



**Older People's Commissioner for Wales**  
**Comisiynydd Pobl Hŷn Cymru**

## **EQUALITY & DISABILITY FACTSHEET**

### **Introduction**

Disability is a 'protected characteristic' in the Equality Act 2010. The law states that a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The General Lifestyle Survey 2011 found that in Wales 58% of people aged 65-74 reported a longstanding illness and this number rose to 68% amongst those aged 75 and above.

### **The issues**

In Wales there are proportionally more people over the age of 55 with conditions more commonly associated with those above retirement age than other parts of the UK. A high percentage of these people are concentrated in the valleys where the legacy of coal mining and heavy industry have been offered as the explanation for the disproportionately negative impact on the health of the older people currently living in these areas.

Research into physical changes in old age have found that lung function declines from the age of 35 but the rate of decline can double over the age of 70. Heart function has also been found to decline with age with the risk of cardiovascular disease doubling each decade. The prevalence of heart disease or stroke was 13% in 55-64 year old men, but 37% amongst men aged over 75. It was 5% in women aged 55-64 compared to almost 28% in women aged over 75.

Another study found that handgrip strength declined with age with the effect being greater for women. In addition a progressive reduction in muscular strength and mass is observed with ageing. Knee muscle

strength declines by 10 to 15% each decade until the age of 70-75 when the decline accelerates to 25 to 40% per decade. Falls increase dramatically with age for both men and women and are highest for those aged over 85. Again, incontinence increases with age with women over 70 being twice as likely as men to be incontinent.

Hearing loss affects 71% of people aged over 70 to some degree and one study found that 95% of people 80 or above had some hearing loss. In the UK the prevalence of late stage age related macular degeneration (AMD) amongst those aged 65 and above is 5% and rises to 12% amongst those aged 80 and over.

The number of older people with learning disabilities that require social care is predicted to rise by 3-5% over the next five years. However, individuals can experience problems when they transfer from learning disability to older peoples social care teams where ageist assumptions can limit the options they are offered. This can affect their independence and have negative impact on their general wellbeing.

## **Conclusion**

Physical decline in later life is to some extent inevitable. However, the rate of this decline takes place on an individual basis and must not be the central factor in our assessment of people's needs.

Disability campaigners developed the 'social model of disability' to explain how we prevent disabled people from fully participating in society by imposing 'environmental, attitudinal and institutional' barriers. This model can be equally effective when used to view the way we treat older people. By adopting a 'social model of ageing' it can be seen that we also impose those same "environmental, attitudinal and institutional' barriers on older people. Using this approach allows us to move away from the medical model of ageing that focuses on biological decline. It also prevents negative stereotyping of later life and the perception of older people as one homogenous group who experience older age in exactly the same way.

To see the evidence base for this factsheet and further resources visit [www.olderpeoplewales.com](http://www.olderpeoplewales.com)