost exclude older people from participating in the marketplace?
- 4 Does modern technology place older consumers at a disadvantage?
- 5 Conclusion

Key fact: the marketplace

- 53 per cent of people agree that businesses and retailers have little interest in older people's consumer needs.
- 95 per cent of annual travel insurance policies impose an upper age limit.

Sources: RoAD ICM survey (2006) and Help the Aged insurance survey (2006)

Introduction

This chapter is about older people and the consumer society, and the part that money plays in their everyday lives. Through much of the 20th century, entry into old age has been marked by a straightforward transition from 'working life' to 'retirement', accompanied by a shift from having an earned wage or salary to relying on a pension and, possibly, benefits and/or savings. Generally, this transition has led to a significant reduction in income, affecting both patterns of expenditure and the social standing of the individual concerned. A powerful element in the stereotype of 'the pensioner' has been life on a 'fixed income' and an inability to participate in the marketplace in the same way as younger people. Has this situation changed, now that retirement has become less of a clear-cut transition?

Mrs West offered a vivid illustration of the gulf that remains between older and younger people:

'I did have a chat at the recent Lincolnshire Show with a young female staff member on a stand whose company supplies cooked food to older people. I asked her what the average weekly cost would be. She accurately observed it "depended what I chose from the menu". "True," I said, "but how far would my state pension income supply "proper nutrition for one main meal a day?" She had no idea what the state pension is nor, she conceded, had she "ever thought about that aspect". I told her my pension and hoped she would.' (Sunday, 3 July 2005)

Thus, although the process of retirement might have changed radically, the realities of living on a pension have not. Through this encounter, Mrs West cleverly managed to ensure that at least one representative of the modern marketplace would start thinking about the cost of what they were offering.

This chapter starts with a theory put forward by some RoAD participants (and explored through vignette 6, below): that the market does not want to engage with older people despite their willingness to pay. It then moves on to discuss how charges for goods and services might inhibit older consumers and the part played by concessions. Finally, we look at one diarist's account that vividly illustrates the problems modern technology can pose for older customers.

Are older people overlooked in the marketplace?

The extract from Mrs West's diary (above) offers one example of how older people have access to certain markets and how some businesses specialise in goods and services designed to meet their needs. However, as demonstrated by vignette 7 (see page 13), many older people feel they are overlooked in the

design of the typical high street shopping complexes. To what extent are retailers attempting to attract the attention of people like Betty and Mrs West?

Following an interview with 63-year-old diarist Mr Timpson, his fieldworker wrote the following report:

'One clear, strong theme did emerge from Mr Timpson's reflections during diary week. He believes that there are many people like him who are no longer able to obtain the products and services they want – whether from restaurants, cinemas, newspapers etc. – because these have been changed so that there is nothing which suits older people's tastes. He feels that as a result he has withdrawn somewhat from wider society, reluctant to use what is now on offer. Because there are now so many older people and their purchasing power is substantial, he feels the market's failure to respond to their tastes amounts to age discrimination.'

A number of incidents in Mr Timpson's diary supported this view. Stopping at a pub during a long car journey, he was unable to obtain a bacon and egg breakfast. He also noted that he no longer goes to the cinema on a Saturday because the films are unappealing, and he has given up buying a Sunday paper: 'We are not interested in what they all write about, which is usually related to somebody's book or play and the latest scandal of political bias.'

Many of Mr Timpson's diary entries reflect a sense of alienation rather than describing actual experiences of being denied access to what he wants. Nevertheless, the fieldworker's concluding comments are telling:

'Mr Timpson's strongest feelings about age discrimination concern this theme of a society which, as it were, wilfully refuses to take his money and provide the services which he and many others would like to buy. . . Mr Timpson seemed notably active, well informed about local opportunities, and swift to make use of these.'

When someone like this feels socially excluded from the consumer and entertainments market, one wonders how others can be faring.'

Other diarists offered similar accounts of their frustration when attempting to purchase goods or services and we received several AEADs making the same point. We decided that the theory that older people are overlooked by the market was worth testing with a vignette. Vignette 6 therefore describes the experiences of a couple, Stan and Sadie, over a typical weekend.

Vignette 6 'Why isn't the market interested in our money?'

It is Saturday night, and Stan and Sadie are staying in. They used to be keen cinema-goers but now there is never anything they want to see. Earlier in the day, Sadie went shopping with her friend Jo. They both love clothes, but are put off by the unfriendly attitude of the young shop assistants. While Sadie was out, Stan went to the DIY store. The hinges, lock and bolt he bought are expensive, and of poor quality: 'They'll need replacing in a couple of years.' He also tried but failed to find some cleaning fluid for his video recorder. 'I think the chain stores are trying to force you to buy a DVD machine. They're banding together to dictate the terms of business.' Sadie puts it down to age discrimination: 'Why are only younger people's tastes catered for? Why isn't the market interested in our money?'

Three-quarters of the panel indicated that Stan and Sadie's story resonated with them. Most offered first-hand accounts of how older consumers are disadvantaged, how poorly the market caters for single people and the difficulty older people on fixed incomes face in coping with ever-increasing costs.

'Two for the price of one in food shops is ridiculous for some older people living alone. They should provide cheaper and smaller portions for these people, a small loaf of bread being almost the same price as a large one,

encouraging people on their own to waste food. Café prices are too dear for older people and their needs are not considered.'

This comment is a good illustration of how age discrimination rarely occurs in isolation.

Clothes, food, entertainment and refreshments all present obstacles that older people may well encounter in the course of a single shopping experience. As a result, they feel that they are constantly at a disadvantage; a feeling which is compounded by the physical environment (see chapter 2). Another panel member spoke of finding large shops difficult to cope with:

'Chain stores, once you have got into them, are getting bigger and bigger. Again, nowhere to rest or even just to "take your time". They are all bustle. If you stop to think, you're pushed and even run into by trolleys. It's all rush-rush. Comfort, even a little wooden chair, service and advice – it's all gone.'

Some panel members felt they were excluded as consumers because they lacked sufficient income:

'As I have for some years been discounted from economic activity I don't feel I can influence the marketplace. I live without significant disposable income. Sunday newspapers I used to enjoy are now devoid of inclusive references for me, so I don't buy them. The culture I live in makes me feel I don't exist – I don't see myself reflected anywhere.'

Others focused on the difficulty of obtaining the goods they wanted. For example, many panel members, especially women, referred to the lack of provision for older people in clothing stores, and how this was often compounded by an unwelcoming atmosphere:

'I do argue that it is very hard these days to find suitable clothes for older people. Most large stores cater for the young, and there is also very little variety. One often has to search in smaller shops to find suitable clothes for the elderly person's taste.'

'Like Sadie I have been into exclusive shops where the staff look as though they have a nasty smell under their noses. When they glare at me I smile, I linger and I leave without spending anything.'

Such responses clearly illustrate how the market is shaped by age and how it supports age-related assumptions. Many selling practices posit younger people as their ideal consumers, segregating and excluding older people.

However, not everyone agreed that the vignette constituted a strong example of age discrimination. Some panel members suggested that a focus on youthful consumers simply demonstrated the influence of market forces.

'If younger consumers of goods and services represent the largest or most profitable sector of the consumer market, it should not surprise anyone if suppliers concentrate their efforts in that direction.'

'Is the quest to maximise profits age discrimination? If cinemas show films that attract the largest audiences, can it be counted as age discrimination?'

For these panellists, discrimination required some evidence of intent, even in situations where older people were clearly less well catered for, had fewer choices and found what was on offer irrelevant or unappealing. A few went further, suggesting that older people should simply accept that the marketplace would always be skewed in favour of younger people:

'We must learn to accept that the up-and-coming generations will be catered for to our detriment. We need to tailor our lifestyle accordingly, and seek the means of indulging our own passé tastes and preferences wherever we can without complaining about it.'

Does cost exclude older people from participating in the marketplace?

As Mrs West's encounter at the Lincolnshire Show (above) demonstrates, cost is an important consideration for people living on a small pension. She asked if her state pension income was sufficient to pay for one nutritious meal a day, but the question could just as easily have applied to many other aspects of daily living.

Certain sectors of the market offer concessions for pensioners, ranging from free medication to token price reductions whose significance is largely symbolic. Some concessionary arrangements are wholly positive. For example, few older people would be able to afford to pay full fare for long-distance train journeys. Senior Railcards enable them to stay in touch with friends and family and to visit places that would otherwise be out of reach.

However, there is a negative side too. In a sense, concessions class pensioners as 'needy' and 'dependent'. Moreover, differential pricing systems may be designed to serve the interests of suppliers of goods and services as much as those of the customers. Concessions regulate the way in which the market operates and, in the case of train travel, for example, help maximise the take-up of seats.

One industry that offers no age-related concessions is insurance. Rather, the evidence suggests that people can expect to pay progressively higher premiums as they get older, and that some companies refuse to insure older people at all. The impact of this is clearly illustrated by the following notes from the diary of Mrs Barrow:

'Lunch with Active-Agers, 12 people in total. Two hours on internet trying for holiday insurance; discrimination on age at most insurers. I contacted four insurers for travel insurance. BMI Baby 60 yrs limit, Sainsburys 64 yrs, Tesco's 65

yrs, Churchill 80 yrs, which I finished up with.'
(Monday, 21 February 2005)

Five days later, she noted in her diary:

'Received letter from Capital One credit cards to see if I wanted one, but cannot insure cards against loss or theft after 64 yrs.' (Saturday, 26 February 2005)

Does modern technology place older consumers at a disadvantage?

Increasingly, the modern marketplace is online. The Shropshire sub-project looked at the development of the website of the Shropshire Association of Senior Citizen Forums. This revealed that, while IT offers many advantages to older people, it also brings pressures and can be a cause of anxiety. It was this rather than technical competence that discouraged them from using the website. This finding relates to the broader question: does the design of modern IT systems discriminate against older people?

One incident in particular highlighted this issue. Mrs New, the diarist, gives us a clear insight into the pressures modern technology places upon older people.

'Today in Marks & Spencers I was asked about a store card, which reminded me I had not validated my new M&S card. I started to sign it in the wrong place! Husband remarked to the cashier, "My wife and IT don't get on," to which the young lady replied, "Neither do I, sir – my 10-year-old son guides me!" So I said, "But you are still young" – "Well, I'm nearly 40" – "Well, I can give you 27+ yrs." So the next cashier replied, "Well, you don't act like you are that age." I asked what age: "Late 60s." Reply by me, "Well, how do you find people in their late 60s act?" Reply: "Often their own worst enemies, full of moans and groans and treat us as if we aren't here." So I replied, "Well, at least we have proved we aren't all the same, we still enjoy life

and people.”The reply, “Hope to serve you again.” (Sunday, 20 February 2005)

It can be argued that this extract illustrates two characteristics that Mrs New sees as typical of older people: forgetting to complete a task and then failing to perform it correctly.

In the first part of the exchange, age prejudice is oblique. Mr New implies that Mrs New cannot cope with IT and the first cashier admits to the same failing. Both Mrs New and the cashier, despite the difference in their ages, are admitting age-related incompetence. The second cashier introduces a more explicit example of ageist prejudice. Her comments imply that people in their late 60s – like Mrs New – act in a particular way. She makes a clear distinction between herself (and, by extension, the other cashiers) and older people, and puts the blame firmly on them: if older people complained less and were more positive, they would get a better service. Mrs New does not attempt to exclude herself from the stigmatised age group. Rather, she claims that by behaving differently, she and her husband ‘prove’ that people in their late 60s are not ‘all the same’.

Sally was Mrs New’s fieldworker and the following is a transcribed extract from their subsequent interview:

Sally: ‘What about validating your card? How did you feel about that, the fact you were asked to do it in a public place? You obviously had problems...’

Mrs New: ‘I hadn’t read I’d got to sign it. And I looked at the thing and I thought, “Oh, sign it”, and I hadn’t got my glasses on, I might add, and I tried to sign it in the wrong place. And I felt absolutely stupid and I thought they’ll be thinking, “Oh, here’s another old one, doesn’t know what she’s doing.” But I didn’t get that reaction at all from them.’

Sally: ‘Do you think that age came into your thoughts?’

Mrs New: ‘Yes, definitely. Because, the stupid thing I’d done... Had I read it correctly, had I have not put it straight into my purse, it wouldn’t have occurred. But that was just me being in a hurry, and not thinking about what I was doing correctly.’

Sally: ‘So it was just to do with you personally, rather than age?’

Mrs New: ‘Yes. Yes. I would think most of the people, when they go in, have it all au fait and would not create that chaos. But out of that chaos came a conversation which I valued.’

Sally: ‘So you felt very positive about your age?’

Mrs New: ‘Yes. The fact that I had made that mistake in the beginning didn’t relate to how they viewed me. Which I found quite reassuring because immediately they could have thought, like I previously said, “Oh, here’s another old fool, doesn’t know what she’s doing, creating problems”.’

As well as illustrating the kind of pressure older people can face when out shopping, the experience points to a number of important conclusions. First, the second cashier had age-related expectations about older customers. She did not specify how they might be ‘their own worst enemies’, but it is not hard to imagine the ways in which older people who moan and groan might be at a disadvantage when reaching the till. It is interesting that the cashier alleges that older people treat cashiers as if they were not there; this is exactly the same accusation levelled by other RoAD participants (such as Mr Timpson, see above) at shop assistants.

Second, Mrs New does not challenge these assumptions. Instead, she implicitly accepts that some older customers are ‘full of moans and groans’ and that they treat till cashiers in the way described. She is concerned to behave differently in order to demonstrate that not all older people are the same. This is one way of challenging ageist prejudice, but the risk is that she will be seen as ‘the exception that proves the rule’.

Third, in the interview, Mrs New recognises that her ‘stupidity’ might put her in the category of ‘old fools who cause problems’. This suggests that she has encountered this kind of ageist prejudice before. Perhaps she has seen other older people get into similar difficulties; she may even have concluded herself that they were ‘their own worst enemies’.

Another diarist had a visit from a ‘TV man’ who changed the digital box, which in turn changed the way she accessed the channels: ‘this upset’ (Monday, 21 February 2005). She told the fieldworker the man did not explain how to use the box and that she felt patronised by him. Another diarist was prompted by a newspaper article to comment on why manufacturers of IT equipment rarely seemed to concern themselves with the interests of older people and, in particular, with the design of the mobile phone:

‘This [the article] made him reflect on how the device which he would most like to see being customised for old people is the mobile phone. All older people should have a mobile phone, he thinks. It could serve some of the functions of an alarm pendant but for much lower cost and could be used for a much wider range of purposes . . . But to be accessible to older people, a model of mobile phone is needed which is bigger, and which has large [buttons]. It should be especially simple to use and omit features like games, text messaging or photo facilities. But he despairs that such a simple model would ever get produced by capitalist industry. It is games, text messaging or photo facilities which get the investment.’

Conclusion

Older people have provided RoAD with evidence of various forms of discrimination in the marketplace. Mrs West spoke for many when she pointed out that living on a fixed income means thinking carefully about all forms of expenditure and establishing clear priorities. By contrast, other older people have the money to pay for the goods and services they desire, but have difficulty finding them. As a result

some, like Mr Timpson, suspect that shops, cinemas and the media conspire to actively discourage older consumers.

In drafting this report, we were advised that people such as Mr Timpson are ‘wrong’ and that what he seeks is readily available if only he were to look for it. Likewise, it was suggested that Stan and Sadie are simply ‘moaners’ and that their story has little to do with age discrimination. As Mrs West put it (quoted in chapter 1), ‘once a victim always a victim’. The fact remains that Mr Timpson is not alone and we were struck by the number of responses to vignette 6 that referred to the difficulty of accessing suitable goods and services.

For example, many older people have ambitions to travel: to visit old friends and family in distant places or to enjoy exotic holidays. Others seek fulfilment in education, horticulture, cinema-going or literature. The evidence gathered suggests that travel insurance is one industry that discriminates on grounds of age. By segregating age categories and ensuring that the risks are shared within those categories, the industry is assuming that chronological age is more significant than other factors in determining risk. Many panel members felt this was unfair, pointing to the reckless way some young people behave when holidaying abroad. Higher premiums were clearly a problem for many older people, but some insurance companies were also not prepared to quote at all for people over a certain age threshold. This is an absolute form of exclusion that is an extreme and wholly unambiguous example of age discrimination.

Lastly, we addressed the question of older people’s relationship with modern technology. Problems can arise where people – like Mrs New – make mistakes, and time is needed to resolve the situation. She was lucky: there were staff available to help and seemingly no growing queue of frustrated shoppers. Had she been less lucky, she may have been served by a hard-pressed cashier who saw her as ‘another old fool creating problems’ and treated her accordingly.

Our conclusions are that age discrimination in the marketplace manifests itself in the following ways:

- The marketplace is obsessed with youth and fashion. This actively discourages the production and marketing of goods and services that meet the desires, interests and needs of older people.
- The marketplace fails to recognise that many older people have real needs, and that some have money they would be pleased to spend on luxuries as well as necessities.
- The resulting sense of alienation leads people to withdraw from the marketplace as they grow older. As a result, they become increasingly isolated and 'out of touch'.



4 Appearance and fashion

- 1 Introduction
- 2 Does hairstyle underpin age discrimination?
- 3 How discriminatory is the comment 'mutton dressed as lamb'?
- 4 How important is image?
- 5 Conclusion

Key fact: appearance and fashion

- 70 per cent of people agree that older people who try to look or dress young are seen as a joke.
- 45 per cent agree that films and advertisements portray older people as figures of fun.

Source: RoAD ICM survey (2006)

Introduction

This chapter is about how people react to the physical process of ageing. Apart from the health implications, changes in appearance are one of the most deeply felt aspects of ageing. They are also one of the most obvious measures by which a person can be judged to be 'too old'. It is interesting to note that 'you look older than your age' is often meant as a compliment when said to someone very young, but means quite the opposite when addressed to a mature adult.

The media constantly warns us to be on the lookout for the 'signs of ageing'. Our youth-oriented culture has spawned a multi-million pound industry based on the simple idea that looking young is good and looking old is bad.

Much of this is aimed at women, and this chapter is therefore based largely on what older women have told us about their experiences; however, it should be remembered that men are not immune from these pressures.

Images of ageing in the media

Seventy-five per cent of people aged 60-plus feel that the views of their age group are ignored by the media. Seventy-one per cent of over-55s feel advertising images do not reflect their lives.

Source: Help the Aged (2002) *Marketing and advertising to older people*

There is more to the issue of physical ageing than feeling excluded by the glossy ads. It is deeply personal, and sometimes hard to talk about. It is quite common for older people to experience a disjunction between the way they feel and what they see in the mirror. They are well aware that other people often judge them by their appearance and that, as a result, they tend to become 'invisible'. It is hardly surprising, then, that 'staying young' and 'ageing gracefully' came up frequently in our discussions with older people.

In this chapter, we draw on a sub-project that focused on hairdressing.¹ This was triggered by a diarist who discussed the issue at some length. We also consider responses to a vignette which was similarly inspired by a diarist's discussion of clothing: what is appropriate, at what age and in what setting?

Does hairstyle underpin age discrimination?

One RoAD respondent said that when her hair turned silver, she became 'invisible'. Her hair colour 'betrayed' her age and this triggered a kind of social exclusion. This is a common theme; but opinions are divided as to what action – if any – older people should take in response. Should older people colour their hair to try to 'look younger' or should they be happy, or even proud, to 'look their age'?

¹ Carried out by Anthea Symonds.

The issue is further complicated by the fact that those who continue to take an interest in their appearance and to care for their hair can nevertheless fall foul of another subtle but pervasive kind of age discrimination: what some of our fieldworkers and respondents referred to as the ‘pensioner’s hairdo’.

‘I still want to look not old, if that makes sense. I do try to stay out of that bracket ... They seem to think that when [you] collect [your] pension book at 60, you all go into this bracket and they all have rinses and perms and the coachload all look the same. It must be Tuesday that they all go and they all come out the same. I don’t want that.’

Mrs Owen, one of the RoAD diarists, noted a conversation with a friend. The previous day she had been to a hairdresser: *‘I explained how I wanted it done and I still look like a granny’* (Tuesday, 28 June 2005). When interviewed, Mrs Owen reported her own experiences of trying to get the service she wanted:

‘I found that Tuesdays were the days to avoid going to the hairdresser’s because it’s pension day. Everyone comes out with the same hairdo. White hair that looks a bit like balls of white cotton wool – all tight curls with a back brush. I went once and came out like that.’

The next time she wanted her hair done for an occasion, she went into the nearest large town to visit the hairdresser in one of the big department stores.

‘I went into town and found this hairdresser that had no reductions for pensioners and you paid like everyone else. This was better but still not the same. Admittedly I have my hair set in rollers – they put you under the hairdryer and there you stay. But with young girls they hover around them for hours brushing their hair and I thought, “They don’t leave that young woman alone for a minute. They’re fussing round them until their hair is finished. And I’m paying the same money”.’

She later commented:

‘As you get older your face changes, of course it does. What I want is a hairdo that compliments

me, that makes me look right and better. I hate back-combing, I want a hairstyle that looks flattering, not young and silly but right for me as I am. But they don’t seem able to see that. They just do your hair as they think it should be for [your] age.’

Do ‘pensioner’ customers get less choice and attention? And if so, does this amount to age discrimination?

The hairdressing sub-project

We decided to explore these questions through a sub-project based in a ‘typical back street’ salon in Neath, south Wales. A regular customer had recommended this particular salon for our research with the words, ‘You are falling over the walking sticks and zimmer frames there’. The salon owner agreed that we could spend a day in the salon to observe proceedings and talk to the customers. We visited on a Friday. The salon was extremely busy, with neither of the two hairdressers stopping for a break. Within five hours they saw 25 clients, all older women, of whom we managed to talk to 15.

The customers we spoke to were quite clear about what they wanted from their hairdresser. They wanted someone who understood their ageing hair and who could give them a hairdo that would last until their next appointment. Some customers had physical difficulties in doing their own hair – for example, because they were unable to reach up or found it painful to do so. Customers wanted to look ‘tidy’ rather than ‘trendy’, but most of them also wanted to avoid looking too ‘grey’. One woman said:

‘I always have my hair done in the same way. Julie knows how I like it. Modern hairstyles don’t suit older people, but I hate grey hair. Grey ages you.’

Some of the customers agreed with this last point, but others had decided ‘not to bother’ or to ‘go grey gently’. Many had settled on a style that they thought worked for them, and wanted a hairdresser who could reproduce that style for them each time.

It became obvious that, while the hairdo in itself was important, it was only a small part of the whole experience. The salon acted as a social centre where women could meet up with their friends and socialise in unthreatening surroundings:

'It's like a social. We have a chat and it gets you out of the house. That's the main thing.'

'They're reasonable, well, cheap really, they're very friendly and you don't feel out of place. The modern ones I feel out of place in.'

This last comment highlights some other important issues: the cost of keeping up appearances, and the way some businesses and services make older people feel out of place.

For the customers in the Neath salon, getting their hair done was a social activity that also resulted in a hairdo that gave them a level of social acceptability as 'well turned out older women'. By contrast, the following quote comes from a respondent taking part in the sexualities sub-project (see chapter 7):

'There are things I don't like about getting older. There are things I don't like about my body ... so it's kind of fun to have this thing that grows out of your head that you can just mess around with and have [it] in different shapes and styles that you like and you can put colour on it, and you can do what you like and it doesn't let you down. It doesn't disappoint me in the morning when I look in the mirror and I don't think, drab, drab, drab ... it's kind of fun and I like that.'

This respondent would agree with the claim that the 'pensioner's hairdo' is a sign of ageist attitudes to older women's bodies and appearance. Is the 'hairdo' discriminatory? A few of the salon customers in Neath said they were not particularly bothered about the style; what they wanted was a tidy, manageable hairdo. Most did have preferences about the way their hair was done, and would probably have said that they were making a choice – but they were also concerned with 'fitting in', not 'standing out'. To achieve this, they went to a salon that offered a

hairdressing service specifically for older women: is this evidence of an age-segregated market?

How discriminatory is the comment 'mutton dressed as lamb'?

An article in the RoAD newsletter written by a fieldworker drew upon interviews and group discussions with older women about clothing and appearance. The most common comment was 'I don't want to be mutton dressed as lamb'. The article invited responses from readers. One respondent had this to say:

'BBC Radio 4 Woman's Hour early this year had a "fashion guru" state: "No woman in her 60s should wear jeans." Presumably she was pre-retirement age. How dare she! I've worn them ever since. Trouble is, everything is run by the young for the young, or done on behalf of the old, perhaps with good intentions. One good result of working longer may be better choices for older people with them making the decisions instead of having them made for them.'

This comment implies that older people today have more freedom to dress as they choose. But is this really the case? Another respondent wrote:

'It seems that shops only stock clothes for young people and think that old people do not matter and don't care whether they look smart or not. In my eyes this is age discrimination.'

The women in the Neath hair salon were also asked about their attitudes to fashion and style. Most read magazines and were interested in fashion, but were dissatisfied with the clothes that were available in local shops. Several bought their clothes from catalogues.

'I like classic clothes but not many shops cater for my age any more. I used to go to Littlewoods but they're closing down. There's nowhere in Neath and I need a new coat. I suppose

Debenhams will have one. I used to shop in Marks but they don't cater for my age or size any more. They only cater for youngsters now. We need a decent store which caters for our age group.'

As reported in chapter 3, fashion retailers are heavily focused on younger customers. As a result, older people are often made to feel uncomfortable in clothes shops. The problem is compounded by the industry's failure to come up with products that older consumers see as both attractive and appropriate. Some respondents found that clothes that fitted them were 'too old' in style, while the clothes they liked were designed to younger women's body shapes.

Underpinning the attitudes of both manufacturers and older customers is the idea that dress should reflect age and older women should not dress (or behave) much younger than their age. At the same time, though, older women want to look good. We asked the women in the Neath hairdressing salon if they would wear clothes which were intended for younger women. Some were open-minded. One said she enjoyed looking at clothes, but found most of them too young. Another said she thought it was better to grow old gracefully: 'We don't grow young, do we?' By contrast, one respondent had made a conscious decision not to dress 'old'.

'I don't look in shops for older people. If I do, my daughters whizz me past. But I still have this notion of "mutton dressed as lamb" – I think this idea is instilled into us. Now, if I try something on that I like and I can see my mother in it, I change my mind. I don't want to look like that.'

Two diarists provided evidence of the problems created by expectations regarding dress. One retold a friend's account of the consequences of age-inappropriate dress:

'She had to go to Brixton by Tube for a meeting and when she got there the station was swarming with police and extra ticket collectors. Her Freedom Pass was examined and she was let through. Two hours later, on her return, the station

was still awash with police. Again her Freedom Pass was examined and the policeman said, "I am not sure, madam, whether you are eligible for this pass." A back-handed compliment or ignorance? She was dressed in a short black leather jacket, bright puce trousers and boots, and had dyed auburn-blond short hair; age is 62 years.'

The second diarist, a man also in his 60s, wrote the following entry after a trip to British Home Stores:

'As I get older I find shopping for clothes increasingly frustrating as all the mannequins and illustrative photos around and on packaging are of males in their early 20s–30s. Now, being on my own, without a wife to guide me, they offer no clues as to their appropriateness to my age. I wish to buy clothes that keep me modern without looking ridiculous – the store offers no clues for this.' (Wednesday, 24 August 2005)

Given the evident importance of dress and appearance to our respondents, we decided to explore the issue further in another vignette, based largely on an interview with another diarist.

Vignette 12 'Who does she think she is? Dressing like a teenager!'

After her husband died in 2004, Annette Smith moved into a complex of flats reserved for people over 50. Her ground-floor unit has a small garden from which she can see the main pathway and wave to her new neighbours and their visitors. She considered herself on good terms with the warden and most of the other residents. In June, however, relations became a little strained when Annette started sitting out in her garden wearing shorts and a strappy top. She noticed some disapproving looks, and overheard someone whisper, 'Who does she think she is? Dressing like a teenager!' The warden took her aside and told her the other residents didn't think sunbathing in the gardens was appropriate. Nevertheless, Annette decided to stand her ground. Now she has noticed that other women in the complex are sunbathing, too.

This story prompted very different reactions. Many respondents were delighted by Annette's bravado: 'Hooray for Annette'; 'I congratulate Annette'; 'Good old Annette. A rebel to the end'. The panel also saw her as a model for challenging this kind of discrimination, and applauded her stand against ageist regulations or expectations:

'The complex needed more people like her to lead the way to an enjoyable older age.'

'People should resist these kinds of stereotypes. I would get a sunbed and join Annette.'

Some respondents strongly felt that the issue was more to do with social embarrassment than age itself.

'On holiday I see many elders enjoying the sun in this way. I used to, but now my tree is cut down I feel overlooked by my neighbours. One does like to feel private. It would be OK on the beach but not on the street, and I think that applies to everyone whatever their age.'

Another respondent reflected the feelings of many:

'Is Annette "mutton dressed as lamb"? Or is she merely the focus of rather institutionalised neighbours looking for scandal to gossip about to relieve the tedium of their regulated little world? Of course she should continue to wear shorts and strappy tops. And what on earth is wrong with using a lounge in her own garden?'

However, not everyone felt the same way. One 65-year-old described visiting her mother in a sheltered housing scheme.

'One resident is a "sun worshipper" and will often lie out in the communal garden in her bathing costume (not a pretty sight!). My mother has often commented on this and feels she should be more discreet... I can find it embarrassing when I visit.'

Another respondent who lives in sheltered housing recounted a conversation with a neighbour who had said:

'Just look at that man sunning himself. He's only wearing his underpants and look at those black hairs on his chest and legs. I'm surprised his wife doesn't make him cover himself up a bit more. It's disgusting, displaying himself in this way.'

These responses throw up all sorts of issues. What exactly was so upsetting or embarrassing about the sight of these two older people? Is this ageism, or something else? Obviously, the two commentators did not find the appearance of either sunbather at all attractive. In the case of the older woman in her bathing costume, we can infer that the respondent thinks that the sunbather should cover up because her body is old, but that a younger person might get away with it ('a pretty sight' as opposed to 'not a pretty sight?'). Perhaps she thinks all sunbathing is indecent, regardless of age. Or perhaps she thinks that it should only be done in appropriate places, and that a sheltered housing scheme for older people does not fall into this category.

We asked RoAD respondents whether they agreed with the following statements:

- Imposing rules of dress according to age is discriminatory.
- Older people should have the same freedom to dress as they wish as other age groups.

Not surprisingly, a large majority agreed with the first statement. No one actually disagreed with the second, although respondents expressed different views as to the amount of 'freedom' people should have to dress as they chose.

How important is image?

The media is dominated by images of young people. Images of older people are thinner on the ground, and tend to fall into two categories. First, there are images that portray older people as decrepit and which are sometimes aimed at generating sympathy or, for example, encouraging people to make donations to older people's charities. As one RoAD respondent pointed out, the sign indicating older people's facilities is a good example.

'I did resent our being portrayed as very round-shouldered in the sign for the elderly approaching our day care centre.'

The second category of images is 'humorous': for example, those used on birthday cards intended for middle-aged and older people. One respondent contacted us after receiving a card from a friend which featured a cartoon of an older woman with extravagantly sagging breasts. Such cards can be found on any high street. Another respondent drew our attention to the 'racing granny': a wind-up 'office toy' being marketed as a fun Christmas present:

'Zimmer frames at the ready . . . wind them up and watch them go!! You have to admire the steely determination radiating from their short-sighted eyes!! Race these old dears at crippling speeds; just adjust your granny's arms to find the perfect race position and get out of the way . . . You will not be able to stop laughing.'

There is also a third category of images, often used in product marketing, of the youthful-looking, attractive, wealthy older person living the good life. A good example of this kind of imagery is the recent cosmetic advertising campaign featuring Jane Fonda. Such images are representative of very few older people, but their pervasiveness means that they nevertheless influence the way younger decision-makers view old age.

Several respondents believed that older people were looking younger for longer, partly because their lives are very different to those of previous generations and partly because of changing expectations about old age. One member of the RoAD panel, a woman in her 70s, put it like this:

'When I think of how my mother looked, she was always in an apron with her hair scraped back, no make-up. She seemed always old. But I was only thinking the other day, when she was like that she was only in her early 50s, much younger than I am now. But she always seemed old. Everyone did. They don't now.'

Of course, to the very young, anyone over 30 looks 'old', and this respondent's comments may simply reflect that. But it is true to say that older people in general look radically different now to how they looked in, say, the 1940s. Trends in hairdressing and fashion have had an important part to play in this. Compared with some of the other issues covered in this report, these may seem trivial: but, as the evidence shows, appearance is inextricably linked to the way older people feel about themselves and their place in the world.

The nature of ageing and attitudes to it are undergoing radical changes at the beginning of the 21st century. As one respondent pointed out:

'This generation wants to stay young. They don't want to give up work, they want to stay busy.'

Nevertheless, most of us are guilty of making assumptions about people we don't know, based on their appearance alone. The images of older people promulgated by the media inevitably influence the assumptions we make and the way we react to people who are – or who appear to be – above a certain age. One respondent commented:

'[I resent the] stress in the media on the importance of retaining youthful looks. I've worked hard for my wrinkles. They are the story of my life.'

Conclusion

The marketing strategies employed by the hairdressing and fashion industries help to perpetrate ideas about what kind of 'look' is appropriate (and inappropriate) for both older and younger people. This in turn affects people's ability to express themselves freely through their appearance as they age.

Such strategies reinforce the tendency to discriminate against people who look 'old'. But it can be difficult to challenge the stereotypes without coming across as humourless or petty. For example, a respondent recommended the

Neath hair salon to us on the grounds that it was 'full of walking sticks and zimmer frames': those same zimmer frames that apparently make the 'racing granny' toys so hilarious. Many people of all ages might view this comic stereotype as good-humoured banter that harms no one. But where does it leave the older woman, making her way – with or without a zimmer frame – to her local salon, in an attempt to look acceptable to society and to feel good in her ageing body?

The respondents (mainly women) who provided the evidence for this chapter told us they wanted to feel comfortable both with themselves and with the way the rest of the world sees them. They want to strike a balance, respecting their own old age without succumbing to it. Clothing and hairdressing are two extremely important weapons in their armoury: weapons they can use to tackle inaccurate preconceptions about older people and, crucially, to help them feel good.



5 Health and the health service

- 1 Introduction
- 2 How does age affect service provision?
- 3 Why is it so hard to root out age discrimination?
- 4 How do older people decide what to do 'for the best'?
- 5 Conclusion

Key fact: health and the health service

- 40 per cent of people believe that health professionals see older people as a nuisance.
- 27 per cent of people aged 65+ say that older people receive worse healthcare than younger people.

Sources: RoAD ICM survey (2006) and Help the Aged (2006) *Spotlight on Older People*

Introduction

Unlike other aspects of day-to-day living covered by the RoAD project, age discrimination in the health service has been the subject of considerable scrutiny in recent years.¹ In the past, age limits have been used to ration services and access to treatment. Today, as a result of media exposure and pressure from older people, plus a growing body of evidence to suggest that older people are being denied appropriate healthcare, Standard 1 of the National Service Framework for Older People (2002) requires health services to 'root out age discrimination'. The ultimate aim of this policy is to eradicate age discrimination in terms of both access and the quality of services provided.

¹ Levenson R. (2003) *Auditing Age Discrimination*, King's Fund.

This chapter starts by looking at how age influences healthcare provision in ways which are formalised but which are not always recognised by service users. It then moves on to consider the less formal ways in which older people may be disadvantaged through everyday practices. Finally, we examine the ways in which health and ill-health inform our understanding of what it means to grow old and how physical change should be managed.

How does age affect service provision?

One of the founding principles of the NHS was access for all to care and treatment, based upon need. However, a combination of health policy and finite resources has led to both direct and indirect forms of rationing which include the imposition of age limits on the provision of services. One consequence is that when 'geriatric' care is segregated from mainstream provision, designated hospital wards and services for older people may be allocated reduced levels of funding and care.

Taking age into account in practice: the NICE consultation

The National Institute for Health and Clinical Excellence (NICE) provides guidance on the promotion of good health and the prevention and treatment of ill-health. During the life of the RoAD project, NICE issued recommendations on 'social value judgements' which included the following statement: 'Where age is an indicator of benefit or risk, age discrimination is appropriate.'

A diarist drew our attention to a newspaper report on this recommendation, indicating that she was disturbed to read it (Monday, 27 June 2005).

RoAD responded as follows:

'The word "discrimination" is contentious and could be construed to imply a choice to treat a younger rather than an older

patient. “Taking age into account” is the term used elsewhere in the draft guidelines and it should be retained here. So we would suggest the following: “Where there is sound evidence that age is associated with increased benefit or risk, then taking age into account alongside other factors in deciding upon the best treatment for the individual patient, is appropriate.”

Looking at a person’s age can never be a viable substitute for tailored, person-centred care derived from an individualised assessment of need. There is also a need for transparency in explaining how a person’s age has influenced decisions regarding care and treatment.

NICE took our recommendation into account, and the final report included the following statement:

‘NICE clinical guidance should only recommend the use of a therapeutic or preventive measure for a particular age group when there is clear evidence of differences in the clinical effectiveness of the measure in different age groups that cannot be identified by any other means.’²

Perhaps as a result of the publicity surrounding age discrimination in the health service, many RoAD contributors were alert to possible incidents. Seven diarists described their experiences of hospital treatment, and there were a number of health-related AEADs. One respondent wrote:

‘About five years ago, I fractured my right wrist in a fall. I was taken to the hospital and eventually had plaster put over my wrist and forearm by a nurse. The doctor told me that my wrist would lose some flexibility and said, “It will never be the same again, but will be better than it is now.” Six weeks later, the plaster was removed and I had physiotherapy. I asked another patient with a similar injury if her plaster had been put

on without the bone being set – something which had puzzled me. Her reply was she had been informed that she was a borderline case at 49 years of age, and so was entitled to the choice of having the arm plastered straight away or having it set first and plastered afterwards. She chose the latter. Being over 50, I was given no choice – not even asked if I was willing to pay. I find that intentional age discrimination.’

The practice of making age-related decisions about treatment without consulting the patient was also highlighted by a number of the health and social care practitioners who contributed to the RoAD project. Their accounts showed how the segregation of care can effectively exclude older people from access to specialised treatment:

‘An 88-year-old lady with chronic back pain was admitted to a care of the elderly ward. This lady was known to the rheumatologists, who recommended she be transferred to their ward to optimise care and plan treatment. The ward manager on the rheumatology ward documented in this lady’s medical notes that she was too old and beds needed to be kept for younger patients. There was no documented evidence that this was challenged or discussed with the patient concerned.’

Being denied the opportunity to make a choice about your own care was a common theme. A significant number of accounts came from people who suspected that health practitioners had used their age to determine treatment covertly. This was undermining their trust in, and relationship with, the health service. How can older people be empowered to challenge age discrimination when the role of age in determining their care is concealed from them?

Such discriminatory practice is not restricted to individual practitioners determining treatment for individual patients. The health service is organised in ways which divide patients into age categories. Perhaps the best-known example of this relates to screening services.

² National Institute for Health and Clinical Excellence (2005) *Social Value Judgement – principles for the development of NICE guidance (final report)*.

Waiting lists

Age discrimination in health is difficult to measure and quantify as the data available is open to interpretation and much of it remains unavailable. However, data on waiting times for operations derived from hospital data shows that waiting times are particularly high for services such as joint replacements where people over 65 are significant users. The operation with the longest waiting time is the total prosthetic replacement of a joint other than the hip joint. Eighty-six per cent of people who have this operation are over 60.

Source: Unpublished report to Help the Aged based on hospital episode statistics published on the Department of Health website, 2005

Breast cancer screening

Since 1988, the NHS has provided free three-yearly breast screening for all women in the UK aged 50 and over. Once women reach their 70th birthday, however, they are no longer routinely invited to attend. Instead, they are encouraged to make their own appointments for screening. In association with Age Concern, the programme produces a leaflet, *Over 70? You are still entitled to breast screening*, which states that the risk of breast cancer increases with age and that it is important that women continue to be screened every three years because early detection reduces risks. The leaflet offers no explanation as to why older women are not routinely invited to attend.

The Advisory Committee on Breast Cancer Screening acknowledges that there is 'a benefit to women who wish to continue being screened after the age of 70', but goes on to say:

'For women to benefit from breast screening, they must be in good health and have a life expectancy of at least about 10 years. For most women aged 50–70 years in England, this is a fair assumption. As women age,

however, they become more heterogeneous in this respect, and attendance rates fall with increasing age. Therefore, at this stage it seems appropriate that a decision about whether or not to be screened is taken at an individual level, bearing in mind personal circumstances, rather than offering all older women a blanket invitation to attend for screening.'³

RoAD worked with the charity Breast Cancer Care to consult our panel on their views and experiences of access to breast cancer screening. The withdrawal of automatic invitations was a common concern.

A 70-year-old woman wrote:

'In Nottingham, women have breast screening every three years until they reach 70. If they want further X-rays they are responsible for remembering when another one is due as they will not be contacted by the hospital. Many women probably forget and – as the risk increases with age – it seems unfair not to notify older people.'

Another wrote to say that, in her opinion, it was wrong to impose a 'cut-off' age for screening. A 68-year-old woman wrote to express her concern about the withdrawal of automatic screening, despite her medical history:

'Despite a family history of cancer + a (benign) lumpectomy in 1991, I was removed from the clinic's annual checklist at 65, but offered three-yearly mobile unit screening until 70. After that I can request screening but will not be called automatically.'

At least she was informed that she was being removed from the list. Others do not appear to have been so lucky. One respondent, for example, noted that:

'I have had regular three-yearly mammograms since I was 50 . . . Now that I am over 65 I am not sure if I will be requested to go again.'

A 70-year-old stressed the preventative role of screening:

³ Advisory Committee on Breast Cancer Screening (2006) *Screening for Breast Cancer in England*, NHSBSP publication No. 61, p36.

'Free annual health checks (including breast screening) should be automatic for people over 65. Evidence shows that early health interventions lead to lower demands for intensive and critical care and reduces pressure on and cost to the NHS.'

Another 76-year-old woman had found two lumps in her breast 15 years ago:

'Since then, three-yearly, I have attended breast clinic for mammogram and feel that this surveillance is necessary. I follow instructions on breast examinations and on my own account telephone every three years to ask for an appointment. Always this is forthcoming. I am 76 years of age and would be most unhappy if this service was unavailable.' (Emphasis as in original)

Although she does not comment directly on whether or not she considers this acceptable, it is significant that she emphasises the phrase 'on my own account'.

In seeking to identify age discrimination in the NHS, attention must focus here on the reasons for withdrawing the 'blanket invitation' at the age of 70. The rationale for issuing such invitations is to proactively offer a defined at-risk population the opportunity to be screened. Issuing a blanket invitation to women aged 70 or more, reminding them of health risks and the benefits of screening and giving them an informed choice, would leave them free to opt out of screening rather than having to opt in as is currently the case.

The aim of the breast cancer screening programme is to reduce premature deaths, and the evidence suggests that it is achieving this aim. The idea that the life of someone who is in good health but who is not judged to have a life expectancy of 10 years or more is not worth saving is fundamentally ageist.

As responses to our newsletter item indicate, the current situation leaves many older women uncertain as to why the link they have with the screening programme has to change, what the risks are that they might yet develop breast cancer, and what they should do to prevent this

happening. They see the present arrangement as 'unfair' and as putting them at unnecessary risk. One respondent made it crystal clear why the breast screening programme is an example of age discrimination:

'All elderly people should have equal medical treatment to the young whatever their condition.'

Another diarist reported a similar incident concerning cholesterol testing in a retail pharmacist:

'I went into Boots to see if I could have a cholesterol test. When I asked the assistant she said that it was only for people between 55 and 70. I asked her why that was the rule and she eventually relented and let me have one. My cholesterol level is satisfactory. But any older person who didn't push for one would not get one. The assistant said that was what the government said.'

Vignette 1 'What difference does a few years make?'

At the age of 67, Joe Jones suffered a major stroke and was left with severe mobility problems. He and his wife bought an electric wheelchair, built a ramp to their front door and equipped their dining room as a bedroom, at a cost of nearly £40,000.

It was only by chance that Joe discovered that, if his stroke had occurred three years earlier, before his 65th birthday, he would have been eligible for DLA and, through this, for various kinds of assistance with his mobility needs. A friend aged under 65 was able to use the mobility component of her DLA to lease a car, with the insurance, servicing and roadside recovery all included. It had been 'a godsend'. By contrast, Joe's AA meets only part of the cost of his personal care. 'We've spent most of our savings and our dining room resembles a hospital ward. It's not fair. What difference does a few years make?'

This use of chronological age to restrict health and welfare services to certain age groups is an unambiguous example of age discrimination. Such exclusion is of a different order to that of 'taking age into account'. We decided to test this with a vignette based upon another well-known example of the bureaucratic use of chronological age: the regulations governing Disability Living Allowance (DLA) and Attendance Allowance (AA).

The large majority of the panel thought that using the age of 65 to determine whether someone was offered DLA or AA constituted age discrimination, and that people should be offered a choice regardless of their age.

Why is it so hard to root out age discrimination?

The aim of Standard 1 of the National Service Framework is to 'ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age'. However, evidence indicates that age discrimination continues to be a widespread problem in the health service.⁴ Older people are disadvantaged both formally (for example, through the breast cancer screening programme), and informally in the course of everyday practice. A social worker who contributed to the RoAD project offered a poignant example of the damaging effects of age-related assumptions.

'I was working in a community mental health team for older people when I was asked to assess a gentleman (in his 70s) who had taken to his bed because of severe depression. The GP commented that there was nothing that could be done as "his time had come". I arranged for the gentleman to see a psychiatrist who recommended an admission to a psychiatric hospital. Three weeks later the gentleman returned to the community and was able to take up all activities of daily living.'

This is an all too familiar example of how old age is pathologised, and how prejudice and assumptions are turned into medical judgements and evaluations. Many RoAD contributors reported practitioners ascribing health problems to their age, using phrases like 'It's just your age' and 'What do you expect at your age?'

However, some accounts revealed more subtle forms of age discrimination. In an interview with Alex, a RoAD fieldworker, Mrs Smith, one of our diarists, gave the following description of a recent consultation:

Mrs Smith: 'I went to the oncologist three weeks ago . . . He was looking through my notes and he said, "How old are you, Mrs Smith?" So he obviously hadn't read them, and I said, "I'm 67", and he said, "Oh my goodness, I would never have thought that". So, he said, "I need to examine you". He explained what he was going to do . . . then he said, "Well, I can say to you, your body and your attitude does not reflect your age".'

Alex: 'So was that age discrimination or was it positive?'

Mrs Smith: 'That was positive for me but he was almost putting a thought into my mind that he was discriminating. He was saying that there are older people that he knows are older. I wasn't being put in that same category and I never asked him why and now, thinking about it, I would have liked to have said to him, "Why are you saying that to me?" Was it the fact that I could get up on the bed all right? Was it the fact I was mobile enough for him to do what he needed to do without making any effort? Or was it just my attitude? I don't know but I feel now I should have asked him why.'

This account offers an insight into how age discrimination can infiltrate medical encounters and how references to age can imply certain messages about older people. This was an ambiguous experience for the diarist concerned: the oncologist's remarks seemed flattering, but nevertheless left her feeling that there might be a discriminatory element to them.

⁴ Levenson, R. (2003) *Auditing Age Discrimination*, King's Fund.

These subtler forms of discrimination are often the hardest to identify and tackle, not least because, as Mrs Smith makes clear, they are deeply embedded in those everyday encounters between staff and patients that tend to go unrecognised and unrecorded.

We therefore developed vignette 4, in which Lucille, an older diabetic woman, is admitted to hospital and accorded a low priority by medical staff. About half the panel reported that vignette 4 chimed with their own experiences. Only one in four claimed no relevant knowledge or experience. One respondent provided an account of his wife's dietary needs being ignored that closely echoed Lucille's experience. Others talked of long waits to be seen:

'When I was older than Lucille, I was taken with an emergency deep vein thrombosis to the A&E department of the local hospital in the middle of the night. It was the second time I had had this problem in my right leg. Apart from one or two superficial tests (blood pressure, chest X-rays, ECG, etc.) I remained on a trolley and did not see a doctor for the treatment of my condition, with an infusion of Heparin, for almost 12 hours, and then only after my wife created a scene at the reception. Food and even drinks were not provided and my wife had to use a drinks machine to obtain warm drinks for us both.'

Vignette 4 'I'm just an old lady who could wait'

Lucille is 67, and a diabetic. In March, she woke up in the middle of the night with chest pains and called an ambulance. She forgot to tell the ambulance crew that she was taking insulin. At the hospital, she waited until 8am – while an injured young man was attended to – to see a doctor and until 11am to be given some insulin and something to eat. 'When you're being admitted to hospital in an emergency, it's easy to forget things like your insulin. And why did I have to wait while that young man was being sorted out? Perhaps the difference is I'm black. But I suspect it's my age. The staff are busy, and I'm just an old lady who could wait.'

Although the complaints in these accounts are primarily about poor practice and under-resourced services, age does figure, and there is the suspicion that people younger than Lucille would have been treated differently. About half the respondents agreed that older people received a poorer service from A&E services than their younger counterparts.

However, only a minority (12 per cent) agreed both that older people receive a poorer service and that Lucille's treatment would have been different had she been younger. Most were reluctant to claim that there was such direct discrimination against older people. Rather, they felt that older people were generally disadvantaged as a result of the under-funding of the NHS and called for *positive* age discrimination: age *should* be taken into account in planning A&E care and older people should be given a certain priority over younger people.

How do older people decide what to do 'for the best'?

The evidence gathered for the RoAD project also illustrates the extent to which ill-health and impairment are widely seen as synonymous with ageing. For some contributors, old age was defined by the onset of ill-health and impairment, echoing the tendency of health practitioners to dismiss health problems as an inevitable consequence of getting older. Mrs West, one of our diarists, wrote:

'The question about old age I don't find easy to answer. I can only say it's the day when I never know where I've put something; it's the day where I am terribly clumsy; it's the day when I could fall over, you know, a live ant; it's the day I get very irritable or whatever and I think, oh well, that's probably a bit to do with old age ... I suppose it's the way I feel some nights when I think, oh God, I've got to climb up the stairs again. But it isn't most of my life.'



Another interviewee focused more on change than age, comparing how she is now with how she used to be. However, she did also recognise the connection with physical change and the perception and appearance of age:

'My joints aren't as mobile as they used to be and my balance is affected so I don't rush around as much as I did, so I tend to look older. I move in an old way, so that affects everything – my perception, other people's perceptions.'

These quotes suggest that being old means being unwell, impaired or less able. The onset of ill-health or impairment shapes attitudes towards older people and interactions with them. As a result, aids like walking sticks and wheelchairs take on a symbolic role as signifiers of old age, and influence the way older people are viewed in social situations and public settings. This was borne out by Vera Williams, who had noted in her diary a conversation with friends about whether her husband should use a walking stick to 'warn' passers-by that he is slow and unsteady (Sunday, 10 April 2005). The fieldworker reported:

'Vera thinks he should use it as a "strategy" to warn passers-by to "give him a wide berth" now he's so slow, but she thinks Fred's pride won't allow this ... I ask what's involved in Fred's pride. Vera says he doesn't want to flag up that he's not so steady as he was and he hates making a display of himself. I suggest that to make sense of this you have to realise that Fred's thinking about being observed and what others will think of him – a sort of internalised ageism. Vera thinks Fred isn't giving others enough warning because he's very slow. We agree that Fred may be reluctant to use a stick because he might become irreversibly dependent on it.'

Thus there is recognition that Fred, like many older people, is resisting the process of ageing. He wants to remain as he is, proud and independent. By contrast, Vera, seeing how with age he is no longer as steady as he used to be, is concerned about reducing the risk of falls (see chapter 2). She therefore wants him to use a walking stick which will indicate to others that he is slow and unsteady. She believes it is in his best interests to use the stick, and live with the consequences.



In their interviews with diarists, fieldworkers were frequently involved in discussions about the impact of ageing and how older people should best go about their daily lives. Whether it was concerns over driving or failures of memory, there was a constant concern, as illustrated by Vera's conversation with her friends, about what is 'for the best'. In all these exchanges older people are seen to be resisting age rather than complying with the prescriptions of those 'who know best'.

Conclusion

The review of the National Service Framework for Older People has concluded that:

'there is still evidence of ageism across all services. This ranges from patronising and thoughtless treatment from staff, to the failure of some mainstream public services, such as transport, to take the needs and aspirations of older people seriously. Many older people find it difficult to challenge ageist attitudes and their reluctance to

complain can often mean that nothing changes. We found that some older people experienced poor standards of care on general hospital wards, including poorly managed discharges from hospitals, being repeatedly moved from one ward to another for non-clinical reasons, being cared for in mixed-sex bays or wards and having their meals taken away before they could eat them due to a lack of support at meal times.'⁵

Recognising how elements work together to compound inequality is central to an understanding of age discrimination. In the case of healthcare we have seen how formal, institutionalised practices relating to age combine with indirect forms of discrimination and the pervasive presence of age-related assumptions and expectations in health-based encounters. Age is often used as the basis for categorising and segregating service users in ways that negatively affect the allocation of funding and resources and restrict access to specialist treatment.

⁵ Philp I. (2006) *A New Ambition for Old Age: next steps in implementing the National Service Framework for Older People*, Department of Health.

Older people are the largest group of consumers of NHS services. There are no medical grounds for offering them a lower standard of care. The evidence gathered during the RoAD project prompts us to question the use of chronological age as an expedient means of judging the suitability of treatment.

Older people participating in RoAD have also highlighted the difficulty of identifying age discrimination when so many decisions about treatment are made covertly. If the health service is to achieve its aim of eradicating age discrimination, older people (and their advocates) must be told clearly how and why practitioners and service providers are taking their age into account. This should apply at every level of healthcare policy and practice.

A biomedical model of age is one that ties ill-health and impairment to old age in a way that defines ageing as an inevitable and thereby untreatable process of physical and mental decline. This model is by no means confined to the health service. It also affects how older people are judged and perceived by society as a whole. Accounts by older people experiencing ill-health and impairment reveal that the discrimination they experience as a result of disability intersects and overlaps with discrimination on the grounds of age. Health services should promote and support efforts to disentangle ageing and health in order to tackle any tendency to conflate pathology and ageing. Health service workers should be trained to recognise and challenge all forms of age discrimination. There is a need for society as a whole to question negative constructions of old age linked with ill-health.

**STOP
THE
NAZIS**

Anti-Nazi League



6 Culture and ethnicity

- 1 Introduction
- 2 The Pakistani community in Bradford
- 3 The African/Caribbean and Irish communities in Leeds
- 4 Conclusion

Key fact: culture and ethnicity

- 43 per cent of people agree that older people from black and minority ethnic groups face age discrimination as well as racial discrimination.

Source: RoAD ICM survey (2006)

Introduction

The UK is a multi-cultural society. This is often thought of as a new phenomenon. In fact, people have been entering and leaving the UK for centuries. It is perhaps inevitable that there will be tensions between the various groups and, particularly, between those that are well established and more recent arrivals. Older people who migrated to the UK many years ago will tend to have extensive experience of coping with prejudice. As a result, they may have a view of age discrimination that differs from that of people who were born here.

This chapter describes how age discrimination is experienced by three different ethnic groups. It draws on research undertaken in Bradford and Leeds.

In Bradford, Ulfat Riaz conducted four focus groups, two with women, two with men, and six interviews with members of a local Pakistani community centre in Bradford. Some participants spoke little if any English, and so discussions were held in their mother tongues of Punjabi, Pushto or Urdu.

In Leeds, Jenny Sleight and Zara Farshi selected three projects targeted at minority groups. Focus group discussions were conducted with six members of a lunch club for the African/Caribbean community; seven members of a social services day centre, also largely serving the African/Caribbean community; and six users of a project offering support services for Irish people. Jenny and Zara visited each project and explained the purpose and nature of the research. All the participants had lived in the UK for over 40 years.

The Pakistani community in Bradford

Most of the men interviewed by Ulfat came to the UK in the 1950s and 1960s when they were in their 20s and 30s. They initially assumed that their stay in Britain would be temporary and that they would return to Pakistan better off than when they left. However, in reality many could barely afford to live on their wages, and what little they had was sent to their families back home. Several men told Ulfat about the debts they had incurred simply by travelling to the UK. Many were unqualified when they arrived, and relied on help from relatives to get work. Here is how Majid Ali, aged 70, described his arrival:

'I came to England in 1963 with some family. My two brothers were already here and they sent the money to get me over. As soon as I came over, my brother got me a job working with him in a textile mill. It was such hard work. The long hours and the sleeping arrangements in the house were awful. Ten of us shared a house, and my brother's wife was over. She did all the cooking and cleaning. The money we earned went into a single pot and we saved enough money to pay the deposit for a house that we would share.'

Abdul Khadiq, 73, remembers his early adult life:

'I came to England in the 60s and worked in Nottingham for a plasterboard company earning about £7.50 per week. I worked 12 to 15 hours a day and took any overtime work that came up. It was really difficult making ends meet because I was trying to live some sort of life here and ensure that my family was looked after back home. I had a lot of responsibility on my shoulders and it was awful.'

Unemployment and work

The collapse of the textile industry in the 1980s left many respondents out of work. On applying for jobs, many were told they were 'too old' and those who did find work often had to work very long hours or even hold down two jobs in order to carry on taking care of their families in Pakistan. Typical occupations included driving taxis or working in takeaways. Bibi Shanas, a 63-year-old widow, described the plight of her late husband:

'My husband was uneducated and when the mills closed down he was unemployed for many years. No matter how hard he tried he could not get any work, except in takeaways where, at times, he would get paid £5 per night from 4pm till 2am. Only after six months did that go up a bit. He was always told that he was too old to work.'

The scarcity of jobs meant that employers could pick and choose the type of staff they wanted and get away with providing poor working conditions, as Hamza, 75, explained:

'There was no loyalty with our employers. They knew we needed these jobs and used it against us by paying us low wages, no sick pay and holidays. I hated being made to feel like this. Back home I was educated and felt like I was somebody. I went to school in Pakistan and would have gone on to college, but my father saw an opportunity for me to come to England, thinking it would be good for me.'

Fazwel Hussain, 71, described the cumulative effect of poor working conditions on his health:

'In my later years I suffered from back pain, from lifting heavy boxes and bales of wool, loss of hearing due to the noise of the machinery, and bronchial illness due to the chemicals we worked with in the mills. We were never compensated.'

Racial discrimination

Many described the racial discrimination they encountered when arriving in Britain. Majid Ali said:

'When I came here I was shocked by the racism and discrimination we experienced on a daily basis. I remember going to the park with my friends and the white folk wouldn't sit on the same bench as us.'

Such prejudice affected their attempts to gain jobs outside the textile industry. Haji Mahmood, aged 67, remembered:

'We were told to get back to our factories and called dirty names. It was a difficult period, and when we lost our jobs and had to sign on we were called "nakam", plus whatever other dirty words came to some of the white people.'

Racism affected other aspects of their lives. Bibi Shanas spoke for many older women when describing the problems she had in obtaining welfare benefits:

'When my husband passed away it took forever to get my benefits sorted out. At one point they said he has never paid any National Insurance contribution. The benefit office was no help, I didn't have the language skills and the interpreter they used was more interested in me leaving than sorting my stuff out. He felt embarrassed as I was unable to answer their questions. I finally had to find someone to sort it out for me at the local community centre.'

Discrimination in relation to both age and race underlies the following comment by Haji Mohammed Gulzar:

'I haven't worked since 1985. I am too old and poorly to work now, but when I had the health and the desire to work I wasn't given the opportunity.'

Age was also an element in some of the women's experiences of racial discrimination. For example, when having children in her 30s, Shazia Manzoor was told by hospital nurses that she was 'too old' and should stop:

'But back home women were having babies in their thirties and forties. Nothing happened to them. But I guess they [the nurses] never said that to the women from their own white community.'

The women considered their community centre a good place to meet other women, but felt that the facilities and opportunities available to older women were generally poor and that, compared with younger women, they were not given equal access to social events and activities. Rianza Bibi, aged 60, commented:

'We get taken out on trips and things but it's not the same as having, say, English classes, or being taken swimming on a regular basis, going away on residential and trips abroad. We know that the centre has many facilities for young people but we are unable to access them because they say they have age restrictions on them. We might be old but we still want to do things and see the world, but staff just assume that we wouldn't want to do these things because of our age. In fact, it's the opposite. I want to do as much as I can, to have a social life, go on trips, visit new places and even go to France and Spain. This is what I would love the centre to do for us.'

Age discrimination

Most respondents first become aware of age discrimination when they became unemployed in the 1980s. Many could not speak English and had no formal qualifications or training. Little if any language and literacy support was available. Haji Mohammed Gulzar again offered a telling account:

'After 1975, because the mills were closing down, I never found any work. I was only 43. Because I had no qualifications and couldn't speak English, I couldn't get a job. Any jobs that I did get were very short-term, a few weeks here and there. I only got these jobs because my friends and family used to put in a good word for me.'

Age discrimination also created other obstacles. Fazel Hussain described the problems he faced in applying for his daughters to join him in the UK:

'I always worked in the mills and also worked as a taxi driver. When finally I had saved enough money I applied to have my two daughters come to the UK. They were turned down because the British Embassy said they were too old: one was 16 and the other 17. It was awful. That to me is what age discrimination is about. When do children not need their parents?'

This is an unusual example of age discrimination; but such bureaucratic rulings nevertheless have a serious impact on people's lives. Some respondents spoke of feeling humiliated by the attempts of the authorities to establish the age of children who did not have birth certificates. Sufi Ali Shah, 68, provided another example of the effect of age discrimination:

'Many years I have lived in this country and worked hard, paid my taxes and the rest. About eight years ago my wife passed away. I went back to Pakistan about two years ago and met a woman and we got married. I have tried to bring my wife over to the UK but they refused my sponsorship because, they said, I was on a pension and therefore not working and could not support her. So I have started to look for work. When I go to agencies and tell them I want to work with them they think I am joking, but I have been trying to find work for the last year and so far no luck. The whole system is set up to fail people that are over a certain age, and even more if you don't have the language. I tried to go back to Pakistan and live there but my

grandchildren and children are all here and I am torn, especially since their mum passed away. I am all they have.'

This story encapsulates the complex ways in which bureaucratic restrictions on migration and employment are intertwined with age and racial prejudice.

Inter-generational tensions

'Izzat', meaning honour, is a powerful concept and an integral part of family life. Many respondents referred to their children's families, and the importance of being shown 'izzat' by them. Outsiders also mentioned the importance of this aspect of Asian life, as illustrated by this comment from a Caribbean-born participant in one of the Leeds focus groups:

'I [live] among what you would call the Asian community. I would like to live among them if I could until I die, because as far as age is concerned . . . they are a respectful generation.'

Despite this, some Bradford elders (particularly women) painted a more complex and darker picture of family life, citing examples of older women being ill-treated by younger members of the family but refusing to complain on the grounds that this would bring dishonour to the family. Two interviewees, however, were prepared to share their stories with Ulfat. Zora Shaheen, 67, spoke of a turbulent and sometimes violent relationship with her daughter-in-law.

'I was made a widow 10 years ago. My husband was a good man and my son is a good lad, but I can't say the same for his wife. They live with me. She has three children who I love very much but they are naughty. My son works long hours and that means me and his wife are home a lot. She makes me angry. Every single day we fight, we argue – and one time she hit me. I called the police. They locked her up for the night. A week later she fought with me again and I hit her. She called the police and they locked me up for the night. The whole community was in uproar. Her children are allowed to mess my stuff around.'

She even tried to make me sign the house over to her and my son. Not on my dead body will she ever get anything from me. I thought about moving out, but then thought against it. Why should I move out? It's my house. But I won't kick them out. I love my son. But he never takes sides.'

Another participant told Ulfat that her daughter-in-law had threatened to leave, telling her she would never see her son and grandchildren again. Others described being asked to sign over the house, land, money, jewellery and even the pension book. Another said she was made fun of and threatened with being sent to an old people's home 'like the white people do'. Others talked of being sworn at and called names such as 'budhee' (old woman) or 'pahgal' (mad).

Men also expressed concerns about *izzat* and their relations with younger members of their own families. Fazel Hussain, now turned 70, feels well looked after and dismisses the idea of age discrimination. However, he retired as a taxi driver at the behest of his children: 'It was only last year when I turned 70 that my kids put a stop to me working.'

The African/Caribbean and Irish communities in Leeds

There were many similarities between the evidence gathered in Leeds and Bradford but also some significant differences. The Bradford focus group discussions concentrated on memories of past discrimination and the contemporary cultural values of today's Pakistani communities. In facilitating the Leeds focus groups Jenny Sleight and Zara Farshi raised issues concerning current experiences of discrimination and, in particular, the interplay between ageist and racist prejudice.

Age and racial discrimination

Ingrid, a focus group participant, provided a detailed description of an incident which illustrates how black elders can experience segregation, and how they interpret the complex relationship between age and racial discrimination:

‘Yesterday, in the swimming pool, this white lady she is swimming like she owns the pool. Now I am a small person as you will see. When I’m in the pool I love for my feet to touch the floor. Anyway, I was in front of this young woman and she is coming and coming, swimming on her back. I was just right at the beginning of the bottom end of the pool, the 6ft part, and I felt like I was going under so I held on to the rope that they have there for protection and I just looked at her and I says: “Can’t you swim properly? I don’t like people swimming like that.”

‘Now everybody in the pool knows me. This is the first time I have ever seen her in the pool. So she says: “You don’t say nothing. If you can’t keep quiet, go out.” You know what she said to me? “If you don’t like it and you can’t swim, you should be above there with them.” Now above there with them is all the black people, with a few older people, that just come in. I have never seen them before. I am the only black person that swims below there because the pool assistants, they always say to me, “You swim below because you are a good swimmer”...’

‘That was discrimination... in my view, I looked like I was the oldest person in the pool, number 1, and number 2, I were black and she felt that I shouldn’t have any right swimming below there because all the white people were below there and the black ones all above. But don’t get me wrong, those that were black above there can’t swim – they were wearing the arm bands and learning things, so to me that’s discrimination.’

What is most significant here is Ingrid’s understanding of the two forms of discrimination: ‘number 1’, she was old; and ‘number 2’, she was black. Had she been either

young and black or old and white, then the young woman might not have said what she did.

Tolerating prejudice

As with the groups in Bradford, all the participants in the Leeds focus groups had experienced race discrimination since gaining entry to the UK. A discussion involving Doris and Wilma, two residents of a sheltered housing scheme, demonstrated how racial prejudice has persisted:

Doris: ‘Where I am living now, we have an old lady living next door to me. When the children come to see me, you know like in the summer and they lay out on the grass, she will go to her window and say, “Go back to Chapeltown” [an area of Leeds with a substantial black and minority ethnic population]. I mentioned to the warden one day that sometimes she does throw toilet rolls outside to the back after she’s finished with them... The warden says, “Oh no, she wouldn’t do a thing like that.” Head office say, “Just ignore her, she seem to be going funny.”’

Wilma: ‘We will never get rid of this racism. Like coming up here this morning, she would see me and say, “Oh get out, get out to Chapeltown where you come from.” Sometimes it gets me down a bit but they tell me not to bother with her. I would like to enjoy my pension with ease, not for people to pass remarks on me because I am black, because I live next door to them. I don’t like it, but I have to put up with it. I just leave them alone because you are getting older, your health is getting worse, you know, like you are senile, you don’t know what you’re saying.’

It is clear from this exchange that, while Doris and Wilma tolerated the abuse from their neighbour, they found it offensive and tiresome.

Public services

The focus groups in Leeds discussed problems with public transport, and buses in particular. RoAD has received many such comments from older bus passengers (see chapter 2). The Irish group talked about bus drivers cracking Irish jokes and mimicking their accents. However, they agreed that drivers were not as offensive as they used to be, putting this down partly to the fact that ‘the Asian community used to complain so much’.

When the African/Caribbean group talked about buses driving off when they saw older people coming, the interviewers took the opportunity to ask them about race.

Interviewer: ‘Are these white bus drivers?’

Group: ‘Yes, there is hardly any black, so the majority is white.’

Interviewer: ‘But you think they are making that decision because you are an older person, not just because . . .?’

Group: ‘Well, they have been doing it for yonks. It ain’t just happening, been doing it a long time.’

Thus the question of whether the drivers’ behaviour was a result of their age or their race was avoided.

Travelling

A question about age discrimination in their native countries elicited mixed responses. One user of the day centre in Leeds spoke of her experiences in Barbados:

‘I wouldn’t like to go back home now on my own to live. The younger people has adopted, I am sorry to say, the English style, the Western style, and nobody takes much interest of you because you are of older generation. You do not get the respect from them, like what we were brought up to do with older people. So I wouldn’t think of going back home.’

This comment is interesting in that it frames generational relations in cultural terms. This participant had expected Barbados to be how she remembered it and was shocked by what she found.

The experience of travelling can itself generate instances of age discrimination, but both accounts put forward in the focus groups were positive. Here is an example provided by Mrs Stuart:

‘I was waiting in a chair and . . . this white lad came up to me and he says, “Where are you going?” and I tell him, “I am being transferred to go on further.” He said, “Have you got someone to take you to the plane?” I said, “No, I can get there myself.” He says, “No you can’t.” So I says, “Yes I can.” [laughs] So he says, “You stay here until I come back. I have to take that man”, which was a white gentleman as well, “right out to the plane. I’ll take you as well.” He says, “But in future, whenever you come back to this airport, how regular do you travel?” I says, “Every year.” He says, “When you come back here, you tell them you want someone to wheel you out to the plane. It is too far for you to walk on your own. It is really far.” And I thought that was very good and I thought, well, in future I will do that.’

It is important to note that some older people may have been offended by the presumptuousness of the ‘white lad’. Seemingly he saw Mrs Stuart waiting and decided that she needed to be wheeled out to the plane. Despite her attempts to refuse, she was, it would appear, charmed and perhaps relieved when he insisted. This account reflected several discussions RoAD had with participants regarding the expectation that younger people should give up their seats for older people. The act is clearly an example of age discrimination (possibly linked to signs of physical impairment) but one which in some situations is humiliating and unwanted and in others very welcome and appreciated.

Conclusion

The research undertaken in Leeds and Bradford has been invaluable in giving us a distinct perspective on age discrimination. Older people from minority ethnic groups are experienced in coping with racial discrimination, and there is evidence to suggest that this may equip them to cope with age discrimination. Indeed, it is possible that some might feel less disadvantaged now than they did earlier in life.

The research in Bradford and Leeds has also highlighted the importance of family and of the networks that develop between migrants who have come from the same area in their country of origin. However, cultural values can easily become a source of conflict between older migrants and their children. As a result, older people run the risk of being discriminated against by their own families and, possibly, younger members of their own communities.

Despite this, it is clear that immigrant communities in Bradford and Leeds do have experiences in common with their white, working-class neighbours. These include a history of arduous work, poor pay, restricted access to healthcare and welfare benefits, poor housing and strong family and community ties. People whose lives have been dominated by poverty approach later life with fewer expectations than those who have been more secure financially.

While it is tempting to argue that the main threats to the well-being of minority ethnic older people remain racism and poverty, there is evidence to suggest that ageism disadvantages them even further. The widespread assumption (based on the concept of *'izzat'*) that black and minority ethnic communities 'look after their own' may lead to older people's needs being ignored and to their care being organised behind their backs. We return to this question in chapter 8, where we examine evidence of age discrimination within families.



7 Sexuality and sexual orientation

- 1 Introduction
- 2 Does age discrimination influence attitudes to sexuality?
- 3 How do popular attitudes to sexuality affect older people?
- 4 How do people of non-heterosexual orientation experience age discrimination?
- 5 Conclusion

Key fact: sexuality and sexual orientation

- 47 per cent of people agree that society discourages older people from expressing themselves sexually.

Source: RoAD ICM survey (2006)

Introduction

We were aware from the outset of the RoAD project that older people were likely to consider some aspects of their lives unsuitable for scrutiny and discussion. These aspects included sexuality. This was borne out by experience: few diarists mentioned the issue at all in their week-long record of their lives. Nevertheless, it was impossible to exclude sexuality from such a comprehensive study of age discrimination, given that negative preconceptions about sexuality and age are so widespread.

One has only to walk into any high street newsagent to find birthday cards poking fun at older people's loss of sex drive or doomed efforts to remain sexually appealing: the combination of sex and old age is widely viewed

as a joke. By contrast, advertisers and the media promote endless sexualised representations of young people. In many families, the sexuality of older relatives is a taboo subject. People are often reluctant to acknowledge that sexuality in old age even exists.

Such attitudes can be damaging in many ways. For example, much health and social care provision for older people omits sexuality entirely. Doctors rarely discuss sex with older patients, social workers fail to look at older people's sexual histories or needs when assessing them and service providers fail to take account of sexuality in planning the care and support they offer to older people.

The problem is particularly acute for non-heterosexual older people. Local authorities, planners and population surveyors routinely fail to gather information about older people's sexual orientation and, as a result, the older lesbian, gay, bisexual and transgendered (LGBT) population is often overlooked. Service providers have been slow to recognise the importance of catering for diverse sexualities and of presenting themselves as 'gay-friendly'. When accessing housing, health and social care services, older LGBT people can face discrimination from both staff and fellow service users.

Older LGBT people also face discrimination from within their own communities. The commercial interests that shape the gay and lesbian 'scene' in many cities specifically set out to target and attract younger customers. The gay press rarely addresses older readers or offers positive representations of older age.

This chapter explores how older people experience age discrimination in relation to sexuality, and looks at the impact this has on their relationships. The evidence is drawn from the panel's responses to one of the vignettes, Eric's story, and from a sub-project on sexuality and age discrimination undertaken in the second phase of the RoAD project.

Does age discrimination influence attitudes to sexuality?

Given the limited references made to sexuality by our diarists, we needed another way of gathering evidence. We therefore produced a vignette describing the experiences of Eric, a newly divorced older man, as he sought to remain sexually active and find a new partner.

Vignette 9 'What's wrong with wanting a sexual relationship?'

Eric is 73 and has been single since splitting up with his partner two years ago. The prospect of meeting someone new is for him both exciting and daunting. He still feels he is a sexual person, but has become very nervous about how to express this side of himself for fear of being seen as a 'dirty old man'. One of his friends suggested he join a dating agency, but many impose age limits. He went to a singles bar, but there were no older people there and he left immediately. Eric's son, who is also recently divorced, can't understand why he's still interested. Eric responds angrily: 'What's wrong with wanting to live with someone or wanting a sexual relationship? I want to be close to someone, to be intimate with them and to share my bed with them. What's age got to do with it?'

The panel's responses revealed how stereotypes of older people as sexually inactive or no longer interested in sex can inhibit the search for a partner and undermine confidence. As people age, sexual desire moves from being seen as 'natural' to being seen as inappropriate.

'I think I am nervous about meeting another man as I don't know how I would feel about a sexual relationship after so many years without ... People do tend to smirk when sex is mentioned by the older generation. We of the "silver brigade" still have feelings and those feelings are normal, not dirty.'

Several panel members referred to media depictions of ageing and sexuality that seemed designed either to prompt revulsion or to imply that sex in later life was simply unimaginable. A number mentioned the negative way in which young people tend to envisage sex between older people and how older bodies are seen as unattractive and therefore non-sexual, almost by definition. Younger people were seen as governing what is acceptable in the imaging of sex.

'No one under 40 can imagine "old bodies" wanting sex, let alone being able to manage it. They find it disgusting.'

'I think it will take a big shift in society's opinion to see older people as still sexual. Lots of younger people have mental barriers about this. The idea of sex is definitely bound up in being young and attractive in our society.'

Respondents highlighted the contrast between the support offered to younger people seeking new partners and the lack of equivalent services for older people. It was also noted that information and advice about sex is targeted almost exclusively at younger people.

'Present culture (was it ever different?) is certainly not geared to help lonely older people make friends or find a partner. Lack of self-confidence and being over-sensitive does not help. Maybe dating agencies should specialise for older people only and the same goes for single parties and travel. It is true that general attitudes to older single people – often more likely to be widows – is that they are "past it".'

'Older people aren't supposed to want sex and there is little help with problems such as erectile dysfunction or dry vaginas, and of course you can't be on hormone replacement therapy in the UK if you are 65.'

Two panel members referred to the way social care agencies sometimes dismiss long-standing relationships by separating couples when one of them needs residential care. This raises the question of how far such decisions are prompted by ageist assumptions about sexual inactivity.

Respondents also cited the views of family members as having an impact on their efforts to establish new relationships. It seems that some families feel it is acceptable to intervene and pass judgement on older relatives' most personal wishes and desires: a particularly intrusive form of infantilisation.

'I have not wanted to meet anyone after the death of my beloved husband but I can relate to Eric's feeling, and I'm sure if I met someone else or suggested meeting someone else I would get the same reaction from my family.'

'An added difficulty for older people (not mentioned in the vignette) is, even when successful in finding a partner, it is very likely there will be "children" from a previous relationship involved on one or both sides. The problems any couple can experience in adjusting to their new situation lead to resentment of the new partner – intergenerational attitudes to sex can be very strained.'

Respondents talked of people being hesitant about entering new relationships for fear that their benefits and pension rights might be affected, or that it would upset family expectations regarding inheritance. This suggests that anxiety about money has an impact on older people's quality of life beyond the immediately obvious. Another prominent theme in the responses to this vignette was the way in which attitudes to older sexuality were split along gender lines.

'There is a problem for older males in that they will be regarded as predatory, whereas females are just as (un)likely to be predatory.'

'Most of my friends think it's good that I have an off-site lover. But society at large is very hypocritical in that men who have younger partners are not sneered at in the same way as women who do.'

Others noted the gender imbalance common in many older people's social groups and organisations. As a result, it was claimed that 'any man on his own who joins a club is snapped up

by widows'. A number of panellists suggested that older men view and experience sexual relationships differently to women: these responses illustrate the difficulty of disentangling sexism and age discrimination. Indeed, the arena of sexuality and sexual relations is just one example of how gendered age discrimination contributes to and amplifies inequalities between men and women in later life.

'The present older generation still sees a woman as a carer and so men appear to only want a younger woman to look after them in their old age.'

'Women over 60 are "invisible". Men seem to want to meet women half their age. I have a number of single women friends who never meet any eligible men, nor do married friends seem to know any older single men. Where are they?'

By contrast, a few panel members reported positive experiences. For example, one gay man, who had thought his sex life was over, expressed his delight at finding contact websites.

'My sex life took off again and I am having a ball. Making contact can be a huge problem for many people but folks are having web-sex with others on the other side of the planet in their millions.'

These responses provided a useful overview of the ways in which age discrimination affects the sexual lives of older people. Of particular significance was the impression respondents gave of sexuality as something that tends to be 'airbrushed' out of any thinking about what is important to older people. We therefore decided to undertake a sub-project focusing directly on sexuality and age discrimination.

How do popular attitudes to sexuality affect older people?

The Sexualities and Age Discrimination sub-project¹ was guided by three broad aims:

- (1) to gather examples of the perceived prejudice and discriminatory practices relating to sexuality that affect all older people regardless of gender and orientation;
- (2) to explore the different challenges faced by men and women; and
- (3) to consider the impact of discrimination relating to sexual orientation.

The project was designed to reflect the diversity of the older population. Our sample of 27 interviewees included heterosexual men and women, lesbians and gay men aged between 55 and 87 years. Where possible, efforts were made to ‘match’ interviewers with interviewees according to their sexual orientation in the hope that this would facilitate an open discussion.

A number of themes emerging from the interviews confirmed and supported comments made by the panel in response to Eric’s story. Interviewees agreed that old age was associated with a lessening of sexual attractiveness, while many also noted a generalised sense of the ‘de-sexing’ of old age. The roles performed and identities assumed by older people can result in them feeling under pressure to conceal their sexual feelings or desires.

‘They don’t expect you to want to have a partnership, they don’t expect you to want to have a loving relationship, you’re just grandma who comes in handy for looking after the kids every now and then and really needs to be looked after a little bit, I think.’ HW1(73)²

‘Sometimes it makes you feel bad when you see people who are younger. The fact of me being a sexual being wouldn’t enter their heads.’ HM1(68)

‘What I’m getting from the gay community is that you are not as sexually attractive when you are older. You’ll be a wonderful mentor and supporter and giver but you are not sexually attractive.’ GM1(59)

Various health conditions shaped sexual behaviour and necessitated the renegotiation of sexual identities. One man recounted the effect of his treatment for prostate cancer on his ability to have sex, his prospects of meeting new partners and his own self-image. Another, popular with women in his youth, talked of how the onset of diabetes had led to impotence which in turn had affected his ability to establish and maintain relationships. Two survivors of prostate cancer spoke of their regret at opting for radiotherapy treatment, which had caused impotence. One suggested that the medical advice he received may well have been based on assumptions about sexuality in later life.

‘I suppose I was sort of pushed into it. If I’d known more, I would have gone for surgery. There’s a mixture here of surgeons thinking, these are all old men and so it doesn’t really matter what we do to them because they are not going to be interested in sex, and the general attitude of doctors that they think the less you tell the patients the better.’ GM7(81)

Interviewees described encounters with health professionals who automatically assumed they were sexually inactive and were embarrassed at being asked about sex, even where it was directly relevant to the treatment.

‘Sometimes the doctors don’t ask questions. Nearly every woman has gynaecological problems at some stage of their life and as I’ve grown older I’ve had more problems – nothing major but lots of minor problems – and nobody has yet said to me, “Well, if you have this done and that done you really didn’t ought to have sex for a while”, and I’ve thought afterwards it doesn’t matter because I’m on my own anyway, but perhaps they ought to have asked me that question.’ HW1(73)

¹ Carried out by Jonathan Hughes, Nicola Humberstone, Rebecca Jones and Richard Ward. The full report is available on the RoAD website at <http://road.open.ac.uk>

² Interviewees are categorised as follows: HM = heterosexual man; HW = heterosexual woman; L = lesbian; GM = gay man. Each group of interviewees was numbered sequentially, e.g. from HM1 to HM7. The age of each respondent is given in brackets.

A number of interviewees also reflected on the attitudes of their own families, with several saying that later-life sexuality was effectively 'invisible'. One speculated that if she did form a new relationship, her family:

'would probably be very happy for me but they might see it as two elderly people doing things for each other, like I'm cooking him a meal and he's taking the weeds out of the garden for me. Anything beyond that kind of practical help might not be thought of.' HW1(73)

Gender differences

It is clear that women, both heterosexual and lesbian, were far more likely to refer to a feeling of becoming invisible. This applied to sexuality but also to their broader experience of ageing.

'The main problem of being older doesn't relate to being a lesbian, it's to do with obviously being older and being overlooked. I mean people simply look straight over your head or straight through you. When it happens to you, first of all you think, "Goodness me, how interesting, how funny", and then sometimes I get cross and think, "What a cheek!", you know, I could tell you a thing or two. So for me that's the main problem. It's sort of not being taken into account, being invisible.' L6(63)

Several women commented on the difficulty of forming new relationships in later life. Heterosexual men of their own age seemed to be looking for significantly younger women, and younger heterosexual men weren't interested in older women. One described her experience of using the 'Lonely Hearts' column in her local newspaper.

'If you read through the columns you will find a 70-year-old man is always asking to meet a woman between 55 and 60. And I think that's probably because they're looking for somebody to look after them.' HW1(73)

She did make contact with one man and reported:

'We were talking on the phone and we had got quite a lot in common and then he asked me how old I was and I told him and he went, "Oh" – and I was four years older than him [...] and I never heard from him again. And that struck me as strange because he was a man on his own and we had so much in common, yet he didn't want to meet.' HW1(73)

Echoing the issues raised in chapters 3 and 4, many talked of the difficulty of finding age-appropriate but non-frumpy clothes, and of feeling unattractive as a result. Some thought this was a form of age discrimination, while others put it down to lack of awareness. Several women talked about skin care adverts and how they 'demonise' ageing.

'Ageing is a sin and you have to do everything you can not to show it. I do find that that is very, very discriminating.' HW2(66)

Fewer clear themes emerged from our interviews with male participants. There were also marked differences between the perceptions and experiences of gay men and heterosexual men. This may be due to the fact that gay men have a long history of being discriminated – and, indeed, legislated – against.

Many of the heterosexual men taking part in the study spoke of a marked absence of access to information about sex and the body when they were growing up.

'It was pretty much a taboo subject . . . I couldn't really have spoken to my father about it.' HM1(68)

'I got most of, if you can call it, knowledge from the gents' toilets when I went into a public toilet and you saw all the drawings in the cubicles and so on, on the wall. and it's a terrible way to learn about a topic like that which is common to us all. It gives a very distorted view.' HM4(68)

For these respondents, ageing had meant increased confidence and sexual awareness and becoming comfortable with their bodies. A number of men gave the impression that later life was a time of greater sexual freedom and

openly questioned wider social attitudes and mores associated with sexuality.

'I think as you get older you go, what the heck anyway! We haven't got kids, which influences our lifestyle, but I think as you get older you just do what you want to do, when you want to do it. That's me, but maybe I'm unusual, I don't know.'
HM5(57)

Arguably, these comments show that, even in later life, (heterosexual) men are spared the discrimination that women are forced to negotiate throughout their lives. However, a number of interviewees referred to the way the label 'dirty old man' is used to communicate disapproval towards older men who express an interest in sex, suggesting that the picture might not be quite so straightforward.

How do people of non-heterosexual orientation experience age discrimination?

Heterosexual interviewees tended to talk about sexuality largely in terms of their own individual feelings, desires and practices. They rarely if ever referred to what it meant to be an older heterosexual or to heterosexuality as a coherent identity. Many heterosexual respondents were uncertain (initially at least) as to how age discrimination might be relevant to sexuality. By contrast, lesbian and gay interviewees referred to sexuality in terms of identity. Interviews focused on what it is like to be an older gay man or lesbian as well as on the various types of discrimination they faced.

'[People say] something like "You are old so you are less of a human being", that kind of thing, in the same way that [they] say "you filthy queer". It's said with the same kind of violence.'
GM1(59)

'When you think about attitudes towards lesbians and gays, now that has become much more acceptable, it doesn't mean that there isn't still discrimination, but it's so different. And one would hope that the same thing is beginning to happen about age . . . Of course, I think legislation is an indicator of society's hopes and beliefs about the way it should be, but I think the best way is through education in the broadest sense of the word and discussing things and taking these things up as older people.'
L6(63)

The impact of attitudes to ageing and sexuality had specific implications for the 'invisibility' of older lesbians and gay men. While heterosexuals encountered assumptions that they were sexually inactive, gay and lesbian interviewees spoke of people's inability to countenance the possibility that they might be gay. For instance, one woman who had formed a new relationship described kissing her partner goodbye at the bus station.

'They just think, "Oh there's one old lady saying goodbye to her friend." Now, two elderly ladies – they probably wouldn't be kissing quite like that!'
L8(74)

The interviews with older lesbians and gay men highlighted the issue of multiple discrimination in later life and, in particular, how heterosexism combines with age discrimination in many areas of everyday life. Many of the gay men we interviewed talked of living through the period when homosexuality was criminalised. They regarded this as an institutionalised and systematic form of discrimination which had wide-ranging implications for their lives and the negotiation of their sexual identities.

'I was born in '32, so by the time I got to 18 it was beginning to dawn on me, you know, I was an outcast – and that made me very, very angry right through my life and that is now what drives me to do the things I do. It has given me great strength. I am very determined.' GM4(73)

Health and social care

Both gay and lesbian interviewees reported encounters in which health and social care practitioners had assumed that they were heterosexual and/or reacted negatively to learning the truth about their sexual orientation.

'I was in for a smear, and the doctor said to me, "Oh you don't need one, you've had a hysterectomy". I said, "Oh, right" and I felt glad because I didn't have to have one and I went to move off the bed, and I said, "Does it make any difference if I'm a lesbian?" And he stepped back, and I felt, oh God ...'

'Did he say anything?'

'No, he said, "Er, no no no", almost like he didn't want to discuss it.' L1(69)

Bereavement

A number of gay and lesbian interviewees had experienced the death of at least one partner. They found it harder to access support than heterosexual people, both formally and informally. One man recalled the difficulty of finding bereavement support within the gay community and his reluctance to use generic services in case he faced discrimination from other service users. Another interviewee described his frustration at his GP's assumption that he was heterosexual.

'Recently after the death of my partner I went to see my doctor, who wasn't available that day, so I saw another member of the practice and my notes were all there ... and I was feeling really very low and physically not well either, and this doctor dealt with my physical issues and then I just sat there and I said to him, "Do you believe in dealing with people holistically?" [It was] a bit of a shock to him to hear that and he said, "Of course I do. Is there anything else?" and I said, "Yes, I'm bereaved", and he said, "Oh, did you lose your wife?", and I was so angry at that stupid response that I just said, "No, it was my partner and I'm going. Goodbye."' GM3(63)

Such negative experiences combined with a lack of support from social networks and neighbours.

'I do think it's more difficult to get over when you're older, especially when you can't talk about it to anyone because they just don't want to know. The whispers have all gone round and some will have thought, "Oh, that's rotten", and some will have thought, "Oh well, it's just a friend. What's all the fuss about?'" L8(74)

'I wonder sometimes just what my neighbours think and what their attitude really is and so if something went wrong how far they would be willing to offer support. My experience in terms of support on the basis of age and being gay is variable. Generally speaking, when I was caring for my partner we had virtually no support from our immediate neighbours – perhaps sympathetic, but nothing more than that.' GM3(64)

The underlying message is that gay relationships are given a lower status than heterosexual ones. The experience of bereavement throws this inequality into sharp relief.

Age discrimination and gay and lesbian communities

Our interviews with lesbians and gay men included a number of questions relating to the communities to which they belonged. Our interviewees described how divisions based upon age characterised much of their social interaction with younger people.

'It's hard trying to be with young people because they don't ever see themselves as getting old and they don't see being with older people attractive. So they distance themselves from older people... I have to calm down because I know they don't like the intrusion of an older person trying to be with them, especially in clubs, you know.' [laughs] L5(65)



'When I've been to groups, social groups and been rejected – or I see it as rejection – I tend not to go back, I feel, what's the point? I am not going to enjoy it, I won't bother. It does build up and it undermines confidence [. . .] You feel you are that much older because you are ignored and people don't want to talk to you because you are old.' GM1(59)

Insights were also offered into the ways that other forms of discrimination can overlap. Two of our lesbian interviewees had mobility difficulties and described how lack of suitable access to many gay and lesbian venues impeded their efforts to maintain social networks or find new partners. One woman described the disablism she faced within the lesbian community.

'Lesbians who are disabled have a very hard time trying to convince people that they have their own independence, and that if they do have an affair the partner would not have to look after them all the time . . . Trying to explain to people that you can still have sex is very hard for them to understand – how you can still have sex if you can't walk. And they sort of put a

barrier in between because they are a bit frightened.' L5(65)

Respondents talked about the failure of the gay press to address older people, noting that images of older people were largely absent from their pages. Content was viewed as dominated by the interests and activities of younger people. One man described the insulting way in which older men are referred to on gay websites: *'They write in their descriptions the kind of person they are looking for and say "no oldies and wrinklies and people with pot bellies, please".'* There was a sense that the commercial gay 'scene' was the exclusive preserve of younger generations. Interviewees reported direct discrimination from bouncers and door-keepers and negative encounters with younger people once inside.

The exclusion of older people is ironic given that, for many younger people, the gay scene represents an escape from discrimination and a place where they can be accepted.

Conclusion

Much of the evidence we have heard suggests that society is reluctant to accept that older people have the right to a sex life.

Overwhelmingly the message – from younger people, the media, health professionals, service providers – is ‘you’re too old’. The stereotype of older people as incapable of or uninterested in sex is a powerful one, but one which is strongly challenged by RoAD participants.

One of the strongest recurring themes is the idea that sexuality is the preserve of the young. Sex sells – but only sex that involves the young. Older bodies and the idea of older people having sex is the antithesis of what is considered desirable. As a result, while sex is an integral part of the way youth is represented and an unquestioned feature of the lives of younger people, as people adopt the roles and identities associated with later life they become effectively de-sexed: ‘Grandma’, at least in the eyes of her children and grandchildren, is sexless. As one interviewee pointed out, ‘They don’t expect you to want to have a partnership. They don’t expect you to want to have a loving relationship’, leaving us to speculate as to why a person’s own family would impose such unreasonable conditions upon their closest relatives.

It is clear from the evidence gathered by RoAD that age discrimination plays a major role in shaping attitudes to the sexual rights of older people. There is a gulf between the freedoms enjoyed by younger generations and the strictures applied to any efforts made by older people to claim a similar degree of autonomy and independence. Age discrimination is integral to the existence of this gulf and the key to understanding why it persists.



8 Family life and decision-making

- 1 Introduction
- 2 How is age celebrated in families?
- 3 How is care organised in families?
- 4 Conclusion

Key fact: family life and decision-making

- 58 per cent of people agree that once you reach very old age, families assume you cannot make decisions for yourself.
- 68 per cent agree that once you reach very old age, people tend to treat you as a child.

Source: RoAD ICM survey (2006)

Introduction

People often comment that the relationship between parent and child reverses with age. There can be some truth in this: for example, where the parent becomes incontinent, unable to speak and/or unable to carry out simple everyday tasks. However, the problem with this kind of thinking is that it can influence the way children treat their parents for years before this kind of situation arises; if, indeed, it ever does. Adult children worry about their parents ageing, and the prospect of them needing care and support. This can lead to an excess of concern that parents find oppressive and undermining.

Participants in the RoAD project described many experiences which cast light upon such intergenerational tensions. Some of these accounts come from adult children, in some cases reflecting on the care of now-deceased parents. Others come from parents, describing incidents in their relations with their children.

How is age celebrated in families?

Early on in the project, a member of the project advisory group referred to instances of older people being left out of family celebrations, and how hurt they had been by the lack of consultation and the assumption that they would not enjoy the event. We also received an AEAD about a 40th wedding anniversary celebration which excluded the one surviving parent of the happy couple.

A number of diarists referred to family celebrations. During the week that she kept her diary, for example, Mrs Fish spent her 78th birthday with her daughter at the seaside. She told the fieldworker:

'As you shift on, you're the carer of your children and suddenly you wake up to the fact that your children are the carers of you. That's hard to take. I've been very independent... My daughter takes my arm in the street. She holds my arm over rocks. When you're treated like that, you act like it.'

The way in which a heightened awareness of age can spoil a birthday celebration is effectively illustrated by the following account of a surprise 90th birthday party published in a Help the Aged newsletter in 2002:

'My eyes were opened when kind but misguided well-wishers organised a surprise birthday party for me when I reached the age of 90. Until then, I had been as active as any of them, deeply involved in voluntary work, committee meetings, consultations. Suddenly it occurred to them that I was old. The transformation was stunning. I was no longer one of them. I was an outsider. I seemed to be in a foreign country. I didn't speak the language. I didn't know the rules. I was no longer me, Margaret, very defiantly my own person. Now I was simply one of a mass of clones, a stereotype, a number, not an individual. I was old and that was all that needed to be said.'

In the light of this evidence, we wanted the toolkit to include a vignette that focused on a family celebration. We therefore drafted one based on an 80th birthday party. The vignette also looks at ageist humour and how this can put older people at a disadvantage even within their own families. Esther's story draws on a real-life exchange between one of our diarists and her son. It also echoes many of the comments made in AEADs and diaries about contemporary ways of talking and joking about age. Alan's ageist banter reflects the way in which, throughout contemporary UK society, ageist humour is still tolerated in a way that no longer applies to sexist or racist jokes, as demonstrated by the prevalence of 'humorous' birthday cards.¹

Vignette 2 'Shut up, you silly old bat!'

Esther has always got on well with her son but she often finds his humour difficult to tolerate. When she reached her 80th birthday, a large family party was organised. She was not supposed to know about it but had heard her daughter-in-law whispering on the phone. There were many flattering references to Esther in speeches from old friends. Alan made a speech. As ever, he went on about her age and at one point he made a joke about her losing her marbles.

Esther felt she was made to feel she had accomplished something extraordinary, 'the big eight-0', and as if she had changed overnight into a different kind of person. She thought in particular about Alan's speech and decided that he needed to be challenged.

The following day, she was in the back of the car with Archie, her 6-year-old grandson when Alan became frustrated by an older driver in front: 'Hey Archie, there's another coffin dodger,' said Alan. Archie tittered.

Esther protested: 'Alan, Archie's only six and I take exception to people like me being called "coffin dodgers"'

'Shut up, you silly old bat,' Alan replied.

We received accounts of comparable experiences from the panel. Although the large majority said they enjoyed surprise birthday parties, a few pointed out that they could be humiliating and, in particular, that they made the birthday person 'feel old'.

'I hated being the centre of attention when my children sprang a 'surprise' 70th on me . . . I asked my children never to do it again, and they have respected that, but still needed to mark my 80th with a party which included unsettling surprises. God forbid that I live to 90.'

Most people were shocked by Alan's ageist humour, and denied that any such encounters took place in their own family. However, some said they found it tolerable on the grounds that it was not malicious, and others claimed they were able to reply 'in kind'. Others who reported having had similar experiences expressed their discomfort and disapproval:

'It's my son and others in my family to a T. When you challenge them they look at you and say, "It's the way we are", or "It's only a joke!". But they weren't fetched up to be like this and it horrifies me that my grandchildren accept it as the norm. No wonder we feel isolated and apart from family members. Yet they love us "coffin dodgers" when they need help – either money, time or advice. I wonder why?'

Another respondent offered a cryptic three-word comment – 'Sounds frighteningly familiar' – while another submitted a disturbing account of a particularly cruel joke:

'I visited an elderly friend recently. She bought her house a few years ago and put the title deeds in the name of her son. Her son was heard to remark, in the presence of his mother, to a friend: "I do have the house but the only problem is, I have a sitting tenant." She was very upset.'

¹ Originally, there were two draft vignettes. Based on the responses to them, we decided to merge them into a single story which reflected how older people experience discrimination within families through humour and the celebration of birthdays.

How is care organised in families?

The evidence suggests that younger generation tend to make all sorts of assumptions regarding 'what is best' for their parents and grandparents, sometimes speaking disparagingly or patronisingly to them or about them in the process. As a result, older people may be treated badly and/or excluded from decisions about their own lives.

For example, Mrs Fish, a RoAD diarist, recounted how her daughter had had an accident on her bike and gone to A&E, badly bruised and shaken. She did not tell Mrs Fish for several days. Mrs Fish was upset: 'She was treating me like an old lady that can't do anything. She seemed to think I was too old to take it.'

Another diarist explained why she was travelling by bus to visit an old friend with the comment:

'My last visit to her, a few years ago, I fell on the train coming home so my family have forbidden me to go by train.'

Even though it may be safer for her to travel by bus given her serious mobility problems, it is an indication of how she is 'cared for' that she should report being 'forbidden' from travelling by train. The same kind of care is evident in chapter 6, where Fazel Hussain describes how his kids 'put a stop to me working'.

We therefore decided that toolkit should also include a vignette which explored the pressure middle-aged children are under to ensure that their parents are properly cared for, and the pressure that this in turn places on older people. Critical to this is the issue of who takes what decisions.

Vignette 10 'You won't get another chance!'

Nazreen was brought up in Bangladesh. When her husband died, she moved in with her daughter, Nisha. In October 2005, Nisha told Nazreen she had arranged for a social worker to visit them to assess her 'eligibility' for care from the local council. The meeting did not go well – Nisha talked over Nazreen, and the social worker seemed uninterested in listening to her. In December, Nazreen was told she had been allocated two days' care a week. Nazreen's first day at the centre coincided with the Christmas party. After lunch, Father Christmas arrived. He put his arm round Nazreen's shoulder and asked her, 'Have you been a good girl this year?' Nazreen went to the centre twice more before deciding she was not going back. Nisha was furious: 'Don't you realise, Mum, that once you lose your place you won't get another chance? Everyone's been so kind to you and this is how you respond!'

Nazreen's story rang bells with over half the panel, but relatively few claimed to have been in Nazreen's position. Several identified with Nisha in recounting their experience of caring for their own parents:

'This is almost identical to my mother and myself. When we get old we seem to lose a sort of reasoning. I could see my mother needed help but she would not accept any until she had a serious fall.'

'I once brought a colleague to visit my mother-in-law who was becoming quite confused and complained a lot to family and friends. When my friend asked her questions about her complaints everything was fine! She could 'cope very well' is what she said. And she certainly hadn't cooked a meal in months.'

We received only one account of the experience of receiving day care. It was not positive:

'Every Christmas there is an event for elders in our local Christian community centre. They all get the traditional dinner and a "present" from Father



Christmas, who goes around the hall with his sack full of things like cheeky mugs, and says this kind of thing to each of them. There is also a geezer who dresses up in a scary clown's costume who plays melodies relentlessly. Everyone is expected to stand for the Queen's speech.'

Generally, Nazreen's story generated outraged responses:

'This vignette summarises all the most patronising attitudes adopted towards older people.'

Most of the panel deplored the way Nazreen was treated. While there was some sympathy for Nisha and Trish, the social worker, no one could defend the way they decided between them that an application should be made for Nazreen to receive day care. Respondents recognised that she was being forced to apply against her will:

'Every older person knows when he or she can no longer look after themselves. They should not allow their close family to force them to do whatever they do not want to do.'

There was also some direct criticism of Trish and 'Father Christmas':

'This is typical of the "Does she take sugar?" syndrome. No consultation with the person concerned. Totally condescending social worker – not untypical.'

'The party scenario is well known amongst older people, where they are treated like children and talked down to, also the cases where they are treated as if they have some kind of mental problem. The sooner this, sitting in a circle so they can all chat together, is stopped the better. It is pure nonsense to treat older people like this. For goodness' sake allow them some dignity and don't take everything away from them.'

Most made no comment on ethnicity, although a few acknowledged that an event organised in accordance with traditional Christmas customs could be seen as inappropriate or insensitive.

'Nazreen, presumably Asian, would have been horrified that a man (not her husband) would put his arm round her shoulder. My wife (who is not Asian) would have responded vigorously!'

It is clear from these responses that Nazreen's story rang many bells. Despite belonging to a culture that prides itself on its respect for family life, Nisha let her mother down, making decisions behind her back and protesting when Nazreen rejected a social world that she found distasteful. Similarly, the social worker and the day centre failed to meet the needs of the family and of Nazreen in particular.

Conclusion

There was much evidence in the diaries of real affection within families and of mutually caring relationships. However, as we know from research into elder abuse, violent and deceitful relationships do develop within some families. This does not reflect a simple distinction between the majority ('happy families') and the minority (abusive families). Between these two extremes lie many shades of grey, and it is here that RoAD has discovered evidence of discrimination in the form of ageist humour and misguided attempts to provide care as explored in the examples above. As the Bradford sub-project (see chapter 6) showed, acknowledging and talking about the unhappiness within one's own family can be a painful and stressful experience.

The panel responded positively to the vignettes, recognising the issues they raised and providing additional comments and examples of the ways in which older people can be disempowered within families. Potentially, it is the alliance between 'the family' and formal carers such as doctors, nurses and social workers that constitutes the greatest threat to the well-being of some older people. No matter how caring the carers or how expert the professionals, older people should always be fully engaged and involved in decisions that affect their own futures.



9 Care and vulnerability

- 1 Introduction
- 2 What is vulnerability?
- 3 Does residential care isolate older people?
- 4 A view from the inside
- 5 Conclusion

Key fact: care and vulnerability

- 76 per cent of people think that care home residents tend to be forgotten by society.
- 59 per cent of people who know someone close to them who is in residential care feel that care homes often neglect their individual needs and wishes.

Source: RoAD ICM survey (2006)

Introduction

Throughout the project, contributors to RoAD have highlighted the links between vulnerability, care and the social exclusion of older people. Two questions arise. First, are older people made more isolated as a result of the care they receive? And second, is vulnerability evidence of age discrimination?

To address these questions, we set out to gather evidence relating to older people in residential care. While only a small proportion of the older population lives in care or nursing homes, this group includes many of the oldest members of society. It is important that their experiences of age discrimination are not overlooked.

We produced a vignette (see below) based upon evidence contributed through AEADs and other sources. It raises questions about how people enter residential care rather than about care and discrimination within such settings. We also looked at the impact of vulnerability on

everyday lives and in particular, through the Edinburgh sub-project, at how it affects citizenship, social participation and relationships with the wider community.

First, though, we look at how the government defines vulnerability and at the issues affecting the provision of services for vulnerable older people.

What is vulnerability?

Notions of what constitutes vulnerability in later life abound. However, a formal definition of 'vulnerable adult' is provided in *No Secrets*, the guidance on adult abuse issued by the Department of Health in 2000:

'a person aged 18 years or over who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'

It is important to note that age is included here, alongside disability and illness, as one of the root causes of vulnerability. Local authorities have a duty to assess and care for anyone deemed vulnerable. Under certain conditions, local authorities can forcibly remove an older person from their home and admit them to institutionalised care if they are considered to be at risk. In practice, this occurs rarely; but informal coercion may be less unusual. Thus, in order to secure professional support, older people may be put under pressure to agree that they are unable to take care of themselves or protect themselves from harm or exploitation because of their age.

Health and local authority services are in a constant state of flux due to capped budgets and increasing demand, and there are links between the setting of priorities and age (see chapter 5). A recent review of cuts to services for older and disabled people reveals a tightening of the eligibility criteria and an increasing focus upon those with the most urgent needs.¹ One RoAD contributor wrote to her local council to ask for

¹ Local Government Association (2006) *Fair Care*.

a comparison between resources allocated to older people's services and those for children and families. The brief response stated the number of staff employed and the cost of employing them for each set of services. The figures showed that an average of £16,276 was spent employing each member of staff engaged in older people's services, compared with £24,932 for children and family services. Our contributor commented, *'I have asked if older people are served by less qualified (and therefore cheaper) staff, but no reply received as yet!'* Whatever the reply might say, these figures suggest that the care of older people is valued less highly than that of children and families.

Does residential care isolate older people?

The definition set out in *No Secrets* (see above) offers an insight into how service providers see vulnerability. The RoAD project sought to look at the question from a different angle, by gathering evidence from those with first-hand experience of how local authorities endeavour to support vulnerable adults. In particular, we were interested to know what support was offered to those living in care homes.

However, despite working closely with a network of older people's groups and forums across the UK, we found it difficult to establish contact with care-home residents. This suggests that residents rarely belong to older people's networks. Efforts to contact residents directly were also problematic: although all our fieldworkers had undergone police checks, some care-home managers required us to obtain permission from the local authority. We recognise that managers have a responsibility to protect those in their care and that they try to work in the best interests of their clients. Nevertheless, in this case, the result was that few care-home residents were able to volunteer to take part in the project and share their experiences of age discrimination.

Admission to care

We began by developing vignette 5,² the story of a 90-year-old woman and her experience of being considered for a place in a care home.

Vignette 5 A tragic accident?

When Elsie was widowed, she decided to remain in the family home. In her 80s she had a series of falls and began to lose track of time. John, her son, became convinced that she had Alzheimer's and it was agreed that she should move into a care home. Reluctantly, Elsie agreed to visit the home. John took her there and, having introduced her to the deputy matron, left. Unfortunately at that moment the phone rang and, left on her own, Elsie tried to follow John. She fell outside the front door. An ambulance was called and she was admitted to hospital. A few days later she had a serious stroke and died.

This vignette 'rang bells' with 62 panel members. Five said they had known someone who was in care in the months before they had died, 12 had helped someone move into residential care and six more had other first-hand experience. A total of 85 respondents (64 per cent) found the vignette relevant in some way. However, only two made direct links between themselves and the prospect of admission to a care home. One, living in a block of flats half of which were occupied by people over 80, described the situation of one of his neighbours.

'She has several carers as she cannot even put her stockings on without assistance and has fallen a few times recently in the night, and her alarm gadget was not round her neck but in the living room. As a neighbour, dispassionately, I feel that she should be in sheltered accommodation or residential care, but know that she would resent any suggestion to that effect. She is mentally fine but crippled with arthritis.'

Others talked of the experiences of friends or relatives who had gone into a care home.

² The above is a summary of the draft vignette included in the newsletter. Following feedback from the panel and further discussion, it was decided to radically change this vignette. Instead of her visit leading to a tragic accident, in the revised version Elsie chooses not to be admitted and alternative arrangements are made.

'My husband was in care for four years before he died. He was senile and a very difficult patient. So I really can't say he was badly treated. It was the little things. I visited one day and a young nurse was dealing out drinks. My husband loved his coffee but didn't have sugar, but she put three huge spoonfuls in and when I protested [she] said, "Oh, he won't drink it otherwise." I was very upset about that.'

Perhaps the nurse was right: however, this respondent felt she was being excluded from the care of her own husband. Another correspondent made a similar point, again relating to the provision of hot drinks.

'One very small incident – a lady of 94 went into a very expensive home, £750 per week. She had never drunk tea or coffee in her life, just hot water, yet within a short time she was drinking both because it was always put in front of her and [she was] told she required liquids. When she [asked for] hot water they promptly forgot to bring it.'

Both refer to their observations as 'little' or 'small'. Nevertheless, this is clear evidence of how residents' own habits and preferences are ignored.

Fourteen respondents described the experiences of their parents or in-laws. Most described the care as 'excellent'. One contrasted her mother's experience with Elsie's.

'I was fortunate when my mother moved into residential care that there was no lack of staff or emergency. She was greeted by the matron, introduced to her main carer, and accompanied to her room by the carer and myself. She had time to say goodbye to me, and the carer took her to the lounge to have a cup of tea with other residents. It was successful because of the forethought of the matron and the full complement of staff.'

However, other respondents had been less successful in securing satisfactory care for their parents. Some described how the stress involved had affected their own health.

'Following major surgery I had to put my father into residential care, changing to a second home when he hated the first where inexperienced staff were left in charge. The second was family-run and much better. . . I was offered little help when I was caring for my father, which was why I was ill – like so many.'

In response to the statement 'Poorly managed care is evidence of discrimination against older people', over half the panel agreed while 18 per cent disagreed. The same percentage responded 'Don't know' and a further eight did not respond at all, indicating substantial uncertainty over this question.

The following response effectively summarises many people's views on Elsie's story.

'At 92 and in view of this and her confusion the family were right in persuading her to go into a care home. Her son should have stayed with her until she was settled in her room. But the care home were negligent in leaving her alone, knowing her history. The transfer should have been done much more carefully. At this age any disturbance upsets a person.'

So age is relevant; but age discrimination, if present, is a less important factor than the inadequacy of the care received.

A view from the inside

Our fifth newsletter carried a personal account by a RoAD contributor of conditions inside residential care settings that she had visited. We asked the RoAD panel for their comments. Given the difficulties we faced in gathering evidence from actual care-home residents, this was a useful opportunity to gather the views of those with friends and relatives in care and who therefore had 'inside' knowledge of these closed environments.

We received 70 responses, over half of which provided detailed observations gleaned at first hand while visiting friends or relatives in care or while working as lay inspectors. One panel member's account of visiting her 86-year-old

mother who had entered a care home following the onset of Alzheimer's is typical.

'I went with my sister to see her only once, because she wasn't in there long. She was sat against the wall with all the other residents waiting for a cup of tea and a slice of bread and marge. I could not stay because I became very upset at the situation. She died soon after. She stopped eating.'

This bleak image was echoed by other respondents. Ten referred to what they saw as the ongoing under-funding of care for older people. One panellist wrote:

'The government has billions of pounds to spend. Every person can be looked after in their own home. A network of home care can be set up. Mixing with strangers is detrimental for some, but "who cares??"' (Emphasis as in original)

This suggests that the government has a choice in how it provides care, implying that national policy discriminates on the grounds of age. Taking a similarly broad view, a number of panel members questioned why care work did not have the same status as other professions, such as teaching, or offer similar remuneration. Two responses specifically linked low pay and poor conditions to the fact that most care workers are women.

A number of respondents addressed the physical environment, with three noting that many care homes are converted older buildings and one highlighting the closure of many smaller and more 'personal' homes. Many noted the tendency of homes to have the same layout, with chairs lined up side-by-side, the lack of resources and the limited opportunities for residents to venture outside. Many described walking into day rooms where the TV was always on, regardless of whether anyone was watching it.

Low levels of communication between residents and staff was another common theme. Many ascribed this to pressure of work: carers are too busy carrying out their basic tasks to engage with residents socially.

'I visited a care home where one resident complained she was not allowed to do any gardening, which she had always enjoyed. Not wishing to risk alienation from staff, I didn't make a fuss, as the residents were otherwise well looked after.'

This last comment raises the question of what 'care' is when it apparently prohibits activities that could enhance quality of life. It also seems reasonable to assume that the contributor's reluctance to raise an objection is shared by the resident herself.

One panel member reported being separated from her partner after he was assessed as requiring residential care, and went on to note the plight of those who had no one to visit them regularly. A number of respondents linked low levels of activity and communication to the rapid deterioration of residents' health and well-being. However, a small number disagreed. One regular visitor to care homes noted:

'A lot of people liked watching television and found us an interruption. They enjoyed routine and did not enjoy exertion . . . I hardly ever go into my own garden.'

This response reminds us that assumptions should not be made about how people wish to lead their lives. However, the respondent neglects to consider that, while he is free to choose whether or not he makes use of his garden, most care-home residents have little choice as to how they spend their time.

'I visit a 96-year-old who is mentally alert and bored out of her mind – the TV in the sitting room is on all day and none of the residents appear to watch it. They do have activities most days, but fresh air would be nice – even a few yards round the garden.'

'I am still living independently (with family support) but becoming increasingly familiar with residential and nursing homes. Two larger ones have access to gardens but staff are not always available to push wheelchairs if required. Very limited recreational activities in most and inmates not allowed in gardens in all cases.'

The reference to ‘inmates’ is a telling one. It seems that many care-home residents are denied even access to fresh air. Other panellists sought to outline more broadly how residents’ rights can be eroded by both formal and informal practices.

‘I visited a 97-year-old friend who had lost her memory. She could hold a conversation and had a good sense of humour and a quick reply but could not remember who had visited 10 minutes before or that she had been married and had had a daughter. Some of the other people were very noisy but the policy was they could not be drugged to keep them quiet. However, my friend was so distracted looking at them that she was not taking her food. The staff assumed she was not hungry and took her plate away. When I asked if they could not encourage her to eat they said the policy was not to force-feed. As she had no relatives to put in a complaint and I had no legal standing, I was ignored. She died in May, when her cousins’ children appeared at the funeral. One or two had visited once a year for half-an-hour.’

This contribution outlines a variety of issues related to communal living in residential settings. These include:

- the difficulty of advocating on behalf of people who, due to cognitive impairment, may struggle to speak for themselves;
- the infantilisation of residents; and
- the negative impact of policy and guidelines being (mis-)interpreted by overworked staff.

Arguably, the contributor herself is discriminating against some of the residents by implying that they should be drugged to reduce noise levels, but the account is a good illustration of the competing interests of residents and of the impact of being unable to leave a distressing environment. The contributor’s implicit disapproval of relatives who, despite managing to attend the funeral, had rarely visited her friend while she was alive, also demonstrates society’s tendency to forget care-home residents.

Six panellists, all in their 70s and 80s, expressed their fear at the prospect of becoming care-

home residents, with one describing it as her ‘worst nightmare’. Another remarked:

‘I only hope that if my family feels that they can’t cope and put me in a residential care home, it will be because I am unable to cope either and I won’t know any better than to sit all day.’

The language used here suggests that this respondent anticipates having little influence over the decision whether to go into a care home. How often are such crucial life events ‘managed’ by families, without involving the individual concerned in the decision-making process or giving them the opportunity to refuse?

A survey of care-home residents in Edinburgh

In the 1980s, Ruth Waitt, one of RoAD’s fieldworkers, was a social worker based in Greenlea Old People’s Home in Edinburgh, an institution of 500 residents. For a RoAD sub-project she analysed the results of a survey of 44 older people undertaken in 2005. The survey formed part of a consultative exercise which fed into a plan produced by the city council, *A City for All Ages*. Ruth’s conclusions are set out in the box.

A city for all ages?

‘I have analysed carefully the responses of these 44 older people to the questions posed and, in my opinion, they are no different to what I would have expected from older people living in the community. Older people wherever they live have the same basic needs, and these respondents exhibit an ordinary concern to be engaged as full citizens of the city.

‘If older people living in care homes are to experience the best quality of life that allows them to achieve their full potential, money or lack of it is, I have concluded, the most discriminatory factor. Secondly, there is inadequate staffing and, equally importantly, transport.

‘Money can procure transport (such as taxis); it allows tickets to be bought for the theatre, cinema or other social events; it enables you to purchase clothes and to give gifts. On their present allowance of £18.60, this is not possible for care-home residents. This has made them feel under-valued: second-class citizens rather than equal citizens.

‘Staffing plays a big part in the lives of the respondents, from help with personal care to assistance with activities in and out of the home. The experience of the residents of the two homes that have lost the support of their activities co-ordinators is revealing. These respondents relied heavily on these members of staff, but find they have no influence in deciding whether or when they will be replaced.

‘Transport is essential if residents in care homes are to participate in social events in the city, whether it is shopping, visiting family or friends, or going to the cinema or theatre, to mention but a few. I believe the term that is currently used is “social inclusion”. The mode of transport is also very important: on occasions, it may need to be sufficient to carry several people with a wide range of disabilities and mobility aids. Parking facilities are important if taxis and buses are to be able to pick up and drop off residents as near to their homes as possible. A lack of flexibility in the time when transport is available can restrict the ability of residents to participate in social events in the community.

‘The most recent Smoke Free Scotland Act (December 2005) raises a fundamental issue regarding the rights of care-home residents. The average age of the residents taking part in this exercise is 75 years. For most of their lives they have lived in a society that has promoted smoking as being socially acceptable. Now they say they are very frightened that they will not be able to smoke in their homes.

‘If this law were to be enforced in care homes, not only would it be discriminatory, but it would infringe the residents’ human rights. While they are residents in the care home it is their actual home. I believe my home is where I can conduct myself as and how I want, and this applies to care-home residents as much as me or anyone else.

‘The respondents who took part in this exercise were very able to address the questions posed and to identify measures that would improve their lives. The City of Edinburgh has much to gain by facilitating their participation as equal citizens. I just hope that the City of Edinburgh Council (as well as readers of this report who have responsibilities regarding the development of other cities) will take cognisance of what has been documented.

‘In his famous book *Asylums*, Erving Goffman wrote four essays. One was titled ‘On the characteristics of total institutions’. There is no doubt in my mind that Greenlea Old People’s Home was, in 1981, such an institution. In my opinion, the residents there were totally dehumanised. Only when it was closed and its residents relocated, were they allowed to socialise and live their lives in a more purposeful way. What I learnt whilst working in Greenlea is that this can only be achieved if residents can have a life *outwith* their care home as well as within. This has been confirmed by this analysis. What I have also learnt is that this can only be achieved if they have more money, accessible transport and appropriate assistance.’

The aim of the sub-project was to examine the obstacles that prevent care-home residents from remaining active citizens of Edinburgh. Based on their responses, Ruth identified those barriers as lack of money, poor transport services, understaffing and infringements of human rights. Age discrimination is evident in the complex ways in which residents are denied a life outside the home.



A diarist's experience

One of Ruth's diarists was Jim, a man of 72 who had spent a short period living in a residential care home. He offered us some important insights into life on the inside. For example, having decided that he wished to leave the home, he found it difficult to get the support he needed to find an alternative residence in the community. He described being told by staff that he was an 'inmate' of the home – a label which he felt deprived him of choice. The following extracts from his interview with Ruth highlight this point and make a clear link between this aspect of choice and the low levels of contact and communication between staff and residents.

Jim: 'I worked out that in an eight-hour shift a care worker could only have a maximum of seven minutes with each individual resident. For somebody that might be a bit frightened, a bit shy, a bit timid, a bit concerned about their present state and what the future might hold, they've got nobody to talk to apart from their fellow residents to get advice. It's difficult.'

He also suggested that residents were reluctant to express dissatisfaction with their care.

Ruth: 'Would a resident give me an honest reply if they were asked what they felt about discrimination?'

Jim: 'The short answer is yes, but with several codicils. The interviewer would have to be very sure that the interviewee knew there would be no "comeback". Soon after I moved into this particular care home, I overheard two elderly ladies talking in a common area. One said, "Oh I don't think I should say anything in case they ask me to leave." Now that is a horrible thing to hear, that somebody who is vulnerable had basically been given to understand that if they did make a complaint they'd be asked to leave.'

Jim also gave an account of attempting to access community-based education services.

Jim: 'You mentioned discrimination. That word's quite harsh, because the discrimination that I've suffered, if I have, was insidious. Because I'm a fairly studious person, I was studying French and another foreign language but the courses usually



started at 6pm so that meant that I missed supper and quite often, although I left a note or indeed spoke to the care worker when I got back at 9pm or maybe later, I had to stand at the door ringing the bell in the pouring rain and wind for the night staff to attend and open the door.'

Ruth: 'You didn't have your key?'

Jim: 'I didn't have a key and there was no key forthcoming and when I got in there was no meal, so I was penalising myself for having the temerity to go out and seek further education.'

These extracts represent one individual's experience of residential care. We can only speculate as to how representative it is because residents are rarely, if ever, asked to record their experiences or express their views on such issues. Despite a wealth of research undertaken in care-home settings over many decades, much of what is known of residents' day-to-day lives is taken from third-party accounts, often from those who are responsible for providing care. This prompts the question of how well placed,

or prepared, care homes are to look critically at their practices or to understand the impact on residents' lives of what they do. Is the scarcity of first-hand accounts in itself evidence of age discrimination?

Conclusion

In this chapter we have examined how care and vulnerability might be associated with age discrimination. We began by asking whether older people are made more isolated as a result of the care they receive. The responses to the vignette about Elsie's admission illustrated the panel's concerns about quality of care. The responses to 'A view from the inside' illustrated their concerns about age discrimination. Comments ranged over the quality of the environment, poor communication, neglect and the difficulty of raising concerns or complaining.

These comments are supported by Ruth Waitt's conclusions, which highlight the obstacles many face in maintaining relationships beyond the walls of their homes: the shortage of money, suitable transport and support. Finally, as Jim

confirms, expressing complaints is not easy for residents and neither is negotiating a 'discharge'.

As one of our contributors, a regular visitor to care homes, asserted, conditions in residential settings, including low staffing levels, low pay and low levels of training for staff, are *political* issues. We cannot escape the conclusion that positive change is impossible unless it is recognised that ageism shapes the status accorded to the care of older people at every level. It is difficult to disentangle quality of care from age discrimination: what other reason can there be for arguing that funding for older people's services should fall short of that for other age groups?

The financial and material losses associated with entry to residential care undermine opportunities for residents to remain active in their communities. A number of contributors spoke of the 'small things' that erode people's everyday choices and decisions, including how they move around and whether they can access outdoor spaces. The anxiety expressed by some contributors at the prospect of 'being put' into a home leads us to question how often older people themselves are actively involved in the decision to enter residential care.

Are the vulnerability and isolation of care-home residents evidence of age discrimination? This question was answered from the perspective of older people themselves. The evidence suggests that vulnerability is fluid, not fixed, and that it often arises from particular situations. There are times when vulnerability is heightened, including the point when a person makes the transition from home or hospital to residential care. This suggests that if more attention were paid to these critical moments in a person's life, they might suffer less distress and alienation. And with better support residents might be better able to remain citizens of the cities and communities in which they live.



10 Fear and isolation

- 1 Introduction
- 2 What makes older people feel threatened in public places?
- 3 How does living alone generate fear?
- 4 What are the possible consequences of social isolation?
- 5 Conclusion

Key fact: fear and isolation

- 65 per cent agree that local communities neglect older people who have become socially isolated.

Source: RoAD ICM survey (2006)

Introduction

Throughout the project, contributors to RoAD have highlighted the links between vulnerability, isolation and the social exclusion of older people. There have been frequent references to tensions between older people and children or teenagers. In chapter 2, for example, we discussed how Mrs Brown, a diarist, felt threatened by young cyclists: *'younger people do not appear to have respect for older people these days'* she said. In chapter 3, it is not difficult to imagine people like Stan and Sadie feeling vulnerable while queuing for cinema tickets alongside groups of noisy and excited young people. They could be excused for thinking that the solution is to give up walks on the canal or trips to the cinema. Is this how social isolation begins?

What makes older people feel threatened in public places?

Several accounts referred to feeling vulnerable as a result of the behaviour of others. As reported in chapter 2, we heard many times of how pavement-mounting cyclists or people pushing and shoving while shopping on the high street made contributors feel unsafe. Some older people said they had changed their routines in order to avoid certain areas or times of day. Many contributors cited the behaviour of younger people as generating a feeling of vulnerability.

'I have observed it over the years and it is increasing, the rowdiness, the bad language, the bad behaviour and the "What's it to you?" attitude and "Don't bother to tell us, I'll tell you to eff off". Quite worrying at times because they are strong and big and you can feel quite vulnerable, especially if you are a shy sort of person.'

Similarly, a number of contributors referred to being targeted by unscrupulous workers and salespeople. Diarist Mrs Owen noted a discussion with a neighbour about the problems they were having in getting household repairs done (Friday, 1 July 2005). She told the fieldworker how some time ago a man had called at her door and offered to inspect her roof for free. He told her that it needed work, and offered to do it. It was some months before a friend went up to have a look and found that no repairs had been carried out: the fraudster had simply repainted the old fittings. Being exploited in this way – unsurprisingly – makes older people feel vulnerable:

'I was so mad. It seems to happen all the time and I just thought, "God, here we go again. You know, it's elderly women on their own. They just take one look and think, oh well, I can charge what I like ...". I felt an idiot, I felt ashamed of myself, you know.'

In another interview, Mrs Jones was asked about the following note in her diary: 'Most of the time I am treated respectfully except once when some young girls were belligerent' (Friday, 8 July 2005). She elaborated by describing a regular journey home from the shops.

'You know, walking down from the bus stop ... can be quite risky if it's getting dark or dusky. People have been attacked there already and I have to hold on to the railings coming down there. And I have to take a tablet, so I am doubly anxious, you know. And the minute I hear footsteps behind me, you shouldn't do it, but I can't help it. I turn back and I look to see who is coming ... I mean, I can't run any more. It's risky and you don't know, because they do these things in broad daylight now. I never go out at night unless I get dial-a-cab or dial-a-ride. There's no way I am going out at night without.'

This account demonstrates how ill-health and mobility problems compound the anxieties of returning home alone. Mrs Jones' existing knowledge of attacks in the local area adds to her sense of vulnerability. The outcome is clearly a growing reluctance to venture outside after dark, revealing how isolation can be an outcome of discriminatory encounters outside the home.

How does living alone generate fear?

To address this question, we drafted a vignette based on the life of Pearl Gray who, unlike Mrs Brown and Stan and Sadie, feels under threat in her own home.

This vignette originates in an event recorded in a RoAD diary, but several other diaries and AEADs refer to the tensions that exist between the generations in their neighbourhoods.

Vignette 2 'But where does it all end?'

Pearl is in her 80s and lives alone just off a busy main road. Two years ago local children mounted a series of attacks on her house: stink bombs through her letterbox, and so on. 'I got to the point where I didn't bother answering the door. They were forever taunting me. I felt under siege. When you're on your own, all you can do is lock up and go to bed.' When she found two boys smashing her gas meter, they ran off laughing. Cars were driving past but no one stopped. A constable came and promised to keep an eye on the children. There was a little article about it in the local newspaper. Pearl read it and felt even more humiliated.

That was two years ago. A week ago, Pearl was wakened by the loud noise of something landing on her roof. It was a brick and her heart sank. Could it be starting all over again? 'I know that it's just vandalism. They think, "She's a silly old fool. She won't be able to run after us." Perhaps I should phone the police again. But where does it all end? I've been here a long time. I don't want to move.'

In response, we received many accounts from older people who had had similar experiences. Here is just one:

'We had a spate of egg-throwing. The front windows were the targets of several houses and bungalows of elderly people around me. I thought I had been lucky to have been left out. A few evenings later, clods of earth from farmland came sailing over the fence landing on the conservatory roof, then the faces of two boys aged about 13 yrs appeared laughing and jeering over the fence. I did go out to remonstrate with them, but peals of laughter as they ran off left me feeling not just angry, but also hurt – to be thought a legitimate target because I'm elderly.'

Although this contributor obviously felt that age came into it, about half the panel expressed doubts: for them it was simply a case of the

younger generation causing trouble. One, for example, wrote:

'While I absolutely acknowledge that many old people are fearful, and for that there is no excuse, I'm not as certain by any means that this is an age discrimination issue alone.' (Emphasis in original)

This suggests a reluctance to acknowledge that old people may be particularly vulnerable.

By contrast, others argued that age was relevant and that older people were targeted because they lived alone and couldn't 'give chase'.

Several members of the panel complained that the parents of troublemakers were not interested. One wrote about being 'plagued' by a 12-year-old who was excluded from school, and another reported that a complaint to the local school about the 'pranks' being played by children on the way to school met with the response that staff were not responsible for pupils' behaviour outside the school grounds.

Several panel members suggested involving the police. One described how her complaint had been taken up and three of the young people involved given ASBOs. By contrast, two others were disappointed by the police's response:

'When my car was vandalised twice, the police treated me as criminal. "Have you upset any children or teenagers?" they asked. There was no sympathy at all from the police.'

'A friend who is 76 and a widow, recently had the row of trees in front of her house set on fire at 1.30am. Luckily a neighbour spotted it and raised the alarm. The only thing the police did was to give her a crime number over the phone!!'

Two panel members suggested that rehousing could be the solution to Pearl's problem. One recommended that Pearl 'harass the council to rehouse her in a safe environment'. The other described being spat at, and how eventually she herself had sold up and gone to live in sheltered accommodation.

Is age discrimination a factor in Pearl's experiences? With a few exceptions, the panel agreed with the following three statements:

- Harassment of older people by groups of children is an example of age discrimination.
- More support should be available to older people who find themselves targeted and harassed.
- Children should be educated to recognise and challenge age discrimination.

There is a belief in policy circles that older people want to remain in their own homes for as long as possible. This may be true, but if it means tolerating constant mischief and harassment, the alternative may start to seem more attractive. But is this a solution or a further withdrawal from social life. Pearl does not want to move, but if she ends up being forced to do so, will her experiences cause her to keep her distance from her new neighbours, fearing further harassment?

What are the possible consequences of social isolation?

By consulting older people about their experiences of age discrimination, we realised that we might miss out on evidence of how discrimination can lead to social isolation. By definition, people who are isolated are not well connected and not easily contacted. Poverty in later life or mental ill-health can lead to a withdrawal from all but the most basic of social contacts. Our understanding of age discrimination would be limited if we overlooked the experiences of people in such situations. We therefore drafted a vignette in which Ruby, the central character, is a socially isolated, impoverished woman who dies of hypothermia. We were interested to hear the comments of the panel.

Vignette 11 'I feel awful to think she was lying dead'

Ruby Parfitt was 72 and lived alone in a large house. Just over a month ago the police found her dead, wrapped in blankets and lying in bed. The post-mortem revealed that she had been dead for three months. The recorded cause of death was hypothermia. At the time she died, Ruby was getting her state pension plus Pension Credit, bringing her income to the minimum of £109.45 per week. She had no other benefits. There were a number of unpaid bills, including Council Tax and energy bills. Her phone had been cut off for a year. Ruby's neighbour was one of the three people who attended her funeral: 'I feel awful to think she was lying dead and we hadn't realised.'

Ruby's story resonated with nearly half the panel. A similar proportion had some experience of living on inadequate incomes. Although most referred to newspaper stories or other third-hand accounts, a few first-hand experiences were described. The following statement says a lot in very few words:

'I am 74 years old and live alone, with a cat and a dog. I worry much more about my animals than about myself, as I don't know my neighbours at all.'

The following account is similarly powerful and echoes Ruby's story:

'A friend, a very private person, who did not want to be a nuisance, looked after her mother for many years, giving up work to do so. Her family tried to offer companionship but she was always "going out" [to clubs]. Later it was discovered that she was not a member of the clubs and was spending the time on her own – she saved and saved for her funeral expenses and for "a rainy day" and died of malnutrition. She had always been a very slim lady and she covered her weight loss with baggy jumpers and cardigans.'

This account effectively illustrates the kind of experiences we were aiming to represent through the vignette. It is important to note both how the story begins with the isolation entailed in caring for a parent, and then the association of a very private nature, a willingness to conceal and deceive, and the desire for financial independence.

Only a handful dissented from the statements 'Current basic pension rates are evidence of age discrimination at a national level' and 'The government should eliminate deaths of older people from preventable hypothermia'. For most of the panel, vignette 11 reflected the way pension policies are responsible for people like Ruby becoming impoverished, withdrawn and isolated. A few also made a connection with other forms of age discrimination.

'My understanding is GP surgeries should see over-75s every three months. This lady being only 72 would not come in this category. If this is the case, some other means of checking the elderly should be in place.'

Others disputed whether age was a factor at all.

'The story of Ruby is a sad one but I am sure that it is the plight of many, not just the old.'

However, the same panel member went on to make further comments that suggested age was not entirely irrelevant:

'As one ages, it might be that one loses touch with family and friends; they drift away, go far away and also die. For some it is hard to strike up with new people. One can get grumpy and suspicious. I used to keep a welcoming house but not any more. I don't want to "mother" people, make them meals and have them rummage amongst my things. I have many books and '60s records and all sorts. Stuff has been "borrowed" never to be seen again. I see people outside.'

This vividly demonstrates how the desire for privacy can lead to self-imposed isolation. Most panel members did not delve so deeply. They saw Ruby's story as a sad reflection of the ageism prevalent in modern society.

‘Very sad: but not uncommon. The forgotten old of society. Who cares when you are old?’

To health and social care providers, vulnerability is a condition: once a person is deemed vulnerable, they can expect to be treated as such in all subsequent encounters with care and support services. However, according to RoAD contributors, a sense of vulnerability is often tied to specific situations and types of encounter.

Conclusion

In this chapter we have posed questions about how fear and isolation are associated with age discrimination. Many participants in the project, particularly those who live alone, have made it clear that they feel vulnerable in urban public places: vulnerable to being knocked over accidentally, to being teased and harassed by children and to petty crime and abuse.

When this becomes an everyday experience, it is hardly surprising if people begin to alter their behaviour. When family or neighbours offer to do the shopping, it must be tempting to accept and be grateful. Should Pearl move house in order to escape her intolerable situation, she may be cutting herself off from well-established mutually caring relationships with her neighbours. And so, over a period of months or even years, older people withdraw from public life, becoming increasingly dependent on other people.

When people refer to care-home residents as ‘inmates’ (see chapter 9), it suggests a parallel between care and imprisonment. However, the process of becoming an ‘inmate’ may start long before admission to a care home. In many instances it may start with older people being deemed vulnerable because of their age, and therefore in need of ‘looking after’, and continues with the installation of security systems to make them feel safe in their own homes. A care package is designed and implemented to ‘keep them in their own homes for as long as possible’. For some people, this prospect is intolerably oppressive. They are often described by the clichéd phrase ‘fiercely

independent’, and their resistance may cause considerable frustration and distress to those who wish to care for them.

We would argue that the slow accumulation of everyday experiences of age discrimination – being hassled, being patronised, being overlooked or excluded, being segregated, being made to feel a burden, a bore or old-fashioned – over an extended period of time, coupled with a resistance to the prospect of ‘being cared for’, contribute to older people’s isolation. Potentially, such isolation can result in the tragic circumstances of Ruby.



11 Conclusion

1. What is distinctive about the RoAD approach?
2. What have we learned about age discrimination?
3. Age discrimination: a new definition
4. Last thought

What is distinctive about the RoAD approach?

As will be evident from the preceding chapters, RoAD has collected a wealth of information about the lived experience of age discrimination in the first decade of the 21st century. We have engaged with many older people across the UK in a collective effort to grasp the reality and significance of the issue, and we could have included many other examples of how ageism affects older people's everyday lives.

Although we have cast our net wide, we recognise that there will be examples of age discrimination that lie beyond the scope of the project. Like sexuality, these are private areas of personal experience that most people are reluctant to reveal. Despite this, the contribution RoAD can make to understanding age discrimination is an important one, not just because it is derived from the first-hand accounts of people who deal with it every day, but also because through a participative approach, one using diaries and the development of vignettes, we have been able to uncover much of the detail and complexity of particular experiences.

In chapter 1, for example, we described how Mrs Brown felt threatened by cyclists when out walking on her local towpath. Her diary also included descriptions of several other incidents. For example, she described her neighbour's son

as 'an aggressive bully' who constantly makes 'ageist remarks and obscene gestures'. On another day, she noted how, when she phoned an agency asking for someone to trim their hedge, she felt patronised by the person she spoke to. She attended a community meeting (similar to the one described in Mavis's story in chapter 2) where someone referred to her as 'a young lady', which she thought insulting and demeaning. Later in the week, however, she overheard a workman refer to her as 'the old lady next door', prompting her to note that she did not really feel like 'an old lady'. Thus her diary provides rich evidence of the complexities of age discrimination and how it is experienced.

Similarly, the interviews our fieldworkers undertook with the diarists provide evidence of how ageism affects conversation. There are frequent negative references to age: 'I still feel young inside.' Mrs Brown was not the only participant who felt uneasy about being referred to as 'old'. In everyday conversation, references to age are unwanted and old age is equated with feeling tired, slow or unwell. In vignette 2, Esther's son says, 'Shut up, you silly old bat', and the Bradford sub-project (see chapter 6) revealed how other languages have terms of ageist abuse. These examples reveal how ageism is embedded in the language we use every day, and how a form of discrimination results from the way people use words to exclude older people or to establish a barrier between age groups.

Our approach relied heavily on the interviews between our fieldworkers and diarists and input from older people participating in focus groups. After interviewing Mrs Davidson, the fieldworker produced a report that included considerable detail on four selected incidents. One, for example, was about being treated like a non-person. The relevant diary entry reads:

The participative approach: personal testimony

‘Participative research is not just about giving the subjects of the research an opportunity to participate by raising questions or analysing evidence. It also requires the researchers to draw on their own experiences.

‘In the two years since the RoAD project began, the authors of this report have had our own experiences of age discrimination. Three in particular stick in my mind. First, travelling around the country for a week, I got to King’s Cross and realised simultaneously that I did not have a ticket for the next leg of my journey and that the train I wanted was about to depart. I dithered and, as I watched it leave the station, I felt overwhelmed not just by frustration but also humiliation. I seemed to be surrounded by large numbers of younger people, rushing through the station, seemingly knowing what they were doing and happily engaged in animated mobile conversations. By contrast I was wearily fumbling in my bags trying to find the train timetable and my phone.

‘Second, I woke up on the morning of my last birthday having spent my first night ever as a hospital in-patient. Some time later, I spent half-an-hour sitting in a wheelchair in a hospital gown in a long busy corridor, wondering if anyone in radiography knew where I was. Fortunately I was discharged the following day with a reasonably clean bill of health, but for a moment I felt very old and vulnerable.

‘My third experience relates to chronological age rather than failing capacities. While working on this report, the Open University decided to impose a retirement age on all its employees. RoAD became implicated when the project was mentioned in the January 2007 edition of *The Oldie*. As I wrote a reply, I realised that the week before I had reached the age when I should expect to receive a letter from the university informing me that I was about to be retired.’

Bill Bytheway

‘The barman ignored us and when challenged said, “Let me serve the young lady first”.’

Mrs Davidson then made notes in her diary on a discussion with a friend:

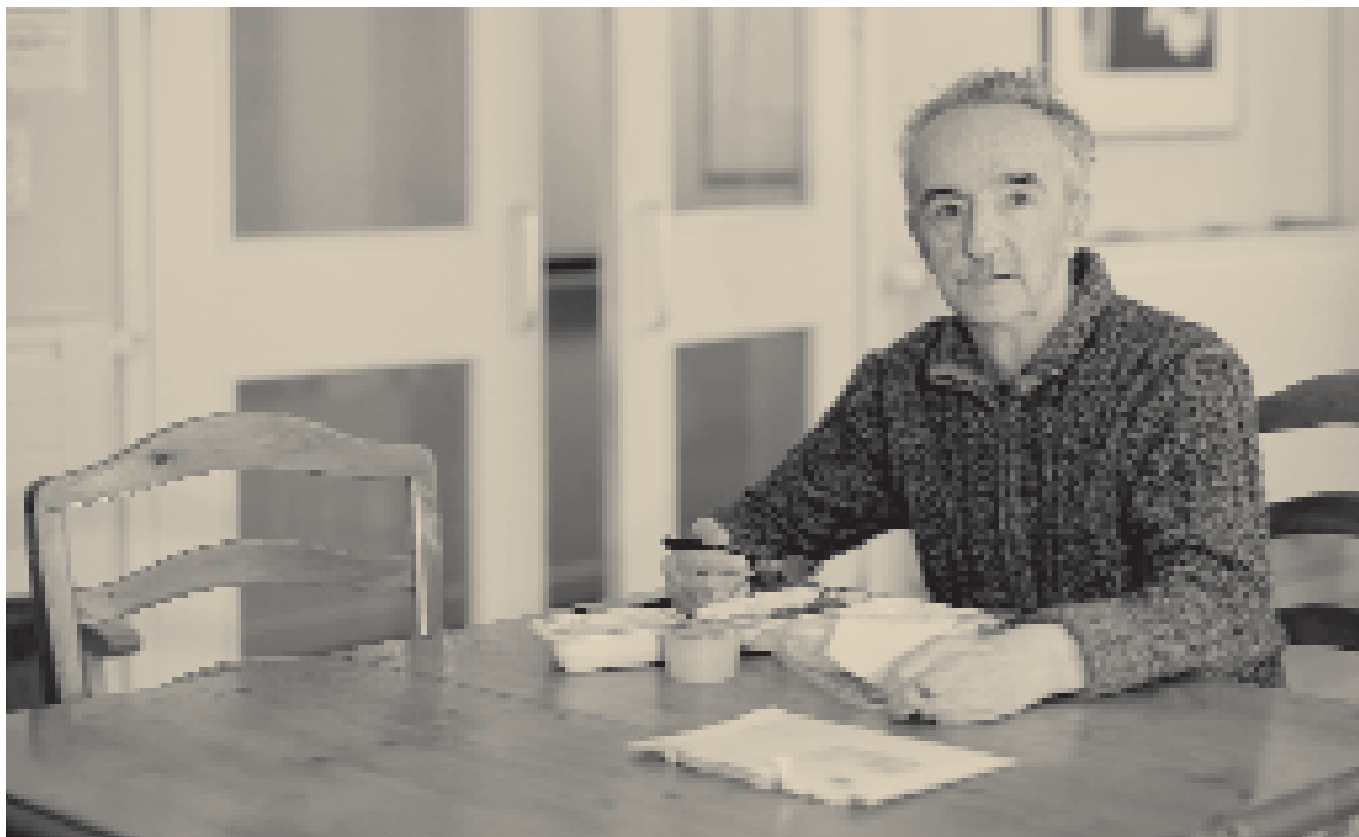
‘We deplored the pub man’s attitude, but it happens all the time – I am writing this because, having queued at Boots’ counter, when it was my turn, the shop assistant looked over my shoulder as if I didn’t exist and asked the man behind me what he would like – I had the satisfaction of reducing her to tears and the supervisor removed her for retraining.’

Here is what the fieldworker concluded after the interview:

‘She has a strong feeling that, as an older person, “the world isn’t for you”. Among [my] interviewees, she stands out as someone who seems strongly affected emotionally by incidents like those described here. Sometimes her emotion is [fury]. Sometimes it is fear or a sense of great vulnerability. The incidents selected from her diary week are fairly low-key instances of types of situations which repeatedly cause her much distress . . .

‘A theme running through the four selected incidents is how, on account of her age, she feels treated as someone to whom the normal rules of courtesy, human fellow-feeling or even the law no longer apply. You get ignored in queues for service, pushed off the pavement, people push past you in queues – and no one will lift a finger to help you.’ (Emphasis added)

This illustrates how Mrs Davidson used the diary to describe different ways in which older people experience being ignored, excluded, threatened and picked upon. The interview then helped to clarify how she made sense of these experiences and how they relate to age discrimination.



What have we learned about age discrimination?

Each of the preceding chapters has ended with a number of conclusions. These can be summarised as follows:

- Public places discriminate against older people by making access difficult and by providing insufficient toilets and places to rest.
- Older people are largely overlooked in what remains a youth-obsessed consumer marketplace.
- Some sectors of the market apply age barriers, while in others cost effectively excludes older consumers.
- Modern technology places older consumers at a disadvantage in crowded settings and in queues.
- Personal appearance underpins age discrimination because fashion promotes age-specific styles of hairdressing and clothing.
- Trying to keep up with fashion leads to discriminatory comments such as 'mutton dressed as lamb'.
- The provision of many health and care services is discriminatory because it segregates users by age.
- It is hard to root out age discrimination from the provision of care services because the assessment of needs is often based on stereotyped assumptions.
- Older people are often denied choice about health and care matters, and not involved in decisions about what should be done 'for the best'.
- Although the received wisdom is that families in black, Asian and ethnic minority communities 'look after their own', older people are liable to suffer from tensions between the generations whatever their ethnicity.



- Older people who in the course of their lives have migrated to the UK experience discrimination in their efforts to maintain cultural values and cross-national links with family and friends.
- Age prejudice influences attitudes to sexuality, leading to discrimination against people who wish to have a sex life.
- Ageist humour blights many family celebrations.
- People often assume responsibility for the care of their parents and, in doing so, sometimes deny them any choice in how this is organised and provided.
- Residential care isolates older people by denying them ready access to transport and preventing them from participating fully in society.
- Older people who live alone tend to feel vulnerable in public places and are therefore more inclined to accept offers of care. As a result, as with residential care, they are likely

to become segregated from the wider community.

We received the following AEAD from Jean Cameron, a comparatively young woman. She focuses on discrimination in the field of employment:

'I worked for a company that relocated to London from Cambridge. I could have stayed on but decided I didn't want to commute. So I began a job search. I am 49 years old and soon realised that, despite my colleagues telling me I'd have no problem getting another job, it was a different story convincing prospective employers in Cambridge. Although I applied for suitable jobs, it became clear that I was not being shortlisted for reasons that I could only put down to my age. I removed it from my CV and stopped dating my exam results. . . My degree was less of a give-away as I had graduated in my early 40s. Immediately I started to get interviews! However, one agency I registered with was surprised I'd worked in the same place for 14 years, the other told me in a false but upbeat mode not to lose hope, they'd found a temporary position for a

woman of 57 that very week! The problem was that once I'd got through the door it was apparent to a couple of employers that I was not "what they were looking for", and this in a sector I was comprehensively experienced in. Eventually, after a last-minute application and subsequent interview, I did get a job, but to be frank, a job that I'm wholly unsuited to and unhappy in. It is the very antithesis of what I do and each day frustrates the hell out of me in a position that, if I were younger, I could have rejected. This is the dynamic created by ageism. To keep the bills paid the options open to a woman close to 50 years are bleak. If I were 10 years older I'd probably cease applying.'

This account does indeed demonstrate the 'dynamic created by ageism'. At some point in Jean's search for a job, 'it became clear' that her age on her CV was preventing her from being shortlisted. Astutely she removed this and, lo and behold, she was offered interviews. This demonstrates how evidence of chronological age can constitute a bar. Next, she realised that when presenting herself in person, her apparent age prompted various negative reactions. The phrase 'not what they were looking for' says much about the significance of appearance. This demonstrates that age discrimination results not just from the *documentation* of chronological age but also from the sight of the older person.

Jean now finds herself in a job that 'each day frustrates the hell out of me'. This is a very bitter phrase. Why should she choose to use it? We would suggest that it is because she sees herself facing 10 years of misery until she can retire purely, it would appear, as a result of age discrimination.

In addition, Jean faces spending the remainder of her life, not just her working life, not only frustrated by the premature end of what had been a promising career, but also subject to the daily humiliations of later life in an ageist world. Jean is likely to face discrimination in the marketplace. She will try to keep up appearances but, with her income limited and declining, she will find herself channelled

towards hair salons and clothes shops specialising in serving older women. She will find public places increasingly hostile and often feel as if she is invisible to others. If she falls ill or has an accident and needs to go into hospital, she may find herself lost and neglected in a crowded corridor. Even if she recovers, she is likely to feel more vulnerable and notice that more people are offering her help. She may start to feel that decisions are being taken behind her back, and try to resist this, perhaps reminding people of the promising career she once had. Some kind of celebration may be organised to mark her 70th birthday; one which leaves her feeling patronised and a burden on others. As she looks back on her life, she decides it has been in a downward spiral ever since that time in 2005 when she confidently set out to secure a new job in Cambridge.

Of course, Jean may turn out to be an extremely resilient and positive character who finds a way of escaping the job that 'frustrates the hell out of me'. The aim of the scenario above is to indicate how an ageist world generates an enormous range of challenges for people in the second half of their lives. Some of these challenges are clear-cut, and have an obvious solution. For example, under the new regulations, Jean would have been able to bring a case against the employers who failed to shortlist her. Most challenges, however, are less clear-cut and, taken individually, less significant. Mrs Brown feeling threatened by the cyclists on the canal path is, by itself, no more than a minor humiliation and cause of anxiety, but taken together a long series of many such encounters does indeed have serious implications.

Age discrimination: a new definition

The current climate in the UK puts the emphasis on legislation as a means of challenging age discrimination. This has already been achieved in relation to employment (but only for people under the age of 65). Once it is agreed that other practices or regulations are discriminatory, older people will be empowered to challenge them too. This approach defines age discrimination in a way that removes it from the context of everyday life and places it in the context of the courtroom.

We believe that an equally powerful and compelling approach is to define age discrimination in terms of how it is experienced. Through RoAD, we have learned that there are many instances of age discrimination that are not actionable; and, indeed, many instances where it may be difficult to be sure whether age was a significant factor in determining what happened. But as we have argued, these experiences are no less damaging in their potential impact on the lives of older people.

Philomena Essed's study on racism,¹ based on the everyday experiences of black women, produced a useful definition. Replacing 'racism' with 'ageism' gives the following:

'Everyday ageism does not exist as single events but as a complex of cumulative practices. Specific instances acquire meaning only in relation to the sum total of other experiences of everyday ageism . . . it involves ageist practices that infiltrate everyday life and become part of what is seen as "normal" by the dominant group. Analogous to everyday life, everyday ageism is heterogeneous in its manifestations but at the same time unified by repetition of similar practices.'

Age discrimination can be defined as the consequence of ageist practices, and this definition implies that discrimination is only

noticed when it is 'out of the ordinary'. If, as we have suggested, age discrimination is very much a part of everyday experience, reinforced by an array of mundane and commonplace practices, it will rarely be 'seen'.

Last thought

There is a joke that the concluding recommendation of all research is that 'more research is needed'. Breaking from this tradition, our recommendation is that action is needed. We hope that this report and the RoAD toolkit and website will contribute to wider efforts to establish a more age-inclusive society. We also hope that it will help those older people who decide to take action, including the member of the Bristol Older People's Forum who interrupted an earnest discussion by jumping up and announcing, 'I've not come here to keep this seat warm!'

¹ Essed, P. (1988) *Understanding Everyday Racism*, Sage Publications, London, p.288.

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