

Women and Equalities Committee

Oral evidence: The rights of older people, HC 132

Wednesday 10 January 2024

Ordered by the House of Commons to be published on 10 January 2024.

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Members present: Caroline Nokes (Chair); Elliot Colburn; Dame Jackie Doyle-Price; Carolyn Harris; Lia Nici; Kate Osborne; Kirsten Oswald.

Questions 1 - 67

Witnesses

I: Caroline Abrahams CBE, Charity Director at Age UK; Dr Carole Easton OBE, Chief Executive at Centre for Ageing Better; Heléna Herklots CBE, Older People's Commissioner for Wales at Older People's Commissioner for Wales; and Joanna Elson CBE, Chief Executive at Independent Age.

Written evidence from witnesses

Age UK [[ROP0054](#)]

Centre for Ageing Better [[ROP0046](#)]

Older People's Commission for Wales [[ROP0026](#)]

Independent Age [[ROP0042](#)]

Examination of witnesses

Witnesses: Caroline Abrahams, Dr Carole Easton, Heléna Herklots and Joanna Elson.

Chair: Good afternoon and welcome to this afternoon's oral evidence session of the Women and Equalities Committee looking into the rights of older people. I thank Caroline Abrahams of Age UK, Dr Carole Easton of the Centre for Ageing Better, Joanna Elson from Independent Age and Heléna Herklots, the Older People's Commissioner for Wales, for providing us with evidence this afternoon. Members of the Committee will ask you questions in turn. If at any point any of you wish to come in on a question that has been asked, please indicate, and we will find an appropriate moment to bring you in. I am going to start with Lia Nici.

Q1 **Lia Nici:** Thank you very much, Chair, and hello, colleagues. My first question is initially to Carole, and then to other colleagues for wider responses. Older people are often stereotyped as being frail and helpless, but conversely quite often as baby boomers who are living very comfortably, to the detriment of younger people, in particular. Can you describe some harms that you think that creates and causes in society?

Dr Easton: As you can imagine, being chief executive of the Centre for Ageing Better, talking about ageism is something that we consider to be crucial. I am very pleased to have the opportunity to do so today, thank you.

Ageism is normalised in this country and is very common. It is the most widespread form of discrimination in the UK and it can be, as you allude to, hugely damaging. It can impact on health, job prospects, wider society and the economy. The stereotypes that you refer to, and which I will come back to, can become self-fulfilling prophecies as well, as they can affect how older people view themselves and their own capabilities and behaviours. I will talk a little more about it, but that is why at the Centre for Ageing Better we are launching an Age Without Limits campaign next week: to ask people, including politicians, to think about whether they hold ageist beliefs or attitudes, and to think about the words and language that are used, because we consider that to be crucial. We know that up to half of the people aged over 50 in England experienced age discrimination in the last year, so the prevalence is huge. At least a third of people, and I would posit probably nearly all of us, hold ageist beliefs.

The other interesting thing about ageism is it is unique, in that hopefully it could potentially affect us all. If we are lucky enough to grow older, we are not going to be immune to it. It is a kind of discrimination against your own future self. The other important thing to point out—I am sure, given the work of this Committee, you will not be surprised—is that it is not just seen in actions; it is seen in inaction—so by omission. So the needs, the voices of older people, of the ageing demographic in this country, are insufficiently considered.



To come back to some examples that you gave, it is hidden in plain sight and embedded. We do not even notice it when language is used in TV, in pubs, on social media. You mentioned the term “baby boomers”, when in fact the people who are most likely to be poor are aged between 60 and 64.

Bed blocking would be another example; why do we talk about bed blocking, rather than older people trapped in hospital? They no more want to be in hospital than we want them to be in hospital. The very language makes it negative and discriminatory. Language is important, and we all have a responsibility not to pit one generation against another, which is the other tendency that we have. If only older people would move out of their homes, there would be somewhere for younger people to go—I cannot tell you how far from the truth that is. Older people may love to move if there was the opportunity, and they were able to do so.

So we all have a responsibility to think about that language, the changes in policies that we may need, and the change in behaviour and practice that we might need. If it benefits one part of our society, it inevitably benefits the whole of society.

Q2 **Lia Nici:** It is open to other panel members to respond.

Heléna Herklots: Thanks to the Committee for looking at this issue, it is so important. I would just add a couple of things. It is also the case that we internalise ageism, and that can be self-limiting. We live in a world where we are told that growing older is a bad thing, rather than something to be celebrated. As Carole was saying, all the language, from media to civil society to politics, often portrays growing older and the older population as a burden. That can mean, as we grow older, that we internalise that.

For example, we might say of ourselves, “Oh, I’m too old to do that,” or, “I don’t deserve healthcare treatment because I’m old; someone else should be in the front of the queue.” An example of this, particularly in the sphere of older people who are victims of abuse, of domestic violence, was a situation where an older woman who needed refuge accommodation said that she did not want to take up that refuge accommodation place, because it might mean that a younger woman would not be able to get it. The way in which it is limiting to ourselves is hugely important as well.

It is incredibly pernicious, as Carole was saying, and deeply, deeply damaging. I think we saw some issues of ageism laid bare during the covid-19 pandemic, but even before that, we saw compelling evidence of the impact. For example, the Royal College of Psychiatrists did a study and produced a report showing how ageism exists in access to, and provision of, mental health services. Older people were not getting the mental health support that they needed because of ageist views. Across public services, across civil society and media and politics, it is there and



it is deeply damaging, not only to people who are older now, but to us all as we become older.

Joanna Elson: Thank you to the Committee for this inquiry, which is so important. Just to add to what Heléna has said about the impact of ageism, we have examples from older people living in poverty, who have been on the receiving end of those difficult stereotypes that older people are all financially secure and wealthy. They have said things like, "There are some wealthy pensioners but the majority of us barely survive." I think you will be interested in these two: "People in financial disadvantage just are not seen by MPs"; and the final one, "My MP has the opinion that older people are very well off and do not need any help." Of course, the reason that is so important is that as we think together about what provision these people need, if we are not seeing what it is they need, we are unlikely to be targeting the help they need. I am sure you all are very well aware, but there are many who are not.

Caroline Abrahams: Can I just add my two pennies' worth as well? It is great to hear what everyone else is saying; I completely agree with it all. I will make just two points quickly. First, what is different about ageism is just how culturally accepted it is now, in a way that other forms of discrimination are not. People who view themselves as educated, progressive, in touch, will quite openly say something derogatory about an older person, or about older people as a group, in a way that would be totally unacceptable if they said it in terms of race, or even gender or sexual orientation. There is something different there; it just shows how very embedded it is.

Secondly, just to reinforce the point that a couple of colleagues have made, on that group of people coming up to retirement—people who are 60 to 66, maybe a bit younger than that—of course some of those people are doing great. They are at the top of their earning power—they are running our country in lots of ways, they are running big companies. But if you are unlucky and are one of those people who are on a very low income—you are out of the labour market, you are caring, you are not very well, you did a job all your life you cannot do anymore—it is those people who are in serious trouble. That is not to deny the issues for people once they do become pensioners as such, but that other group has been very neglected, I think. They are getting a bit more attention now because of concerns about economic inactivity, which is prevalent among that group, but they have been neglected for too long.

Q3 **Lia Nici:** Just based on stereotypes, I would like to express that not all MPs are the same. For some of us, our constituents very much are not necessarily affluent, across all ages. To continue on that theme—this is initially for Heléna and Carole—both you and others have talked about stereotypes, ageism in the media, in the press, and you have called for action to be taken on that. What response have you had from organisations like IPSO, or the Advertising Standards Authority, on being able to tackle that, and what should we get the advertising sectors to



start thinking about with regard to ageism?

Heléna Herklots: We carried out some research a few years ago looking at how older people are portrayed in the media, and in the print media in particular—the research was carried out by Leicester University. They found that two thirds of all articles and references to older people were negative. There is a clear issue about how the media do not necessarily portray an accurate picture of the diversity of the older population and of older people. Together with the Centre for Ageing Better, we approached the Independent Press Standards Organisation, because we wanted age discrimination to be part of its code of practice, because it is currently the one protected characteristic that is not. That means, therefore, that it is very difficult to raise complaints or take complaints to IPSO, and it does not monitor ageism and age discrimination in the way that it monitors other protected characteristics. It is a very good example of what Caroline was saying—that it is not seen as serious.

We did not have a particularly positive response from IPSO. I have taken further action together with a Minister in the Welsh Government who also wrote to IPSO, but as far as I am aware, there has not been any significant change there. The National Union of Journalists has been much more supportive. It already looks at issues of age discrimination and has good practice on that, and has a retired members network, which is very active and is challenging issues of age discrimination. I think IPSO now references our good practice on communications, but I think that is as far as it has gone, and I have not personally had any contact with the Advertising Standards Authority on these issues.

Dr Easton: You are probably going to get unanimity on most of the issues today from this panel, I am pleased to say. We know that a study comparing us to 20 other countries found us to be the most ageist of all, when looking at the media, so there is a need to do something about it—that is certainly important. Heléna is right that we have not had a commitment from IPSO, except interested concern, but not necessarily the action.

In terms of advertising, there is both omission and ageism. Omission is odd, because you would think advertisers would want to tap into the market of older people but strangely, they do not seem to think we wear trainers, buy cars or do other things. As an example of ageism in advertising, I watched an advert just this morning about the internet, which was the most patronising comment on an older woman's ability to understand what the cloud was. We are recommending that the Advertising Standards Authority sets standards on age and looks at the harmful and ageist adverts in the same way that it does on race, on gender, on sexual orientation. As Caroline said, there is action taken now, for example, on ads that promote gender stereotypes; we would like to see the same action taken in relation to stereotypes on age.

Q4 **Lia Nici:** Do you think, partly, that there is a deeper issue here with market segmentation and stereotypes taken out of that? As you say, if



older people are not being targeted, that is perhaps because people are being segmented in particular markets that say, "Actually, they don't have the money in order for us to waste our time putting adverts that—"

Dr Easton: Yes, but as I say, there is the money. We are obviously all more concerned about the diversity in older people, and yes, there are some people with money and there are many people without. We are obviously not supportive of the attitude that all older people are wealthy. However, there is a market there, so I would posit that the advertisers are going, "If you put an older person, it does not appeal to younger people," because of the stereotypes relating to older people in this country.

Q5 **Lia Nici:** It is endemic, isn't it? That stereotyping is endemic throughout.

Dr Easton: Exactly. That is a negative image rather than a positive one. It even relates to how people advertise jobs. If you want younger people, there are certain words you will use, and it will be seen to exclude older people and vice versa. There is an inherent ageism which, interestingly, is counterproductive even to their own businesses, because unless it is a stairlift or an insurance policy, they are not going to aim it at—

Q6 **Chair:** That is one of the challenges, isn't it? There are products, services, things—my 50th birthday arrived and there was a deluge of advertising around stairlifts, funeral services, care homes. I was 50.

Dr Easton: You don't wear clothes any more or buy anything like that.

Chair: No, absolutely not—I am definitely in Velcro slippers and that is it. The question is what can be done with the ASA to tackle that level of stereotyping?

Dr Easton: One of the things is that we have to start calling ageism out. It is the kind of unseen accepted discrimination in the UK, which is why we are running the campaign. We are not magicians; we know it will not change the world overnight. But let's hope that it begins the conversation, "Why do we perceive older people negatively in this country and therefore render them invisible?"—from our television programmes, from our advertisements, and more importantly, from hearing their voice and their policies, and addressing the diversity and the need within that population. It is a bigger conversation that is needed about older people, as well as targeted intervention, so that we call out ageism when we see it rather than going, "Oh, that's just a bit of fun."

Q7 **Carolyn Harris:** This is an observation; do you not agree that we—women especially—feed that stereotype? When we reach a certain age, we expect our peers to dress and speak a certain way. I get comments and I am not that old, but I am over 60. People would love to push me into a twinset and pearls with a purple rinse, because I am of an age where I am a politician, and therefore I should be dressed a certain way. That is never going to happen, but instead of them saying, "Oh, good on you, I should be like you." They say, "My God, why do you do that? Why



HOUSE OF COMMONS

don't you dress like us?" Well, I don't want to.

Dr Easton: It has been touched on—because we internalise. We are none of us immune. I would go as far as to say that every person in this room is ageist, because we have grown up in this country. There is all that stuff that we cannot avoid. There is evidence to show that four-year-olds already hold very stereotypical views about older people. Your friends, unfortunately, are not immune to it either.

It is interesting, isn't it? If you perceive there is a stereotype, there is the stress that puts on you to either collude with it, to conform, or even to not conform. Either way, there is a level of stress and challenge that goes with it. That is not good for people's health and not good for their wellbeing. Crucially, as Jo pointed out, it even stops you going for health treatment. So it is not trivial.

I am sure you can laugh a bit about what we wear. I think women are particularly penalised by ageism because what you look like is always—again, since childhood—more of a pressure. That is a slightly lighter example, but the harm this does to people's financial wellbeing, to their health, crucially, to their ability to live lives to their full and to the ability to continue contributing to society is absolutely not to be underestimated.

Carolyn Harris: No, it terrifies me.

Caroline Abrahams: Carole said what I was going to say, which is I think it demonstrates how pervasive and entrenched ageist attitudes are. The example of little children is an interesting one, because people have asked young children over the years to draw what they think a grandma looks like. Year after year, what you get is little drawings of an old lady with a stick. If you look at the average age of becoming a grandparent in this country, it is in the 40s. Most kids' experience of what their grandparents are like is not old ladies with sticks; these days, that is more likely great-grandparents, which is another issue. But that just shows that even very young children are picking it up because it is all around them.

May I make two other quick points, which come out of this whole question? These are two things you are going to see over and over again as you conduct this inquiry. One is the fact that although age is a protected characteristic, that is widely not known. Even among public bodies, sometimes they have not clocked it either; it is the one that no one talks about.

The second point is that it is interesting that all older people tend to get lumped together. You said something changed at 50—well, that means you have people aged between 50 and 100-plus all lumped together into the same category. Not only is that a huge cohort of people in our country, but there are enormous diversities in all sorts of ways. The issues typically for someone in their 80s are not going to be the same as



for someone in their 50s or 60s, yet we consign that whole group en masse.

Q8 Lia Nici: This is for Caroline and Joanna, please. Age UK and other organisations have talked about the importance of social contact and interaction between younger people and older people, and the importance of that in busting a lot of stereotypes. Can you talk about some things that you have been involved in and know about that are most effective in stereotype-busting for older people?

Joanna Elson: I think we would all agree that social mixing has to be a good thing. We see that in our friends and family; it can only be good for everybody involved. The only point I was going to make on it is that the potential barrier to that for many older people—certainly for the 2.1 million people the Government say are living in poverty—is poverty. If you cannot afford to go out, or have your family over, or whatever it is—and that is both face to face and online. I will tell you about Linda, who is in her late 60s. She told us, “I love to have my grandchildren for supper, and before I’d say they can come a couple of nights a week. Now I have to think maybe once a fortnight, and I will feed them and just have a cup of tea myself.” That is heartbreaking for Linda and her family, but it is also heartbreaking for society, because we are all missing out on that interaction.

Unfortunately it is mirrored in the online space, because if you cannot afford to go online—I think we are going to come on to digital exclusion later, but we do have evidence that many people cannot, or are switching off, or stopping paying for their broadband because of the cost of living pressures—you are missing out on access to your friends and family, and all the other good things that you can get online.

Caroline Abrahams: Obviously, getting people of different ages mixing together, having fun together, learning together, is of course a really good thing. There are some services around that do that. They tend to be very fly-by-night. They tend to get funding for a short space of time and then they go again, which is why people talk a bit about intergenerational practice, but it never really embeds and sustains. You get a little voluntary sector project here, and then it goes again.

We probably need to think about it a bit more strategically, as part of efforts around community cohesion more generally. It is a bit trite at one level, but things like co-location do matter. If people are seeing each other, it is much easier to mix. Of course, there is more to this than just having the nursery located next to the care home. But having people closer together, making more imaginative use of school size, for example, can make a bit of a difference. But they are not game changers.

Q9 Lia Nici: Presumably, we could think differently about things like youth clubs—perhaps we could have older youth workers, or volunteers, or people going into those places where there are natural opportunities for intergenerational interaction in a positive way. Anyway, thank you for



that. Are there any other comments from panel members on that?

Dr Easton: All the work we are doing at Ageing Better, whether that be around older workers—and it is interesting what we use as that term; Caroline, you said starting at 50. Certainly, the general public will say that old starts at 57 to 60, so as Caroline was saying, the range is enormous. On the work, for example, in communities, there are about 70 age-friendly communities in the UK—well, in England, Northern Ireland and Wales, I think—

Q10 **Lia Nici:** Sorry, what is an age-friendly community?

Dr Easton: Are they in Scotland as well? Yes, they are—so this is around the UK. It is a WHO-driven programme. It is a partnership in a locality between local authority, business, voluntary sector, volunteers and older people, of course, in terms of making their environment more age-friendly. So it is doing what it says on the tin, and there is a whole framework for them to work within.

The Centre for Ageing Better runs the network of age-friendly communities. Why I mention it is because the principle is about inclusion. It is about what you can do to include older people and not have them isolated in their communities. That is intergenerational work, but it is called something different.

To give you an example, the age-friendly community did training in the Isle of Wight to enable people running transport systems to understand what it means to be disabled, to get on and off a bus—sounds small, was huge. That benefited older people, but it also benefited disabled people and younger people because the old people could get out and get somewhere.

This can be big things—so local authority strategies, including older people on voice in those developments. It can be things like making sure there are places to sit, toilets to go to—various practical things that can make older people remain part of their communities, so that they are mixing with younger people. I think all the work going on in those age-friendly communities is another example of where the importance of not segregating any group of our society is demonstrated.

Heléna Herklots: I think intergenerational mixing is valuable in and of itself. We know that if you mix with different people, you are much less likely to have stereotypical views or to discriminate. Importantly, I think intergenerational development needs not just to look at what younger people bring to older people, but what older people bring to younger people.

For example, where older people are mentoring teenagers, it is sometimes really powerful in terms of giving them that figure to talk to and to share issues and concerns with. There are really positive examples where people come together creatively to do some cultural activities within local communities, to bring different age groups together—as long



HOUSE OF COMMONS

as it is that mix, and not just younger people helping older people with IT, which is a slightly stereotypical development that can happen quite a lot. I am not saying that not that it is not helpful, but it is not the whole picture. It is part and parcel of an approach, and the more that it is embedded in the way we do things, and the more that our communities do not alienate different age groups from each other by the physical environment, the better. Age-friendly communities have a really important role to play in that.

- Q11 Chair:** Can I ask a question on intergenerational mixing? This might be a bit controversial. In some of the—I am going to use the phrase—“sheltered elderly accommodation”, so housing association accommodation, the older age group starts at 45. I can give you examples in my own constituency where sheltered elderly accommodation starts at 45. That is six years younger than me. Talk me through the challenges—Caroline, I think you were moving to say something about mixing. Should we be making sure that housing association accommodation has age ranges in it, or because we are all living longer and ageing better, should sheltered elderly accommodation start at an older age? What are the challenges around that?

Caroline Abrahams: I think there is something else going on with that development, for example, which is the shortage of supported accommodation for adults with significant needs. What we certainly sometimes hear about is older people in sheltered housing alongside people with acute mental health problems, because there is nowhere else for them to go. Part of what that is reflecting is a lack of provision across the piece for people with different sorts of needs.

- Q12 Chair:** Specifically, with the one I was thinking of, I went to visit the residents, who were very angry because more than 50% of the flats were taken up by people who were going out to work, and they were not available for the Tuesday coffee morning. They did not have additional needs; there was just a long-lasting assumption that once you were past 45 you were over the hill, and you could move into the elderly accommodation. I take that badly.

Caroline Abrahams: I imagine we would all think that was a bit bonkers really, so quite what is going on there I am not sure. As a matter of principle, it is great to have mixed neighbourhoods of different kinds of people, and that is not just true of age; it is true in all kinds of ways as well. We also need to ensure there is enough appropriate accommodation for older people, and the problem at the moment is that that is not the case. We might come on to talk a bit more about that, but actually there is not enough supported housing for older people. There is a Government sponsored task force looking at this at the moment because we all acknowledge there is not enough of it.

Chair: Thank you.

- Q13 Lia Nici:** Finally from me, this is to Hélène and Carole, but obviously all



panel members are welcome to answer. Do you believe the UK Government are doing enough to challenge ageism and ageism stereotypes, and what can we as politicians do to assist you in what you are trying to achieve, and what we all want to achieve?

Dr Easton: The blunt answer is no, but politely of course. I am pleased to say that three Government Departments have signed the age-friendly employer pledge that we run from the Centre for Ageing Better, which enables employers to improve practice. Given both the numbers of people who work directly for Government and procurement, there is more that could be done in terms of very easily spreading that message. That would be a very easy request to demonstrate support for challenging discrimination, particularly in the workplace, so Government could do more on that.

Interestingly, on the Equality Hub—I am sure I do not need to explain its function to you all—in 84 publications over the past three years, not a single one has been about older people or age. Here again is the invisibility of age, even at Government level. I am sure we will come on to that, but it is one of the reasons why we would like to follow in the footsteps of Wales and ask for a commissioner for older people and ageing in England. We think that could make a huge difference.

Q14 **Chair:** To be specific on that, what sense do you get of any data the Government Equality Hub might be collecting on age?

Dr Easton: I beg your pardon—I am sorry.

Chair: Do you know if they are collecting any data on age?

Dr Easton: I am going to turn to my colleague. No, I am sorry—

Q15 **Chair:** Is that a no, you do not know, or a no, you know they are not?

Dr Easton: We do not think they are. Sorry. I am sure Heléna can talk much more eloquently about the role of a commissioner, but we believe it would enable this challenging of the negative stereotypes. It would ensure the voice of older people within not only Government, but business and the wider public. We may come on more to that, but that would be the main request we would be making.

Heléna Herklots: First, it is really positive that this Committee is conducting this inquiry, and it provides a great platform for improvements to be made. Looking at what UK Government does and does not do, I would agree with Carole that they are not doing enough. But you need to look at the whole spread of Government, so officials working within Government, special advisers, for example, as well as politicians. There needs to be much more awareness raising of what ageism is. Something that could be done is to literally look at the induction process for people coming in as civil servants. Does that really look at ageism and age discrimination? How are these things talked about and addressed? Are there mechanisms to make sure



that policymaking and decision making are not inadvertently ageist? For example, are equality impact assessments carried out, and are they carried out comprehensively?

There are some mechanisms and processes you could look at and examine, as well as looking at how those attitudinal issues are dealt with, and whether there is an issue around learning and development, and training. For example, there have been great strides in recent years about the understanding of dementia, and that was partly instigated through the Dementia Friends programme, where people were able to do short pieces of learning to really understand. You can see how that is making a cultural difference, and I wonder if similar sorts of things are needed around ageism. So rather than blaming people for being ageist, it is about actually starting where people are and having that conversation, and putting it into the policy, processes and learning that people go through.

Caroline Abrahams: At Age UK, we think there is a structural problem within Government which, in a way, is simply reflecting our ageist society in lots of different ways. Our Government struggle to think about age. I put it this way: if we were serious in Government about an issue, you might have a commissioner, you might have a Minister, you might have a cross-cutting unit of officials looking at the issue, and you might have something written down, a strategy or a plan. What is interesting about older people is that, in this country, we do not have any of it—nothing—so it is actually quite hard to have a conversation about older people.

I can talk about pensions, social care or health, but actually talking about older people is really quite difficult. We saw the results of that during the pandemic, frankly, because when things were really tough and really difficult decisions were having to be made, there was nobody in Government, in Whitehall, who really knew enough about what older people's lives were like or what they needed. Therefore, we ended up with some decisions that, ultimately, we probably all look back on and regret. It is time we changed that. That is why, at Age UK, we are very supportive of the move for a commissioner but, actually, for us, it is not just about that. It is a much broader thing, because if Government start to change in that regard there will be lots of follow-ons from that. Hélène has done a great job and she has helped to change the culture around older people in Wales. We can do the same in England; it is about time we did.

Joanna Elson: Can I just add one thing to that? If you take any of the reports that there are on inequalities, and you look at even just the number of pages or the number of references, ageism is just not there. We looked at the Sewell Commission's report, for instance, on race inequality. In the report and the Government's response, there is lots there on challenges and solutions relating to children and to working families—all good stuff—but there is virtually nothing on age. That is why we think having a commissioner, as happens in Wales and Northern



HOUSE OF COMMONS

Ireland, who can be the voice and amplify the voices of older people, would actually help Government to tackle these issues, because they would not have to do that job. They would have someone who could do that for them in a structured way.

Q16 **Chair:** Heléna, can I just pick up on that? I think it was Caroline who said that you have changed the culture in Wales. Can you quantify that?

Caroline Abrahams: I meant around Government actually. There was a conversation around who would be the—

Q17 **Chair:** But can you quantify it? What can you point to that is different?

Heléna Herklots: First, I think Caroline is being complimentary, and let me just say that it is not just me. I have a team and I am the third person to hold the role of Older People's Commissioner for Wales. I would say our context is different in Wales, and this is really important, actually. The Welsh Government have, for many years, had a cross-cutting strategy for older people, and now a strategy for an ageing society, so it recognises the points that Caroline was making about the need to join up Government and look at age holistically. In that sense, there has been a stronger starting place, and that is important.

The other piece of important context is that rights are much more positively regarded across all political parties in Wales. Rights, including human rights, are seen as important. Those two things matter. We are on a journey in relation to culture. I would say that there are pockets where there is fantastic work going on, where I can talk with Ministers and Deputy Ministers about issues of ageism and there is real commitment to seeking to change that. There are also pockets where that is not the case quite yet, and there is still the work to do. We have some really positive things going on, but that is not to say that there is not a lot more to do to ensure there is a much more consistent understanding of ageism and age discrimination.

One of the conversations I am just starting now with the Welsh Government is actually around the training and awareness raising within the Welsh Government on issues of ageism and age discrimination. For example, the Welsh Government are invested in rights awareness raising for older people—a very practical piece of work—so people are more aware of their rights and can advocate for themselves. Quite a lot of our legislation also embeds issues of rights—for example, the Social Services and Well-being Act (Wales), which is similar to the Care Act in England. Within that, public authorities have to give due regard to the United Nations principles on older persons. Within the strategy on an ageing society, there is a commitment to tackle ageism and a commitment to promote the rights of older people, so that really helps set a context within which myself and charities representing older people can work.

Q18 **Kirsten Oswald:** Thank you very much for that. Caroline, perhaps I can ask you this first and then maybe broaden it out. We have heard



a little about the situation with employment. I wonder if you believe that age discrimination in key areas, including employment and maybe access to healthcare, is becoming more or less prevalent.

Caroline Abrahams: This is a really hard question to answer because—guess what?—there is no real data. It is kind of impressionistic. These are not new problems, that is for sure. They are very well-known problems, and they tend to manifest in different ways at different times depending on what else is going on. Certainly, within employment, there is quite a lot of evidence. For example, research on managers suggests they do take age into account when they are making appointments, and people are very open about that. I am afraid that is the other side of the coin and is one of the reasons why older workers, if you lose your job, you are much more likely to stay unemployed longer than if you are younger. There is some evidence we can draw on to definitely substantiate that.

Similarly, within health—we might come on to talk a bit more about access to healthcare which is, arguably, the No. 1 issue that older people are raising with us at Age UK at the moment—they are so worried about whether or not they can get a GP appointment. I could not exaggerate how much concern there is among older people about that. But it is not just that: it is also things like what sorts of decisions are made within healthcare. Whether it is actually getting worse or not is very hard to say.

Q19 Kirsten Oswald: The data point you make is a good one, and I am sure others will want to reflect on that as well, but what do you think should be the priority areas in terms of better equality data collection and better transparency on what is actually happening? Are there key bits you think should be focused on first?

Caroline Abrahams: Actually, there is a big consultation just kicking off around what health and care data is collected, and we at Age UK are certainly talking—I am sure my colleagues in other organisations are, too—about how we appropriately influence that. This is against the context in which, because of resource constraints—at the moment, the trend is away from more comprehensive data collection, which is a real risk given that we do not have much on older people in the first place. The risk is we end up with even less.

In some areas, we have had to battle really hard in recent years to get data collection extended. For example, it is only in the last couple of years that we have started to collect data nationally around the incidence of domestic abuse as experienced by people aged over 75, because until then, there was a line as though that stopped, and it was not an issue for people. It is hard to say what the priority is, but there is an awful lot to do and, clearly, what gets measured gets done. There is scope for a review across all forms of data collection to check that older people's needs are appropriately recognised and met, but we have a long way to go.



Q20 Kirsten Oswald: Thank you very much. Do others want to come in on that point?

Dr Easton: There were so many points there. Can I come in first on discrimination at work? Certainly, we have done a lot of work at the Centre for Ageing Better on this issue, and there is no doubt that it is extremely prevalent. We know, certainly from recent research, that about a third of people aged 50 to 69 feel at a disadvantage applying for jobs because of their age. We know that—as Caroline touched on—if you are made redundant or are out of work, it is much less likely you will get back in to work if you are over 50. People know that. A third of people who retired felt they had been forced to retire. We know there are, more or less, half a million people over 50 who would like to be in work but feel that the barriers are too high. It comes on to the harm that age discrimination does, as we touched on right at the beginning. It definitely harms people's work prospects and their economic prospects as a result and then, of course, it creates labour shortages as well.

Yesterday, I was looking at the figures in the tribunals, which go up and down quite a lot in terms of how many cases are brought for age discrimination. What I have heard anecdotally is that it is harder to take a case for age discrimination than it is some other protected characteristics. That may be because, again, age as a protected characteristic is not sufficiently understood at the moment.

At the Centre for Ageing Better, we believe that there is much more that can be done to enable employers and employees to tackle discrimination in the workplace, to recruit, retain and retrain, because older workers, first, are less likely to be trained. If they are out of work, they do much less well with employment support. So there is a whole gamut of work and, when you ask what Government can do in terms of ageism, there is the direct response that we all gave you around the structures and the need for a commissioner, but there are also these key areas in my view—work, health and homes—where we could have an impact on the impact of ageism. Work is definitely one of those.

Q21 Chair: Can I ask a question on that? I will declare an interest because I am in the age group I am about to talk about. When we are looking at retraining opportunities for older women in sectors where there are shortages, one of the things that really annoys me is that it is invariably women, older women, who are pointed towards the care sector, hospitality and retail. Is that part of the dangerous stereotypes you were referring to earlier? Is there just a lack of ambition when it comes to how we should be retraining our older workforce?

Dr Easton: Definitely. That is an intersect, isn't it, between gender and age?

Q22 Chair: I suspect it is probably the same for older men as well, though—that there is a lack of ambition as to what they can be retrained to do.



Dr Easton: Oh, absolutely. What is the horrible phrase—can't teach an old dog new tricks? I do not even like saying it out of my mouth, but that is a view. Again, employers do not understand that having a workforce that is more diverse in terms of age is good for their productivity; it is good for innovation; it is good for wellbeing; older workers are more loyal. There are all sorts of things that improve a workplace if there is greater diversity of age. But people do not seem to realise it because they are so influenced by the stereotypes we have been talking about today and that lack of ambition.

I remember, at one of the party conferences last year, talking to a woman who said she was applying for a care role, as it happens. She was 60 years old and she said the team interviewing her said they were worried how long she would stay. The turnover in that institution was something like two years, so it was ludicrous and discriminatory, and that is still what is happening. Our pledge is one way of trying to help employers to see the benefits and the talent they are missing out on and, as you say, the lack of ambition not only for their own workforces, but for the individuals.

Q23 **Chair:** I am sorry, I firmly take the view that a woman of 50 has the best part of 20 working years ahead of her, doesn't she, so it is worth investing in retraining?

Dr Easton: Exactly.

Chair: That was me getting on my little soapbox.

Q24 **Kirsten Oswald:** You are welcome to that particular soapbox. It is an important one, and it seems like very bad business practice to exclude such a large proportion of people who will have experience and talents. I wonder if any of the other panellists want to say anything about the prevalence of age discrimination and the issue of data before we move on.

Heléna Herklots: Yes, it renders older people's experiences invisible if data is not collected, and this is across lots of areas. We talked about how the England and Wales crime survey was not even counting people over the age of 74 as if somehow, magically, those crimes do not happen. Thankfully now, because of work and not least because of these organisations, that has changed. Too often, we see data where it just says older people as one category and, as we have said, 60 to 100 is a whole diversity of age so that needs to be broken down. In relation to things like social care, access to social care and health outcomes, we need to see that data as well. So that push is really necessary. And in relation to employment as well, for businesses to report on the age diversity of their workforce, as they would report on other diversity characteristics, is really important.

Q25 **Kirsten Oswald:** Thank you. Joanna, did you want to add to that?



Joanna Elson: I just wanted to put one thing on the Committee's radar, which is the other side of the work thing. Of course, we all support getting older people into work; I absolutely agree with everything that has been said. I cannot give you numbers, for the reasons we have talked about, but there is a cadre of people who carry on working when they probably should not because they cannot afford not to, and we should not forget those. We met a man called Philip, a long-distance lorry driver who has mobility problems. He is finding it very painful to carry on working but he cannot afford to stop, and he has agreed with his wife that, at the point at which he cannot work anymore, they will give up their house and move into a van. There are people like that out there that we should not forget.

Q26 **Lia Nici:** Isn't that part of the problem? He probably, with retraining, can go and do a job that he is capable of doing?

Joanna Elson: Quite possibly, or, as he is quite elderly, it might be time to make sure he has sufficient income to retire on.

Kirsten Oswald: Thanks for adding that.

Dr Easton: Could I add something about the data? I am not sure we are going to have time to come on to it, but there is this intersectionality. We know the older people most losing out are from minority ethnic groups, and data is lacking there as well. If we are going to make a push for data for older people, I would also say, given the work we have done recently that has shown the inequalities—and inequalities grow as we get older. The diversity grows and the inequalities grow, so it is both/and. We need, as my colleagues have said, more data, and not just one big group. We also need to disentangle BME groups—again, it is as if there were one group when we know, even among older people, that some of those inequalities are very different in different groups. I would really make a bid for that to be happening simultaneously.

Q27 **Kirsten Oswald:** Thank you for that. Can I stay with you, Carole? Is there evidence that age discrimination played a substantial part in the number of older workers who left the labour market during the pandemic? I am wondering about the measures to help people in that regard. Are they sufficient for this group?

Dr Easton: Since the pandemic, we know the workforce has been slower to recover than some countries. Health, particularly in older people, is undoubtedly one of the factors, from what we have seen. Sadly, we also know older people do least well with employment support, and there is also a big cohort of older people who are not engaging with employment support, so are really economically inactive. We would want a bigger investment and bigger interest in promoting local schemes to work with people who are furthest away from the workplace, so not engaging with jobcentres. We are piloting a couple of projects that we are happy to share with you after this meeting. There is more that can be done with



regard to employment support for those people who want to go back to work.

There are also measures such as carer's leave. I know there has been some progress with that, but, again, particularly for women, the peak age for caring is 55 to 59, so the ability to take carer's leave, if it is not paid, is limited to those who can afford to do so. We would like to see working to a day one right to paid carer's leave, which will particularly benefit women, but not exclusively, and may enable some of those people who left work during the pandemic to go back to work.

Similarly, flexible working, on which there has been some progress, will be another. That could be developed even further. I know it is just about to be implemented. Today, I spoke to Timewise, which gave me an example of an older man who said, "Oh, no, flexible working, that's for young people with families, and I'd love to go back to work, but I would need my healthcare." Again, what would get him back to work would be having that flexibility so he could look after his health. There is a need to promote that now both to employers and to employees, so that those people who maybe left work during the pandemic can see that there may be a slightly different environment to go back to.

Q28 Kirsten Oswald: Thank you for that. Heléna, going back to the covid question, do you think the pandemic exposed latent ageism in the health and care systems?

Heléna Herklots: I think to some degree it did, yes. I was asked the question a lot during the pandemic about whether the pandemic led to ageism or exposed what was there, and I think it is mainly the latter.

There were some very traumatic examples of that. We saw some examples of "Do not attempt CPR" notices being blanket issued to older people, and to people with disabilities actually—so a very harsh example. An example of the language used around older people—that includes from members of the UK Government and media commentators—was, "Why are we protecting older people? They're going to die anyway," and those sorts of things. There were some horrific examples of language.

What struck me in all my conversations with older people and people caring for older people was the attitudes and the language, and how they felt. Many older people talked about feeling like they did not count; they did not matter. People felt their lives were being put on hold because of these older people. The language, the decision making, people's experiences showed that, and maybe the pandemic emboldened some people with ageist views to come out and say those publicly in a way they would not have done before. We are still living with the legacy of some of that, which is why the work we have been talking about and the work of this Committee is so important, because there is a risk that some of that becomes normalised and, therefore, we need to almost redouble our efforts on issues of ageism.



Q29 **Kirsten Oswald:** Do you think there are particular measures that should be put into place to try to arrest or remedy that?

Heléna Herklots: Yes, I do, and it is a mix of legislation, practice, attitudes and communication. Some of this is about making the legislation we have stick. We have an Equality Act. Age discrimination in many forms is illegal. It is about actually implementing that, making sure it sticks, and, where we need test cases, helping that to happen.

There is work that needs to be done to really understand the way in which rationing occurs. Let us not pretend rationing is not happening in our public services; it is. We need the data to demonstrate whether that is particularly impacting on older people in terms of their access to healthcare—I gave the example of mental health—and access to social care, so that needs to be looked at.

We need to make sure our Governments and our public services undertake awareness raising and training on ageism in the same way they do with other protected characteristics. We need to enable older people to speak out without fear, and this is another key area. Some work I do in Wales is about working with older people, so more of them know about their human rights and legal rights because lots of older people do not. If you are in your 70s, 80s and 90s, you grew up at a time when no one talked about rights—you did not feel you had any legal rights as you got older. We also need to help older people know what they are entitled to—that it is not about charity; it is actually about legal entitlement. So we need that mix of things.

Kirsten Oswald: Do any other members of the panel want to add anything before we move on—no? Thank you very much.

Q30 **Chair:** Heléna, can I just ask a specific question? You said that during the pandemic, there were examples of Government Ministers using ageist language. Can you provide any specifics?

Heléna Herklots: Yes, I suppose I am partly referencing what has come through the covid-19 public inquiry to date and the reports through that. That was my key example.

Q31 **Carolyn Harris:** Joanna, I am of a generation where very few of us had private pensions. I was 45 before I actually started a private pension. I could not afford to pay privately before that until I was in a job. Aside from state pension policy—which this Committee is not looking at—what more can be done to tackle financial inequalities experienced by older women, and especially older single women?

Joanna Elson: There is quite a lot that can be done. Just to give you a bit of background to that, we did some work with City University that looked at who, among the over-65s, were the most at risk of poverty. There were six groups: single people, women, people from minority ethnic communities, private renters, carers and people with long-term



disabilities. Of course, where you have a coalition of intersectionality, you are going to get a greater risk.

If we think about women, maybe the first thing to say is that the overall poverty rate for over-65s is 18%. For women, that is 19%. If they are single, it goes up to 26%, and so on. It is worth bearing that in mind, and there is quite a lot that can be done. Part of it is about ensuring people can access the benefits to which they are already entitled. We know about pension credit, which people can access if their income is below a certain level. Only about two thirds of the people who can access it, or could be eligible for it, do, which means that something like 880,000 people in the UK are not accessing pension credit. Now that we know who those groups are, we need to do what Heléna has been doing in Wales—and, to some extent, this has been happening in Northern Ireland as well—which is to find those people, target those people and tell them about those benefits, and to do it in a way that means that taking it up does not feel like a stigma, but like something you are entitled to.

Q32 Carolyn Harris: Is that the problem, Joanna? Are people not claiming it because they feel it is a stigma to do so?

Joanna Elson: They do not know about it; they do not know how to claim it; they try to claim it and then it is complicated. If you get help claiming it with a relative or a helpline or something, fine, but on your own it is a hard thing to do, particularly when you add in all the different bits of benefits and how complicated that picture is.

I will just give you one example because, of course, as Carole was saying, the majority of carers are women. If you are caring for someone and you are on a state pension, you cannot get any money for the carer's allowance, but you should claim it anyway because it entitles you to lots of other things. But who knows that? Hardly anybody, and that can make a massive difference to people's lives. So even working within the canvas we already have—of the patchwork quilt of benefits—there is a lot we can do to make sure people can access those.

Q33 Carolyn Harris: What can this Committee recommend to help get that message out there?

Joanna Elson: The Committee could recommend a couple of things. One is that we think Government, of whichever colour it is eventually, needs to take a step back and think about what the right adequacy is of income for later life. How do you get to a formula, maybe as has been done with the living wage or something like that? How do you agree what is fair to people? At the moment, what happens is there is a heated debate in the media; should the triple lock continue? Should the state pension age rate be raised? Understandably, older people get really worried about all this. Things change and people do not know what the changes are and so on. We think things should stay as they are until there has been that good cross-party look at what adequacy should be.



HOUSE OF COMMONS

Meanwhile, this Committee, and all of us, should work together to make sure—as happens in Wales, and that is why we think a commissioner is so powerful—that those groups we know are not able to access benefits or are not accessing them do. Not to spare Heléna’s blushes, but in Wales I understand there has been a 26% take-up in pension credit since Heléna and her team worked with local authorities, charities, businesses and others to make people aware of it. That is the power of us all working together.

Q34 Carolyn Harris: Heléna, what kind of things have you done, because I would be really interested in doing something?

Heléna Herklots: On the 26% increase Joanna refers to, we did a specific piece of work with bus transport in Wales. We were going through a phase of switching all older people’s bus passes, so every older person had to be written to.

Carolyn Harris: Yes, I remember that.

Heléna Herklots: You remember. We worked with Transport for Wales so that, at the same time as older people were getting all the information about the new bus pass, they got a leaflet from me talking to them about pension credit. We thought very carefully about the messaging, making it non-governmental bureaucratic, so it was trusted information, giving the telephone number of where to go. As Joanna said, we saw that increase in take-up, so we knew that sort of direct approach, thinking carefully about the messaging and language, worked.

We are now seeking to work with—and are working with—Welsh Government, local authorities and other organisations. What we want to see is that more targeted approach. Coming back to the issue of data, local authorities have a huge wealth of data about their citizens and about who is likely to be eligible for pension credit. If you can write to those people proactively, you are much more likely to encourage them to be able to take it up. This is a key issue really, where we have a system designed to help the poorest older people that is failing hundreds of thousands of older people. This means, quite literally, that there are probably people who have not been able to survive various winters because they have not been getting the money they should get, which they are legally entitled to. It is urgent we act, and we know some ways to do it.

Q35 Carolyn Harris: Are you limited to what kinds of communication you can actually put that information in? You worked with the bus company, but could you, for example, work with a local authority that is sending out community charge bills every year? That leaflet or whatever could then go in there so you are guaranteed to be reaching—

Heléna Herklots: That is exactly right. We are looking at all those different routes and mechanisms. The health service is an important mechanism as well. For example, there is probably more we could do.



HOUSE OF COMMONS

Many older people are going to get their flu jabs and covid vaccinations. That is a great opportunity to provide people with information, support and encouragement to take up the different financial entitlements, pension credit, and also things like carer's allowance.

Q36 **Carolyn Harris:** A public awareness campaign.

Heléna Herklots: Again, it is coming back to that issue about joining things up and just thinking creatively. It is not necessarily about doing new, expensive things; it is about making the best use of those contacts we already have.

Q37 **Carolyn Harris:** Carole, I can see you want to come in.

Dr Easton: Yes, I really want to push this joined-up thing. You say we are not doing pensions, but you can talk to the people who are doing pensions. Why we—all of us, I think—want an ageing strategy is that people are taking the bigger picture and looking across Departments. For me, the issue about pensions is both whether people are getting it and they are getting what they are entitled to, and also, the last time the pension age went up, another 80,000 older people were pushed into poverty, so what can we do to talk with the people who will be making decisions about increasing the pension age again to raise awareness of the impact that could be having and to ensure that it is not done in isolation? We need to review whether people can stay in work or not, because if the pension age goes up and age discrimination at work continues at the level it is, we are increasing the pool that Joanna was talking about.

That is why it is so important that this issue is joined up across Departments, so that we are not increasing the group of people not benefitting from the benefits system. Not all older people are in work before they start pulling their pensions but, again, if that benefit system is impoverishing them, they are going to start drawing their pension in a much worse position, much less likely to be in health and much more likely to be impoverished. So I absolutely push that.

Talking of the triple lock, again, coming back to what can be done, that is a really good example where we have debate and it pits one generation against another. So it is about whatever you can do to say that this is to ensure that we do not have the numbers of people in poverty that we have been talking about, and it is not to the detriment of younger people. In fact, it is to their long-term benefit.

Q38 **Carolyn Harris:** Carole, you have called for a new race equality strategy to ensure that racial and ethnic disparities throughout the course of life do not widen in later life. Which disparities are you most concerned about? And a bit like the last question to Heléna, how do you think we can combat that?

Dr Easton: That is a really big, but absolutely crucial question. Yes, "The State of Ageing" report we recently published showed that our ageing



population, our older population, is more diverse than it ever was, and it will increase because the number of people in, for example, black, Asian and minority ethnic backgrounds is increasing. These people are getting older, so that will be reflected.

Also, other changes are ways that we are living in terms of family structures, so there are people who have not married and people living alone, which we have already touched on, as well as sexual orientation—all that diversity in its glory as people are getting older. People often compare older people to younger people and say that older people are rich and younger people are poor. In fact, the differences are more within the groups—within the older group—than across, so that is really important to bear in mind.

The differences we saw between older groups and intersectionality between age and ethnic groups are particularly shocking when you look at something such as health, for example. The statistic that stuck in my mind, which is terribly shocking, is that 20% of Bangladeshi women aged 50 to 64 report being in poor health. That is the same as white British women aged 85 and over. That is a difference of 35 years in terms of health profiles. It just brings some reality, I hope, to the inequalities I am so pleased you ask about.

Similarly, if you look at poverty in terms of everyone over 50, it is highest among Bangladeshi people. We are talking 43% poverty—34.5% among the Pakistani group. They are more likely to be private renters, and today we touched on the challenges in the rental system and the enormous percentage of people's income that is being spent in this country compared to many other countries and the challenge that faces. About 22% of people from black African backgrounds are privately renting, so nearly a quarter, and they are more likely to be in poverty. I think it is something like 40% of people living in the private rented sector are living in relative poverty.

The issue we have not touched on yet, but which is absolutely crucial, is poor-quality housing. There are millions of people living in homes in this country that are bad for their health. That is a particularly crucial issue for older people. Only 3.5% of white British people aged 50 and over are living somewhere that is overcrowded, has no central heating, or shared accommodation. That figure of 3.5% compares to 36% of Bangladeshi people, and 29% of black Africans. It gives you a profile of the huge inequalities when you intersect age with other characteristics.

That is a bit of background about why we have asked for a new race equality strategy. We have looked at the strategies that are out there at the moment—the Inclusive Britain strategy, for example, which focuses more on discriminatory behaviour, racist abuse, minority ethnic communities and children's services, but not age.

Q39 Carolyn Harris: Could it be used for age? Could the strategy be adapted or adopted to use for age?



Dr Easton: There needs to be a more strategic approach, really. It is quite specific in areas.

- Q40 **Chair:** Can I just ask a question specifically relating to differences in health outcomes and wellbeing? Is there any evidence that those numbers are shifting? You used a statistic about Bangladeshi women being much more likely to say their health was bad than white British women. Has it been tracked sufficiently to see whether it is getting better or worse?

Dr Easton: Can we look at that and come back to you, because I cannot answer it immediately?

- Q41 **Chair:** Yes, it would be interesting to know if Bangladeshi women were healthier 10 years ago than they are now, or perhaps they are much healthier now than they were 10 years ago.

Dr Easton: Yes—whether there is a trend. If I can, I will come back to you on that. I am not going to claim to be an expert on what needs to be in the race equality strategy. We spoke to the Race Equality Foundation, and its response said—I think I am allowed to quote them—“It’s difficult to see how the Inclusive Britain strategy will lead to systemic change if the Government continues to argue racism is not the cause of inequalities experienced by Britain’s black, Asian and minority ethnic communities.” We would like to defer to them if you want to talk more about the detail of what would be in the strategy, but we would like it, inevitably, to take a life course approach, to include a focus on older people because of the growing inequalities, and to set out a clear plan to tackle systemic issues, particularly health inequalities. We need policymakers to be thinking about the growing number of older people and the growing diversity of older people, and that is the theme that is coming through. We touched earlier on the need for data to inform that strategy.

- Q42 **Carolyn Harris:** Thank you. This is to Caroline, but please feel free to come in on the back of it. What do we hear from your networks about key issues for older LGBT people?

Caroline Abrahams: The biggest one is probably that, obviously, lots of people who are LGBT have gone through their lives being hidden about that, feeling very reluctant to talk about it. They are maybe only just now in later life coming to terms with what that means, and they confront systems and settings which are not always used to the idea that somehow an older person might be gay or lesbian, or whatever. This can be a problem in care homes where staff can be uncomfortable about working with people. It can mean that it is difficult if you want your partner to come in and visit—do you say they are your partner or not?

There are things like that, but there are also issues around health and care—I am sure members of the Committee have their own experience of this—in that it does not half help if you have someone to advocate with and for an older person, particularly in such a resource-strapped environment.



HOUSE OF COMMONS

- Q43 **Chair:** Apologies, I am going to have to suspend the meeting because we have a Division. There is only one vote, we think, so I will suspend the sitting for 15 minutes.

Sitting suspended for a Division in the House.

On resuming—

Chair: Having suspended the meeting, we are back from the Division. Caroline, I am conscious that you were mid-answer.

Caroline Abrahams: I have made the point about the problems for people who are LGBT+ etc., if they have to go into a care home or something similar. The broader issue, perhaps, is that those people are less likely to be ageing with children and more likely to be ageing alone. They are less likely, therefore, to have someone who is able to advocate for them and to join things up. In a resource-strapped system, that can result in quite a severe disadvantage.

The problem is that health and social care tends to assume there is always going to be somebody there—a younger relative who is going to be able to do all that important joining up.

We need to move to a position where we acknowledge that, for many reasons, there will be quite a lot of people who are ageing on their own, and do not assume that there is always someone younger who can basically hold the ring.

- Q44 **Kate Osborne:** I want to pick up on similar subjects around LGBT people and social care. We know that this community is disproportionately discriminated against, and often mistreated and abused within social care, particularly in settings like care homes. I wonder if the panel can share any ideas as to what else can or needs to be done to stop that happening.

Caroline Abrahams: It is partly about better training for people in social care. We should view social care as the profession it really is, pay people accordingly and provide them with the training and career development they need. This absolutely ought to be part of it. I do not think there is any doubt about that.

There may also, in some cases, be a place for separate specific provision for targeted groups. We are starting to see that in terms of housing, and a little in terms of care homes. There are only one or two care homes now, and I think a domiciliary care agency as well, that cater for those specific groups. That is good. Where there are niche markets within social care among this huge number of older people, and, of course, people of working age who want a service, why would we not seek to provide a service that really is going to work for them?

Heléna Herklots: We can work with older people on this as well. I remember visiting a care home during Pride Awareness Week, and the



HOUSE OF COMMONS

residents in the home themselves had decided that they wanted to have discussions about people from LGBTQ+ communities. They decided the care home should have the Pride colours and be welcoming. I thought that was a really good example of not making assumptions that older people are going to have biases or not want to engage.

There is a fantastic charity called Opening Doors, which is specifically for LGBTQ+ people over the age of 50. They are doing great work, including looking at issues around the culture of care homes and working with a number of care homes to really open their doors. It is a massively important issue. Certainly, in my conversations with older people, I have heard them talking about having to get back into the closet when they reach their later years, because they do not know how they are going to be able to be their true selves, if, for example, they need to go into care.

There is work under way, and it would be great if the Committee could really amplify that and draw attention to some very good practice that is developing.

- Q45 **Kate Osborne:** It is tragic that people in their latter years, particularly, would be put in that position. When you say “over 50”, that makes me feel extremely old. Having said that, let us try and broaden this out, not narrow it down. On a similar subject around housing, it seems not so long ago that LGBTQI+ people often found themselves separated from their partners because their relationship was not recognised, whether that be in a care home or in other settings. I wonder whether you feel that situation has improved in recent years compared to where it was a decade ago.

Caroline Abrahams: There is more recognition of the unmet housing needs of older people in that situation. I spoke to somebody who was a representative of a really lovely development in London, which is absolutely dedicated to older people’s accommodation for that group. It has had a bit of media coverage, so you might have read about it. I thought, “Gosh, I would like to live there.” It was really nice, really well done.

Awareness is beginning to dawn, but of course we have to see this in the context of there not being enough of that type of accommodation for any older person, regardless of their personal characteristics.

Hopefully, as that market develops in the way we hope it will, more allowance will be made for all kinds of different groups—why not?

- Q46 **Chair:** Can I just give a challenge on that, “Why not”? Earlier on, you were talking about inclusion. Should we be looking at accommodation that prioritises one group over another, or should we be trying to have mixed communities?

Caroline Abrahams: We should give people choice. I do not know if you are aware of the women’s co-housing arrangement—I think it is in Waltham Forest; I have not seen it yet, but I would love to visit—where a



group of older women decided they wanted to live together. It took them more than 10 years to get through the planning process, so some died before it actually came to fruition, but it is there now, and for some people, it is what they want. That does not mean it is going to be the norm, or that we are going to have that for everybody.

Something we have not talked about at all yet is the fact that older people should be able to exercise a choice. Some people will want to live in a particular way, just as people of all age groups will, and we should allow and facilitate that without necessarily thinking that it is the answer for everybody.

Q47 Elliot Colburn: Heléna, perhaps I could come to you first and move the conversation on to the topic of digital exclusion. Could you set out some thoughts on how we can strike a balance between maintaining offline alternatives while also ensuring that, where necessary, we support older people to obtain digital skills and be involved in the digital space?

Heléna Herklots: We know that in Wales, and similarly in the UK, about 30% of people over the age of 75 are digitally excluded. A much greater number might technically be online but not, for example, have a smartphone or not be confident to use digital services. What we are seeing is that the need not just to be online but to have a smartphone is becoming more and more part of our everyday life, including making appointments, parking the car and accessing information. So for many older people, it is not just an issue of digital exclusion, but an issue of social exclusion.

That even extends to having your voice heard. Examples might include where Governments or public bodies are carrying out consultations, and those are only available online. How do you have your voice heard, as an older person, if you are not online?

A number of things need to happen. First, we need to make sure that you are not disadvantaged if you are not online at the moment. Both the Human Rights Act and the Equality Act provide a legal basis for that. As the Older People's Commissioner for Wales, under one of my legal powers I have issued formal guidance to health boards and local authorities setting out that they need to make sure people can access information services if they are not online, and at the same time encourage and support people to get online.

Some excellent work has been done by Professor Leela Damodaran, an emeritus professor at Loughborough University, who has looked at the most effective ways to help older people get online. It is about taking it out of the classroom, where you are made to feel stupid, into somewhere, for example, like a library or a place that you usually go. The guidance should relate to what you want to use digital for, and it should be sustained. That is a key issue.



Sometimes, rather callously, people have said to me, “Oh well, it’s just the older generation, and when they are not there, this is not going to be a problem.” That is not the case, because technology is changing all the time. We might be confident about using technology now, but if we are around in 30 years’ time, how confident are we that we are going to be able to manage that technology without support and help?

There are many good initiatives to help people get online. We have a great organisation in Wales—Digital Communities Wales—that is doing some fantastic work. We need more of that. We need to use technology where we can to improve effectiveness of services, improve efficiencies, and at the same time, make sure that for people who are not online, they can still have face-to-face or telephone communication and not be disadvantaged.

I would say this is an area of increased risk of exclusion for older people—of not being able to access health care and possibly other forms of care as well—and it is an issue where the rights of older people, and, indeed, anyone who is not online, need to be really reinforced and understood.

Q48 Elliot Colburn: I recently met with my local senior forum in Carshalton and Wallington, and one of the most pressing points for them was that they felt they could not take part in consultations, so thank you for raising that.

Heléna, in terms of the causes of digital exclusion or the reasons why people are digitally excluded, to what extent is that due to the design of the online space itself—whether an app is user-friendly, easy to use, or a website is easy to navigate—and how much is due to having the confidence to be in the online space?

Heléna Herklots: It is both. We need to see more user-centred design and more design that works with older people. Even some language that is used, if you are not familiar with it, can be very off-putting.

Websites have been around for a long time now, but not all websites are as accessible as they should be. For example, not all websites really think about the needs of those with visual or cognitive impairments. People are also, as you suggest, concerned about safety and security, and the risk of scams and fraud. Affordability is a massive reason why people are not online. We have seen that some people who have been online have now lapsed and gone offline, and that is a question of affordability, which of course impacts older people and others, too.

Finally, for some people, it is about choice. People have made the decision that they do not want to go online, and that has been their choice.

Q49 Elliot Colburn: Thank you, Heléna. Caroline, can I come to you next? Sticking with the theme of digital exclusion and thinking in particular about access to services—primarily council-run services—are there



HOUSE OF COMMONS

services that you think should always have an offline option, at least for the foreseeable future? Or are there any services that you envisage could become 100% digital?

Caroline Abrahams: Any service that is likely to be used by an older person needs to have an offline accessible alternative. We have done quite a lot of research about this at Age UK, looking particularly at things like, for example, the provision of blue badges. Obviously, older people are more likely to need a blue badge, and very often councils have moved to a digital by default approach, largely for financial reasons. In many cases, there is a good offline alternative, in theory, but it is not publicised. The people who are on the phone line, if you can ever find the number for your council, do not necessarily know about it, or they might be great, and they might be really good at directing you towards it, or they might just say, "Go and talk to your local Age UK, and they'll help do it for you," but without either telling us or giving us any money to do it.

It is very mixed, but at Age UK, we think there is definitely scope for national guidance from the Government that will set minimum standards for what is acceptable in terms of public services.

We have also been looking at the legal position, and our view, which again is something we mentioned earlier on, is that the legal rights of older people under the public sector equality duty are not always well understood. There is probably a case for indirect discrimination in some circumstances, which is just not being taken. There needs to be more awareness about that.

Q50 Elliot Colburn: My own council was in the news last summer because it has started charging people more if they pay for parking in cash rather than digitally. There is technically a phone number to contact, but you would be hard pressed to find that number advertised in the car park.

Another concern that comes up a lot from constituents—in all our inboxes, I am sure—is accessing health and social care through the digital space. For example, post pandemic, many GPs have moved to online booking systems. I get a lot of complaints, as I am sure we all do, from people who are struggling to book appointments online and do not have an alternative. Have you done any work to understand how widespread this problem is and what best practice should look like, in terms of balancing the need to increase digital, understandably from a cost perspective, as well as the need to make sure that, at the same time, we are not locking people out?

Caroline Abrahams: I would say that it is one of the things we hear most about from older people at the moment. We have just done a survey of 17,000 older people about their health and care over the winter, which has not been published yet. Concern about accessing a GP comes very high up the list for a lot of people, and it has done over the last few months and over the last couple of years really, beginning with



the pandemic, and the shift towards using more digital mechanisms for getting in touch.

You are absolutely right: some people are doing a much better job on this than others. We should really be using digital technology to expand people's choices, not limit them. So I might choose to use the app on my phone, and it might be really convenient for me, but I do not like the thought that some older person who is not online is being disadvantaged as a result of that. Again, it is partly about training, and it is about offering lots of choice—maybe an older person is hard of hearing, so even that is not going to work for them, but they should still be able to go into a surgery and make an appointment that way, if they prefer.

There should be help for them on the phone, with well-trained people who are patient and talk slowly. I heard a story the other day about someone in their 90s who was ringing up to try and get an appointment for her husband who had dementia. She held the phone for 50 minutes and then her hand became tired, and she dropped it before she had actually got through. Her local Age UK sorted that out for her, but I am afraid there are similar instances.

We also, to our concern, hear about some older people who give up and decide not to even try because it is just too difficult. So we are not in the right place on this nationally at the moment. We could be, but we need to do quite a lot more work to get there.

Q51 Elliot Colburn: Thank you very much. Carole and Joanna, I realise I have not come to you, but I wonder if there is anything you wanted to add on this topic of digital exclusion?

Dr Easton: I do not have much to add in terms of the experiences that Heléna and Caroline have mentioned. What I would like to add, first, is that I agree completely that there should be a timed transition. Again, it is about voice. It is about where older people are in the decisions about these sorts of changes.

I would also question the design, and it comes back to the workforce, too. Is the workforce that is coming up with the digital solutions that are now being implemented diverse, and have all the protected characteristics been considered?

It comes back to some of these issues again about ignoring, omitting, and then, if I am being kind, unwittingly discriminating against certain people— not just older people but also those with disabilities. The impact assessment of these changes is insufficiently informed by voice; that is the big thing I would want to add.

Joanna Elson: I have one thing to add to what Heléna has said about barriers to getting people online, and that is the affordability.

Last year, we did a survey of people over 65. Forty-eight per cent. of the people we surveyed—nearly half—said that they struggled to keep up



HOUSE OF COMMONS

with their broadband payments; 30% were having to cut back on spending on internet, phones, and so on; and 9% had cancelled their internet or phone services over the winter months to save money. That clearly is a concern. The major broadband providers in the UK do offer social tariffs and most of them have pension credit eligibility, but nobody knows about it. So there is a job for us all to do there, and there is also a job for Government to do, which is about looking at the consistency of those social tariffs, because they cover different costs, different amounts and different speeds. If they were comparable, it would be much easier for an older person to say, "Now you've told me about it, I want to take that up and use it."

There is probably a job for us to do along the lines of what Heléna did in Wales, in terms of making sure that people know about these issues. Again, an older persons' commissioner could help us with that.

Q52 **Chair:** Thank you for those figures, Joanna, because I was going to come back to that point about affordability of broadband. Could you send us that data afterwards, please?

Joanna Elson: Certainly we could, yes.

Q53 **Chair:** Heléna, you referred to affordability of broadband and phone services in Wales. Did you have any specific data surrounding that or was it just anecdotal?

Heléna Herklots: I can check and send anything that we have.

Q54 **Chair:** Thank you. Equally, there was not much discussion about banking services, and I wondered if any of you had data about how easy older people were finding them.

Caroline Abrahams: We have done loads on this, which we can very happily send you.

Q55 **Chair:** Thank you. I also wanted to ask a question on intersectionality of a very different sort. Have any of you looked at the disadvantages that older people living in rural areas face specifically when it comes to accessing banking? I am very conscious that many banking apps now require two-stage authentication, which is all very well and good if you have a mobile phone signal, but impossible if you do not. I just wondered if anyone had any data on older people living in rural areas where a mobile phone signal is less likely?

Heléna Herklots: I am due to publish a report in a couple of weeks' time on digital exclusion and older people that includes banking issues and older people sharing their experience of living in rural areas where connectivity is a problem. I do not have quantitative data, but I do have information about those experiences, and I would say, in terms of digital exclusion, the three big issues that are being raised are around banking, car parking and health and social care.

Chair: Does anyone else have anything they wanted to add on that? No?



Thank you.

- Q56 **Dame Jackie Doyle-Price:** Caroline, I want to come back to this issue about age being a protected characteristic. Do you have any assessment of how effective the EHRC has been in this area, particularly in comparison to the other characteristics that it also protects?

Caroline Abrahams: It probably will not surprise you, given everything else we have already said today, that our view at Age UK is that the EHRC could be doing more on age than it does. Having said all that, we are conscious that they have to cover a lot of different issues. They are pretty stretched. They have also lost some resource of late. But it is sometimes disappointing to read reports about an issue and then find very little mention of age, when, actually, quite a lot more could be said. Heléna might want to come in on this as well.

Heléna Herklots: I work very closely with EHRC in Wales, and that has been a really positive experience, in terms of using our complementary roles and powers, particularly around issues of rights in care homes. It has demonstrated a way in which organisations can work together to try and give a focus. In terms of EHRC at the GB-UK level, I would agree with Caroline. I am hoping that when developing its new strategy, it might look in particular at issues of older people's rights on some of the topics that we have been talking about this afternoon.

- Q57 **Dame Jackie Doyle-Price:** Is it about resource, is it about leadership or is it about noise? It just strikes me that in the Welsh context, because of your role, there is a particular stream of advocacy that is missing more generally. What would be your view of that?

Heléna Herklots: That is right. Having worked in the UK and in Wales, part of the value of having an independent role is that it is very focused, my remit is very clear, and that enables me to work with older people to make sure that a spotlight is put on those issues.

I also have a role working with other bodies to try and maximise their impact, and that is why I found the partnership with the EHRC in Wales really helpful. It has a regulatory role on equality impact assessments, for example, so I am able to highlight issues that it may then look at and vice versa.

Older people's rights tend to fall down the agenda, but our rights do not diminish as we age, nor should the spotlight on rights diminish as we age. There is an omission of older people's rights, and that is why it is so important that bodies which cover all protected characteristics look at themselves carefully and make sure that they are really attending to the rights of different ages, including, obviously, older people as a protected characteristic.

- Q58 **Dame Jackie Doyle-Price:** You mentioned earlier that you felt that Wales had always had a better emphasis on issues concerned with age, so to what extent do you think this is an issue of wider political culture,



HOUSE OF COMMONS

as opposed to your role? Would your role be as effective, for example, if we were to copy it for England? Would it still work in the same way as it does in the Welsh political culture?

Heléna Herklots: It would work, but it would work better if you looked at the context and what you need. Obviously, we are a much smaller country in Wales. I mentioned earlier that one of the important things from my perspective was that the Welsh Government also had a strategy on ageing, and that provided a strategic focus. The other thing I would say, and why it would work very well in England, is that it started in Wales because of campaigning by older people's organisations for a commissioner. If there is that push, that is a fantastic opportunity to launch a similar role.

What I found different in Wales is the positive focus on rights across all political parties. To give an example, a Conservative Member of the Senedd sought to bring a Bill on older people's rights forward under private Members' legislation. Sadly, it did not get support, but it showed that the issue of rights and older people crosses those political boundaries, which is really positive.

Caroline Abrahams: Can I add one point? It is just worth reflecting on the fact that for the last decade, there has been no structured engagement with older people by the UK Government. There was a bit before, but for the last 10 years there has been no official body, and no regular meeting between a representative group of older people and a Minister or Ministers. There has been nothing at all.

Q59 **Dame Jackie Doyle-Price:** We have a Minister for Disabled People, we have a Minister for Equalities—that is a catch-all—and we have a Minister for Women, but we do not have a Minister specifically for older people. Frankly, it seems to me that, unless you have a ministerial challenge, there is no impetus. We need to reflect on how we take that up with the EHRC. We could do it through a commissioner, or we could do it through a ministerial role.

Caroline Abrahams: Or both.

Q60 **Dame Jackie Doyle-Price:** Or both, because the accountability works. Just as a final question, would any of you have any recommendations on how we can do it better in Government and hold the EHRC better to account for protecting this characteristic—through a Minister or a commissioner, or both?

Carole Easton: I would suggest, in an ideal world, both. If I had to choose, I would go for the commissioner, because the commissioner, with respect, might be longer in post than a Minister.

Q61 **Carolyn Harris:** A bit like the domestic violence commissioner.

Carole Easton: Exactly, or the Children's Commissioner.

Q62 **Chair:** Where there is both a Minister and a commissioner.



Carole Easton: Exactly. Having worked in the children's field in my past career, I saw the difference that having a Children's Commissioner made in raising the profile of crucial issues relating to children. There is no reason, in my opinion, that we could not do the same thing for older people in England.

The commissioner, hopefully, would be there longer, have a different, broader remit, provide continuity, could be the voice but also the conscience of Government, and ensure that there was a strategy in terms of joining up. In the long run, we would save money, too—that is the important thing. Between us, we have so many items of research which will demonstrate that, if we paid attention to what could be done to improve the lives of older people, in the end it would save the economy money.

So overall, I believe that both are necessary, but let us start with a commissioner, and they can begin making sure that this is something that is on all Departments' agendas.

Joanna Elson: I absolutely agree—commissioner first, because they are independent, carry on beyond any Administration and are there to be the voice of older people. It would be great if you could have a Minister as well. If you are going to have a Minister, I suggest you need somebody senior, because if you add it to a long list of a junior Minister's responsibilities, it will get lost, and other Departments may think, "We don't need to bother because there's a Minister." For those reasons, a Minister, in my view, is less important, but great if you can have a senior one.

If I can just add a word on cost, we do have some numbers on that. We looked at a year, back in 2017-18, when the amount that was not claimed in pension credit was £2.1 billion. Loughborough University did some number crunching for us and said that if that money had been claimed—and, therefore, people had the benefit of that money so they were not skimping on what they were eating, they were heating their homes, and they were able to go out and be a part of society. The converse—in other words, if they had not spent that money—was that the cost to health and social care would have been £4.1 billion, from people going into hospital and social care because they did not have that money. That helps to bolster the point.

Q63 **Dame Jackie Doyle-Price:** That is interesting, because I remember the Government did a big campaign last year on trying to get people to sign up. I know we were all given tools to do it.

If you were to have a ministerial post, which Department would it sit in? Would it be the DWP, because they led on that campaign? Would it sit in Health, because that is probably where the financial savings are going to be, or would it sit in DLUHC, because they are responsible for social care?



HOUSE OF COMMONS

Caroline Abrahams: It depends on your theory of Government, speaking as someone who has been a civil servant. You could make an argument for it being in the Cabinet Office, if your intentions as a Government are to beef up the role of the Cabinet Office or have a Prime Minister's delivery unit, or whatever, and have something that is more about co-ordinating activity across Government, because that is what we are sorely lacking.

Q64 **Chair:** I am very conscious that we have a Minister for Disabled People and various other things in the DWP, but across Government, in every Department, there should be a champion—is that what the model should actually look like? Can you not make a case that, for instance, there should be a Minister for older people in the MoD, looking after veterans, and there should be one in the Department for Education making sure that there is retraining and education for over-50s? I could make a case quite easily that there should be one in every single Government Department.

Caroline Abrahams: I think that is a very good case; I am sure it is something we would want to support. I do not see how we have got to 2024 and have not had a White Paper on readiness for an ageing society. We are in the middle of a huge demographic shift which is changing loads of elements in our lives, our society and our economy, and we have not really taken a step back in Government to look at what we need to do to make the most of it and to manage the risks. It is a really pressing cause for action.

Q65 **Carolyn Harris:** How proactive are we in having IDVAs for older women who present in hospital as potential victims of domestic violence?

Caroline Abrahams: That is a question about practice, really, and there are probably some examples of good practice where people are much more on it than they were. Quite often with older people, it is only when they go into hospital that issues get identified for the first time, because a lot of what happens is behind closed doors.

More generally, we need to be training people in A&E and those who are working with older people on specialist wards to be looking out for signals that there could be some domestic violence going on—for instance, a reluctance to go home or a reluctance to talk about particular issues.

Q66 **Carolyn Harris:** We have had two high-profile murder cases in south Wales recently where the husband murdered the wife, but we now know there were a succession of presentations at A&E. There are reasons for that, but I just wondered if there was any proactive work going on.

Heléna Herklots: Generally, in terms of abuse and domestic violence, a lot of progress is needed in relation to older people. Too often, it is assumed that older people are not victims.

In Wales, we are about to see the first ever national action plan to prevent the abuse of older people, which the Welsh Government are



bringing out, and under the VAWDASV strategy and implementation, there is a specific group looking at older people, which is really welcome. But there does need to be much more resource in relation to IDVAs, particularly in relation also to sexual violence, where assumptions are made that older people are not victims when they are.

We have also done work with older men who are victims of domestic violence. You are much less likely to be a victim of domestic violence if you are a man, but as men get older the risk of being a victim of domestic violence increases.

Q67 **Carolyn Harris:** I can share because as the Committee know, my 65-year-old sister-in-law was raped last year by a family friend, so it happens.

Heléna Herklots: It does, and again, it comes back to what we were talking about before about ageism and ageist attitudes. I am starting some work in Wales with a number of organisations looking at the link between ageism and abuse, both in terms of people assuming older people are not victims but also in the response of professionals. So again, that is an area for further work.

Chair: Can I thank the witnesses for your evidence this afternoon? It has been really helpful. If there is anything you wish to add in writing, please do not hesitate to do so.