

Introduction

NAWO is an umbrella of women's organisations founded in 1989 especially to meet the needs of smaller women's groups to develop and represent their collective voice to government. NAWO's members also include, however, very large groups such as the Mothers Union and cover the whole range of women's concerns including issue-based groups, campaigning and lobbying organisations, faith groups and service providers.

NAWO has a special focus on European issues, representing these to its members and other UK women and vice versa, ensuring the views of UK women are heard within the EU, especially at the European Women's Lobby. NAWO represents women in England at the Lobby and works with sister organisations based in Wales (WWNC); Scotland(Engender) and Northern Ireland(NIWEP) through the UK Joint Committee on Women which is the coordinating body to the Lobby for the UK.

In preparation for the review – Beijing + 15 – to be held at the Commission on the Status of Women (CSW 54) at the UN in New York, March 1-12, 2010, NAWO consulted members as to the focus they would like to see NAWO pursue. The consultation also fed into the booklet, What has Beijing Got to do with me? produced by the Women's National Commission, the official advisory body to the government on women. This written consultation was followed by a meeting at which members concluded the focus should be on the older woman and on widows, while recognising that many widows are younger women whose husbands have been killed in conflicts.

Two of NAWO's trustees attended the regional conference of NGOs preceding the ECE regional prepcom in October 2009. They attended workshops on human rights and trafficking and prostitution and sought to raise the issues of the older woman there.

Following this, a small sub committee, consisting of NAWO Advisor and member, Janet Harris; member, Elizabeth Sclater, NAWO Trustee and Chair of Hertfordshire Asian Women's Association, Mumtaz Rahim, and NAWO Chair, Annette Lawson, worked to produce this brief report and summary of the issues for older women with recommendations which we urge the UK government to seek to include in the EU position which will be represented at CSW (Beijing+15).

NAWO wishes to see:

- At UN level, the appointment of a Special Rapporteur or equivalent high level post on and for Older Women and/or
- A new Convention on the rights of the Older Person which recognises gender differences.
- At UN, country and within member state levels: The collection and disaggregation of data on both women and men and for different ages, as well as for ethnicity. Nor is 'above 65' enough. There are considerable differences between the needs of active 75 year-olds and women and men in their late 80s and 90s.
- Older women are often discriminated against in terms of participation in public and political positions as well as decision-making positions. Age specific public policies could open opportunities for older women to participate fully and effectively in the political, economic and social spheres of their countries.
- Research shows that poor education is linked to poverty at all ages, including older age, as are a number of other features such as the gender pay gap; low level pay; the care of children and elderly relatives *inter alia*. Governments need to implement calls for life-long learning and take all necessary steps to pursue policies at country-level to ensure all have decent education and can return at any age without costs that prevent especially already poor women from accessing education.
- The removal of all barriers that prevent older women from accessing work of their choice, including mandatory or voluntary retirement ages and stereotypes in the work environment. Governments should monitor gender and age pay gaps in the policies aimed at equal remuneration. *It is particularly offensive that the UN itself operates an age ban on people over 62, even for consultancy or seconded positions.* This has a specifically detrimental effect on women who may specialise in gender equality and who may not have been free to travel or take up such work in earlier life because of caring responsibilities. Furthermore the nature of their work will have prevented many from building decent pension provision. Member State Governments should require the UN to change this discriminatory employment practice.
- Good health, economic security, and adequate housing, are important aspects of ageing with

dignity. Governments need to ensure access to

- affordable, appropriate health, mental health and social care services designed to meet the needs of all women including those who are ageing in a foreign country
- adequate non-contributory pensions on an equal basis with men. Universal non-contributory pensions are a cost effective way to ensuring non-discriminatory social security in old age. Governments should ensure the security of widow survivors' pensions.
- Affordable, accessible housing to enable older people and older women to age successfully 'in place'

Part One: Overview of achievements and challenges in promoting gender equality and women's empowerment

The UK government response to the questionnaire sent by the UN to member states in preparation for CSW, barely mentions age, the older women, nor the general problems of ageing. Yet, populations are becoming older even beyond the developed world: it is estimated by the UN's DESA that, with the developing world ageing at a faster rate than the developed, by 2050 countries world wide will have similar proportions of older people than heretofore, producing important demographic concerns for everyone. By mid-century, the developing world is likely to reach the same stage in the process of population ageing that the developed world is already at.[1]

Furthermore, essentially the problem of ageing is female.

'Because women live longer than men, women constitute the majority of older persons. Currently, women outnumber men by an estimated 66 million among those aged 60 years or over. Among those aged 80 years or over, women are nearly twice as numerous as men, and among centenarians women are between four and five times as numerous as men'[2]

It is also the case that older women are poor and poorer than equivalently aged men.[3] The fact women live longer than men and hence make up the vast majority of older people is a problem

only because the same problems that beset them when younger continue – often exacerbated – to plague them when old. The UK government is not unaware of these issues. For example, NAWO welcomes the recent government green paper *Shaping the future of care together*, July 2009. Furthermore research published by the Equality and Human Rights Commission – *Making Working Lives better: the over 50s*, was welcomed by the Minister for Work and Pension at its launch (January 25 2010). And the government is working on the removal of the current statutory retirement age. But this knowledge has not been incorporated into the response. It should be, especially since Europe generally and the UK in particular is incorporating age into its anti-discrimination policy. (Of course, this does not mean only older people's rights have to be attended to but those of any age where discrimination operates.)

NAWO is enthusiastic about much that the government has accomplished especially in relation to the improvement of existing mechanisms and the introduction of innovative means for increasing gender main-streaming. Examples are cited in the UK response to the questionnaire – the appointment of ministers for women and for equalities; the setting up of a government equalities office to service the Ministers. We welcome the fact the 'Ministers sit on a broad range of Cabinet Committees covering areas such as public health, children, ageing, asylum and migration and violence against women to make sure that the needs and interests of women are fully taken into account in a strategic way when national policies and programmes of action are being developed.' We also support the three priorities for England and Wales set out in July 2007 by the Minister for Women and Equality namely: 'to support women and families who are caring for children, elderly and disabled relatives; to tackle violence against women, and to change the way women offenders are treated; and to increase the representation of Black, Asian and Minority Ethnic women in public life'.^[4]

Important regulation and legislation has been introduced – especially the Gender Equality Duty that 'requires all public bodies to prepare and publish a Gender Equality Scheme, which sets out how individual bodies will mainstream gender equality issues throughout their functional areas including in policy-making, service provision, employment matters, statutory discretion and decision-making. The scheme is to be reviewed and revised at least every three years. Government Departments are also required to undertake and publish gender equality impact assessments on all new programmes and policies, with the aim of ensuring that equality is considered as intrinsic and incorporated into all actions, programmes and policies from the outset'.^[5]

An important monitoring function is taken by the new Equalities and Human Rights Commission (EHRC) which, in the face of considerable opposition from many within the women's movement as well as from the disability and race sectors, was set up as a single body to monitor all equalities. The verdict is still out on the effectiveness of this body and in particular, NAWO has not found its relationship with stakeholders as effective or useful as that previously held with the Equal Opportunity Commission.

From the outset, NAWO also argued that if there was to be one Commission, then there had to be a single Equality Act. The government has struggled to bring such an act to fruition but it is due to become law in the spring of 2010.

One of the effects of the act will be to bring in a general Equality Duty which will operate as do the Gender, Race and Disability duties to require public bodies to promote equality and not just avoid discrimination on the further grounds of religion and belief, age and sexual preference and transgender. Here much will depend on the specificity of the methods and reporting.

Public bodies have been required to consult with stakeholders and this has worked fairly well at local level. It will be important to watch carefully to see how older people and women in particular are consulted and enabled to participate fully in the development of policy and services.

It is also essential that data are disaggregated by sex (gender) – many of the figures for older people fail to separate the categories - so that meaningful policy can be developed on the needs of older women and men separately. Without such data policies will also not be able to monitored or assessed for their impact.

NAWO wishes to see continuing efforts to seek equality and social justice for all citizens going beyond the critical areas of concern in the BPfA and of directives issued by the EU to include social class as a continuing problem of disadvantage, and is disappointed at the absence of serious consideration of the problem of ageing and to possible solutions that might be addressed in a review of the Beijing Platform for Action.

Action is needed now if many of the most vulnerable older women in our society are not to live without services to meet their needs.

Below NAWO has chosen to comment briefly on just four critical areas in the Beijing Platform for Action where further and deeper action by the UK government and by the UN are needed to improve the position and lives of older women. We have not commented on the differences there may be in provision in Wales, Scotland and Northern Ireland under devolved powers and variations in practice and structures.

Part Two: Progress in implementation of the critical areas of concern of the Beijing Platform for Action and further initiatives and actions identified in the twenty-third special session of the General Assembly

The persistent and increasing burden of poverty on women

The most obvious problem that accompanies being older and female is poverty – the direct result of owning less and having received lower incomes both during their working lives because of: the gender pay gap; the division of labour which sees women working in less well paid, more informal sectors with less security; and because of a growth in divorce, separation, abandonment, the deaths of spouses, child care demands and other caring responsibilities especially that of older relatives. In addition, the report *Just Ageing?* suggests education is also highly linked to poverty in older age.^[6]

Pensions, where they exist, are inadequate especially for women in part because they are also based on earning power and on earning in full time work and in uninterrupted ways – still not usually the pattern of female employment.

Even though the Government recognises the often unequal burden of poverty on women and claims it is working to address pension related poverty the poverty rate for women pensioners remains one of the highest in the EU, with spending on state pensions one of the lowest. State pensions are inadequate, as indicated by the fact that about half of UK pensioners are eligible for means tested benefits (social assistance)

Most older women do not receive the full basic state pension due to their past caring and other domestic roles. According to figures from the government, as quoted in their report, in August 2008 3.3 million pensioners were receiving means tested Pension Credit. This indicates the inadequacy of state pensions in the UK. The fact that 2/3 of recipients are women demonstrates

that 'women's pensions are a national scandal', as admitted by Mr Alan Johnson MP when he was Minister for Pensions.

Means-tested Pension Credit (introduced in 2002 and consisting of Guarantee Credit and tapered Savings Credit) is no solution to the problem of older women's poverty for several reasons. First, up to 40% of those estimated as eligible do not pursue a claim, so that it fails to reach many of the poorest. Second, the Guarantee Credit amount, although above the level of the full basic state pension, is well below the minimum amount researchers found was needed for healthy living in old age. Finally, older married women may be rendered ineligible for any Pension Credit, since it is joint income and assets that are assessed.

Provisions to improve State Pensions were introduced by the government through the Pensions Act [2007], which will enable more women to build up a State Pension based on their own contributions. However the level of state pensions, and the wage replacement rate, will remain relatively low by European standards. Improved pension prospects for women workers depend on several factors:

- the ability and opportunity to work longer years and retire later;
- the ability to contribute extra to some form of private pension;
- equal annuity rates; investment returns that are adequate and stable

Women and carers will continue to receive considerably less than men from private pensions, due to lower lifetime earnings. Private pensions and the state second pension will lose value during retirement as they will not be indexed to national average earnings. The optimistic assumptions made by the government may not be realised.

On employment & pensions, while women are among the poorest of pensioners, the problem is more acute for Black and Minority Ethnic (BAME) women, many of whom remained outside formal paid employment and those women that have worked in the textiles industry often have not paid National Insurance contributions (home working) or had any access to an occupational pension scheme.

It is recognized that there is a diversity of female employment among BAME women but Pakistani & Bangladeshi women have lower employment than Indian & African & Caribbean women. Self employment among Chinese & Pakistani & Bangladeshi communities means that women do not have their own income but work in the family business however this is less for Bangladeshi women who continue to remain outside employment and self employment.

In relation to pensions BAME women, particularly Pakistani & Bangladeshi women, have often worked for fewer years than white counterparts, and have been in employment in lower paid industries with restricted access to private and occupational pension provision and therefore experience poverty in retirement years.

We consider that the UK government claim to be addressing pension-related poverty of women is not borne out.^[7]

Housing

UK society values home ownership and it is often the single asset of wealth a family has. However, housing tenure patterns vary considerably between ethnic groups. Some have high ownership, others are largely concentrated in the private or social sector.

Indian households are more likely than any other ethnic group (including white) to be owner-occupiers. Pakistanis also are more likely to be home owners but not so Bangladeshis. This is due to families arriving in Britain in the 1980's, by which time the male head of the family was unable to move onto the property ladder.

Among the Pakistani & Bangladeshi, there is a cultural preference for the extended family but that is changing. It is also changing in the Indian community. The myth of 'they look after their own' is increasingly untrue as more elder BAME Women particularly from Pakistan & Bangladesh, face isolation and acute housing problems.

There are only a few specialized sheltered housing schemes for BAME elders, male and female, but it is the elder women who face retirement alone: BAME men die earlier particularly if they are from South Asian backgrounds.

There is also a poverty that arises from social isolation affecting the mental and physical health and general well-being of anyone experiencing it and especially dangerous for the older woman. While this is true of white people, there is the added difficulty of language as a barrier for BAME elder women, especially from Pakistan and Bangladesh: through no fault of their own, women arriving in the UK spent their younger years looking after their families with no encouragement from family members to learn English and acquire an education. As elder women they face difficulties as they have no life skills, are not accustomed to paying bills, visiting GP's, or even doing the shopping. The loss of a husband thus may lead to serious social isolation and poverty.

There are some relatively inexpensive ways of meeting such diverse needs including supporting good practice provision by voluntary organisations. For example, Hertfordshire Asian Women's Association has undertaken the role of researching, developing, establishing and managing a Luncheon Club named aptly the Tiffin Club -Tiffin is an Asian lunch box. Run by volunteers, the Club offers English Literacy to elder BAME women mainly of South East Asian and Arab /North African origin; aerobics, pilates; a monthly health professional's visit & discussions on health issues with advice. Neighbourhood police officers, housing officers, and other local authority professionals visit to inform and advise on their service provision. It is partly funded by several authorities in the County of Hertfordshire but without the commitment of volunteers the project would not be sustainable. The Tiffin Club has been awarded the East of England Regional Council's Equalities Award for 2009; it was also a Finalist of the UK Housing Awards 2009.

Other examples of good practice include: the provision of sheltered housing to be more culturally and religious-sensitive; enabling elder women to live in the extended family but with independence – granny annexes for example; home grants from local authorities whether the elder women are in private or social housing.

The health & social care services need to increase the diversity of their staff, with continuing cultural awareness training, and the provision of translation and interpretation services. There are dangers in the use of family members for such services especially when issues such as possible abuse or violence are suspected.

The notion that BAME women do not wish to engage or participate is untrue, but service providers are failing to engage with them. Some Councils, local authorities and the police will meet with 'community leaders', who are not representative of the communities and most certainly are not women. Black Asian Minority Elder women want to engage and to participate. They want to learn and volunteer.

Government should lead by example in its own employment patterns and in the demands it makes on local authorities. It must also ensure it has data that are disaggregated not only by gender and age but also by ethnicity in order to apply funding needed to meet the differing needs of increasing numbers from varied backgrounds.

Women and health

In October 2007, the European Commission presented the White Paper 'Together for Health: A Strategic Approach for the EU 2008 – 2013'. The Commission's document recognizes four fundamental principles in the area of health: 1. Shared health values like equity and solidarity and citizens' empowerment 2. Health is the greatest wealth 3. Health in all policies 4. Strengthening the EU's voice in global health. The Strategy also sets up three main policy objectives for the period to come, 2008 – 2013: to foster good health in an ageing Europe, to protect citizens from health threats, to support dynamic health systems and new technologies. The document lacks direct mentioning of a gender equality perspective or a women's health approach. The objectives, goals and the actions planned take into account the human diversity in the EU Member States, but without including a consideration of women and men as distinct categories. As NAWO has highlighted above, without the data, there can be little policy development and no monitoring.

In the UK, and this must be mirrored at least to some extent in an increasingly diverse European-wide population, those from ethnic minorities also experience the problems of ageing and health in different ways.

The current population of minority elders according to the UK 2001 Census was :

- 11% of Black Caribbean people aged over 65

- 2% of Black- African people aged over 65
- 7% of Indian people aged over 65
- 4% of Pakistani people aged over 65
- 3% of Bangladeshi people aged over 65
- 5% of Chinese people aged over 65

In relation to ethnicity the UK Minority population was 4.6 Million in 2001. The largest religious group in the UK is Christian with Islam second, followed by Hinduism, Judaism, Sikhism and Buddhism.

Limited information is available to identify the percentage of Black Asian Minority Ethnic elder women (sourced from Age Concern) but the Black Asian Minority Ethnic elderly population is increasing, with women from some BAME communities affected the worst in terms of health, housing, education, and pensions as well as becoming socially isolated.

There are also differences between different minority ethnic populations. A report by PRIAE – the Policy Research Institute on Ageing & Ethnicity – to the Health Commission in 2007 showed that more African and Caribbean elders had higher incidences of high blood pressure than South Asians who in turn had higher incidences than Chinese/Vietnamese elders. South Asian women have higher incidences of diabetes, heart disease/lung /breathing problems, while memory problems and osteoporosis were higher amongst the Chinese/Vietnamese elders. Women had higher incidences of arthritis / rheumatism (F:63%:M:46%), musculoskeletal disorders (46%:29%) and osteoporosis (17%:8%). These are quite sharp differences.

Health inequalities by age showed that the more serious health problems were not related to age; however, age-related problems include eyesight, high blood pressure, dental problems, sleeping problems and kidney/urinary tract disorders. A comparison between African & Caribbean elders and Chinese/Vietnamese elders showed the worse affected were the South Asians.

Two health problems that particular relate to the needs of all older women are osteoporosis and breast cancer. We congratulate the government on extending automatic breast cancer

screening to age 70 (up from age 64). Evidence shows however,[8]that although older women can ask for breast cancer screening beyond 70, the majority do not do this either because they do not know or do not want to bother the doctor. Automatic calls for screening are more reliable in achieving early detection and treatment.

As at least one third of breast cancers are in women over 70 we call for automatic screening to age 80 and beyond.

Where there are grave numbers globally affected by illness such as HIV/AIDS and the younger adults are sick and many die, older women have become the caretakers for longer than would normally be the case and for more children and with less support. In the UK grandparents, especially grandmothers, increasingly provide childcare for which they may not be recompensed. Indeed, ill health gets worse among the elderly and disability accompanies ageing. The phrase, the sandwich generation, has been invented to cover the carer, commonly a middle-aged daughter, for mothers and fathers as old age strikes because there is not enough high quality, affordable care for the older generation as there is also not for children. It is essential that the provision of care for older people most of whom will be female and particularly towards the end of life and as dementia may set in, is improved. Various reports have highlighted the lack of training, the poor monitoring and the general disregard of suffering at this stage of life.

When people reach older age who are also disabled in other ways by, for example, learning disabilities, or chronic mental illness, the problem is even more acute as they may lack family or friends who used to support them ensuring they were helped to express their needs and desires but are themselves now also elderly and unable to do so. These more 'vulnerable adults' who are usually not referred to with the dignity of the title, 'women and men', require special attention. In the UK Age Concern and Help the Aged have supported a range of locally based initiatives which could be rolled out and should receive government funding.

Rising life expectancy is doing nothing to reduce health inequalities. People from manual occupational backgrounds in their 50s experience the same health as people from professional backgrounds in their 70s, while black and Asian older women and men are more likely to have long-term health conditions than their white counterparts.

Although older men are catching up with older women in being at risk of living their later years in chronic ill health, older women still out live older men by about 5 years, and are more likely to be living their last years in chronic ill health. Thus accessible, quality health and social care services are extremely important to ensure a life of dignity and care, free of pain.

Access to social care services is still largely a matter of where you live, rather than being based on actual need. In some areas, older people assessed as having moderate needs will be able to access services while in others, only those assessed as having severe needs will receive public services. This in turn throws the burden of care onto family, friends and neighbours, the majority of whom are women.

Age Concern and Help the Aged have identified that there must be immediate investment of £1 billion to £2 billion in older people's care as part of any fiscal stimulus to revive the economy and support employment. This will start to improve the quality and scope of services and enable local authorities to meet their current statutory obligations.^[9]

NAWO welcomes various strategies that the government has produced in recent years addressing gender and health issues. In particular, the national programme on gender equality and women's mental health was established in 2003/04 to support the Implementation Guidance: Main-streaming Gender and Women's Mental Health. Its focus has been the specific delivery of differentiated high quality services for women service users and the development of a gendered context for mental health and social care. However, the problems faced by older women are not specifically differentiated. Older age brings increasing numbers suffering from dementia but the money put into this area of health falls far short of what is needed to make the last years of life more tolerable.

Human Rights

In 2008 the Government amended its Health and Social Care Bill to extend the protection of the Human Rights Act to residents of independent care homes who are funded by the state. This followed sustained pressure from a coalition of organisations including Help the Aged and Age Concern. However, people arranging their own care were excluded: they should be brought within the scope of the HRA as a matter of urgency.

The Department of Health has taken some welcome steps. For example, the Human Rights in Healthcare pilots in five NHS trusts, which build on best practice from the voluntary sector, aim to introduce human rights-based approaches to service delivery. NAWO supports the call by Age UK, for the Department of Health to build on the foundations laid in the NHS Constitution by further improving NHS practice in relation to human rights.

Violence against women

NAWO recognises the steps the government has taken to safeguard vulnerable adults who experience elder abuse or who do not have the capacity to make decisions regarding their care or treatment. Although the numbers are small, older women also experience violence and need refuge and support beyond the safeguarding vulnerable adults services of local authorities. One step that is to be welcomed is an example of what can be done: routine enquiry about domestic violence when taking a social history has now been rolled out to all adult mental health settings.

Older Women fleeing violent relationships often cannot access refuges or support as these services are not designed for single older women. NAWO calls on the government to extend its violence against women strategy to consider more explicitly the needs of older women who experience violence in all its forms. Currently there are no data regarding older women other than saying that young women experience more violence than older women. It is clearly difficult to obtain accurate measures of 'granny bashing' but journalists have undertaken hidden camera exposés of care homes that fail to inspire confidence.

The government green paper, Shaping the future of care together, July 2009, is welcomed; however action is needed now if many of the most vulnerable older women in our society are not to live without services to meet their needs.

Stereotyping of women and inequality in women's access to, and participation in, all communications systems, especially in the media

Whilst there are rules regarding broadcast and non – broadcast advertising and various regulatory mechanisms for addressing media content, there is still concern on a number of fronts:

- The failure to employ older women in high profile positions in television as authoritative voices such as newscasters or judges on the most popular shows watched by the largest audiences. This is particularly unacceptable when these women have all the necessary experience and wisdom. The BBC which is in receipt of public licence fees has recognised this failure and is beginning to make change practice.
- The poor treatment of the older woman has accompanied the premature sexualization of children
- Pressures caused by intensive marketing through the media continues. “Clothes, toys and music alongside magazines and TV all reflect and promote the sexualization of childhood, especially for girls”.[10]
- To develop a more positive portrayal of women in the media, more needs to be done in relation to the exploitation and stereotyping of women and girls and the often misleading ways in which the media portray faith and faith communities.
- Some attention has recently also been paid to the inclusion of disabled women but they remain relatively absent from screens
- As far as the Internet is concerned, there are widely differing views on the impact of pornography but NAWO welcomes initiatives to suppress and sanction the downloading and watching of at least child pornography. NAWO would like to see further controls on the making and use of pornography.

In summary:

The United Kingdom is going through an extraordinary demographic transition. The first ‘baby boomers’ are now drawing their pensions and the number of people over State Pension Age are overtaking the number of children. In 2006:

- 11.3 million were over State Pension Age (SPA), up 420,000 since 2002.
- 7.2 million women were aged 60 and over
- 9.7 million people were aged 65 and over, of whom 4.2 million were men and 5.5 million

were women.

- 2.7 million were aged over 80, up 220,000 since 2002.

The number of people over pensionable age, taking into account the increase in women's State Pension Age, is projected to increase from 11.3 million in 2006 to 12.2 million in 2011, and will rise to over 13.4 million in 2026 and 15.0 million in 2031.

- 63% of pensioners receive at least half their income from State Pensions and benefits.
- Around a third of women reaching State Pension Age in 2005 were entitled to a full basic pension, compared to 85% of men
- 21% of men and 31% of women aged 65 to 74 lived alone in 2006 and 32% of men and 61% of women aged 75 and over lived alone
- In 2006, 75% of men aged 65 to 74 were married compared to 59% of women in the same age group. 62% of men and 28% of women aged 75 and over were married.
- In 2006, 9% of men and 24% of women aged 65 to 74 were widowed. 27% of men aged 75 and over were widowed compared to 60% of women in the same age group.^[11]

Such population patterns are not unique. Nor are the discriminatory patterns of life experienced between the older women and older men. Hence the CEDAW Committee has introduced a new General Recommendation on older women and protection of their human rights in pursuance of Article 21 of the convention. This new GR, decided at the Committee's forty second (42nd) session, intends to explore the relationship between all the articles in the convention and ageing. It will outline the content of the obligation assumed by States as Parties to the Convention from the perspectives of ageing with dignity and older women's rights as well as multiple forms of discrimination they face as they age. The GR also intends to include policy recommendations for main-streaming the concerns of older women into national strategies and development initiatives so that older women can participate fully without discrimination and on the basis of equality. This general recommendation will also provide guidance to both States parties and NGOs on the inclusion of older women's rights in the reporting process to the Convention.

NAWO welcomes the CEDAW Committee's General Recommendation for older age is overwhelmingly an experience of older women. This discrepancy must be addressed in all legislation, policy making and implementation.

Appendix A

Pensions

Note supplied by Jay Ginn, Older Feminist Network

The UK government claims that it is working to address the problem of pension-related poverty among women. However, reforms legislated in the Pensions Act 2007, operative in 2010 for state pensions and in 2012 for Personal Accounts, will bring very little improvement for women who are over state pension age or approaching it. Moreover, despite the claim that the reforms will help working age women, the indicators in the Annexes to the National Strategy Report for 2008-10 (provided by Eurostat from EU-SILC data) provide a less positive picture.

1. Pensioner women

The pensioner poverty rate for women remains one of the highest in the EU, with spending on state pensions one of the lowest. State pensions are inadequate, as indicated by the fact that about half of UK pensioners are eligible for means tested benefits (social assistance). The legislated reforms of 2007 bring no benefit at all to existing pensioners until 2015 when it is hoped that the basic state pension will be indexed to the national average wage, bringing a small above-inflation increase in the basic state pension (BSP). This will halt the long decline, since 1980, of the BSP relative to national standards of living.

However, the situation for those older women who survive until 2015 will remain bleak. By that time, the BSP will have fallen to about 14% of average earnings. This is lower than it has ever been since National Insurance was introduced in 1948 and is wholly inadequate to live on. This is implicitly recognised by the fact that it is currently about £30 per week below the means-tested Guarantee Credit (GC) level and nearly £70 below the official poverty level (60% of

adjusted national median income). Most older women do not receive the full BSP, due to their past caring and other domestic roles. The oldest women have not benefited from Home Responsibilities Protection introduced in 1978. As the government say, over 3 million pensioners receive means tested Pension Credit. But this merely indicates the inadequacy of state pensions in the UK. The fact that 2/3 of recipients are women demonstrates that 'women's pensions are a national scandal', as admitted by Mr Alan Johnson MP when he was Minister for Pensions.

Means-tested Pension Credit (introduced in 2002 and consisting of Guarantee Credit and tapered Savings Credit) is no solution to the problem of older women's poverty for several reasons. First, up to 40% of those estimated as eligible do not pursue a claim, so that it fails to reach many of the poorest. Second, the GC amount, although above the level of the full BSP, is well below the minimum amount researchers found was needed for healthy living in old age. It is also some £40 per week below the official poverty level. Finally, married older women may be rendered ineligible for any Pension Credit, since it is joint income and assets that are assessed.

2. Working age women.

For younger women, reform of the BSP from April 2010, which make it more inclusive of women with care responsibilities, will help younger women to obtain the full amount. However, for women aged over 45, the reforms will bring little gain, as they have few years under the new rules. The relaxation of the rules in BSP (requiring only 30 years of contributions or care credits) are welcome, but to qualify for the maximum state second pension (S2P) will require 39 years in 2010, increasing with state pension age. Women's state pension age will increase from 60 now to 68 by 2046. This means that many women in future will fail to meet the requirement for a full S2P. Credits for caring in both the BSP and S2P do help, but it is widely expected that many women will 'fall through the net' of the requirements and fail to qualify for credits in all their caring periods. Even if they obtain the full BSP under the new 30-year requirement, their S2P will be reduced.

Making the S2P flat rate by 2030 means there will be no alternative to private pensions as a means to obtain a good wage replacement rate. The government's attempt to promote new Personal Accounts (PAs) from 2012 is misconceived, in that it is doubtful whether these will be suitable for the lower paid. Any private pension places women with caring responsibilities at a

disadvantage, due to lack of compensatory allowances for caring periods. Moreover the tax relief provided as an incentive benefits mainly men; half the amount goes to the top 10% of earners, who are mainly men. PAs share these drawbacks. But, as defined contribution accounts, they also create some extra problems for women.

Personal Accounts

There are particular concerns about the planned auto-enrolled Personal Accounts (PAs). These are additional to S2P and require an extra contribution of 4% from employees who opt to stay in the scheme, plus 3% from employers. First, many lower paid workers will be unable to afford the extra contribution and will then forfeit the employer contribution (the latter being taken ultimately from all employees' wages and/or higher prices experienced by all workers). Second, annual charges are unlikely to remain at the recommended level of 0.3% of the fund, taking a significant cut from the employee's fund by retirement. Third, excluding employees earning under £5,000pa from entitlement to an employer contribution will disproportionately affect women and provides an incentive for employers to keep pay under this amount. Even where pay is above £5,000pa, employers may pressure employees to opt out of the PA in order to avoid paying their contribution. Fourth, those with low lifetime earnings could be ill-advised to save in a PA due to the likelihood of means testing in retirement.

Women's earnings fluctuate unpredictably across the life course as their family commitments – to children, partner and parents – change. It will be very difficult to advise women as to whether they should save in a PA, yet only generic advice is proposed; women cannot usually afford to pay for independent advice, even if this could help. Finally, PAs are invested into a fund that is annuitized in retirement. Women's annuity rates are about 10% poorer than men's, due to use of sex-based Life Expectancy tables in the UK. For all these reasons, PAs are a poor alternative to better state pensions, especially for women and other lower paid workers.

Conclusion

After the 2007 reforms are in place, the level of state pensions, and the wage replacement rate, will remain relatively low by European standards. Improved pension prospects for women workers depend on several factors: the ability and opportunity to work longer years and retire later; ability to contribute extra to some form of private pension; low charges in Personal

Accounts where these are chosen; equal annuity rates; and investment returns that are adequate and stable (an unlikely scenario). The optimistic assumptions made by the government may not be realised. Women and carers will continue to receive considerably less than men from private pensions, due to lower lifetime earnings. Private pensions and the state second pension will lose value during retirement as they will not be indexed to national average earnings.

[1] World Population Ageing UN ESA/P/WP/212 December 2009, DESA, p.x

[2] *Idem*, p.x

[3] Just Ageing? Fairness, Equality and the Life Course, EHRC, Age Concern, Help the Aged, Final Report, December, 2009, p11

[4] United Kingdom Response: Questionnaire to Governments on the Implementation of the Beijing Declaration and Platform for Action (1995) and the Outcome of the Twenty-Third Special Session of the General Assembly (2000) **May 2009, p.22**

[5] *Idem*, p.22

[6] Just Ageing? Fairness, Equality and the Life Course, EHRC, Age Concern, Help the Aged, Final Report, December, 2009

[7] A more detailed argument is presented in Appendix A

[8] NHSSchool of Health and Related Research Report, Sheffield University, June 2008

[9] 8 Age Concern, Key Facts, 2008 <http://www.ageconcern.org.uk/AgeConcern/policy.asp>

[10] *The Commercialisation of Childhood* Report from Compass 2006

[11] 2008, Facts and Figures, Age Concern England

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