

The European Older People's Platform



La plate-forme Européenne des Personnes Agées

Age Barriers:

Older people's experience of discrimination in access to goods, facilities and services

**AGE – The European Older People's Platform
December 2004**

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1. Introduction

Older people are the only growing segment of Europe's population. They are important consumers and contributors to the economic and social lives of the 25 member states of the European Union. As citizens, they should share the same rights as people of other ages to access to every part of our society. Yet, the reality of life in Europe is that older people face barriers in some of the most basic areas of life – areas which other members of our community can access at will – just because of their age.

AGE, the European Older People's Platform, is keenly interested in the fight against age discrimination. AGE's policy statement 'Toward Age Equality' identifies key concerns of the member organisations of AGE about the costs of age discrimination, both to those individuals who face discrimination, and to our wider society. The statement proposes a vision of a society for all ages where people do not face unnecessary discrimination on the basis of their age and where people of all ages can play a full and active role.

AGE has welcomed, and is monitoring closely, the transposition of the Framework Directive on Employment, Occupation and Training which is the first European legislation seeking to address age discrimination and which represents the first action against age discrimination for the majority of member states. We are reporting on the progress of transposition on an annual basis and will carefully monitor the effects of the Directive and its implementation over the coming years.

However, AGE members are also keenly aware that older people, and indeed people from other age groups, face unnecessary discrimination in other parts of their lives and we believe that this is neither in the interests of individuals or in the interest of our economy and society. In an ageing society, and in a European society of increasing diversity and mobility, we need a cultural and policy framework which breaks down barriers to participation rather than erecting and permitting them, and maximises the ability of individuals to participate in economic and social activity, whatever their personal characteristics.

AGE has set itself a target to highlight the issue of age discrimination beyond employment and training and to create the momentum for action to address this issue. We believe that the first step is the building of an evidence base identifying how older people experience age discrimination in access to goods, facilities and services and the quantification of the phenomenon.

This document is the start of this process. It identifies a range of areas of life from across the member states of the European Union where older people face discrimination. It is based on responses to questionnaires that the AGE secretariat received from AGE members in 17 Member States and as such it represents a wide-ranging review of the issue.

In publishing this document we are identifying the areas of life where older people face discrimination in order to highlight the issue and to draw out key points. The document:

- lists a wide range of areas where older people, or organisations representing them, report discrimination
- highlights a number of inconsistencies between the practice in member states which suggest that the reasons for the difference in treatment is underpinned by arbitrary discrimination rather than evidence based justification

We have not, however, sought to systematically quantify the scale of this discrimination. We believe that, in the context of current European discussions about the next steps in the battle against discrimination, and in recognition of the wider debate on the consequences of population ageing, a proper study should be conducted by the European institutions to identify the current and future costs to us all if these barriers are allowed to persist.

2. Definitions and policy framework

a. The policy framework

In 1999 –the International Year of Older People- the European Commission published a Communication 'Towards a Europe for All Ages'. The Commission proposed a strategic response to the ageing of our population covering four key areas of policy that have an impact on the lives of the older section of the population:

- Employment
- Social protection
- Health and
- Age discrimination and social inclusion.

In the area of age discrimination, the approach of the European Union has been both legislative action, through the agreement and implementation of the Employment Directive (Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation) and the implementation of a Community Action Programme to combat discrimination.

b. Definitions

The Employment Directive defines age discrimination as follows:

Direct: Direct age discrimination can be said to have occurred when one person is treated less favourably than another on the ground of age alone. In presenting this definition, the Directive

seeks to prevent such discrimination in employment, self-employment and training. It suggests circumstances when such a difference in treatment could be objectively justified by an over-riding legitimate aim and the means of achieving that aim are appropriate and necessary.

Indirect: Indirect age discrimination is said to occur where an apparently neutral provision, criterion or practice would put persons of a particular age at a particular disadvantage compared with other persons. Again, the Directive suggests that some indirect discrimination could be objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary.

Harassment: Harassment as a form of age discrimination in the field employment is defined in the Employment Directive as unwanted conduct that takes place with the purpose or effect of violating the dignity of a person or creating an intimidating, hostile, degrading, humiliating or offensive environment.

The Directive also prohibits an instruction to discriminate from one person to another in an employment context.

For the established members of the EU, the Employment Directive was due to be transposed into national law by December 2 2003, unless a member state took advantage of the delay which was permitted by the Directive of up to three years. Transposition of the Directive by Governments is patchy and inconsistent. Some have transposed effectively and a number have gone well beyond the minimum standards set out in the Directive. Others have failed to act in time or have transposed ineffectively. The European Commission has issued infringement proceedings against 6 Governments (Austria, Germany, Finland, Greece, Belgium and Luxembourg).

For the member states that joined the EU in May 2004, the implementation of the Directive was part of the Acquis Communautaire, which needed to be in place on entry. However, as with the established states, there has been a patchy response with some Governments exceeding minimum requirements and others lagging badly in both timing and the quality of their transpositions.

As this report demonstrates, these definitions of discrimination can also be applied beyond the area of employment and training with age limits being used to limit access to a range of services in all sectors and restricted access on age being the consequence of other decisions related to, for example, resource allocation or marketing. Age limits are often at fixed ages and applied uniformly despite the fact that whilst every individual ages, they experience ageing differently and that ageing is a dynamic process of change. The realities of specific chronological ages can be very different for every individual person and this will be increasingly the case as our population ages and becomes more diverse. Also, the physical, mental and psychological abuse of older people is increasingly recognised.

Yet, the policy process has yet to respond adequately. More research is needed to establish the scope and scale of age discrimination beyond employment and to understand its impact and effects. Serious consideration is needed to a range of approaches to address it. Our cultural framework for understanding the role of age in society needs to catch up with the realities of our demography.

3. Age discrimination – list of examples

This section of the report identifies a number of areas in which older people experience age discrimination. It is not a comprehensive listing but it seeks to highlight general and specific examples and show how they exist across the different European Union member states.

a. Education and training

Education and training are crucial in a world of constant change and development. Lifelong learning and the development of knowledge and skills underpin employment and economic activity. It is also critical in ensuring that older people can maintain their life skills and in preventing social isolation and exclusion. Yet older people face age-based discrimination at every point of the system – in access to education and training services, in funding and in their conditions of study.



Access to education

- Older people are rarely encouraged to develop their skills either inside or outside employment. In the UK, for example, there is an under-representation of older people throughout the further and higher education sectors
- In Ireland, there is little research information available about the specific educational needs of older people and the particular barriers that they face and no research planned into attitudinal and financial barriers and the suitability and relevance of educational processes such as teaching methods used and courses available.

Funding

- In Netherlands and Germany, state scholarships are only open to people aged under 30. Age limits are also used to decide whether or not education costs are tax deductible.
- In the UK, an age limit of 54 exists in the access to the student loan system. Over that age students are prevented from accessing the financial support available to other students.
- In Greece, EU-funded training programmes like the Greek Operational Programme (OP) on Employment and Training for people who want to start a small business have an upper age limit of 50 for men. Recently, that age limit was increased to 55 for women.

b. Health care services



Health care services are critical to older people. As the normal process of ageing occurs people of all ages require different types of medical and care treatment and support. During their lifetime, they make their contribution to the funding of these services through taxation, insurance and through the other funding mechanisms, which support national health care systems in the expectation that their needs will be met. Yet, as people age they face a range of problems in their experience of health and social care services – with older people expected to wait longer or experience lower levels of quality than other groups. As with education, older people experience discrimination in both access and in the condition of services.

Access to health care services

- In many member states, age is used as a component in analyses of cost effectiveness in health care and upper age limits are sometimes used to try and cut costs and ration national health services. For example, free screening for breast cancer is limited in many countries. If this were done on the basis of clinical judgement, then it would be expected that the age of restriction would be comparable. However, the upper age limit for a free screening is currently 59 in Poland, 65 in Ireland and the UK, 69 in Cyprus. In Belgium and Denmark, free screening is only available for women between 50 and 69. In the Netherlands, free screening is limited to women between the ages of 50 and 75. Hungary does not use any age limits for breast cancer screening. Danish evidence which shows that breast cancer screening reveals more incidents per screening amongst older women than younger women suggests that the use of upper age limits for breast cancer screening needs significant examination from the perspective of medical evidence.
- In Belgium, older people have their orthopaedic shoes less frequently renewed in contrast to younger people. Policy-makers presume that all older people do not walk the same distance as younger people.
- Older people and children are often excluded from clinical trials. This has the effect that medication is not trialled for people in older age groups who may need adaptation to their specific needs. Research in the UK has demonstrated that many clinical trials investigating cancer excluded older people, despite a third of cancers occurring in the over seventy-fives.
- In Germany, people living close to a nuclear power plant only get free iodine pills from their local authorities if they are under the age of 40.

Health care strategy

- There are few national health strategies across the EU that specifically, identify and meet the needs of older people, despite the fact that, collectively, they are high volume users. Where they do exist, such strategies highlight the steps that should be taken to improve

the quality of life of older people. The National Service Framework (NSF) for Older People in the UK seeks to promote healthy lifestyles, address specific issues in a number of service areas and recognises that age discrimination exists in the health and care and proposes mechanisms to root it out and address it. Services should be provided according to need and not on the basis of other factors like age. Where such strategies do not exist, priorities for accessing health care or the provision of treatment for older people and operational standards are not established. Even in the case of the NSF, it is still recognised that there is much work to do to root age discrimination out of the culture of the National Health Service, with this challenge recognised as the first standard within the Framework.

- The German government published a report in 2002 that admits that older people aged 65 and over experience unequal treatment in the area of prevention and rehabilitation.

Funding of services and rationing

- For resource reasons, member states limit the basic package of public health care available. Such limitations in health care systems disproportionately affect older people. For example, in Greece, public hospitals are disproportionately used by older people since their use involves extensive waiting with younger people with better insurance able to use the private hospitals. Similar issues exist in Ireland. In the UK, low priority is given to services that are particularly used and valued by older people (e.g. podiatry). In the Netherlands, a discussion has been initiated about whether public health care should be directed to working people first. Such a measure would of course disproportionately affect older people.
- In France, Slovenia and Belgium, where availability issues exist in dental and physiotherapy services, older people wishing to utilise private insurance to access these services are often refused private insurance or expected to pay significantly higher premiums, in some cases as early as the age of 50. In the Netherlands, some private health insurers have age limits from 50 for people who need to privately insure themselves against the risk of being unable to work. In Hungary, private health insurance is more expensive for older people and a German private health insurance company introduced health-checks from the age of 55 to decide whether someone qualifies for a comprehensive private health insurance. The recent introduction by the German government of care insurance led to a storm of protest, because pensioners have to pay twice the price faced by other age groups. Conversely, people in work, only have to pay half a contribution, because employers share the cost.
- Older patients encounter longer waiting periods prior to treatment than younger people in Greece, Slovenia and the UK. Priority setting is age based and disregards relevant circumstances such as physical condition and the chance of a successful result after treatment.
- More generally, older people receive less expensive hospital treatments than younger people. For example, in Denmark, statistics show that younger people suffering from cerebrovascular accidents are more frequently hospitalised than older patients. German and UK research has demonstrated similar phenomena.

- In the Czech Republic, older people are given symptomatic treatments such as painkillers for a damaged hip rather than a hip replacement, a simple form of orthopaedic surgery.
- Reforms tend to disproportionately affect older people, with the public hospitals or community care services that are mostly visited by older people most likely to be underfunded.
- In Poland there is a lack of day-care centres for older people with dementia
- In Slovakia, older people are unable to pay prescription charges for drugs and medication.

Medical education

- Across Europe, there is a significant lack of gerontological expertise. In many of the new member states such as Lithuania, the Czech Republic, Latvia and Slovakia, there is a lack of gerontological training. The resulting lack of understanding can cause a wrong diagnosis or lack of recognition amongst doctors and nurses to the symptoms described by older patients.

c. Social security

Many older people depend on social security and social protection systems to provide all of, or to supplement their incomes. The majority of member states have adopted a state based approach to such systems and where private or insurance based systems have been adopted, many older people have been unable to build up the sort of entitlements they require and remain reliant on state support.

Many social security systems adopt a very different approach to those people defined as being part of the 'working age' population relative to those of 'retirement age' even where these definitions themselves are increasingly irrelevant to a growing proportion of the population as the population ages, the life-course becomes less rigid with many older workers out of work significantly before 'retirement age', a group working after 'working age' is theoretically completed and the number of women entering the labour market has increased. The breaking down of the traditional family model on which many systems are based is also having a profound effect with more single people and the impact of consecutive partnerships.

Accessing support

- In many countries, the reimbursement of disability living allowances is dependent on age. Social security either gives lower reimbursements for people of 65 and above or to those people whose disability arises after the age of 65. In France and Belgium people over 65 can only claim a limited allowance for their disability.
- In the UK, it is not possible to combine a carers allowance with a state pension from the age of 60. A similar restriction applies in the Czech Republic

d. Insurance

Insurance is an important feature of modern society. Not only does it provide security for individuals from social ills such as burglary or accident but, in many areas of life, it is an essential pre-requisite to active participation in society. Travel and motor insurances are essential for those who want to take advantage of these opportunities and their unavailability can exclude individuals and prevent their participation.

Yet in the insurance industry, the use of age as a general criterion in determining risk is widespread, with the effect that some services are unavailable and others are prohibitively expensive – simply on the grounds of age. Benefits are also varied on the basis of age to the disadvantage of older customers. In addition some delivery mechanisms make it difficult for some groups of potential customers to use services.

Access to insurance

- When booking a train ticket on-line in the UK, customers are advised to insure themselves, but the insurance is only available for people under 75 years old. In other countries, however, there are no similar restrictions.
- In Ireland, a group of older people faced significant challenges finding travel insurance for members of their party aged over 70. The solution to the problem faced by the group was to use an insurance provider from a different Member State who did not restrict availability at 75, although this second provider would have denied access at the age of 80, unless they were in receipt of a medical certificate from a doctor stating fitness to travel. In Denmark, the party would not have faced a problem until 90 years of age. In Sweden, there are no such age limits.
- In Lithuania, some travel insurance for older people costs twice as much as for younger people.
- In some countries, including Ireland and Malta, older people cannot make use of rented cars because of age limits in the car insurance even in circumstances where they hold a valid driving licence. The German automobile association offers holidays combined with car-rental, but the car rental is only available for people up to the age of 79. Again, older drivers in Sweden do not face such restrictions.
- In Denmark, the law on liability for damages has recently been changed. People over the age of 67, and their relatives, are now entitled to compensation at the same level, relative to life expectancy, that prevails for younger people covered by, for example, casualty insurance. Prior to the passing of this law, relatives of a 67 year old killed in a traffic accident were denied entitlement to financial compensation because of the advanced age of the victim.
- In Belgium, insurance providers cancel the motor insurance policies of older drivers who have been involved in an accident, even if they were not responsible or liable for the accident. In Germany, two insurance companies refuse to sell motor insurance to people aged 60 and over. Other German insurance companies automatically put an end to motor insurance at the age of 80.

e. Financial services

Beyond the area of insurance, older people face discrimination in other financial services with biological age being used as a barrier to access in a range of areas. The ages at which these barriers are erected are inconsistent country by country and even between different institutions within a state, and the justification for them seems to be convenience of the supplier rather than reasoned assessment of risk. Older people are often uninformed about the availability of financial services with other financial service providers.

Access to services

- Credit offers are often not available for people aged 65 and over in Lithuania and the Czech Republic or 70 and over in Germany. In the Netherlands, some companies refuse new credit cards to people aged 70 and over.
- In Germany, people over the age of 63 face problems making a contract for a monthly investment plan.
- Mortgages are sometimes not available after the age of 65, but these age limits tend to differ. Some banks within the same country have an age limit of 65, whilst in other countries different national limits are set, for example, at 70 in Ireland or 74 in Greece.
- In Belgium, bankers insist that all debts should be repaid by age 65. Dutch bankers also apply age limits. These age limits vary – depending on the bank - between 65, 70 and 75. In Germany, older people who wish to take out a loan and who have sufficient assets to provide the banks with the necessary guarantees, have been refused access on the grounds of their age.

f. Volunteering & Community activities



Across Europe, older people are crucial to the cohesion of communities. They often form the core of those people performing civic functions and putting themselves forward for low paid roles as local Councillors, Magistrates and similar functions, representing and serving their communities. Many voluntary and community organisations rely on older people for their volunteer workforce as younger people work to support themselves and their families. In addition, evidence increasingly demonstrates the crucial role older people play in less formal roles in communities and families, establishing social initiatives and performing informal care for grandchildren and other family members.

Yet, age limits restrict the ability of older people to perform these roles, preventing them from engaging in this service and excluding them from activities, which provide them with satisfaction and self-esteem.

Legal situation

- Legal advice sought by UK age sector organisations suggests that a number of these roles should be covered by the provisions of the Employment Directive as they may provide opportunities for training for work, however member states are not providing for this in their transpositions into national law. This issue is likely to be tested in court.
- In the Netherlands, insurance for volunteers ends at the age of 70.

Access to services

- In Germany, age limits of 60 exist in leisure activities like participation in choirs or engagement in parish activities. The help hotline of the Lutheran church in Germany does not allow volunteers aged 62 and over to work for them.
- In Ireland, older people are excluded from sitting on a jury. Age limits are also applied in the management of polling booths and the regulations of foundations and the memberships of Boards of Trustees of charitable associations and other organisations.
- Donating blood is also restricted for older people in some countries, although the age at which this applies varies between countries. In Poland, for example, blood donation is not permitted from the age of 55 whilst the limit is 60 in Slovenia, 65 in Cyprus and 70 in the Netherlands.
- In Sweden, women are denied the right to adopt a child on the basis of their age. One woman was found to be too old at the age of 43 to adopt a child, whereas another was refused leave to adopt a child for being too young at the age of 37: The municipality, which has the authority to decide on adoptions, found that the 37 year old woman was still able to find a husband and to have a baby 'the natural way'. In the Netherlands, the maximum age limit for adopting a child is 45.
- Some age limits have the effect of forcing older people out of specific volunteering activities. In the UK, for example, one of the most popular voluntary roles is that of driving for charities and hospitals. UK research has found that many organisations have mandatory retirement ages for voluntary drivers and that the main reason for this is the difficulty in purchasing insurance.

g. Housing

Access to decent housing is a key issue for older people. As our society ages the accommodation needs of older people will become more diverse. The vast majority will live independently in their own homes. A growing number will live alone as a result of the death of a spouse, or as the impact of wider social trends such as divorce and separation work through into older age groups. Whilst some will require institutional care in later life, others will be enabled to live in the community, if adaptations, lifetime designs or domiciliary services are available.

Yet, older people experience a range of different forms of discrimination in this area with inappropriate provision and the use of age criteria to ration supply.

Access to housing

- For those with permanent or temporary disabilities, there is a lack of sheltered accommodation to aid rehabilitation in both the Czech Republic and Latvia
- In Lithuania, there is some special housing for people with disabilities but this does not extend to people with age related physical decline

Repairs and adaptations

- In Ireland, some landlords who rent to those on low incomes, do not fulfil obligations to provide accommodation that is both hygienic and safe and this is a particular issue for older people, who are likely to have lesser expectations or be less likely to demand their rights
- In Slovakia, there is a lack of smaller flats rented out by social housing providers which are, paradoxically, the most difficult to afford. Older people therefore often remain in large houses, which are difficult to sell and maintain. They are not helped with operating costs, maintenance and repairs. In Sweden, a 92-year-old woman was denied the right to buy a flat, because she was told she was too old.

h. Special offers, marketing and the media

Culture is created and reflected in the media and in the images presented in marketing and public relations activity. For many older people television is an important part of leisure activity and older people are a growing and increasingly important part of the consumer market across Europe. However, the images of older people used in these media are rarely positive and the approach of the marketing and public relations industry is generally targeted at other age groups in society.

Marketing and media approach to ageing

- Marketing is rarely focused on older people. In most countries, special offers, attractive deals and innovative ideas tend to be focused on younger age groups. In the UK some offers have an age limit of '21 to 65' and prove not to be available to those outside these ages.
- In the Netherlands, an initiative for an older people's TV network was refused a permit to broadcast.
- In some countries including Lithuania, older people cannot buy goods on instalment if they are 65 years old and they live on a low pension.
- There is no country, which has any restriction on the use of negative stereotypes of older people in the media. Throughout Europe older people are portrayed negatively as out of touch or moody. In the UK, age sector NGO's recently jointly complained to the television regulators about the negative images of older people used in advertisements to promote the change of telephone service providers

i. Access to public spaces, transport and modern technologies

As older people often live alone in the community and are less likely to have access to private transport, the provision and design of living space and transport is essential to enable social inclusion and mobility. Yet, organisations designing communities or developing such services often target their products at younger age groups. If older people are to benefit from technological development and participate actively in a modern society the development of an appropriate infrastructure is critical. Planners and developers need to have a good understanding of the nature of population ageing. Unreasonable regulation can have a similar discriminatory effect as a failure to appreciate the nature of population ageing.



Access to design and technology

- The needs of key groups within the older population are rarely considered in the design of public spaces, means of transport and modern technologies like mobile phones or software. Some of the new automated telephone systems are difficult to use for many older people. Banks in Sweden now charge 5 Euro for access to a personal operator.
- In Greece, the deplorable state of the sidewalks and the high steps to get into the buses make getting around for many older people very difficult.
- Contrary to popular beliefs, older drivers are statistically less of a risk than other age groups. Healthy older drivers typically try to compensate for deficiencies, e.g. by driving slower and avoiding rush-hour traffic or poor lighting conditions, or avoiding risk-taking in general. Research undertaken by the OECD has discovered that mandatory medical assessment of all drivers of a certain age to detect those who are unfit to drive is neither cost-efficient nor beneficial. This is due in part to the fact that a driver's health does not necessarily determine his/her fitness to drive. Experience with increased medical testing from a certain age on has shown that such measures do not reduce the frequency of accidents. Yet, some member States require older people to undergo a test from a specific biological age to re-qualify for a driving licence. In the Netherlands, from the age of 70 onwards, older drivers must pay themselves for a medical test every five years. Sweden, Finland and Spain also use medical testing on the basis of age. This requirement does not exist in other countries.

j. Measurement in statistics and monitoring information

If Europe is to understand its changing demography and enable public and private organisations to plan their services and activities in response, it is essential that official statistics and indicators

reflect the ageing of our population and provide information about the lives of people of all ages and that monitoring information about the impact of policy is collected and published.

However, some states fail to adequately collect this information leading to significant gaps in the evidence available.

Statistical availability

- In the UK, the information collected for the 2001 census on educational attainment and transport usage was not sought from people over 75, leading to lack of essential information for planning purposes.
- In the Czech Republic the government has no instruments to monitor different age groups in society and there is no mechanism for inter-departmental coordination on ageing issues.

k. Participation in political life of older people and consultation with organisations of older people



Older people have a proud record in civic engagement and public representation, often providing a good supply of individuals and breadth of professional and personal experience to public institutions. More broadly, older people are keen to engage in the planning and development of their communities, performing important formal and informal voluntary functions and seeking to exercise their responsibilities as citizens. However, this is not always

welcomed with political organisations seeking to restrict their involvement and inadequate strategies being developed to engage older citizens and hear their opinions.

Political involvement and civic participation

- In Belgium, Slovakia and Germany, political parties have attempted to remove older politicians aged over 50 in favour of 'young and dynamic' new faces.
- In Greece, recent elections had an underlying 'ageist' tone suggesting that old 'barons' should be removed to make way for new, young blood. In Slovenia and Scotland older people's parties have been established to seek direct representation of older people in politics.
- Many AGE members report a lack of interest amongst their respective governments to enter into a dialogue with seniors' organisations in a wide array of policy areas, which have a direct effect on the social situation of older people. A structured dialogue between older people's organisations and the government is rather the exception than the rule.
- This is both the case at national, regional and local level. Many Governments have appointed specific Ministers to co-ordinate policy for younger people and have agreed cross-departmental strategies. There are few similar examples for older people.

I. Taxation

In the Netherlands, benefits are not offered for the self-employed above the age of 65 and no benefits are given to older people aged 65 and over to start their own business.

m. Abuse of older people

Older people face different forms of abuse by family, friends and agents of public and private organisations. This phenomenon is increasingly recognised in some states for its wide-ranging scope, which includes physical and mental abuse, financial abuse and neglect.

In 2004, there have been two major scandals in Greek older people's retirement homes. In Piraeus, a retirement home was found guilty of the mistreatment, physical abuse and neglect of its older inhabitants. The other case concerned several private older people's homes where new drugs were tested on older people without their knowledge or consent.

n. Positive action for older people in relation to goods and services

In a number of policy areas older people benefit from positive action, which seeks to address or compensate for the disadvantages that they face, particularly in the low levels of income they are expected to live on. In building an evidence base around age discrimination it is important that these forms of differentiation are identified, explored and if necessary justified. As AGE has stated in its policy statement, *Towards a Society of All Ages*, we favour the development of a legislative and cultural framework within Europe, which is free from unjustified age discrimination. Examples of positive action currently in place which provide positive benefits to older people on the basis of their age include:

- Free or subsidised local and national public transport provided by local and passenger authorities for people over pension ages in many member states
- Price reductions for older people, sometimes starting at 55, for a range of cultural and recreational activities include theatre, cinema and sporting occasions
- Special offers targeted at older people like special discounts on package holidays and hotels for pensioners
- Discounts on spectacles and contact lenses. In Denmark, one chain of opticians offers a 100% price reduction for a person aged 100!
- Reduced charges or free treatments for older people such as dental treatment in the UK and vaccinations in Denmark, Cyprus and Sweden
- Entitlement to age based state pension and social protection schemes

In general terms, AGE regards these measures as positive action to encourage the participation of older people in society, rather than as age discrimination. The majority of these mirror special arrangements for younger people and other people facing forms of poverty and exclusion which enable them to be engaged in organisations or to encourage their participation in cultural

activities such as young person's rail-travel, children's benefits and unemployment benefits. In its initiatives to explore the use of unjustified age barriers in society, AGE recognises the established validity of the notion of positive action to support groups genuinely facing exclusion or problems of poverty or income level and recognises the genuine debates in member states about the best mechanisms to facilitate this type of support.

4. Commentary and proposals

In the context of a rapidly ageing population in Europe, an increasing number of older people will be confronted with these age limits. AGE believes that this ageing population will also be increasingly diverse as the life-course becomes increasingly varied, with different health status, different experiences, needs and expectations and different levels of resources being increasingly exhibited within the older age groups. Some older people will remain healthy and active for longer whilst others will experience health problems and require a range of services and support. The use of age as a limiting factor for access to goods, facilities and services will become increasingly difficult to justify.

Age is a characteristic that cannot be changed by the individual. That makes the use of age limits suspect, as it closes doors in the lives of people that they cannot open again. Therefore, age limits should not be used as a criterion without the proof that age is a solid and real indicator.

Across Europe, some constitutions already have a general prohibition on the grounds of age, and in a small number of countries specific legislation is in place prohibiting age discrimination. However, in the majority the issue of age discrimination remains poorly understood and under-researched and action is limited to the area of employment and training following implementation of the 2000 Framework Directive on Equal Treatment.

AGE does not believe that the Employment Directive should be the end of the line on age discrimination. Our report has offered a series of examples of how age discrimination blights the lives of older people. Some are inconveniences to older people, but others are serious and can jeopardise health, income and living standards.

Our members have unanimously expressed the view that, unless Europe recognises and considers this issue seriously it cannot say that it fully recognises the human and political rights of older people or that it has made comprehensive efforts to include older people in society, despite the aspirations expressed in the Universal Declaration of Human Rights and the European Treaty. It demonstrates that Europe has yet to come to terms with its changing demography and recognised that in an ageing society older people will be crucial to the economic and social development of Europe – as consumers, contributors and citizens.

We believe that Europe should commit itself to further action to understand the full experience of age discrimination in Europe and to identify specific actions which can address the issue. We

welcome the acknowledgement by the Commission in its Green Paper of the demands of civil society for further action to combat age discrimination in access to goods, facilities and services. In the context of the current debate which the Green Paper has stimulated, we call on the European Commission to undertake a comprehensive study of the issue of age discrimination, fully involving social partners, NGO's and the academic and research community, and to bring forward specific proposals to address the issue.

In bringing forward proposals for action the Commission should recognise that in the other equality grounds mentioned in Article III -124 of the draft Constitution (the former Article 13), there is already action and proposals on the issue of goods and services on the grounds of race and that the Commission has proposed legislation for combating discrimination between men and women in access to goods and services.

5. References and sources

AGE, the European Older People's Platform, 'Towards Age Equality', December 2003.

Help the Aged, 'Everyday Age Discrimination, What older people say', April 2004.

Questionnaires filled out by AGE members:

- Belgium: OOK (Huib Hinnekint and Georgette De Wit)
- Cyprus: Pancyprian Confederation for the Welfare of the Elderly (Dr. Androulla Pachalidou)
- Czech Republic: Zivot 90 (Zdeněk Kalvach, Blanka Lormanová, Oldřich Staněk, Robert Pitrák and Jan Lorman)
- Denmark: Aeldresaegen (Peter Frank Jensen)
- Estonia: Association of Estonian Pensioners (Arvo Einre)
- France: CFR (Michel Riquier)
- Germany: ESU, KdA and Büro gegen Altersdiskriminierung (Ute Borchers Siebrecht, Annette Scholl and Hanne Schweitzer)
- Greece: Sextant (Konstantina Safiliou-Rotschild)
- Hungary: Lutheran Church (Marta Pinter Brebovsky)
- Ireland: The Senior Help Line (Mary Nally)
- Latvia: Livani foundation 'Balta maja' (Inguna Badune)
- Lithuania: Gabija Network (Laima Vengale)
- Netherlands: LBL (Anouk Mulder)
- Poland: Alzheimer Poland (Lucyna Pieszynska and Mirosława Wojciechowska)
- Slovenia: Mestna zveza upokojencev Ljubljana (Marjan Sedmak)
- Sweden: SPF (Barbro Westerholm and Olof Björnlin)
- United Kingdom: Age Concern England and Help the Aged (Richard Baker and Tessa Harding)

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