Age equality and age discrimination in social care:

An interim practice guide

AGE EQUALITY AND AGE DISCRIMINATION IN SOCIAL CARE

AN INTERIM PRACTICE GUIDE

CONTENTS

Foreword

Ending age discrimination is a fundamental part of meeting our responsibilities in terms of respecting everyone's human rights. This guide helps us all to understand the issues, raises awareness of where practice and decisions are discriminatory, and makes some suggestions for addressing issues and making progress towards greater age equality.

I am grateful to SCIE for producing this resource, intended to help us all ensure that achieving equality and fairness is at the heart of our overall service improvement agenda. This practice guide is an important step forward in our understanding of how we eliminate age discrimination in social care commissioning, service provision and practice. We have been working on this matter for a long time in social care, predating the Older People's NSF in 2001 but I believe age discrimination is still prevalent in social care and that it largely, but not exclusively, affects older people.

 It is astonishing that, in the 21st Century, anyone can believe that it is acceptable to meet a request for help with "What can you expect at your age?"
What we should all expect, at any age, is for social care staff to listen to our concerns and aspirations and respond to them seriously. That means seeing and listening to the person whatever their age.

This is not just a guide for local authorities but also for independent sector providers, who provide the vast majority of social care, as well as those working within advocacy and other relevant organisations.

Our intention is that this guide will be useful to managers, staff and advocates in a range of organisations and settings, in improving their own practice as well as challenging others' practice and behaviour.

I am particularly pleased that SCIE has produced this guide in partnership and collaboration with a range of organisations and individuals, most importantly older and disabled people and carers. I hope that this guide will actively promote equality and diversity for all older people.

David Behan

1. Age equality and age discrimination in social care

1.1 The principle of treating people equally, with dignity and respect, whatever their age, is fundamental to good practice in social work and social care. It underlies the policy emphasis in *Putting People First* (DH 2007) on personalising support and care, helping people of all ages to maintain their independence and control over their own lives, and upholding their human and civil rights. It is reflected in specific initiatives for particular groups, including the *Independent Living Strategy* (ODI 2008), the *National Carers Strategy* (DH 2008), and the *National Dementia Strategy* (DH 2009)*.*

1.2 The principles of age equality are not however always evident in social work and care practice, nor in the way priorities are set, decisions made, services structured and delivered, and resources allocated in adult social care. The Equality Act brings existing anti-discrimination legislation into a single statute, and also seeks to outlaw discrimination on grounds of age in the provision of goods and services, including social care and NHS services.

1.3 Age discrimination affects different individuals and groups in different ways. Some aspects of discrimination may apply to the whole population above retirement age. Some may be more marked amongst those more advanced in years, in their 80s and 90s, who experience higher levels of disability, long-term illness or mental health problems, and rely more heavily on social care and NHS support. Some groups within the older population, such as people living in residential settings, those in the more advanced stages of dementia, or older carers, may be more prone to experiencing discrimination. And people can be subject to dual or multiplediscrimination when the age factor is associated with disability, ethnicity, gender, sexual orientation or religion.

1.4 In anticipation of the legislative changes contained in the Equality Act, the Department of Health commissioned SCIE to develop practice guidance on promoting age equality and tackling age discrimination in social care. This interim guide aims to help managers, commissioners, providers and practitioners in all sectors of adult social care to:

- acknowledge and understand the occurrence, risks and effects of **age discrimination**
- identify key features of an **age-equalities approach** to social care
- recognise some of the **obstacles** to achieving age equality and reducing age discrimination
- share information, develop ideas, and implement changes to **overcome the obstacles**.

Background
1.5 There has been a growing recognition that ageism is a deep-rooted feature of English society, from which social care is not immune. For a variety of reasons, growing old is widely seen in a negative light. It carries a stigma, and is the butt of jokes and stereotyping. There has been an explosion in demand for anti-ageing products and procedures. This is not new. Literature is full of older characters who are figures of fun and folly, and sometimes tragic victims of abuse and neglect.

Negative attitudes go back long before industrialisation and the view of older people as economically unproductive. Even in current debates about increased life expectancy and demographic growth, there is a strong undertone implying older people represent an unaffordable burden on society.

1.6 With a few notable exceptions, the history of public support for older citizens was, until quite recently, a history of poor, mean and often punitive treatment under the Poor Law and parish relief schemes. For those in their 80s and 90s today, the workhouse and harsh means testing still cast a long shadow. Voluntary organisations like Methodist Homes for the Aged began providing decent quality residential homes in the 1940s and 1950s. Even so, well after the establishment of the post-war welfare state, Peter Townsend in *The Last Refuge* (1962) and Barbara Robb in *Sans Everything (*1967) were painting bleak pictures of life in care homes and geriatric hospital wards. Here again, present-day discussions about how care is to be paid for, and how much those with means should contribute, contain echoes of past systems which required people to become paupers before they qualified for state aid.

1.7 There have been many improvements in service provision and practice in the past 40 years. Research has increased our knowledge of effective ways to support and care for older people, in their own homes and a range of other settings. There have been greater efforts to seek, listen to, and act on the views of older people themselves, and their families and carers, about how they prefer support to be delivered. New models of service have been developed, along with new roles and skill-sets for staff.

1.8 Yet ageist attitudes still inform national and local policies, influence the behaviour of some staff, service providers and commissioners, and fuel public indifference to the needs of older people. Not enough priority is given to alleviating poverty, ill-health, poor housing and social isolation among disabled and distressed older people. A restricted life, with few resources ("pocket money") and little quality or opportunity is thought good enough for older residents in care homes, whereas homes for working-age adults offer more scope for engaging in the community.

1.9 Of equal concern is the evidence that apparently unjust discrimination on grounds of age is built in to the structures of support, service provision, commissioning and funding. Mental health services have a clear divide below and above retirement age, and people may lose out on both sides of the divide. The allocation of local authority social care budgets between older people and working-age disabled groups often reflects historical spending patterns, rather than relative needs assessed on an equitable basis. The unit cost paid by a council for a residential placement for an older person tends to be substantially lower than a placement for someone of working age.

Definitions

1.10 This is the context for recent approaches to promoting age equality and tackling age discrimination. The following definitions are a useful starting point:

- **Age equality** – 'Equality means ensuring that all individuals (irrespective of their age) have the opportunity to live in the way they choose, according to their values; that their different needs, situations and goals are recognised and respected; and that they are treated equally with fairness, dignity and respect.' (Help the Aged 2007). Equality does not mean treating everyone the same but is about ensuring that people are treated fairly and equitably according to their needs. The Equality Act establishes a new legal duty on public bodies to promote equality, including age equality.

- **Age discrimination** – 'an unjustifiable difference in treatment based solely on age' (Centre for Policy on Ageing 2009). The Equality Act bans age discrimination (though it does establish some exemptions and cases where different treatment can be 'objectively justified'). It defines discrimination as the result of one person or organisation treating person A less favourably than person B on the basis of their age. People can experience **dual** or **multiple discrimination,** being treated differently on the basis of age in combination with ethnicity, religion, gender, disability and/or other characteristics.

- The law recognises two kinds of discrimination. **Direct discrimination** is when a person is treated less favourably than another because of their age. **Indirect discrimination** arises when provision or practice is applied equally to people of all ages, but results in one particular age group being disadvantaged relative to other age groups. The CPA (2009) describes the difference as: 'Direct age discrimination will occur if people with comparable needs are treated differently, purely on the basis of their age. Indirect age discrimination will occur if people from different age groups, with different needs, are treated in the same way, with the result that the needs of the older person are not fully met.' The Equality Act states that both forms of discrimination are subject to the ban.

1.11 The Equality Act seeks to streamline, harmonise and strengthen existing legislation on discrimination. It incorporates the existing so-called 'protected characteristics' such as race, disability and gender, and adds provisions relating to religion and sexual orientation. It introduces two important requirements that focus on age. These are:

- A ban on age discrimination against adults in the provision of services and exercise of public functions. Existing legislation outlaws age discrimination in employment, but this extension means that it will be illegal to discriminate on grounds of age in the core activities of the NHS and local authorities – commissioning and delivering health and social care services to communities and individuals.This provision is due to come into effect in 2012.

- A new equality duty on public bodies and others carrying out public functions, which will apply in relation to age as well as to the other protected characteristics. It is proposed that this duty will come into force from April 2011 in all sectors of the economy, including the NHS and local authorities

1.12 Seeking to end age discrimination and promoting age equality do not originate in the new legislation. Both goals are part of existing national policy and longstanding good practice in social care. But the new law provides a legal framework for this work. It is worth noting that the prohibition is not simply against discrimination on grounds of *old* age. It applies to any situation where people are unfairly treated differently on grounds of age alone. In social care, examples could include the lack of age-appropriate facilities for people who experience early onset dementia, as well as discrepancies in care spending per head for older people compared with disabled working-age adults.

Age equality – the wider context

1.13 The Equality Act 2010 has turned the spotlight on the need to promote age equality and tackle issues of age discrimination, particularly in the provision of health and social care services. In responding, however, it is important to view the challenge in the wider economic, policy and service context.

Demography and an ageing population
1.14 Increasing concerns have been expressed over the past decade about the social and economic implications of the ageing population. The report by Derek Wanless on the costs of social care for adults (Wanless 2006) found the number of elderly people with high social care needs would increase by more than a half by 2026. The previous government's thinking was set out in *Meeting the challenges of ageing in the 21st century* (Dept of Work and Pensions 2005), and more recently in *Building a society for all ages* (Dept of Work and Pensions 2009).

1.15 The Audit Commission produced a document *Don't stop me now* (Audit Commission 2008) on preparing for an ageing population, and a second, *Under pressure* (Audit Commission 2010) on tackling the financial challenges for councils of an ageing population. IPPR considered older age in the UK in the context of devolution in *Policies for peace of mind* (McCormick et al 2009), and also provided an international perspective on ageing and well-being (Clifton 2009). A further report *When I'm 94* (IPPR 2010) by IPPR and Price Waterhouse Cooper also addressed how to fund care for an ageing population.

The economic context
1.16 Considerations about the effects of the long-term shift in the balance between the proportions of economically active people and retired people in the population have been sharpened since the banking crisis and the impact on public spending of measures to reduce the deficit. Forder and Fernandez assessed the impact of a tightening fiscal situation on social care for older people (Forder 2010).
The 2020 Public Services Trust, considering the prospects and challenges for various sectors of public services over the next 10 years, produced its social care report in 2010 (Kippen 2010). As part of the Joseph Rowntree Foundation's long-standing programme on meeting the costs of long-term care, Beresford published *Funding social care: what service users say* (Beresford 2010).

The broader policy framework
1.17 Age equality policy has close links with other strands of the current policy agenda, notably personalisation (Dept of Health 2007), dignity (Help the Aged 2008),

the national Dementia Strategy (Dept of Health 2009a), the *Framework for Supporting People with Long-term Conditions* (Dept of Health 2005; Dept of Health 2009b), and the Carers Strategy (Dept of Health 2008). The Commission on Personalisation set up by ACEVO, the voluntary sector lead body, published its interim report, *Making it Personal: a social market revolution* in 2009 (ACEVO 2009). The Smith Institute's perspective is set out in *Advancing opportunity: older people and social care* (Smith Institute 2009)

1.18 The Care Quality Commission has conducted a review of health care for people living in care homes (CQC 2009), and the National Audit Office examined the effectiveness of measures to improve dementia services (NAO 2007). Age Concern and the Mental Health Foundation mounted a *UK Inquiry into Mental Health and Wellbeing* (Lee 2006) with a particular focus on promoting mental health and wellbeing in later life. The Healthcare Commission conducted a study of older people's mental health services (CHAI 2009), and the previous government included a chapter on older people in its *New Horizons* proposals for developing mental health services (Dept of Health 2010), now under review.

Equalities and Human Rights

1.19 Tessa Harding has long been an eloquent advocate for the rights of older people. In her report *Rights at Risk – Older People and Human Rights* (Help the Aged 2005) and her address *The long and winding road: towards dignity and equality in old age* (Help the Aged 2006) she both presents a clear vision of how age equality should work, and offers a realistic assessment of how far we still have to travel. Several papers produced with Joseph Rowntree Foundation funding have reviewed and analysed aspects of this agenda, including *Does anyone care about fairness in adult social care?* (JRF 2008); *Equality and Diversity and People with High Support Needs* (Blood 2010*), which includes issues facing older people living in residential care ; and *Care and Support for Older People in Bradford (*Calton and Guitoli 2010), looking at the perspectives, aspirations and experiences of older people from a variety of ethnic backgrounds.

1.20 Prior to the Equality Act 2010, the previous government set out its objectives for ending inequalities for older people in the policy document *A sure start to later life* (ODPM 2006). Issues of equality and fairness in a housing context are addressed in *Age Equality and Housing* (Housing and Older People's Development Group 2006) and *Fair Ageing: the challenge of our lifetime* (Housing 21 and Counsel and Care, 2009). Townsend questioned whether policies for the aged in the 21st Century will involve "more "structured dependency" or the realisation of human rights?" (Townsend 2006). Julia Neuberger entitled her Manifesto for old age *Not Dead Yet* (Neuberger 2009). The Equality and Human Rights Commission proposed a new approach to care and support for all, based on equality and human rights, in their study *From safety-net to springboard* (EHRC 2009)

Discrimination

1.21 As part of its Information Service, the Centre for Policy on Ageing published *Selected Readings : Ageing and Age Discrimination* (CPA 2009). The Age Reference Group on Equality and Human Rights, convened by Help the Aged,

provided a useful reminder in *Age and ....: Multiple discrimination and older people* (Age Reference Group 2005) that many older people experience several different forms of discrimination. There is a very large overlap between the populations of disabled people and older people, and older people commonly encounter multiple disabling conditions, physical, sensory, psychological, intellectual, neurological, psychiatric. The proportion of older people from ethnic minority backgrounds is growing (Lievesley 2010), and women's longer life expectancy is reflected in the large representation of women amongst the older population receiving care and support.

1.22 In *Too old* (2009*),* Help the Aged drew together older people's accounts of discrimination, exclusion and rejection. In a study for the Relatives and Residents Association, Dalley suggests self-funders entering care homes experience discrimination when local authorities deny them the assessment of needs to which they are entitled under government guidance (Dalley 2008). The Government Equalities Office set out in *Equality Bill: Making it work* (GOE 2010) how it saw the legislation ending age discrimination in services and public funding. Duncan, however, struck a sceptical note in his article on *The dangers and limitations of equality agendas as means of tackling old-age prejudice* (Duncan 2008)

Involvement and Participation

1.23 It is difficult to challenge discrimination and promote age equality effectively without the full engagement of people using services and their carers and families. The Centre for Policy on Ageing reported on older people's vision of long-term care (CPA 2006). SCIE has examined the aspirations and realities of involvement in *Older people influencing social care* (Janzon and Law 2003). The local government Improvement and Development Agency published a series of guides on improving the quality of life for older people, of which one, *Engaging with older people,* brought together case studies of local authority experience in involving older people to improve services (IDeA, no date). Age Concern London examined involvement of older people in commissioning services, and found experience so far was limited and patchy (Schehrer and Sexton, 2010)

Implementing age equality in the adult social care context

1.24 It is important for local Social Services Authorities and the NHS to work together in planning and implementing action to eliminate age discrimination across health and social care. But the organisational, operational and professional contexts in health and social care are significantly different, and require different implementation strategies. The NHS is ultimately a single national statutory organisation, subject to central direction and parliamentary accountability. In social care, statutory responsibilities rest with 152 locally elected and accountable councils, and service delivery takes place through numerous, highly diverse providers, the great majority in the private and third sectors..

1.25 Some of the distinctive features of adult social care will particularly affect the way age equality is promoted and age discrimination tackled:

- The national and local social care markets are **mixed economies**, with a large private sector alongside statutory, voluntary, not-for-profit, user-led and other providers in different proportions.

- The great majority of residential, nursing home and domiciliary care is provided in the **independent sector**, and the majority of staff are employed there.

- The service is **highly dispersed**. There are some 25,000 employing organisations, and growing numbers of people employing staff directly through direct payments

- **Personalisation policy** gives people and their carers greater scope to shape support and service provision to their individual requirements and preferences. Growing numbers are able to commission and control the supply of support and care services through the use of personal budgets and direct payments.

- Adult social care is provided through **mixed funding.** Public funding accounts for only a proportion of social care provision. Increasing numbers of people self-fund their care and support. Charges for residential and domiciliary support are a source of significant income to local authorities. Local voluntary and community groups make vital contributions to supporting disabled and older people in the community.

- The scale of so-called **informal care** dwarfs publicly funded services**.** Social and health care services could not function without the much greater volume of support and care supplied by partners, families, friends and neighbours

- The **interfaces** with other sectors are critical. Demand for social care is significantly affected by the policies, availability and allocation of complementary services including the NHS, housing, training, employment, transport and leisure.

1.26 In social care, the role of the local authority, and the Director of Adult Services, is not in the main to provide or control services. It is:

- to **assess the needs of the whole population**, jointly with the NHS, people using services and carers, private and third sector providers, and other agencies, through the Joint Strategic Needs Assessment mechanism

- to establish effective inter-agency arrangements for **adult safeguarding** and other key areas of joint working

- to ensure **investment in prevention**, early intervention, reablement and community support which maximise people's independence, choice and control of their own lives, support coping and recovery, and avoid or delay the need for higher-dependency care and support

- to **involve people and their families** in assessing their needs, strengths and aspirations, provide advice and information on options and opportunities, and determine how their circumstances match the authority's eligibility criteria for support from public funds

- to develop and implement, with the NHS, social care providers and people using services, a **local commissioning strategy** which promotes a strong, diverse and innovative care market, ensures quality and value for money, and caters appropriately for:

  - those who are self-funding or using direct payments to purchase their own support arrangements,

  - those using personal budgets to determine the shape, source and compatibility of their care and support, which other people then arrange

  - those for whom local authority care managers or independent brokers commission care and support

- to promote equality in the carrying out of their public functions

Leadership

1.27 Adult social care is a complex world of diverse organisations, dispersed responsibilities and growing user empowerment. Clear strategic local leadership is required to secure age equality and eliminate age discrimination. Leadership, at all levels and in all settings, should be seeking to:

- engage people using services and their families in **shaping future support**,
- present staff and stakeholders with a vision of a **fairer, more equal service**,
- create **cultures which support equality** and challenge discrimination,
- capture the **commitment of the workforce** and raise their awareness of the importance of age equality
- equip them through training, standards and supervision to **recognise and tackle age discrimination**, and enhance age equality.
- work across boundaries with other agencies and services, and with community leaders and the media, to **raise the profile of age equality** and promote informed debate and commitment to change

2 – Nature and purpose of this document

Developing a practice guide and training materials

2.1 SCIE was asked by the Department of Health to prepare a practice guide and training materials to support the promotion of age equality and the elimination of age discrimination in adult social care. The project team has gathered and reviewed a large volume of material on age discrimination, in both health and social care. It has found less material on promoting age equality in prioritising and providing social care, and on equitable access to and allocation of resources. Interviews with a range of local authorities, service providers, voluntary organisations, user-led interests and regional bodies have produced some examples illustrating practice in advancing age equality and addressing problems of age discrimination. These ideas and information have shaped the project's thinking about the key themes and issues to be addressed in the guide.

Department of Health Review of Age Discrimination

2.2 The development work on the interim guide has taken place alongside the passage of the Equality Bill through Parliament, and the Review of Age Discrimination in the NHS and Social Care led in the South-West Region. The report of the Review, jointly chaired by Sir Ian Carruthers of the South-west Strategic Health Authority and Jan Ormondroyd, Chief Executive of Bristol Council, was published in October 2009 under the title *Achieving Age Equality in Health and Social Care* (Carruthers and Ormondroyd 2008) Ministers have published their response to the Review recommendations, and have put in place an action plan to ensure the NHS and social care are prepared for implementation of the age discrimination requirements by 2012.

2.3 The Department has commissioned a toolkit of joint audit and support material for NHS trusts and local authorities with social services responsibilities, together with a guide for the NHS. The practice guide for social care will help local authorities, commissioners, provider bodies and user and carer groups work with NHS partners to develop a joint and complementary approach to promoting age equality and addressing age discrimination. Health and adult social services are encouraged to conduct a joint audit of their readiness to implement the Equality Bill within two years of its enactment. This will include identifying gaps and shortfalls, preparing plans, and implementing the necessary action.

Principles and themes

2.4 On the basis of work so far, SCIE has identified a framework of nine key principles and themes around which to build understanding of age equality and age discrimination in social care, and suitable action in response. These principles are outlined in the next section, and then each in turn is subject of more detailed examination in the following nine sections. Each section identifies issues to be addressed in developing an age-equalities approach; suggests some of the obstacles which may occur; and outlines ways in which the obstacles might be overcome.

Developing a local strategy for age equality in adult social care

2.5 A strategy for promoting age equality and tackling age discrimination in adult social care will need to:

- recognise that **major cultural shifts** are required to challenge obstacles to age equality and bring about change in expectations, attitudes, behaviour, structures and organisations.

- ensure that **people using or seeking support**, their families and carers have a strong influence on programmes to change practice, priority-setting, procedures and service provision.

- acknowledge that age discrimination is **experienced by individuals** and their relatives and families, and doesn't just affect groups or the older population as a whole. A particular person may be unfairly treated compared with others of similar age and circumstances. Responses should include a strong individual dimension.

- develop **methodologies to support age equality** that are effective in the varied circumstances of residential and nursing homes, home care agencies, service commissioning, decisions about eligibility, and in the ways direct payments and individual budgets are used

- take appropriate action over age discrimination **affecting younger people**, including disabled young people making the transition to receiving support from adult services, working age adults, and younger groups within the population of older people

- be capable of **monitoring progress** towards agreed outcomes, and evaluating effectiveness and value for money.

Engaging with people using services, carers and front line staff

2.6 In setting out to develop local age equalities strategies, early engagement with people using services, their relatives, front line social care staff and social workers will be important. Some possible issues for discussion are set out below.

Advancing age equality

2.7 . What aspects of age equality are of particular concern to you? How do you judge whether a social care service reflects the principles of age equality? What are the main barriers and obstacles to age equality, and how can they be overcome? How can people using services and their families be empowered to expect and seek age equality in services they receive? How do you think the general duty on local authorities to promote equality should be implemented in social care?

<u>Recognising and responding to age discrimination</u>

2.8 Where and in what forms have you encountered age discrimination in the provision of social care? Is the level of awareness of age discrimination high enough among those working in social care, and how do you think it can be increased? What do you see as the factors causing or reinforcing age discrimination, and what should be done to tackle them? What do staff do when they perceive attitudes, decisions and behaviour among colleagues or managers which are based on age discrimination? Do you think they could do more?

2.9 How can people using services, their relatives and friends, and frontline staff raise concerns about age discrimination? How is it best to address situations where discrimination occurs on several grounds at once, and people are treated differently through combinations of age, disability, ethnicity, faith, gender and sexual orientation? How should people, their relatives and staff working with them respond when they encounter age discrimination in allied services such as the NHS and among allied professionals?

3 Framework of principles for promoting age equality and addressing age discrimination in social care

3.1 Three broad principles underpin an age equality strategy for adult social care:

- **Citizenship** – **each individual, regardless of their age and situation, is a full and equal citizen,** entitled to dignity and respect for their human and civil rights, enabled to express views and be heard, to exercise maximum choice and control, and to participate as fully as possible in family, community and social life.

- **Equity** –**people have a right to expect fairness, regardless of age, in access to services and opportunities,** in the way priorities are set and resources allocated, in responses to their needs and preferences, and in tackling institutional ageism and discrimination.

- **Sustainability** – **systems should be put in place to maintain the quality of service provision and practice for people of all ages**, enhance people's quality of life, equip the workforce to work to high standards and deliver continuous improvement, and set and monitor key indicators of achievement against equality outcomes.

3.2 Putting the three principles into practice involves a series of strategies designed to deliver and maintain outcomes for people of all ages, as outlined in the table below.

Principles	Strategies
1. Maintaining full citizenship for people of all ages	**Valuing and involving older people**
	Promoting social inclusion of older people
	Developing personalised support and care
2. Ensuring equity of resource allocation and usage	**Providing leadership**
	Ensuring fair and equal access for older people
	Allocating resources fairly and transparently
3. Delivering sustainable improvement	**Maintaining the quality of older people's services**
	Equipping the social care workforce to foster age equality
	Setting and achieving improvement targets

3.3 The more detailed purposes are:

<u>Citizenship</u>

- **Valuing and involving older people** and their organisations as full partners in shaping local services and amenities, and enhancing local social and economic wellbeing
- Ensuring the **social inclusion** of older people, and systematically tackling the barriers that prevent their participation in society.
- Enabling **personalised support and care**, based on individuals' needs, wishes and circumstances and not on assumptions about their age.

<u>Equity</u>

- Providing visible **leadership**, that includes older people, in celebrating diversity, fostering age equality and tackling age discrimination.
- Working to ensure that older people have **fair and equal access** to local health and social care services, and to other services that promote their well-being.
- **Allocating resources fairly and transparently**, so that older people receive a level of support equivalent to that received by people in other age groups, and vice versa.

<u>Sustainability</u>

- Ensuring that older people's services are of high **quality**, and delivered to standards equivalent to those expected by other age groups.
- Equipping the social care **workforce** to foster age equality, address age discrimination, and value the contribution of all workers regardless of age
- Setting and monitoring **improvement targets**, and a timetable for ending unjustifiable age discriminatory practice in the provision of social care.

Citizenship

4 Involving older people, and recognising their contribution

Statement of purpose
- Staff and services should **focus on the person**, to expand opportunities for them to express their views, and support them in exercising their right to control and to decide how matters important to them should be dealt with,
- Widespread **participation by older people**, both individuals and groups, should be encouraged and facilitated as a means to raise awareness of the equalities agenda, and as a route to personal and collective empowerment.
- Awareness of the **risks and effects of age discrimination** should inform all aspects of policy, practice, commissioning and provision, from individual assessment to overall service planning.
- Ways need to be found to engage with the **diversity of older citizens**, if their contribution is to be maximised. Between the ages of 50 and 100 or more, people fall into multiple sub-groups. The same person may belong to many categories, and go through a range of life-stages in later years.
- Commissioners and service providers should ensure a **strong voice for groups of older people** to challenge traditional ways of working. Given the chance, many older people can suggest ways to improve quality, enhance performance, try out innovations and secure better value for money.
- Particular steps should be taken to hear and really listen to the concerns of **seldom-heard groups**. In personalised services, it's not enough to aim to please most of the people most of the time. Groups such as residents in care homes, people with dementia, elders in traveller communities, older women in some ethnic minorities, and older offenders, may need particular help to gain attention for their views and preferences.

"This study examined the experiences and aspirations of older people living in residential and nursing care homes. It highlights their ambition to increasingly influence decisions about care, support and wider issues such as whether or not to move to a care home, what helps to enhance their quality of life, and what is needed to promote their inclusion in care home, family and wider community life". (JRF 2009)

One London Borough involves an established Expert by Experience Group, with service user and carer representation from all service user groups, in supporting the shaping and reviewing of policy, service design and service delivery. When the authority was developing a new service specification for Extra Care Housing, it organised outreach focus groups of current residents in extra care housing, potential residents who attended day care services, and carers' organisations, to consult them on the design and content of an outcomes-based service specification to promote independence and well being for older people. Service Users from Extra Care Housing were involved in the evaluation of contractors for furnishings and fittings for the new development they were moving into, and made visits to new schemes in other local authorities to see new developments for themselves.

Emerging examples of support groups run by and for people with dementia have shown potential for influencing policy as well as building the capacity of members

Barriers to effective participation and involvement

- Older people are seen solely as consumers, receivers, takers of care, not as having a great deal to give by way of experience, expertise and opinion,
- Lumping all older people together, in the expectation that one size will fit them all, is itself a form of discrimination.
- Inflexible, bureaucratic decision-making and communication processes in many authorities and agencies deter and exclude outsiders
- Some managers and professionals use jargon, withhold information and are reluctant to share knowledge and let go of the power it gives them
- Decisions involving hard choices and rationing are taken behind closed doors

"We often require service users/carers to fit in with our arrangements. It is important that we ask disabled and older people how we should meet, the most appropriate time and location. We tend to arrange meetings etc. early morning or afternoon, which on a number of occasions does not suit, thereby missing the opportunity to really consult with the relevant people". LA manager
.
"Whether at an individual level or conceived as a group in society, there are significant limits to the voice of older people. In particular, the UK's ageing population will see a growing proportion of the population experiencing the effects of the ageing process. More and more individuals will confront age-related barriers to exercising their voice. Given that both the ageing process and old age as a life stage impose increasing constraints on voice, this suggests the need for an active response by policy-makers, in order to ensure that older people are able to make their voices heard". From *"Voice: A briefing paper on the voice of older people in society"* – Help the Aged (2008)

Overcoming the obstacles to hearing and involving older people

- Older people are very diverse individuals. Approaches to building up a picture of their views, wants and needs can involve user-led organisations, social and faith bodies with a predominance of older members, Older People's Councils, local broadcast and print media targeted at older groups
- Older people should be funded and supported to conduct their own research
- People with sensory impairments may require skilled communication support
- Inter-generational projects can engage young people in canvassing and collating older people's opinions

"If consultation is to be effective and constructive, serious thought, effort and resources need to be committed in order to develop more inclusive and imaginative consultation opportunities. To show that it is truly serious about consultation, the statutory sector needs to listen and learn from individuals and community groups about how they want to be consulted. With the ever-increasing drive for public consultation it is vital that we work together to develop new ways to engage for the benefit of all". From *"Consulting and engaging with older people"* Help the Aged (2007) – contains valuable tips from older people on "do's and don'ts".

See also Tony Carter and Peter Beresford. *Age and Change: models of involvement for older people.* YPS for the Joseph Rowntree Foundation. (2000).

5 Promoting social inclusion of older people

Statement of purpose
- Older people, whatever their age, circumstances and disabilities, are **full and equal citizens** with the same human and civil rights as everyone else.
- Where it is their choice, older people should be enabled to stay **living in their own homes,** in control, with a good quality of life, for as long as possible.
- Older disabled adults should be able to access support and reasonable adjustments to enable them to continue in or resume **paid or unpaid work.**
- Those at home should have as much scope as they want to continue to be included in their ordinary and **familiar activities, networks and groups.**
- Those living in alternative settings should have opportunities to **participate in the community** and maintain family, friendship and social networks.
- Proactive steps should be taken to support the inclusion of **older carers,** enable them to have lives of their own, and keep them involved in family, social and community activities and interests.

"Mr L contacted us to ask for help claiming Attendance Allowance on behalf of his wife, Mrs L. Mrs L has dementia and Mr L was caring for her alone, with no support. A volunteer visited him at home and was concerned about how he was coping. The only time Mr L was able to go out alone was early in the morning while his wife was asleep when he would go to the Supermarket. Mr L sounded isolated and very stressed. He had been referred to a Sitting Service but hadn't taken it any further as he was concerned about his wife's reaction to having a 'stranger' care for her. Our Support Planner visited two or three times to gain the trust of Mr and Mrs L, and was able to arrange the following:
- *Mr L used the Attendance Allowance to pay for an agency to visit twice a week to help with housework*
- *Mr L agreed that we could contact MindCare on his behalf to arrange for the Sitting Service to be put in place. We ensured that they were aware of his anxieties about leaving his wife with someone she didn't know. The Sitting Service began and within a few weeks, Mr L felt comfortable about leaving his wife with the Sitter. He would go to the pub to meet his friends again, something he'd been unable to do for many months. His wife clearly enjoyed the Sitter's company. Mr L also arranged for the Sitter to come one weekend for a whole day so he could go to his Sister's birthday party.*
- *The Support Planner encouraged Mr L to ask for his wife to be referred to a day centre and, because of the success of the Sitter, he agreed to this."*

Barriers to inclusion

- Poverty, disability, mobility, sensory and communication problems, poor physical and mental health, unsuitable accommodation and lack of transport can all contribute to the exclusion of older people.
- Ageist attitudes and assumptions, low expectations and limited aspirations may be shared by professionals, families and some older people themselves.
- The voices and views of disabled older people, including those with multiple and complex needs, are often unheard, discounted or outweighed by others.
- Groups where age is combined with other discriminatory factors, including disability, ethnicity, gender and/or sexuality, particularly risk exclusion.
- Translator, signing and other communication services may be restricted.

"Negative language is a factor. Older people are conscious of talk about "the problem of old age", "the plague of an ageing population". They are referred to as "a burden" for the young to carry. There is also a widespread fear of old age – fear of Alzheimer's disease , fear of becoming helpless and dependent, , fear of isolation and the loss of mobility, fear of having to go into a home, fear of dwindling resources ... Transport is a fundamental problem in rural areas: unless you are rich you can't get about if you're a person who doesn't drive". Older people taking part in a consultation.

"In residential homes, a variety of issues around access to information can lead to exclusion. One home had various policies printed in miniscule font and pinned high up on the wall in the home's reception area. Many homes offer no access for residents to daily newspapers, magazines, journals or phone calls. A newly admitted resident was anxious and tearful because her daughter was undergoing surgery for an aggressive cancer, and wanted to phone the hospital to find out how the operation had gone. She was denied access to a phone, and told a member of staff would ring the hospital later in the day" . Observations from visits to homes

Overcoming barriers to older people's inclusion
- Positive steps should be taken to design and develop inclusive forms of support and care for older people, including use of co-production models.
- Disabled and older people should have a wide range of access points and opportunities to influence and shape their support services.
- Measures to alleviate age-related poverty and increase people's access to the widest range of resources should receive higher priority.
- The Dignity and Respect programmes should be strongly promoted as measures to encourage older people's social inclusion and empowerment.
- Active media and public education strategies should illustrate wide-ranging and innovative opportunities for including disabled and older people.
- Inter-generational projects have demonstrated creative ways in which young and older people can benefit from involvement with each other.

A high proportion of disabled people fall into the older age groups, and levels of disability tend to increase with age. Commentators are increasingly suggesting that the disability and older people's movements make common cause, and that many of the ways disabled people have found to overcome social exclusion could equally apply, or be adapted, to older people. One locality arranged for younger disabled people and older people to come together with officers from the Local Authority, Health and Voluntary Sectors. The result was a mixed range of views and thoughts on current priorities for the statutory and voluntary services, and suggestions for new priorities, service improvements and different ways of working.

*Hearing and sight loss, separately or together, are very common among older people and major causes of exclusion. The" Fill in the Gaps toolkit for England" (*Sense 2006*) explains what deafblindness is and how it affects people, sets out the legal responsibilities of local authorities, and explains how deafblind people can be supported and helped, including ways to assist communication.*

6 Developing personalised solutions and services

Statement of purpose
- **Personalisation policies and strategies** are a key element of social care modernisation, and should fully integrate age equality requirements.
- Good access to **information, advice and advocacy** are essential to support self-assessment, self-directed support and co-production
- Disabled and older people are entitled to expect personalised support and services tailored to their **individual requirements and circumstances.**
- Services and support should be flexible to **complement the supports, resources and strengths** of the person and their family and neighbours.
- Whatever their age, people should have **equal access to direct payments and individual budgets**, with appropriate support and assistance.
- In designing age-appropriate responses and services, commissioners and providers should recognise the **age-range and diversity** of older people.
- A much broader view is needed of potentially positive outcomes for disabled and older people, so that services **don't reinforce decline and dependency.**

The Floating Support Service has been working with Mrs M for 18 months. She has short-term memory loss. Her family contacted the LA for help as they felt she was spending too much time alone. Her GP had told Mrs M she should be in a home, and this had convinced her family that this should be the case. Mrs M was determined to stay at home, saying she had lived in her home since she was 6 weeks old, and didn't see why she had to move out now! The floating support worker supported Mrs M in her choice and, among other things, provided the following support:
- *Persuaded Mrs M's GP to refer her to the memory clinic, attended all Mrs M's appointments with her, including her brain scan, and supported her when she received a diagnosis of dementia. Mrs M now attends the Memory Clinic on a regular basis, and a neighbour or family member attends with her*
- *Escorted Mrs M to the local Day Centre, and attended it with her for the first few sessions until Mrs M felt comfortable enough to attend on her own*
- *Claimed Attendance Allowance for Mrs M and maximised her income so she could pay for extra support*
- *Created a Memory Book for Mrs M which they completed together weekly. Mrs M allows her family to read this too so that they feel more involved.*
- *Organised training in dementia awareness for Mrs M's family so that they could continue to support her and understand her condition once the service had ended.*

Barriers to personalisation for disabled and older people
- Ageist attitudes and assumptions are built into many decision-making processes and service structures, depressing expectations of quality and aspirations for independence, control and choice on behalf of older people.
- The large and growing gaps between policy rhetoric and practice realities, and between needs and resources, have become institutionalised, leaving frontline staff to turn away people with significant unmet needs.
- Structuring services around specialisms, as happens in the NHS and flows into social care, makes it hard to deliver integrated responses to disabled and older people with multiple physical, mental and psychological conditions.
- Professional, organisational and service inertia can impede the roll-out of personalised approaches and vehicles such as individual budgets.

Local authority staff can be quite selective in the information they provide to older people and their families. They may not fully inform them of their legal rights and entitlements. Some care managers supply information about personal budgets but not about the availability of direct payments to older people, perhaps because they assume older people don't want to be bothered with them. In other cases, although the authority is keen to promote use of personal budgets, front-line staff are less enthusiastic or sometimes lacking in understanding.

"Mrs B's mother-in-law had been living in an EMI care home for over 2 years, with visual problems and high-level mental health needs. A social worker completed a needs assessment, stating it would be detrimental to move mother-in-law and her home was the best one to support her needs. The council quoted a standard rate £100 per week lower than the home's weekly rate, and asked the family for a third-party top-up payment. Advised by a national organisation, and quoting the legislation, the family challenged the decision. The council agreed to pay in full"

Overcoming barriers to personalisation

- Services should promote organisational cultures and working methods for staff which foster personalised responses to people and their families
- Support-coordinator, key-worker and broker roles can reduce fragmentation of services and promote approaches to the whole person in the community.
- Flexible and creative use of personal budgets, direct payments and other mechanisms should give people maximum scope for tailored solutions.
- Local and regional markets should provide a wider range of support formats to meet diverse needs, helping current suppliers adapt and new ones start up
- New niche services could cater for the special needs of smaller groups, eg people with early onset dementia, people seeking co-housing solutions
- New generations of disabled and older people will seek new support and care models, including support designed, delivered and managed by users .

A number of locations have developed new approaches to gathering, integrating and making accessible the wide range of information and expertise underpinning effective personalisation. This has required investment in infrastructure and knowledge management, to support merged advice centres, shared multi-disciplinary assessment processes, schemes to foster 3rd sector innovation, and rapid expansion of IT and communications systems applications to complement staff expertise and service provision.

Putting personalisation into practice requires significant culture change on the part of staff, managers, employers, commissioners and local authorities. All need to learn to work in different ways, to let go some of their power and control, in order to work as more equal partners with people arranging support, and free up available resources for most effective use. This takes professionals and organisations out of their comfort zone, and requires clear, supportive leadership and confidence-building measures, but is essential if people are genuinely to exercise their Right to Control and be enabled to co-produce the solutions that work best for them

7 Visible leadership

Statement of purpose
- Leaders at all levels should **create cultures of age equality** in their organisations, demonstrating core values and setting an example.
- Leaders in all sectors should regularly re-state their **vision for equality-based services**, act as champions, and set clear expectations for staff.
- Leaders should **model equality, dignity and respect** in their dealings with older people using services, carers, families, staff and volunteers.
- Leaders should have systems in place to monitor, pick up and act on **instances of age discrimination**, unfair treatment and exclusion.
- With the diverse and dispersed leadership of social care, **equality alliances** need to be formed with users and carers, the private and voluntary sectors, faith groups, community networks, allied agencies and the media

Whether as a local authority chief officer, the manager of a care home or fieldwork team, a shift-leader or project officer, people in leadership positions play a key role in seeing the principles of age equality are put into practice. They set the ethos and culture, instil the values and convey the priorities within which other staff work.

In a care setting, the mark of good leadership might be the way a night care worker treats a distressed resident with dementia: whether they speak to them by name, show them respect, try to find out and take seriously the cause of their distress, address it, and respond with patience and good humour.

At senior management level, leadership may entail raising political and public awareness of age discrimination, speaking up for groups who lack a voice, ensuring the concerns of older people influence place-shaping and inter-agency agreements, challenging media misrepresentation of ageing, promoting community capacity-building, supporting innovation, helping older people to use and benefit from new technology, working with providers to raise standards and diversify the market, identifying significant trends and addressing ethical dilemmas.

Barriers to effective equality-focused leadership
- There is often a failure to recognise the difference between leadership and management, the importance of both and the interaction between them.
- Some leaders may be lacking in age-awareness, and behave in ways that are risk-averse, over-protective, unduly influenced by service regulation and Health and Safety considerations.
- Some leaders may be too ready to accept rigid, rules-bound approaches to dealing with people, whether by assessors, decision-makers, commissioners, providers or regulators.
- Some people in senior positions at all levels are content to maintain the status quo, and not committed to continuous improvement or necessary change.
- Leaders can become inaccessible and out of touch with staff, people using services and their relatives, carers, volunteers and the public.

Obstacles to leadership vary. Some elements of discrimination on grounds of age are deeply entrenched in the structures and culture of Adult Social Care Departments, and difficult in practice for LA Members and Directors to tackle and change quickly. Social care budgets are often historically subdivided by age and client group, with limited scope to vire funds between budget heads. Stark differences persist in placement or support package costs accepted by local authorities for older people and for younger learning disabled adults.

Senior figures among care providers may feel equally constrained by the status quo. There is evidence that many of the 400,000 older people in residential and nursing homes have difficulty in accessing the services of GPs and other primary care staff. Care staff, with low expectations of what constitutes a life worth living for older people, may also be unduly influenced by what they understand, often wrongly, to be restrictions imposed by the regulator on stimulating activities offering opportunities and choice. They may receive mixed and unclear messages from commissioners, managers, regulators and relatives.

Overcoming obstacles to effective leadership

- At senior levels, work with other agencies to establish, prioritise and resource a local Age Equality Strategy.
- Build age equality and tackling age discrimination into leadership development programmes, inspection criteria, strategic commissioning.
- Create an ethos and systems to encourage people, relatives and staff to challenge age discrimination and organisations to respond positively.
- Leaders to meet and listen to older people using services, and use their experience to inform policy, service, practice and organisational change.

The leader's job includes regularly rehearsing the vision of how practice and support would operate if age equality principles were in place. There will be scepticism and some resistance from staff, older people and their relatives, particularly at times of highly constrained resources. Stressing and supporting what is possible, maximising resources and opportunities through alliances with other services and sectors, encouraging staff to work in ways that are flexible and imaginative, celebrating innovation and success, are ways leaders at all levels can promote the vision.

Leadership requires both looking ahead, and staying in touch. Listening to the experiences of people using and working in the services is crucial. The "New Horizons" vision states that "In 2020 all individuals will be treated with respect, in an inclusive society, whatever their age, background and circumstances. Public services will recognise the importance of environments, services and amenities that maximise opportunities for older people to participate and contribute as equal, active citizens.".

8 Fair and equal access

Statement of purpose
- Equality of access, regardless of age, to **assessment, prevention, support and care provision** should be an explicit objective in social care.
- People experienced in using services, relatives and carers should participate in **setting priorities and targets** for access to all types of social care.
- The **Joint Strategic Needs Assessment** (JSNA) is a key vehicle for identifying, evaluating and prioritising the needs of the population as a whole.
- The JSNA should provide the **baseline for monitoring and measuring access** for different groups and sub-groups, proportions of defined populations receiving services, and ratios of application/ refusal.
- A proactive approach to **strategic commissioning** is an essential vehicle for ensuring the equalities agenda, including age equality, is built into the way services are developed and markets shaped.
- **Age equality applies within as well as between age groups**, so disabled adults of various working ages should have the same access to employment as their same-age peers, and similarly with different cohorts of older people.

Good access depends on sound information and advice. <u>First Stop</u> is an innovative national helpline drawing together the advice services of four national bodies on accessing and financing long-term care. It offers telephone responses to questions, written advice and referral, case management for complex problems, a website, a fact-sheet library and directories of retirement housing and care homes.

The Croydon memory service, PCT-funded and jointly run by social services and the local mental health trust, offers comprehensive assessment in the community and a wide range of interventions to maintain people's independence and quality of life. Croydon has been pioneering work in the early intervention and management of dementia since 2004. (Community Care 31.7.2008) The Alzheimers Society and others are establishing a network of Dementia Advisor posts in response to the National Dementia Strategy.

An ADASS report on support for carers of people being discharged from hospital proposed that all LAs should designate a lead professional for carers, carers' issues should be embedded in training, information for carers should be easily accessible and available, and needs of black and minority ethnic carers should be better understood. "All parts of the system – family, carers, hospitals, primary and community care services – should be working together to assure a quality experience for patients and carers"

Barriers to fair access
- Organisational structures, service patterns and staff attitudes can all reflect ageist assumptions about what's best for people at different stages of life.
- Resource shortfalls can lead to unfair rationing on grounds of age.
- Some older people are wrongly excluded from needs assessment because as home-owners, their capital assets exceed the eligible limits for public funding.
- Services, like mental health, and some benefits apply age-based cut-offs which are hard to justify.

"Residents met before lunch for a glass of sherry and macaroon biscuits.   The last resident to come to the lounge was offered sherry.   She accepted and asked for a macaroon.
Care staff: 'It's too near to your lunch and you know you won't eat your dinner.'
Resident: 'I would like a macaroon.'
Care staff: 'I said it's too near to lunch.'
Resident, 'You can give me one now and I'll save it for later.'   Resident not passed a macaroon." Observed by visitor to the home

Two sisters lived within two miles of each other, but in different local authority areas.   Both had similar high support needs.   One was pressured into entering residential care, the other sister received a direct payment enabling her to stay in her own home.   The sister who was placed into a residential setting felt that, had she been under 65, this would not have happened.

Some groups, such as people with dementia, sensory impairments or depression, are particularly prone to discrimination in gaining access to support and services they need. The shortage of suitable housing options also pushes older people towards care solutions they might otherwise be able to postpone or avoid.

Ways to overcome the obstacles to fair and equal access
- Personalisation policies have the potential to open up new and innovative opportunities for older people to gain access to the outcomes they want.
- Advocacy and brokerage services may help people challenge exclusion and discrimination on grounds of age.
- Equality of access should be highlighted in the JSNA and reflected in commissioning strategies.
- In some cases, positive action may be needed to secure equal access for seldom-heard and marginalised groups.

One borough has supported development of the Age Concern Brokerage Service to provide support and advice, and also facilitate services, for people who do not meet the departmental eligibility criteria for service, and those who are self funding. This provides a seamless approach as well as fair access to support services, and has been a great success.

One group taking part in a user consultation suggested the model of KeyRing community networks, originally developed to support people with learning difficulties, could be adapted to reduce isolation and foster mutual support and well-being among older people living in their own homes. Using the model, older people with support needs in a defined neighbourhood could be helped to develop relationships with one another, pool resources (including direct payments or disability benefits) to employ a local support worker, share experiences and information about local resources and services, and monitor one another's welfare.

Revised policy and practice guidance on Fair Access to Care (FACS) affirms people's entitlement to assessment of their needs and levels of risk, and consideration of risks to support provided by carers, ahead of any means test (DH 2010 and SCIE 2010)*.*

9 Equitable resource allocation

Statement of purpose

- Assessment and resource allocation systems should be tested to ensure they produce **fair and equal outcomes**, regardless of people's age.
- Resource allocation systems must engage with the **widest range of resources**, including housing, NHS, employment, training, leisure and benefits.
- Assessment and resource allocation should take account of the interaction of **multiple discrimination risks** – age coupled with disability, ethnicity, sexuality, gender, mental health.
- Resource allocation should be **monitored at different levels** – individual, unit, service, sector - to ensure age discrimination is excluded
- Information flows should enable **proper analysis** of the effects of different social care systems on progress with age equality and reduction of age discrimination.

Some local authorities are giving careful consideration to ways in which equity can be built into the emerging personalised approaches to assessment, resource allocation systems (RAS) and self-directed support. One London Borough has adopted common application of the Fair Access to Care criteria, and a single RAS scoring system, to all adults regardless of age; resource allocation based not on equal inputs of resources to comparable levels of need, but on providing equal opportunities for people to achieve the outcomes they want; and scope for people to use funding much more flexibly in ways tailored to their own circumstances.

The section of the new mental health strategy dealing with mental health needs of older people sets out ways to overcome the arbitrary division between adults' and older people's mental health services, with associated differential access to resources. They include building in greater flexibility for those with long-term conditions who age beyond the formal age boundary to remain receiving adult services, and encouraging closer collaboration between the two sectors in supporting older people with functional mental illnesses.

Barriers to equitable resource allocation
- Persistent historical resource patterns may not be connected to relative needs of different groups, nor linked to outcomes-based assessments.
- Many older people and people with mental health problems have learnt to have low expectations and so make few demands on services.
- Age discrimination can impact on different stages of people's pathway through the system – reception, referral, assessment, determination of eligibility, allocation of resources, review, extension or withdrawal of support.
- National and local political agendas, and the priorities of other agencies, can make it hard to deploy social care resources equitably.
- Local authorities vary in the levels of FACS eligibility for which they provide services, how they assess levels of support required, and whether they limit spending per head.

Income from charges is a key contribution to LA budgets. Variations and changes in local authorities' charging practices are quoted by people using services and their families as a source of inequity. A few LAs provide personal care free to people with defined levels of need, others charge £8 per hour, others £17 or £18 per hour. The Coalition on Charging found that 80% of people who stopped using council-commissioned care services identified high charges as a key reason. Since 2002, the percentage of older and disabled people paying for residential care without support from their LA has increased by one third to 41% in 2009.

Restriction or withdrawal of care services in response to financial pressures is a matter for each local authority. Despite a policy emphasis on prevention and early intervention, the practice of concentrating resources on those considered in greatest need prevails. For older people with long-term, multiple or complex needs, the problems may be compounded by reductions in other services on which they rely, including various parts of the NHS, voluntary and community sector services, housing support, and information, advice and advocacy services.

Ways to overcome barriers and make resource allocation more equitable
- Managers need to be firm but flexible and creative in finding ways to level up resources between groups as necessary to ensure age equality.
- Measures should be in place to reduce cost and spend differentials over time, using resource allocation systems and personal budgets as vehicles.
- Transformation resources need to be applied to maximum effect in supporting development of new models of personalised support and care.
- Monitoring systems should check whether older people, particularly groups with special needs, have the same chances as younger groups to remain in their own homes with support.

Some local authorities are reviewing and "personalising" their charging policies as part of moves towards personal budget systems.

"One older man contacted a national body after his council informed him of a considerable increase in his hourly charge. He had a good relationship with his home care worker, and didn't want to lose the support. He had found that the agency's hourly charge was less than that imposed by the LA, but was concerned he might be disadvantaged at a later stage if he switched to contracting directly with the agency. He was assured he would be able to seek reassessment if his needs or circumstances changed".

More active and effective involvement of Experts by Experience in improving use of resources, including staff time, may benefit LAs, people using services and their families. Peer support, advice and information has been recognised as a strength of Independent Living Centres, and could be a vehicle for extending opportunities for older people to benefit from independent living, direct payments and their statutory Right to Control. People with first-hand knowledge of long-term conditions could support those who experience sudden entry into the care system through accident, trauma or bereavement

Sustainability

10 Ensuring quality responses and services

Statement of purpose

- **Quality standards** should incorporate age equality criteria and measures to reduce discrimination on grounds of age, alone or combined with other grounds.
- Quality criteria should give priority to **user-defined aims**, preferences and choices, and systematically address user-reported outcomes in assessing equality.
- Carers, relatives, supporters and advocates should be involved appropriately in **monitoring age equality** aspects of practice and service quality.
- Quality and value for money should be assessed in the context of **policies for personalisation**, choice, control, independent living, inclusion and wellbeing.
- The quality framework should **protect from age discrimination** and neglect, people with dementia and others with multiple conditions and disadvantages.
- Leaders and managers should take steps to engage staff in **owning quality standards** and committing themselves to a culture of quality.

"Service users are involved in their assessments and safeguarding investigations. Those with capacity or without are managed with freedom, free from harassment and supported by trained staff who abide by the department's vision and values Our complaints service addresses issues raised by our users. Outcomes for the service user are noted in findings from their complaint and service processes are amended, to reduce the likelihood of the same issue causing the same problem. We have a quality framework which quality assures our services and staff. We monitor our standards, performance and targets. The outcomes for service users are evaluated, whilst processes and risks are assessed at the same time. Choice and control, dignity standards, independence and wellbeing, are measured and judgements made in case file audits. The audits carried out are age appropriate and reflect equality and diversity, to measure how our services meet our stringent criteria." Local authority manager.

Housing 21 has taken a leading role in improving the effectiveness of extra care for people with dementia, and MHA Care Group has good examples of specialised dementia care, including involvement of couples where one partner has dementia.

Barriers to ensuring quality
- Existing standards and quality frameworks for older people's services tend to be based on inputs, processes and risks, not outcomes or quality of experience.
- Outcomes-based standards and reliable methods for capturing individual and personal dimensions have been slow to develop.
- Rising demands and pressures on declining resources tend to squeeze service and practice quality, and can affect attitudes and cultures
- Status, pay and training of staff do not match increasing requirements for skill, knowledge and understanding in disability and older people's services.

Older people with mental health problems can be among the most socially excluded in society. The stigma of old age is amplified by the stigma of having a mental health problem, and may be further compounded by physical health problems and disabilities. Older people in residential and nursing homes are in many ways society's most excluded group. Up to 50% of older people in residential care have clinically severe depression, yet only between 10-15% receive any active treatment. New Horizons mental health strategy,

Depression in older people often goes undiagnosed and untreated in primary care and acute general hospital services. Depression is not an inevitable feature of growing old. It is often a predictable response to the range of known factors commonly experienced by older people, including social isolation, disability, reduced independence and lack of opportunities for meaningful activity. Higher priority is given to these factors in services for working age adults than in provision for older people.

Overcoming obstacles to quality improvement

- The quality levers in the system, including commissioning, supervision and regulation, should be sensitised to age equality and discrimination agendas.
- Strategies to support empowerment of people using services, carers and frontline staff need to include age equality considerations.
- NHS experience with the "Patient-reported Outcomes" scheme should be examined for lessons that could be applicable in social care.
- Disabled and older people with experience of services, and their relatives and carers, should be involved on a co-production basis in standard-setting, commissioning, service design, regulation and training.

One department has a "standards group" which manages the activities to maintain quality awards. A bi-annual staff survey which measures staff feelings and perceptions each year. The department's training panel identifies issues arising from service led problems and designs and provides training to the department's staff. In addition designated staff visit service users in their homes to discuss with them the quality of services they use, including any age discrimination and vulnerability due to age. Equality impact assessment for the LA's adult safeguarding procedures has an action plan which is looking at the discrepancy between men and women over 65 reporting adult safeguarding issues.

11 Developing an effective, well-equipped, age-aware workforce

Statement of purpose
- Managers, social workers, care staff and volunteers should **work towards age equality** in resourcing, practice, service provision and support.
- Workforce and management should be alert to risks and likely **incidence of age discrimination** against people of all ages, and work to eliminate it.
- **Workforce management and development** should embody principles of age equality in recruitment, selection, training and promotion, with positive approaches to employing disabled and older staff.
- Staff need the **knowledge, skill, competence and support** to promote dignity, respect, personalised approaches and models of co-production.
- Staff should be trained and encouraged to **work in equal partnerships** with people using services, carers, family members and volunteers.
- Flexible and creative **employment opportunities** should be developed for older people, within and beyond the social care workforce.
- The **contribution of older people** to social care and the wider community as employees, volunteers, carers, charity trustees, local politicians and participants in civil society should be recognised, supported and expanded.

Dementia Care Partnership is a charity built around the PEACH philosophy. This gives priority to valuing the Person; Empowerment to retain control over their lives; Attachment to a particular person or place; Continuity with one's past history and sense of belonging ; and Hope to continue their lives as active, valued participants. Practicing this philosophy cannot work unless employees embrace it, are willing to challenge their own attitudes and assumptions about people with dementia, and recognise the need to let go of some of their own power to enable it. (www.dementiacare.org.uk) .

"The most important factor is to have experienced and sensitive care staff with the appropriate specialist training across the spectrum of care; the ability to comfort and sympathise with each person's particular problems, and the time to do this; and a thorough knowledge of the individual's medical, physical, mental and emotional needs,"

Barriers to workforce effectiveness

- Workforce training opportunities and investment may fail to match increasingly complex health and care needs of people in care services.
- Staff shortages, overload, poor working conditions and variable leadership at all levels can mean staff response to disabled and older people is hurried, functional, insensitive and not committed to age equality.
- Lack of awareness of age equality issues can mean assessment, support planning, commissioning and review processes are themselves discriminatory.
- Staff do not take opportunities to involve people in their work, whether as expert service users and carers, volunteers or in other capacities.

Staff in care services could be forgiven a degree of resentment about their low status and the lack of recognition for the complexity and challenge of their work. In fact, surveys indicate that the levels of morale, motivation and job satisfaction among staff in residential and home care services are remarkably high. This is in spite of chronic problems of low pay, often at or barely above minimum wage levels, and limited access to training and career opportunities. Their clientele has also changed in character as the boundary between NHS and social care provision has shifted and eligibility criteria for local authority funding have tightened. People receiving care in their own homes and in residential settings tend now to have high support needs, complex combinations of care requirements and health conditions, sensory and communications problems, and often severe intellectual impairment through various forms of dementia.

Overcoming the barriers to an effective workforce

- Programmes of age discrimination awareness-raising should be established to promote attitude and behaviour change among staff, managers, LA and voluntary board members, carers and volunteers.
- Employers and volunteer coordinators should ensure the key contribution of older workers and volunteers is recognised and applied to best effect.
- Supervision and training should encourage staff and volunteers to develop co-production approaches with service users, carers and user and carer groups.
- Local authorities should develop strategies to promote employment of older workers in their own workforce, and include them in their service commissioning strategies.

The "My Home Life" Programme has demonstrated what can be achieved by a well-designed, evidence-based programme of research and development focused on helping staff optimise the quality of life in care homes. The programme is founded on key principles: working in partnership with the care home sector; celebrating and valuing good practice where it already exists; supporting and building up networks that are already in place; using models of relationship-centred care that support positive relationships among all stakeholders; and recognising that quality of life in care homes is the responsibility of the whole care system, not just the care staff.

The programme has developed and distributed a range of educational resources, co-produced with care home staff and used by them to improve practice; created a variety of learning networks, one involving 3500 practitioners, others linking providers and commissioners ; influenced and supported change at political, policy, commissioning, service development and regulatory levels. "Overall, the My Home Life programme has successfully captured the imagination of the sector".

12 Defined and monitored objectives for age equality

Statement of purpose
- There should be a clear **local vision**, based on joint assessment by all parties, of local needs, strengths, resources and priorities for improvement and modernisation in relation to age equality and eliminating discrimination.
- The vision will be used to define **strategies, priorities and outcomes** to guide commissioning, provision and practice in promoting age equality.
- Targets, indicators and **measures of progress** and value for money should be agreed by all parties within a local equality framework.
- Targets should be set and monitored at **service, team and unit** levels.
- Arrangements need to be put in place to **gather, analyse, report and publish** data on progress against the age and other equality targets.

At the level of the local authority, an age equality strategy is probably best located within the framework for implementing personalisation and service transformation. An outcomes-based approach will encourage closer attention to the expectations, preferences and aspirations of each person and their family, and challenge age-based assumptions in the part of practitioners and providers. Personalised assessment, support planning, and use of personal budgets should all include age equality considerations. Increasingly, LAs are applying common assessment frameworks and single resource allocation systems which do not differentiate by age. These frameworks should accommodate specific improvement targets for enhancing age equality, and enable progress to be measured and monitored. Older people should be involved at the earliest stage in identifying risks of discrimination, setting targets and monitoring progress.

Standard-setting and monitoring is also important at the level of individual services and initiatives. How clearly are age equality objectives defined in tendering and contracting specifications? Are there target levels for take-up of direct payments and personal budgets by older people? Does reablement pose equality issues, in terms of access, duration and appropriateness??

Barriers to effective monitoring

- There is limited involvement by older users, carers and citizens in local Joint Strategic Needs Assessment processes and service, team and unit target-setting.
- Targets are set inappropriately low because of lack of political, managerial or professional commitment.
- Poorly focused indicators, based on data that is currently available and/or easily collectable, do not provide good evidence on outcomes for people individually or in defined groups.
- Age-based budget and service structures make it difficult to judge comparative needs and assess how well they are being met.

Obtaining good quality information for monitoring purposes is often extremely difficult. In many authorities, there is no systematic recording of unmet need or unsatisfied demand. When the Commission for Social Care Inspection undertook its study of people who had failed to meet authorities' eligibility criteria, it found that in many places there was little or no routine follow up. A minimalist approach to reviews of progress with people in receipt of support, often carried out over the telephone or given low priority, means authorities may be unaware of improvements in people's coping ability which could affect their support needs, and miss out on feedback which could be used for service improvement or innovation.

Ways of overcoming the barriers to effective monitoring

- Systems need to be in place to collect feedback and monitoring data from older people, disabled people and carers on their experience of discrimination and equality.
- Co-production methods should be used to focus on the views, priorities and preferences of older people, and others at risk of age discrimination, in setting outcomes and measures.
- The impact of age-based service and budget structures on content and quality of monitoring data needs to be kept under review.
- Reports on age equality and age discrimination targets should be included in annual local authority and Care Quality Commission reporting arrangements.

In one LA, the "local vision" statement in the Adult and Community Portfolio Plan. defines four main outcomes for the year. Within these there are aims and then the actions the LA is going to take to meet those aims. There are also some supporting indicators (national and local). The plan is agreed as a result of a consultancy process with stakeholders including service users and carers.

Organisations of people using services and carers are very well-placed, not only to influence and inform strategy development and target-setting, but also to contribute in a variety of ways to progress monitoring and feedback. People with direct experience of using services are often able to get closer to current users, gain their trust and enable them to speak honestly and safely about their experience, both good and bad. As the care and support market diversifies under the influence of personalisation policies, and more people make their own support arrangements, neither local commissioners nor inspectors from the national regulator will have access to the sensitive and detailed local knowledge required for service monitoring and safeguarding. Systematic, properly resourced gathering of feedback by user organisations could be a valuable complement to other sources of monitoring information, as well as promoting community interest and support for local services and those who use them.

SELECTION OF KEY READING

Clark, A. 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
http://www.cpa.org.uk/information/reviews/reviews.html
This is one of a series of CPA literature reviews on ageism commissioned by the Department of Health. It examines whether or not older people in the United Kingdom are treated less favourably than younger people who use social care in areas such as the way resources are allocated, needs are assessed, care is planned and services are delivered.

Levenson, R. (2003) *Auditing age discrimination: A practical approach to promoting age equality in health and social care* London: King's Fund
http://www.kingsfund.org.uk/publications/auditing_age.html
Age discrimination is difficult to define and challenging to eliminate in practice. This guide recognizes that the first step in addressing age discrimination is to identify its presence. The guide provides clear, practical guidance on how to collect and assess evidence of age discrimination, including who to involve in the process and what types of evidence to include.

Department of Health (2004) *A toolkit for older people's champions: A resource for non-executive directors, councillors and older people acting as older people's champions*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4085666
This resource provides ideas about how older people's champions can be effective and includes examples of activities and methods that have been tried by other champions around the country.

Mental Health Foundation (2009) *All things being equal: Age equality in mental health care for older people in England*
http://www.mentalhealth.org.uk/publications/?entryid5=72118
This report looks at the challenges and implications for future services and provides recommendations that aim to ensure that older people receive fair and equal access to the best possible health and social care and support.

Forder, J. (2008) *The costs of addressing age discrimination in social care: PSSRU discussion paper 2538*
http://www.pssru.ac.uk/
This paper aims to measure the extent of age discrimination in council-funded social care services for adults. It is based on a quantitative analysis of the level of support provided to users of services. Lower expenditure per head on services may be equated with age discrimination, but the paper states that there are also a range of 'legitimate' reasons for this spending pattern. The analysis aims to establish if people in various age groups are treated differently after these 'legitimate' differences are removed.

Elbourne, J. (2008) *Review of Older People's Engagement with Government – Report to Government*
http://www.dwp.gov.uk/publications/policy-publications/ind-review-older-peoples-eng-with.shtml
This independent review of older people's engagement with government and how this influences policy at all levels of government, includes a specific review of Better Government for Older People (BGOP).

Department of Work and Pensions (2009) *Empowering engagement: a stronger voice for older people: the Government's response to Elbourne's review*
http://www.dwp.gov.uk/publications/policy-publications/ind-review-older-peoples-eng-with.shtml
This report responding to Elbourne's 2008 review, sets out plans to give older people a clear role in the design and delivery of the policies and services that affect them.

References and further reading

ACEVO (2009) *Making it personal: a social market revolution. The Interim Report of the Commission on Personalisation* (ACEVO, 2009)

Age Reference Group on Equality and Human Rights (2005) *Age and .... Multiple Discrimination and Older People* (Help the Aged 2005)

Audit Commission (2008) *Don't stop me now : preparing for an ageing population (*Audit Commission 2008)

Audit Commission (2010) *Under pressure : Tackling the financial challenge for councils of an ageing population* (Audit Commission 2010)

Beresford P (2010) *Funding social care* : w*hat service users say* (Joseph Rowntree Foundation (JRF) 2010)

Blood I. (2010) *Equality and Diversity and Older People with High Support Needs* - (JRF 2010)

Calton M and Guintoli G (2010) Care and support for older people in Bradford : their perspectives, aspirations and experiences (JRF 2010)

Care Quality Commission (2009) *Review of healthcare for people living in care homes* CQC 2010

Carruthers I and Ormondroyd J (2009) *Achieving age equality in health and social care* (DH 2009)

Centre for Policy on Ageing Information Service (2009) *Selected Readings : Ageism and Age Discrimination* (CPA 2009)

Clifton J (2009) *Ageing and wellbeing in an international cpntext.* (IPPR 2009)

Dalley G with Mandelstam M (2008) *Assessment denied? Council responsibilities towards self-funders moving into care* Relatives and Residents Association 2008

Department of Health (   ) *Extending Direct Payments : Equality Impact Assessment*

Department of Health (2005) *Supporting people with long-term conditions. An NHS and social care model to support local innovation and integration* (DH 2005)

Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care* (DH 2007)

Department of Health (2008) *Carers at the heart of 21st century families and communities : a caring system on your side, a life of your own* (DH 2008)

Department of Health (2009a) *Living well with dementia: a national dementia strategy* (DH 2009)

Department of Health (2009b) *Transforming community services: Ambition, action, achievement. Transforming services for people with long-term conditions (*DH 2009)

Department of Health (2010) Chapter on Older People in *New Horizons: working together for better mental health* (DH 2010)

Department of Work and Pensions (2005) *Meeting the challenges of ageing in the 21st Century.* (DWP 2005))

Department of Work and Pensions (2009) *Building a society for all ages* (DWP 2009)

Duncan C (2008) *The dangers and limitations of equality agendas as means of tackling old-age prejudice* (Ageing and Society 28(8) p1133, 2008)

Equality and Human Rights Commission (2009) *From safety-net to springboard: a new approach to care and support for all, based on equality and human rights.* (EHRC 2009)

Forder J and Fernandez J-L (2010) *The impact of a tightening fiscal situation on social care for older people* Personal Social Services Unit and Age UK 2010

Government Equalities Office (2010) *Equality Bill: Making it work. Ending Age Discrimination in Services and Public Funding* (GEO 2010)

Harding T. (2005) *Rights at Risk – Older People and Human Rights* (Help the Aged 2005)

Harding T. (2006) *The long and winding road : towards dignity and equality in old age* (Help the Aged 2006)

Healthcare Commission (2009) *Equality in later life : a national study of older people's mental health services* (Commission for Healthcare Audit and Inspection 2009)

Help the Aged (2007) *Too old : older people's accounts of discrimination, exclusion and rejection* (Help the Aged 2007)

Help the Aged (2008) *On our own terms : the challenge of assessing dignity in care* (Help the Aged 2008)

Horton C (2009) *Creating a stronger information, advice and advocacy system for older people* (JRF 2009)

Housing 21 and Counsel and Care (2009) *Fair ageing : the challenge of our lifetime* (Housing 21, 2009)

Housing and Older People's Development Group (2006) *Age equality in housing* (HOPDG 2006)

IDeA (no date) *Guide 2 : Engaging with older people. Improving the quality of life for older people* (IDeA)

IPPR and PriceWaterhouseCoopers (2010) *When I'm 94: how to fund care for an ageing population* (IPPR 2010)

Janzon K and Law S (2003) *Older people influencing social care : aspirations and realities (*SCIE 2003)

Joseph Rowntree Foundation (2008) *Does anyone care about fairness in adult social care?* (JRF Viewpoint 2008)

Kippen H (2010) *:Social Care in 2020: what are the challenges ahead? (*2020 Public Services Trust, 2010)

Lee M (2006) *Promoting mental health and wellbeing in later life: a first report from the UK Inquiry into Mental Health and Wellbeing* (Age Concern and Mental Health Foundation 2006)

Lievesley N (2010) *The Future Ageing of the Ethnic Minority Population of England and Wales* (Runnymede Trust and Centre for Policy on Ageing, 2010)

Local Government Ombudsman and Parliamentary and Health Service Ombudsman (2009) *Six Lives : the provision of public services to people with learning difficulties* (Stationery Office 2009)

McCormick J, McDowell E and Harris A (2009) *Policies for peace of mind : devolution and older age in the UK* (IPPR 2009)

McCormick J et al 2009 *Getting on : Wellbeing in later life* (IPPR 2009)

National Audit Office (NAO) (2007) – *Improving Services and Support for People with Dementia* - NAO 2007

Neuberger J (2008) *Not dead yet : a manifesto for old age (*London: Harper Collins 2008)

ODPM (2006) *A sure start to later life: ending inequalities for older people* (Stationery Office 2006)

Older People's Programme/ Centre for Policy on Ageing (CPA) (2006) – *Older People's Vision of Long-term Care* – CPA 2006

Schehrer S and Sexton S (2010) *User Involvement in Strategic Commissioning (*JRF 2010)

Sense (2006) *Fill in the gaps : a toolkit for professionals working with older deafblind people* (Sense 2006)

Smith Institute (2008) *Advancing opportunity: older people and social care.* (Smith Institute 2009)

Townsend P (2006) *Policies for the aged in the 21st century : more "structured dependency", or the realisation of human rights?* (Ageing and Society 26(2) 2006)

Wanless D (2006) *Securing good care for older people: taking a long-term view* (Kings Fund 2006)