

Ageism and Covid-19

This is the statement of Leeds Older People's Forum regarding ageism and COVID-19, it does not necessarily reflect the views of our partners or funders.

The response to the Covid-19 pandemic has revealed both tremendous kindness and compassion, among and towards older people. It has also highlighted structural ageism in our society. The crisis is compounding ageism and the social exclusion faced by many older people, so combatting this ageism is crucial.

Reports of deaths from the virus often use phrases like 'they were over 70' or 'they had an underlying condition', and in some cases involving younger people 'with no known underlying health condition' imply it may be a more significant loss. Many comments in social media confirm this widespread bias against older people. Typically: 'false alarm everybody, turns out the coronavirus only kills old people'.

Commonly used terms like 'the elderly' and 'the vulnerable' confirm the stereotypes suggesting that all older people are 'in need' and 'recipients of support'. Often all older people are assumed to have medical conditions (and therefore classified as 'vulnerable') rather than be seen as a diverse group, who are working, volunteering and supporting our communities, with valuable experience to share.

The blanket use of a chronological age category to determine who is most vulnerable has been criticised as an age biased assumption. The [statement by the British Society of Gerontology](#) gives a good overview of these issues.

Promoting a human rights approach to [ageing](#) and [COVID 19](#) must be central. This involves addressing discrimination and fulfilling the governments human rights obligations. This has been discussed by Donald Macaskill and others in [articles](#) and a [webinar](#), and barrister Jonathan Cooper explores the legal issues in his blog "[Dignity, the Right to Life, and the Coronavirus](#)". Many older people are joining the debate by [writing letters](#) and coming together to challenge ageism through organisations like [EngAgeNet](#). [The Centre for Ageing Better](#) has also published interesting content exploring these issues.

In particular, older people who live in care homes, people who are dependent on home care services and those from marginalised communities, may face significant harm from the ageism associated with the crisis. There are stories in the media about people from care homes being refused hospital treatment ([Natalie Woolston](#)) and more examples of the very real impacts of ageism will emerge as this crisis unfolds.

The concerns and impacts faced by marginalised communities are already evident;

- [The Resolution Foundation](#) focuses on poverty and the [Marmot Review](#) sets the scene before the crisis emerged on austerity, poverty and health inequalities.
- Runnymede Trust summarise [key issues of racism](#),
- Disability Rights UK's [statement](#) on Covid 19 and disability rights and the Equality and Human Rights Commission's [statement](#) about the lack of access to food faced by many disabled people.
- The LGBT Foundation [summarises the challenges](#) faced by LGBT people (Lesbian, Gay, Bisexual, Trans).
- The [United Nations](#) has also released a [Policy Brief](#) focused on older people and includes issues for marginalised communities.

We want to effectively combat ageism in Leeds. In order to do this we will:

- Encourage others to embrace a [human rights based approach to COVID 19](#) as recommended by the [World Health Organisation](#), this includes addressing all forms of discrimination, prevention of violence against women and support for marginalised communities.
- Continue to work with our partners in the [Age Proud Leeds](#) campaign.
- Identify and challenge ageism, this will help us to continue to raise awareness about the way it affects the people of Leeds.
- Create opportunities for wider discussion about ageing, ageism and illness.
- Alongside our partners develop policies and strategies to protect older people, based on their social, psychological and medical needs and not solely on their chronological age. This has been recommended by the [BMA](#), in a recent [article](#) proposing that actions “.. be based on individual risk that would apply at all ages rather than an arbitrary age of 60 or 70”.
- Recognise and celebrate the contributions made by older people, throughout our communications.
- Promote positive intergenerational conversations, connections and communities.
- Address concerns about the longer term impacts on older people who may become even less visible (because they are at home), have fewer opportunities to be included in our society and become more isolated and lonely.

Recent reports, including the [Centre for Ageing Better 'Dodderly but dear?: Examining age-related stereotypes'](#) and [Yale School of Public Health](#) report linked to WHO [Global Campaign to Combat Ageism](#), show us the extent and impacts of ageism even before this crisis escalated.