

Expert series



Delivering the Equality Duty

Age matters in public services

Document purpose	To assist public bodies providing services to older people to implement the requirements of the Equality Act 2010.
Title	Delivering the Equality Duty: Age matters in public services.
Publication date	October 2011.
Target audience	Public Authorities and professionals working with older people.
Description	<p>This document:</p> <ul style="list-style-type: none">• provides an overview of the requirements of the Public Service Equality Duty arising from the Equality Act 2010• provides guidance on how public bodies can meet these requirements in relation to older people• presents case studies and good practice examples of public bodies working to improve services to older people.
Contact	Copies of this document can be obtained from policy@ageuk.org.uk
Author	Katherine Hill Policy Adviser (Equalities and Human Rights) Age UK.

Contents

	<i>Introduction</i>	2
1	<i>The context</i>	4
	Our ageing society	5
	The public-sector equality duty	6
2	<i>The legislation</i>	8
	The general duty	9
	The specific duties	10
	Requirements to publish information	10
3	<i>Eliminating unlawful discrimination</i>	12
	Age discrimination in employment	13
	Goods and services	16
4	<i>Advancing age equality</i>	22
	Taking steps towards age equality	23
5	<i>Fostering good relations between different age groups</i>	30
	Intergenerational relations	31
6	<i>Delivering the duty across key public service areas</i>	34
	Health	35
	Social care	36
	Community safety and the justice system	36
	Housing	37
	Transport	38
	Notes	39
	Further reading	41

Introduction

The Equality Act 2010 introduces for the first time a duty on public bodies to promote age equality. This offers a major opportunity to improve the lives of older people and assist public bodies in meeting the challenges posed by the ageing of our society.

This short guide aims to provide an overview of the requirements of the equality duty and equip public bodies to implement it in a way that delivers tangible benefits to those in later life. It explains the legal requirements that public bodies must meet in order to comply with the equality duty and then goes on to look in turn at its three core elements: eliminating discrimination; advancing equality of opportunity and fostering good relations; and how these relate to older people. Finally, it looks at how age equality can be advanced in a number of key public service areas. The focus in this guide is on age equality, although we recognise that age is certainly not the only dimension of the equality duty that is relevant to people in later life.



1 *The context*

This section sets the public-sector equality duty in the context of the demographic changes expected in the next 30 years. It highlights the opportunities this duty offers to meet some of the challenges of these changes.

Our ageing society

If public services are to meet older people's needs, enable them to reach their potential and guarantee their dignity, then they must view older people not as a homogeneous group but in all their diversity.

The older population is large and growing. For the first time in history, there are now over 10 million people in the UK aged 65 and above.¹ More than 1.4 million people are aged 85 or over.² The number of people aged 65 years and over is expected to rise by 65 per cent in the next 25 years to more than 16.4 million in 2033 and the number of people over 85 in the UK is predicted to double in the next 20 years and nearly treble in the next 30.³ Our ageing population is often described in public policy terms as a challenge or even as a threat. While it is true that much greater attention needs to be given to considering the implications of demographic change on our public services, to see it solely in these rather negative terms is a mistake. The fact that people are living longer is something to celebrate, as long as it is accompanied by increasing rates of good health and wellbeing for older people. Rather than cast people in later life as a burden we must recognise the hugely valuable resource that older people offer our society – as employees, volunteers, carers, parents and grandparents, elected representatives and in many other roles.

The older population is also more diverse than ever before and will become more so. For example, research published in 2010 estimated that by 2051 there will be 7.4 million black and minority ethnic people over the age of 50 living in England and Wales, compared with 1.7 million in 2007.⁴ Over two-thirds (69 per cent) of people aged 85 and over in the UK have a disability or limiting long-standing illness.⁵ And while there are no official statistics for the number of lesbian, gay and bisexual (LGB) people in the UK, let alone the number of LGB older people, based on the estimate that LGB people comprise roughly 6 per cent of the UK population, we can assume that there are at least 600,000 older LGB people currently living in the UK. If public services are to meet older people's needs, enable them to reach their potential and guarantee their dignity, then they must view older people not as a homogeneous group but in all their diversity.

The public-sector equality duty

The Equality Act 2010 represents a major landmark for all those who seek to rid our society of prejudice and discrimination and put in its place respect for equality and diversity. It establishes comprehensive anti-discrimination legislation that provides a solid platform from which to tackle discrimination based on disability, gender and gender identity, race, religion or belief, sexual orientation and, crucially from Age UK's perspective, age. The cornerstone of the Act is the public-sector equality duty, which requires all public bodies and those performing public functions to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between groups.

By requiring public bodies to systematically examine the impact of their policies and practices on older people, the equality duty can help them to meet the challenges posed by our ageing and increasingly diverse society. And at a time when all public bodies are facing difficult financial decisions, the equality duty also offers an invaluable tool to help them ensure that choices they make do not disproportionately impact on some of the most disadvantaged groups in our society and further entrench discrimination.



2 *The legislation*

This section looks into the legislation and sets out the required general and specific duties arising from the public-sector equality duty and clarifies those to whom these apply.

The general duty

The public-sector equality duty will require all public bodies and those performing public functions to:

- eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations between groups.



Figure 1 The structure of the equality duty

The duty covers the following eight protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Who the general duty covers

The general duty covers the public authorities listed in Schedule 19 of the Equality Act. This includes local authorities, education bodies (including schools), health bodies, police, fire and transport authorities and government departments. In this document, we will now refer to these organisations as 'listed bodies'.

It also applies to other organisations that carry out public functions. This will include private- or voluntary-sector organisations that are carrying out functions on behalf of the public sector. The definition of a public function is the same as in the Human Rights Act 1998.⁶

The duty, in relation to age, does not apply to education or service provision in schools or children's homes.

The specific duties

This guide focuses on the specific duties for England only.

The specific duties are a set of requirements placed on listed bodies, which are designed to help them meet the aims of the general duty. Although other public bodies and those carrying out public functions are not required to comply with the specific duties, they will find they are nevertheless helpful tools to assist them in demonstrating how they have complied with the general duty.

The specific duties are set out in regulations and are different in England, Scotland and Wales. This guide focuses on the specific duties for England only.

The specific duties that have been set down in the 2011 regulations⁷ are designed to focus public authorities on improving equality outcomes rather than complying with particular processes or procedures. This means that many of the explicit requirements for involvement, consultation and assessment of equality impact that were included in the specific duties under the previous gender, disability and race equality duties are not now included. However, the Government has made it clear that in order that public authorities are able to demonstrate compliance with the general duty, it still expects them to carry out these activities.⁸

Requirements to publish information

Transparency is the guiding principle of the specific duties and in line with this, public bodies are required to publish information that demonstrates their compliance with the general equality duty across their functions.

The specific duties require public bodies to do the following.

- Publish equality objectives. These must be published by 6 April 2012, and at least every four years after that, in a manner that is accessible to the public.
- Publish information annually to demonstrate their compliance with the general equality duty.
- In particular, publish information relating to their employees (for bodies with 150 or more staff) and others affected by their policies and practices (such as service users), including the gender pay gap and the proportion and distribution of disabled employees and staff from ethnic minority communities.

This information must be published by 31 December 2011,⁹ in a manner that is accessible to the public, and at least annually after that, from the first date of publication.

As two-thirds of older people (over 65) have never used the internet,¹⁰ it is essential that this information is not only published online but also made available in other ways.



3 *Eliminating unlawful discrimination*

Age discrimination flowing as it does from the ageist attitudes that are deeply ingrained in our culture, is something all too commonly experienced by older people in the UK today. It takes many forms and is encountered in a wide range of circumstances, from applying for work to accessing health treatment, to buying a new mobile phone. Some of the ways that harmful discrimination manifests itself in public services are described below.

Age discrimination in employment

For those older people who are able to remain in work, discrimination can nevertheless remain a problem as they face unequal access to training opportunities or promotion on account of their age.

Statistics from the Citizenship Survey, covering the period from April 2009 to March 2010, show that 4 per cent of people aged 50+ felt that they had experienced labour market discrimination in being turned down for a job because of their age, compared with only 1 per cent of those aged 25–34 and 2 per cent of those aged 35–49. There is a particular problem for those older people unable to find work and who remain unemployed for over 12 months. Compared to other age groups, once people aged over 50 are out of work they have a much higher chance of becoming long-term unemployed. For those older people who are able to remain in work, discrimination can nevertheless remain a problem as they face unequal access to training opportunities or promotion on account of their age.¹¹

To help combat these issues, age discrimination in employment has been outlawed in Britain in both the private and public sectors since 2006 when the Employment Equality (Age) regulations were introduced. These provisions have now been absorbed into the Equality Act 2010. This offers protection against age discrimination in employment, training and adult education for people of all ages.

The Government has introduced legislation that will abolish the default retirement age (DRA) of 65. Under the transitional arrangements, employers are able to give up to a year's notice to their employees – providing they are 65 before October 2011 – meaning that workers can continue to face forced retirement up until April 2012. In addition, it will remain possible to agree an extension of up to a further six months, meaning the final forced retirements could take place as late as October 2012. Public bodies must therefore ensure that they are no longer operating a blanket retirement age by this date.

Alongside this, employers should also, as a matter of good practice, introduce more flexible working patterns and consider redesigning roles to better align them with older people's needs and aspirations. They must act to ensure equal access to training and promotion opportunities, and in organisations that have very low representation of older workers among their workforces, they should take proactive steps to redress the balance.

Some myths about older workers

Older workers ‘job block’, preventing new, younger talent from entering the workforce.

This myth is based on the false assertion that there is a fixed quantity of work in the labour market to be parcelled out among workers. There is no evidence that eliminating the jobs of older people creates new opportunities for the young. Older workers and younger workers do not in general compete for the same jobs, so keeping older people in work does no harm to younger workers.

Older workers are not as capable or productive as younger workers.

Although natural ageing can result in some physiological change, such as sight impairment, which can affect work capacity, research has shown that cognitive ability is not significantly impaired in the age ranges that span working life. Variation in performance within a specific age group far exceeds the change in performance associated with ageing. Productivity tends to rise as workers grow older because of their increased experience, dependability and judgement.

Older workers are less adaptable to change, for example, mastering new technology.

There is no evidence that older workers find it difficult to adapt to change.¹² Resistance to change can occur at any age. Effective change management normally comes from proper, good-quality communication and consultation by management.

Older workers are more likely to be off sick.

According to research carried out by the Office for National Statistics, employees aged 16–24 are 32 per cent more likely to be absent from work because of sickness than those aged 50–64.¹³

Older people will start ‘winding down’ as they approach retirement and so it is not value for money to invest in them.

This is a myth based on stereotyped views of older people. Workers in later life are often ambitious but need to be supported by their employer to use their skills in different ways. For example, older workers can make good mentors for junior colleagues.

Age discrimination law stops employers from addressing poor performance of older workers.

Employers should have robust processes in place to address performance issues. This demonstrates standard, good-management practice. It is not necessary to discriminate on the grounds of age to tackle poor performance.

Sussex Community NHS Trust – Promoting age equality in the workplace

Sussex Community NHS Trust is committed to tackling age-related discrimination in the workplace and is a best-practice employer promoting age equality.

The Trust's predecessor, South Downs Health, implemented a programme to make its employment practices more age equal. Some of the practical steps taken include:

- a review of the Trust's Retirement and the Employment of Older Workers' policy
- removal of the mandatory retirement age and promotion of flexible retirement options
- introduction of Managers' Guidelines for Work Experience Placements
- an increase in employer involvement with local schools and colleges
- development of staff through lifelong learning.
- South Downs Health became an Age Positive champion and played a vital role in the Department for Work and Pension's Age Positive campaign. By promoting good practices and highlighting the practical benefits of having a mixed age workforce, South Downs Health encouraged other employers and individuals to tackle age discrimination in the workplace.

The Trust now benefits from a balanced workforce across all ages by not losing skilled people purely because they reach a birthday. It develops people into harder-to-recruit posts, which benefits both the organisation and the individual.

Useful sources of information on employing older workers

TAEN – The Age and Employment Network www.taen.org.uk

Acas (Advisory, Conciliation and Arbitration Service) www.acas.org.uk

Employers' Forum on Age www.efa.org.uk

Goods and services

Unfortunately, age discrimination also flourishes beyond the realm of work and employment. Analysis of 2008 data from the European Social Survey has found that, across Europe, age discrimination is the most widely experienced form of discrimination for every age group. Sixty-four per cent of respondents from the UK saw age discrimination as a very or quite serious issue.¹⁴

Within the public sector it may be apparent in frontline practice, for example, in social care needs assessments, which routinely collect less comprehensive information about older people compared with other groups.¹⁵ Or it may only be detectable in the outcomes that services achieve – for example, in cancer care – where success rates for people over 75 have not improved over the last decade and are much lower than in comparable countries.¹⁶

The Government intends to bring into force the age discrimination ban in goods and services in 2012, so it will not form part of the equality duty until then. However it is important that public bodies use the time before the introduction of the new regulations to prepare for implementation of the ban, by systematically reviewing their policies and practices to identify and remove harmful age discrimination.

The law covering age discrimination applies to all service providers, whether they are in the private, public or voluntary sectors. It only covers those over 18 years of age.

Types of age discrimination outlawed

Both the employment and goods and services provisions in the Equality Act outlaw a number of different types of discrimination:

Direct: This means treating someone less favourably because of their age or because of the age they appear to be.

Indirect: This means applying to someone a provision, criterion or practice that puts someone of a certain age or age group, at a disadvantage, compared with other people.

Harassment: This involves unwanted conduct that is related to age and has the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for the complainant or violating the complainant's dignity.

Victimisation: This occurs when a person is treated badly because he or she in good faith has made or supported a discrimination claim under the Equality Act provisions. The aim of this is to protect people from any reprisals.

Merseycare

Mersey Care NHS Trust provides specialist mental health and learning disability services for the people of Liverpool, Sefton, and Kirkby. In 2010 the Trust recognised that the use of age limits (of 65) in the provision of their mental health services was preventing older people from accessing the same services available to younger adults. Discussion began between the two services to see what could be done to open up access across the age range.

As a result, the Access Service (Accident and Emergency and GP Primary Care) is now open to the over-65s and the adult and older adults teams have merged. The benefit of this has been that the teams are able to share assessments, working together jointly, and share education and learning between them. Mersey Care is currently exploring how to open up access to crisis resolution and home treatment and assertive outreach for people over 65. There are more complex issues to be resolved in these services involving funding streams, working practices and policy changes.

The next development will be to open up the Access Service to dementia patients and to this end the service has already begun the process of training staff in dementia care.

Objective justification

The legislation recognises that not all discrimination on the grounds of age is harmful, and that service providers should not automatically adopt a 'one size fits all' approach in response to it. In some circumstances there may be good reasons for treating one age group differently or providing a discrete service for them – for example, a specialist mental health service for older people that can offer expertise in age-related conditions such as dementia. The law requires that the service provider must make the case for why this is necessary, using a test called objective justification. Objective justification can be applied to indirect discrimination in respect of any of the protected characteristics but to direct discrimination in respect of age only.

To meet this test the service provider must be able to say why acting in an age discriminatory way is a proportionate means of achieving a legitimate aim. In other words, they must be able to clearly state what the policy or practice in question is aiming to achieve, how the use of age is helping to achieve it and why there is no other less discriminatory way of doing so.

Public bodies will be helped to know when they can rely on the objective justification test by the requirement of the general duty to advance equality of opportunity (discussed in the following section). To meet this requirement they will need to take proactive steps to identify areas in which different age groups are currently experiencing inequality. This will provide evidence of legitimate aims that may justify the use of direct or indirect age discrimination.

Using the concept of objective justification, public bodies should feel confident to commission age-appropriate services that will meet the identified needs of different age groups. This is especially important in areas such as mental health or housing, where the particular needs of older people have been shown to be at risk of being overlooked or inadequately addressed within the context of an all-age service. By designing a service around the needs of older people and employing professionals who specialise in working with this age group to work within it, public authorities can achieve improved and more equal outcomes. That said, age-appropriate services for older people must not be, as they have all too often in the past, a by-word for inferior services. If it cannot be demonstrated that an age-appropriate service is actually delivering a high-quality service for the age group it is designed for, then it is unlikely to meet the objective justification test.

HMP Norwich – age-appropriate services

HMP Norwich is a category-B local prison for men aged 18 and over, which serves the courts of Norwich and Suffolk. Ten per cent of the prison's population are over the age of 50. The prison's most recent health needs assessment has identified that this small but significant older prisoners' population is in danger of being 'lost' within the younger prisoners' needs.

To address the needs of older prisoners, HMP Norwich has established a partnership with NHS Norfolk, Revolving Doors Agency and Age UK Norwich. This aims to:

- improve social contact and mutual support between and with older prisoners by using volunteers as well as Age UK Norwich staff to run social engagement sessions and regular forums
- contribute to improving and maintaining good mental health among prisoners, and especially older prisoners
- provide information, advice and liaison support to older prisoners concerning life and opportunities after release
- provide onward referral to appropriate specialist support services to enable ex-prisoners to maintain wellbeing and to reduce further contact with the criminal justice system.

Age UK Norwich, together with the then staff at the older lifers' Nelson unit (L Wing), had been running a pilot project to support less able older prisoners with volunteer visitors. Unlike a normal befriending service, the volunteers visited in a small group. This was both to provide support to each other and also to encourage the development of social interaction between clients.

The first-year evaluation, after the visits had been going for a few months, indicated that the majority of prisoners had benefited in some way from the project. Staff and volunteers believed the visits to be beneficial in a number of ways. Indicators of improved wellbeing included an improved welcome and willingness to chat, an improved contribution in suggesting activities and improved interaction in joining activities.

Exceptions in legislation

Running alongside the objective justification test, there are a number of exceptions in the legislation. These include provisions that allow differential treatment where this is required by law, for example, age-based state benefits. Also charities are allowed to provide benefits only to people who share the same protected characteristic, if this is in line with their charitable instrument and if it is objectively justified or to prevent or compensate for disadvantage.

Additionally some further exceptions are expected to be set out in secondary legislation. The full details of these will be published later in 2011 following a government consultation, but they are expected to cover financial services, concessions or benefits, and age-specialist holidays. It is not now expected that there will be an exception for health and social care.

In deciding whether the use of age as a criterion in your service provision is justifiable or not, it can be helpful to ask the following questions.

- Is the age limit or distinction supported by robust and up-to-date evidence, particularly if the age limit is being used as a proxy for capacity, risk or ability to benefit?
- Is there evidence that this age group is experiencing unequal outcomes that means action needs to be taken to redress the disadvantage?
- Are there valid reasons limiting an activity to people of particular ages, such as the need to gather as an age group for self-advocacy?
- How is the age limit or restriction being operated? Is there an element of flexibility that would allow those from different age groups to participate on a case-by-case basis where this can be demonstrated to be beneficial?



4 *Advancing age equality*

The public-service equality duty requires public bodies to move beyond stopping discriminatory practices and proactively advance age equality. This section examines ways in which this can be achieved, from identifying unequal outcomes to assessing equality impacts and setting equality objectives that deliver for older people.

Age equality is not the same as agelessness. Rather it is a complex and multi-dimensional ideal, underpinned by a shared belief in equal human dignity.

Tackling age inequality cannot be addressed solely by removing age discriminatory policies and practices, important as this is. This is why the equality duty requires public bodies to move beyond simply removing discriminatory policies and practices to proactively advancing age equality. Some public bodies may claim to self-evidently promote age equality because their main focus is to provide services that address the disadvantages faced by particular age groups. For example, older people are overwhelmingly the heaviest users of health services. However, there is hard-hitting evidence from a number of recent reports¹⁷ highlighting substandard care of older people in hospitals. This demonstrates that merely providing a service is not in itself a guarantee that high-quality outcomes will be delivered.

Age equality is not the same as agelessness. Rather it is a complex and multi-dimensional ideal, underpinned by a shared belief in equal human dignity. It involves balancing the goals of equal citizenship, equality of opportunity and equality of outcome while respecting difference across the life course. As has already been noted, achieving age equality for older people does not always mean treating them in the same way as younger people, or vice versa. Sometimes it requires a different approach, based on appropriate treatment of each age group and acknowledgement of individual needs.

Taking steps towards age equality

Identifying unequal outcomes

The older population is so diverse that often it makes little sense to talk about one homogeneous group with a common set of needs. This is why the specific duties place such emphasis on the need to develop equality objectives based on good-quality data and analysis. For any public body to identify what it needs to do to promote age equality, it first needs to understand in its specific context what barriers older people face, both as employees and service users. Ensuring that the service collects relevant data that can be disaggregated by age is an essential starting point. Moving beyond this, public bodies need to make sure that they directly engage with older people to understand their needs and views. In many areas there are active older people's forums that will be interested in working with services to develop age-equal services and also organisations that work with older people, such as local Age UKs, which can help to facilitate older people's involvement. It is important that public bodies ensure that they engage with a diverse range of older people and make additional effort to seek the views of those who may not put themselves forward to take part in formal consultation processes, including, for example, people who may be isolated, either in their own homes or in residential care.

Durham's Joint Commissioning Strategy for Older People

In 2009–10 Durham County Council and NHS County Durham developed the Joint Commissioning Strategy for Older People 2010–13.

The focus was people with a range of needs aged 50 and over, with a joint local strategic agenda focusing on:

- prevention
- fair access
- efficient use of resources
- quality
- independence
- positive outcomes
- personalisation.

A wealth of consultation work with older people, undertaken by Age UK County Durham, was utilised in developing the draft strategy. Age UK County Durham was then asked to undertake a comprehensive consultation on the draft strategy with older people, older carers and groups representing older people's needs, as part of a three-month public consultation process.

Three public consultation events, newsletter articles, internet promotion, presentations and discussions were undertaken by the Council and NHS County Durham. Age UK County Durham organised a range of focus groups and discussions with individuals, small and large groups, and representatives to enrich the consultation process. Participants totalled 227 people and included older people with learning disabilities; mental health problems; those in residential, nursing and extra care; black and minority ethnic communities; older lesbian, gay, bisexual and transsexual people; visually and hearing impaired people and those with physical impairments and long-term conditions.

Assessing equality impact

Put very simply, equality impact assessment is a means of helping organisations to make sure that their policies and practices are meeting their objectives without having unintended consequences for certain groups. Although the specific duties do not mandate listed bodies to carry out equality impact assessment, it is clear that robust analysis of the effects of policy decisions and practices on equality outcomes is essential for all public bodies to evidence how they are meeting each of the requirements of the general duty.

Systematic equality impact assessment will identify:

- actual or potential unlawful discrimination that must be addressed
- adverse impact that can be mitigated or reduced
- opportunities to proactively promote equal opportunities
- ways to promote good relations.

Rather than existing as a stand-alone process, impact analysis should be integrated into existing decision-making and evaluation mechanisms. The aim should be to identify where a policy or practice has (or is likely to have) a different impact on a specific age group. This might, for example, manifest itself as unequal uptake of different services or older people reporting barriers, such as ageist attitudes or behaviours, to accessing services.

In order to identify impact, the assessment must be based on evidence gathered from data and the active engagement of older people. Where adverse impact on specific groups is identified, steps should be taken to reduce or mitigate these. It must be made clear who is responsible for ensuring that these steps are taken and within what time frame. A mechanism should also be put in place to monitor the actual effects of the decision so that further action can be taken if necessary.

In the current financial climate it is especially important that public bodies consider the impact of financial decisions on groups with protected characteristics, in order to ensure that they are not being disproportionately affected. Consideration of the impact on equality must be incorporated at the beginning of any budgeting process.

It is not only financial decisions that should be scrutinised through an equality lens. Across public-service provision the principles of localism and devolution of power are also driving change. While these objectives have the potential to offer people greater choice and control over the public services they receive, there is also a risk that this will come at the price of greater inequality. The more responsive services are to the local community, the more susceptible they may become to prioritising the needs of those who are most well informed and well positioned to advocate for themselves rather than those who are more marginalised within communities. This could include older people facing discrimination on account of their age and in particular those living in poverty.

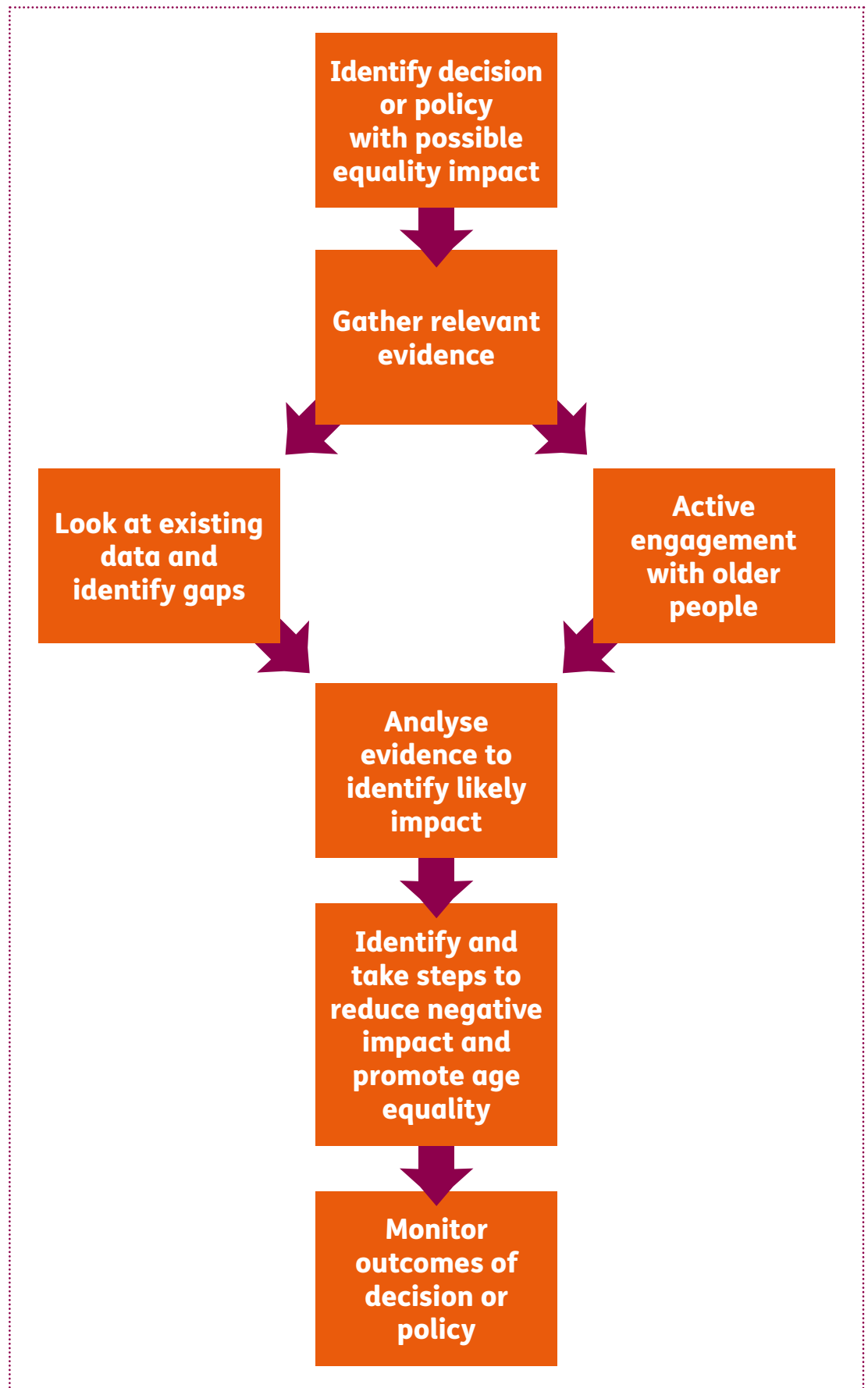


Figure 2 Assessing impact

Setting equality objectives

Equality objectives should meet one or more aims of the general equality duty. In developing them, the public body must consider the information that it published before preparing its objectives. This will help public bodies to focus their objectives on addressing the most serious inequalities relevant to their work. There is no requirement to have an objective to address each of the protected characteristics covered by the equality duty, but it is important to ensure that objectives aim to achieve balance across different groups and, wherever possible, promote integrated approaches to promoting equality. Objectives should be specific and measurable and set out how progress will be recorded.

The process of setting equality objectives is an opportunity for public bodies to adapt and prepare for demographic change. As noted at the outset of this guide, our ageing society presents public bodies with both challenges and opportunities and they must look ahead now to make sure that they are ready to meet these head on.

Finally, in developing equality objectives that will improve the lives of older people, public bodies should be encouraged to be ambitious. All too often strategies and action plans that purport to be about improving outcomes for older people take a very limited view of the type of lives that older people live and focus on meeting basic needs rather than on how to help individuals flourish and reach their full potential as active members of our communities.

Setting equality objectives that deliver for older people

- Set objectives that focus on the most serious inequalities, including age-related issues.
- Make sure that objectives are linked to the evidence base.
- Be ambitious for older people.
- Identify issues that the public body has a capacity to influence.
- Think of equality in the round, and consider objectives covering a number of protected characteristics and/or multiple aspects of identity.

Camden – a borough of opportunity for people in their 50s and beyond

In 2008 Camden published its second strategy for people in later life. The strategy was published after a year-long consultation with more than 400 people who gave their views about what they thought was important about growing older in Camden.

Members of the borough's Quality of Life panel for older people interviewed fellow residents across the borough about their experiences. The borough also commissioned research with particular groups of people who had proved more difficult to contact, including older black and minority ethnic people, people between the ages of 50 and 60, and older men.

The resulting strategy focuses on opportunities and services for people aged over 50. It sets out how the local authority will work together with partner organisations to provide older people with the best services and opportunities in areas such as:

- transport
- influencing decisions
- arts, culture and learning
- being healthy
- safety and security in the home and community
- support
- choice, independence and control.

In March 2009 Camden was awarded beacon status for its outstanding work with older people. This is an award by the Improvement and Development Agency (IDeA), which recognises local authorities' excellence in promoting and supporting the positive engagement of older people and their greater independence and wellbeing.

Camden also has an older people's champion, who is an elected member of the council. The champion aims to ensure that older people become and remain a priority within the borough, helping to make sure they are involved in developing services and working with colleagues to promote an active healthy later life.



5 *Fostering good relations between different age groups*

Actively encouraging good relations between generations is a key lever in building a society where older people are treated fairly. This section looks at how public bodies can bring different generations together.

In some areas, older people report (often misplaced) fear of crime perpetrated by younger people, which prevents them from going out, causing them to become isolated and lonely.

An absence of good relations between different age groups can have wide-ranging and damaging effects. The most commonly noted is that fear and mistrust can grow up between different age groups. In some areas, older people report (often misplaced) fear of crime perpetrated by younger people, which prevents them from going out, causing them to become isolated and lonely. The corollary of this is that younger people feel that older people have negative attitudes and characterise their behaviour as malign when it is not. Consequently, many younger people express a lack of trust in adults, which in turn can leave them feeling isolated too. A lack of concerted effort to address these barriers has resulted in views of crime and punishment that are largely built on age-based stereotypes.

Intergenerational relations

In making and communicating budget decisions, public bodies should be careful not to create or exacerbate intergenerational tensions. The equality duty expects public bodies to have due regard to intergenerational fairness. This is particularly important in an era of financial austerity when resources are restricted. While there are of course many definitions of fairness, not unduly favouring one generation at the expense of another is one that many people would subscribe to. Of course this does not mean that resources should be allocated so that each age group gets the same amount, but it does mean that they should correlate to evidenced need. How this is decided should be clear and transparent.

A body of research¹⁸ has established that a powerful way to overcome prejudice is to foster close, honest and personal relationships with others who are seen as belonging to a different group. However, at present within the UK, different age groups have relatively little contact outside family settings and in the workplace. A report recently published by Age UK on attitudes to age in the UK and across Europe found that 80 per cent of people aged 15–24 have no friends in their 70s, and over 70 per cent of people over 75 had no friends in their 30s.¹⁹ Creating opportunities to build relationships between those of different age groups is therefore key. Public bodies should seek to support initiatives that can bring different generations together around issues of shared interest. Those who have responsibility for determining how our public spaces are used have an important role to play in fostering positive intergenerational relations by encouraging the use of inclusive design to ensure that our parks, town centres and other facilities can be easily accessed by people of all ages.

It is important that those commissioning and designing services take steps to positively promote contact and relationships and to identify risks to intergenerational good relations. This is especially important in areas such as housing or leisure facilities, where failure to consider these issues can lead to the unintentional segregation of different age groups.

Merton Borough Council – Intergenerational Centre

The country's first purpose-built intergenerational centre, the Acacia Intergenerational Centre, opened in February 2010 in Merton, south-west London. Nestled between a primary and secondary school in the east of the borough, the centre features community gardens, an adventure playground, indoor and outdoor activity spaces and a children's centre.

The idea to develop an intergenerational centre in Merton came about when the London Development Agency (LDA) called for expressions of interest from local authorities to spearhead the development of a purpose-built intergenerational centre and to integrate intergenerational work in that local community.

In 2008 Merton was successful in its bid for £1.5 million in capital grant from the LDA to kick-start the project. This funding, backed by £950,000 of children's centres grants and £300,000 from Merton's capital budget, got the intergenerational centre project off the ground and Merton Council started works to transform a once used and derelict site in the east of the borough into a thriving hub of intergenerational activity for its community.

The main project team was made up of representatives from older and younger people's groups, the voluntary sector and health partners. Local reference groups, made up of local students, community groups, senior citizens, councillors and other members of the community, also contributed to the development of the centre and its offerings. Today these people and groups make up the Merton Intergenerational Partnership, which has a key role in defining and shaping the direction of the centre and the activities and support it offers to the local community. The partnership is now in the final stages of completing its intergenerational strategy for the borough: *Believing in Communities, Reconnecting People through Intergenerational Activity in Merton.*



6 *Delivering the duty across key public service areas*

In this section we highlight some of the areas where age discrimination and age inequalities are currently known to exist within some public service areas and outline how these might be tackled by those responsible for delivering the equality duty.

Health

Cardiologists were less likely to recommend operations to open up blocked coronary arteries for older patients.

Evidence gathered for the National Review of Age Discrimination in Health and Social Care identified barriers to age equality operating at a number of levels in the health service, from arbitrary age limits on access to certain public health programmes and treatments to examples of ageist attitudes influencing individual decision-making.²⁰

In the case of public health programmes, such as vaccinations or screening, the use of age to target access can be beneficial and clinically justified. However, there is evidence that in some instances, age limits are employed that cannot be objectively justified. For example, women aged over 70 years are not automatically called for breast cancer screening, despite evidence of a clinical need for this service.²¹ In the future all such use of age limits must be informed by robust and up-to-date research evidence and should be periodically reviewed to take into account advances in research.

Age discrimination in health services is not always as easily identifiable as the use of age limits; often it operates in more subtle ways. For example, a study published in 2007 in *Quality and Safety in Health Care* found that 46 per cent of GPs/specialists in the care of older people and 48 per cent of cardiologists treated patients aged over 65 differently to younger patients. Those over 65 were less likely to be referred to a cardiologist, given an angiogram or given a heart stress test. Cardiologists were less likely to recommend operations to open up blocked coronary arteries for older patients. Older patients were less likely than younger people to be prescribed cholesterol-lowering statins.²² There may be a number of different reasons behind these unequal outcomes. In some cases they may result from clinicians using age as a proxy for capacity to benefit without adequate reference to the evidence, and in others it may stem from unwitting prejudice about older people's needs and aspirations. It is exactly these sorts of practices that the equality duty aims to bring to light and address. In order to promote age equality, health services now need to put in place programmes of training, awareness raising and evaluation, and monitoring at all levels.

Health services are currently undergoing a period of unprecedented reform. It is essential that as new structures are established, age equality is considered at every stage.

Social care

The fact that expenditure per week on older people receiving social care is routinely lower than on other age groups is a good indication of age-related bias in the social care system. One reason for this differential is that the social-care assessment process for older people can be rushed compared to younger people, particularly in the context of hospital discharge. Also, assessments for older people are generally narrower in scope, focusing on physical needs and failing to make adequate provision for social needs and opportunities for social inclusion.²³ Correspondingly, care packages for older people are more likely to be task based, focusing on personal care needs, and less likely to be targeted at enabling older people to remain active or support them in engaging in social, employment or educational activities.

Age discrimination against older people is also at play at an institutional level within the social care system. The National Review of Age Discrimination in Health and Social Care found that the funding formula that is used to calculate the amount that each local authority receives to spend on social care is inherently age discriminatory. This is an issue that the Department of Health is currently seeking to address, but at local level, local authorities also need to act to ensure that assessments of older people promote their rights to inclusion on an equal basis to other groups receiving services.

As in the NHS, social care is also facing a period of significant reform. Tackling age discrimination must again be a lens through which all aspects of change are scrutinised. For example, the drive towards greater personalisation of social care has led to increased use of direct payments as the preferred mechanism for giving those in receipt of social care greater choice and control. While for many service users, including older people, this is a very positive development, for others it may not be something that they want or are able to pursue because of the fluctuating or emergency nature of their needs. Therefore, to avoid being indirectly discriminatory, local authorities should not force older people to receive support as a direct payment.

Community safety and the justice system

Older people also face inequalities in the area of justice and community safety. They are at increased risk of some crimes, such as distraction burglary, and fear of crime can increase feelings of isolation and decrease community involvement. There is evidence that older people who are victims of crime often experience poor health and wellbeing as a result.²⁴

Despite this, they are often accused of ‘worrying about nothing’ and consequently older people’s experiences and views do not always adequately inform crime reduction policies at both local and national level. Older people need to be able to take part in setting the direction of crime reduction activities at all levels, as volunteers, employees and committee members.

Older prisoners

The most recent figures available to Age UK reveal that at the end of March 2010 there were 8,120 prisoners aged over 50 in England and Wales, including 605 over the age of 70.²⁵ People aged 60 and over represent the fastest-growing age group in the prison estate and yet no national strategy for their care and management exists.

Many of these prisoners have been found guilty of serious crimes, but this is not a reason for them to receive sub-standard support. In order to reduce the likelihood of these prisoners reoffending, it is imperative that those services which best aid rehabilitation – age-appropriate health and social care support, housing and pensions advice, education and training – be made available to them, both in prison and following release.

Housing

There is growing recognition that an ageing population has profound implications for the supply and design of housing. Unless these are taken on board, older people will experience increasingly poor outcomes. There were 2.3 million older disabled people in 2002 and this is set to increase to 4.6 million by 2041.²⁶ Yet only 3.4 per cent of homes across the whole housing stock have the four essential features that would make them accessible to a person with mobility problems (level access to main entrance, flush threshold to main entrance, WC at entry level and circulation space).²⁷

The majority (90 per cent) of older people live in general needs housing²⁸ and would prefer to continue living independently at home. To make this possible much more needs to be done to provide adaptations to existing homes and to ensure that new homes, whether social housing or in the private sector, are built to Lifetime Homes standard, which will deliver homes that meet people's needs throughout the life course.

To deliver age equality, all public bodies with planning responsibilities need to focus more closely on demographic issues in relation to the development of new housing. Housing to meet the needs of an ageing population should not only be accessible but also in close proximity to buses, shops and other local services important for an ageing population. Local authorities must play their part by developing a better understanding of the housing needs of their local older population and by ensuring that this knowledge informs their housing strategy.

There is also some evidence from the housing sector that older people experience unequal quality of housing services. For example, a study carried out by Age Concern and Help the Aged in 2009 found that older residents have particular difficulties in complaining about poor housing services and are often not consulted about changes in service delivery.²⁹

Transport

To encourage higher use of public transport among older people, existing services should be better promoted and employees should receive training on providing appropriate assistance.

Many older people face barriers in accessing public transport, whether because of poor accessibility for those who are disabled or the lack of a service altogether, notably in some rural areas. The percentage of households with an hourly or more frequent service within 13 minutes' walk is just 50 per cent in villages, hamlets and isolated dwellings.³⁰ However, more than 350,000 pensioner households in rural areas (35 per cent) have no access to a car or van.

This has a significant impact on the lives of older people who are at an increased risk of social isolation and exclusion, without good access to transport. In the current climate of cuts it is vital that existing services are maintained as far as possible and that no service reductions are made without a full understanding of the disproportionate effects that these are likely to have on older people. Decisions to reduce services cannot be based simply on cost and the number of people using the service; rather a broader analysis of the impact needs to be undertaken.

To encourage higher use of public transport among older people, existing services should be better promoted and employees should receive training on providing appropriate assistance. This should include better enforcement of priority seating on buses and trains and improvements in safety.

Where private travel is not possible and the public transport system does not fully serve the needs of older people in the area, then local authorities should seek to support alternative solutions such as community transport schemes.

Notes

- ¹ *Mid-2009 Population Estimates UK* (2010) Office for National Statistics
- ² *Mid-2009 Population Estimates UK* (2010) Office for National Statistics
- ³ *National Population Projections, 2008-based* (2009) Office for National Statistics
- ⁴ N. Lievesley (2010) *The Future Ageing of the Ethnic Minority Population of England and Wales*, London: Centre for Policy on Ageing and Runnymede Trust
- ⁵ *Family Resources Survey 2007/8* (2009) Department for Work and Pensions
- ⁶ Whether or not a body is exercising a function of a public duty depends on a number of factors. These include whether it is publicly funded, whether it is exercising powers assigned to it by statute or is taking the place of central or local government. Other factors include: whether it is providing a public service, whether its structures and work are closely linked with the delegating state body and whether there is a close relationship between the private body and any public authority.
- ⁷ *The Equality Act 2010 (Specific Duties) Regulations* (2011)
- ⁸ *Government Equalities Office* (2011) *Equality Act 2010: The public sector equality duty: reducing bureaucracy, Policy review paper*, London: GEO, p.5
- ⁹ The date by which schools must publish equality data is 31 December 2011.
- ¹⁰ *Internet Access: Households and Individuals 2009* (2009) Office of National Statistics
- ¹¹ S. McNair and M. Flynn (June 2005) *The Age Dimension of Employment Practices: Employer case studies*, London: Department of Trade and Industry
- ¹² C. Stoney and M. Roberts (2003) *The Case for Older Workers at Tesco: An examination of attitudes, assumptions and attributes*, Carleton University (Ottawa), Working Paper No. 53, 2002.
- ¹³ D. Leaker (2008) 'Sickness Absence from Work in the UK', *Economic and Labour Market Review* 2(11) (November)
- ¹⁴ D. Abrams et al. (2011) *A Snapshot of Ageism in the UK and across Europe*, a report from EURAGE (European Research Group on Attitudes to Age), London: Age UK
- ¹⁵ Commission for Social Care Inspection (2008) *The State of Social Care in England 2006–07*, London: Commission for Social Inspection
- ¹⁶ All Party Parliamentary Group on Cancer (2009) *Report of the All Party Parliamentary Group on Cancer's Inquiry into Inequalities in Cancer*, London: APPGC
- ¹⁷ Parliamentary Health Service Ombudsman (February 2011) *Care and Compassion: Report of the Health Service Ombudsman on ten investigations into NHS care of older people*, London: The Stationery Office

- ¹⁸ T. F. Pettigrew and L. R. Tropp (2006), 'Interpersonal Relations and Group Processes – A meta-analytic test of intergroup contact theory', *Journal of Personality and Social Psychology* 90(5): 751–83
- ¹⁹ D. Abrams et al. (2011) *A Snapshot of Ageism in the UK and across Europe*, a report from EURAGE (European Research Group on Attitudes to Age), London: Age UK
- ²⁰ N. Lievesley et al, (2009) *Ageism and Age Discrimination in Secondary Health Care in the United Kingdom*, London: Centre for Policy on Ageing, and N. Lievesley et al. (2009) *Ageism and Age Discrimination in Social Care in the United Kingdom – A review from the literature*, London: Centre for Policy on Ageing
- ²¹ The NHS Breast Cancer Screening programme is currently phasing in the expansion of the screening programme to routinely invite women up to the age of 73.
- ²² C. Harries et al. (2007), 'Which Doctors Are Influenced by a Patient's Age? A multi-method study of angina treatment in general practice, cardiology and gerontology', *Quality and Safety in Health Care*, 16: 23–27
- ²³ Help the Aged and University of Leicester, Nuffield Community Care Studies Unit (2002) *Nothing Personal: Rationing social care for older people*, London: Help the Aged
- ²⁴ A 2003 Home Office study found that after two years, older burglary victims were more than twice as likely as other older people to have died or have entered residential care. A separate study found that 40 per cent of distraction burglary victims reported that the incident had had a detrimental impact upon their quality of life.
- ²⁵ See www.prisonreformtrust.org.uk/ProjectsResearch/Olderpeopleinprison
- ²⁶ R. Wittenberg et al. (March 2006), *Future Demand for Long-term Care, 2002 to 2041: Projections of demand for long-term care for older people in England*, Kent: Personal Social Services Research Unit; also available at: www.pssru.ac.uk/pdf/dp2330.pdf
- ²⁷ Communities and Local Government (September 2009) *English House Condition Survey – 2007 Annual Report*, London: Communities and Local Government Publications; also available at: www.communities.gov.uk/publications/corporate/statistics/ehcs2007annualreport
- ²⁸ S. Adams and J. Porteus (2003) *Having Our Say: A housing action kit for older people*, London: Care and Repair England; also available at: www.careandrepair-england.org.uk/pdf/havingoursay.pdf
- ²⁹ N. King, J. Pannell and I. Copeman (2009) *Nobody's Listening: The impact of floating support on older people living in sheltered housing*, London; Help the Aged
- ³⁰ Commission for Rural Communities (July 2010) *State of the Countryside 2010*, Gloucestershire: Commission for Rural Communities; also available at: www.defra.gov.uk/crc/documents/state-of-the-countryside-report/sotc2010

Further reading

Abrams, D. et al. (2011) *A Snapshot of Ageism in the UK and across Europe*, London: Age UK

Age Concern and Help the Aged (2009) *Equivalence or Difference? Revisiting the concept of age equality*, London: Age Concern and Help the Aged

Age Concern and Help the Aged (2009) *Getting Us Out and About – Older people's views on age equality and age-based concessions*, London: Age Concern and Help the Aged

Equality and Diversity Forum (November 2010) *How to Use the Equality Act 2010: A guide for voluntary and community organisations*, London: Equality and Diversity Forum; also available at: www.edf.org.uk/blog/?p=8780

Equality and Human Rights Commission (September 2011) *New Public Sector Equality Duty Guidance*, available at: www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/new-public-sector-equality-duty-guidance

Expert series

The Age UK expert series is for people influencing, designing, commissioning and delivering services for later life. The reports present evidence, lessons from experience and practical solutions.

Tavis House
1-6 Tavistock Square
London WC1H 9NA
0800 169 80 80
www.ageuk.org.uk

Published in October 2011