Developing a shared understanding about age discrimination and age equality

Before you get started with your local audit, it is vital that everyone involved in carrying out this work has a shared understanding of what is meant by 'age discrimination' and achieving 'age equality'.

Work undertaken at this point in the process will inform, advise and influence your deliberations when you come to undertaking the self-assessment of 'where are we now?' and will assist you in subsequent action planning. In particular, it will help you to reach a consensus about funding priorities where actions to address age discrimination require investment or redistribution of resources.

You can use one or both of the following exercises to help engage partners and other key stakeholders in working together to achieve age equality and end age discrimination.

Exercise 1

This exercise can be undertaken with partners and stakeholders who are likely to be involved in various aspects of the audit process. You could, for example do the exercise during an initial workshop held to explain the process locally or incorporate it in existing partnership activities.

As a group, spend a few minutes (in pairs initially and then as a whole group) discussing and recording what you mean when you use the phrases age discrimination and age equality. Do you all mean and understand the same things from these phrases? Are there areas/issues open to different understandings and emphasis?

If it is apparent that interpretations and understandings vary – which is not unusual – you will need to spend some time exploring how a clearly defined, shared understanding can be developed.

These shared definitions will be helpful both during and after the audit process, eg in testing out the overall analysis and in signing-off agreed plans for achieving age equality.

Exercise 2

This exercise can also be undertaken with partners and stakeholders and helps focus on the experience of patients, services users and carers.

Share the two case studies below, and ask participants, as a whole group or in smaller groups, to discuss what aspects of the care could be considered unfavourable treatment due to the person's age.

Case study A: Helena

Source: Help the Aged, *Worth Fighting For: Ten Stories of Ageism*

"The doctor said if I was younger, or a footballer, they could do something."

"I went into hospital some years ago as my leg kept giving out and I kept falling down. The doctor said if I was younger, or a footballer, they could do something. Luckily for me, my daughter was with me and she intervened and told him in a polite way that he was wrong and that I was an active woman and deserved for something to be done. He finally agreed and a few years later I had a new ligament put in.

"When I went back for my check-up, the surgeon who had done the op praised me and said I could consider myself a young athlete as I had done all I was told to do and healed up really well."

Case study B: Mrs Ada Hughes

Source: edited excerpts from *Growing Older in Wales, Help the Aged in Wales*

Mrs Hughes was living alone, following the death of her husband. She had a fall but was able to return home from hospital with a full package of care. Her daughter was the key carer but when she became ill, social services needed to increase their input and a safety assessment concluded that she needed two support workers for every visit. Mrs Hughes wanted to remain in her own home but her health was deteriorating. The GP and social services advised that she move to a care home.

Mrs Hughes did not have savings available to provide 'top-up' funding for home support and she could not apply to the Independent Living Fund, which helps people with a disability who apply when they are under 65 to continue to live at home rather than in residential care. She was not told that she could request a direct payment, even though the law states that she should have been. A direct payment is where someone can opt for cash rather than a

service arranged by the council. Many people, especially younger disabled people, use the money to buy in personal assistants to support them to live at home. In this way they can manage their own care and in a way that suits them. Thus reluctantly Mrs Hughes did go to a care home where, despite being physically well cared for, she lacked social and physical stimulation and became withdrawn. Having always said that she wanted to die in her own home, sadly six months later she died in the care home.

Reference: Help the Aged in Wales (2007) – *Growing Older in Wales*. A training resource to promote age awareness and age equality in practice. Help the Aged in Wales, Cardiff.

Further reading on age equality, discrimination and diversity

The importance of underpinning principles

Age equality is based upon the following principles:

1. **Fair:** people of all ages should be treated fairly and have an equal opportunity to access services provided by the public, private and voluntary sectors.

2. **Delivers benefits:** the key goal is to end harmful discrimination on the basis of age but there are a number of situations where different treatment on the basis of age is appropriate and beneficial for individuals and society.

3. **Clear and transparent:** for individuals about their rights and how decisions are made, and for the public, private and voluntary sectors about their legal responsibilities, avoiding unintended consequences.

4. **Practical and realistic:** addressing real problems in a common sense way, taking account of how people of different ages live and their different needs and how businesses and other organisations operate, based on evidence about what works and avoiding disproportionate burdens.

Critical issues highlighted in the *Achieving age equality* review

Some of the key issues associated with age discrimination, identified in calls for evidence for *Achieving age equality in health and social care* (the Review), include:

- **Systems:** the 'rules' governing the health and social care system may lead to discrimination and inequality. For example there are some performance indicators and targets that relate to specific age groups and there needs to be a clear rationale where these are the case. Older people are often excluded from clinical trials because of co-morbidities but they often need the new interventions and treatments that are being tested.

- **Services:** the Review commissioned four literature reviews from the Centre for Policy on Ageing on the evidence for age discrimination in primary and community health care, secondary health care, mental health services and social care. See:

  www.cpa.org.uk/agediscrimination/age_discrimination.html

- **Culture, behaviour and attitudes:** evidence suggested that older people are often seen in a negative light – "*old age is not a diagnosis*" – and can be, albeit unconsciously, patronised by staff. Some examples suggest that older people receive fewer interventions because health professionals factor in the presence of co-morbidities. Health and care professionals' attitude to health issues or complaints is often: "*what do you expect at your age?"* There are also examples of young adults being '*prejudged*' on the basis of their age rather than their health or care needs.

- **Resource allocation:** the funding allocation models at a national level need to be reviewed to ensure they are not discriminatory and local resource allocation systems, such as budget setting processes, also need to be reviewed.

There were also a number of areas where different treatment by age can be seen to be beneficial, including:

- Screening and vaccinations – including cervical and breast cancer screening and the seasonal flu vaccination programme.
- Targeted prevention programmes – such as that of preventing/treating conditions common in older age compared with consequences of not intervening and a consequent crisis, often leading to institutionalisation.
- Free services for people of specific ages – such as free prescriptions for older people.
- Age–sensitive facilities such as wards, day hospitals and community services for older people or age appropriate services, such as those provided by specialist teams of professionals such as older people's nurses and geriatricians.
- Appropriately considering a person's age related needs as part of a comprehensive assessment of their health and care needs.

Achieving age equality in health and social care, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107278

Creating the right conditions for change

The following organisational and system priorities were also identified in *Achieving age equality*. The audit tool [website address] and the accompanying practice guides explore these areas in more depth, but we list them here because they are the areas which often get neglected when considering examples of age discrimination/equality. They underpin the shape, ethos and pattern of service commissioning, provision and experience, and therefore, ultimately, influence the degree to which local health and social care services are likely to be and feel 'age equal'.

- Joint planning and partnership working, including:

  - the active involvement and participation of service users, carers and communities in the planning and provision of local services – including developments that seek to address problems and increase responsiveness to local needs and preferences.
  - Working with all sectors to end age discrimination and achieve age equality – statutory, private, voluntary and community-based.
- Design, configuration and organisation of local services which enable access and facilitate seamless transitions between services and teams when this is necessary.
- Developing a confident and competent workforce that is age aware and strives to achieve age equality.
- Leadership and the practice of leading by example, including sharing good practice and a vision of what 'good looks like'.
- A continual and ongoing move to personalise health and social care services – putting the individual at the heart of all decisions and in the driving seat of their own treatment and support.
- Listening and responding to the views of patients, service users and carers.
- The need to continually monitor and assess success and quickly address poor quality.

Developing a vision for achieving age equality locally

Localities need to develop a clear vision about what age equality in health and social care looks like in their area.

Here are some general thoughts about what 'success' might look like:

- People are not and do not feel excluded from services or work opportunities because of their age (or any other aspect of themselves – the principles that apply to age discrimination will apply equally to all aspects of a person's diversity).

- Services and workplace opportunities ensure that people have no need to feel ashamed of or try to hide their age, and celebrate diversity and value difference.

- People working in organisations and across partnerships or networks of organisations and groups, try not to do anything, however subtle or unintentional, that will make other people feel unhappy or inferior about who they are.

- People within organisations/teams/partnerships are given a 'good enough why' if, for example, there are differences in provision. It is not enough to simply say "*we will not discriminate*". We have to give people an explanation – a rationale that explains what age discrimination is about, how it affects people, and why it is not only a legal duty but a moral and ethical responsibility.