

Chapter 7

Developing a workforce to deliver age-equal services

Note: this section of the guide is about the contribution of the workforce to delivering the new legislation in the Equality Act in promoting age equality and banning age discrimination in the provision of services and exercise of public functions. It is not primarily about implementing the *Employment Equality (Age) Regulations 2006* as it is assumed that the necessary measures in relation to that legislation have already been put in place.

7.1 Key audiences

- human resource directors
- chairs and boards of primary care trusts, NHS trusts and NHS foundation trusts.

7.2 Key issues and concerns

- *“Demographic change, with increasing life expectancy and declining birth rates means that our population is ageing and will continue to do so well into the middle of the 22nd century.”*¹²⁸
- In order to achieve best practice and go beyond basic compliance with the law, NHS organisations should consider both employees and volunteers when they consider how to achieve a workforce that can deliver non-discriminatory, age-equal services.
- In some settings and services, older people may particularly appreciate the contribution of older workers.
- Older workers may have particular needs and preferences at work e.g. for flexible working (although workers in other age groups may have similar needs for different reasons).
- All ages in the workforce benefit from training to equip them to treat and care for the increasing numbers of patients in the older age groups in a respectful and knowledgeable manner, and in order to contribute to the ending of age discrimination and the promotion of age equality.

“Negative attitudes and narrow assumptions about age but particularly about older people, are an important cause of age

¹²⁸ *Age diversity in the workforce - why every organisation needs a strategy*, Briefing 2005 – Issue 1, NHS Employers, 2005

*discrimination. Action to shape attitudes through training and professional standards is therefore critical.”*¹²⁹

Demography and the changing workforce

- Nearly one fifth of all workers in the industrialised world are over 50. By 2030 half the UK population will be aged over 50, with one third over 60.
- The proportion of older people is growing, partly because the post war baby boom generation is now entering old age.
- Britain is a maturing society, with lower birth rates and proportionally fewer school leavers entering the labour market.¹³⁰

This means that both in terms of supply and demand, older people are extremely important members of the workforce of health (and other) organisations. Nevertheless, stereotypically ageist attitudes may persist about older people at work. A recent report indicated that stereotypically older people are viewed as warmer and more moral, but less competent whereas younger people are considered to be more capable but less warm and less moral.¹³¹

The contribution of older workers and volunteers

Older workers and volunteers have the benefit of experience and accumulated knowledge. They are often well placed to advise and mentor younger workers.

It is also sometimes reported anecdotally that older workers who work in ‘frontline’ posts may be particularly appreciated by some older patients, who may prefer to be cared for by, and to communicate with, staff nearer their own age. The published evidence for this is relatively scant although there are academic articles that support this view.^{132 133}

The relative lack of published evidence should not deter NHS organisations from taking seriously the possibility that some older people prefer to be cared for by people near to their own age. The occasions when older people state their preferences on this matter are limited, often quite informal and are unlikely to be recorded in academic publications, so this issue may appear to be under-researched and/or subject to publication bias. Local commissioners and providers will therefore wish to bear this in mind, and will wish to take steps to understand and respond to local needs and preferences, while also complying with the non-discrimination provisions of employment legislation.

¹²⁹ *Achieving age equality in health and social care*, Department of Health, 2009

¹³⁰ *Age diversity in the workforce- why every organisation needs a strategy*, NHS Employers Briefing, Issue 1, 2005

¹³¹ *Attitudes to age in Britain 2004-08*, Department of Work and Pensions Research Report 599, http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_599.asp

¹³² *Patient preferences for psychological counsellors: Evidence of a similarity effect*, Furnham A, Swami V, *Counselling Psychology Quarterly*, Volume 21, Issue 4, December 2008, pages 361 - 370

¹³³ *Older Adults' Preferences for Age and Sex of a Therapist*, Lauber B M, Drevenstedt J, *Clinical Gerontologist*, Volume 14, Issue 2, March 1994, pages 13 – 26

Older people's preferences for older workers may be particularly relevant in services where younger people are generally (though not necessarily accurately) seen as the main potential users e.g. sexual health, substance misuse etc. It may also be the case in some aspects of mental health services, such as talking therapies, where older people may feel that staff who are close to their own age may be more able to relate to their own experiences.

Support for older workers and volunteers

If older workers and volunteers are to be fully able to play their part in delivering the personalised care that older people (and others) require, they may need particular kinds of support. In many respects the needs of older workers and volunteers are similar to workers of all other ages. However, some older people in the workforce prefer to work part time or flexible hours (as do some of their younger colleagues). Sensible and progressive employment policies will benefit all ages. Some – though by no means all – older workers may wish to continue to work and use their skills, while not wishing to retain all the responsibilities they had earlier in their career. For these reasons, employers need to discuss with their workforce how best to support the needs and aspirations of workers of all ages.

Practical advice on developing an age strategy that addresses these, and other, points can be found in *Briefing 35 – Developing an age strategy: a step-by-step guide*.¹³⁴

Training and development

Training and development is at the heart of enabling the health and social care workforce to deliver an age-equal and age-appropriate service, and to eradicate unjustified age-discrimination. This is a very clear message in *Achieving age equality in health and social care*:¹³⁵

*“An understanding of the new legal requirements set out in the Equality Bill and, crucially, of how these requirements align with the professional values and ethical obligations of health and social care professionals, needs to be clearly conveyed by education and training programmes at all levels of the system and at all stages in the careers of health and social care professionals. All health and social care education and training curricula and programmes will need to be delivered in accordance with the public sector equality duty and the age discrimination ban and this will affect commissioners, providers and assurers of education. **All organisations responsible for education and training in health and social care will need to ensure that their curricula and programmes enable staff and trainees to apply the law effectively in time for its commencement. We recommend that the providers of education develop ways of involving older people in the delivery of education programmes, especially to trainees at an early stage in their learning.**” (Recommendation 15)*

¹³⁴ *Briefing 35 – Developing an age strategy: a step-by-step guide*, NHS Employers, 2007

¹³⁵ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

And

“Local statutory organisations should build into their contracts with providers of training programmes (including third sector and private organisations) the need for an explicit focus on age equality that supports staff in providing high quality services to people of all ages.” (Recommendation 16)

There is a need for more research on the features of a workforce that will deliver an excellent high quality age equality/non-discriminatory service, but it is reasonable to assume that the general and well-recognised features of a high quality workforce are likely to lead to high quality non-discriminatory/equal care.

Age equality training does not stand alone

While specific age equality training is likely to be necessary and useful, it should not be designed in isolation from other aspects of training that will also help to deliver age-equal and age-appropriate services, for example:

- wider equalities and diversity and human rights training
- dignity and respect training
- training on the involvement of patients and the public (including older people).

Training at different stages

Training opportunities should be available and actively promoted throughout the careers of NHS staff and should be available to develop the workforce irrespective of the age of the worker.

There are opportunities for training on age equality at all stages of the careers of health and social care workers, such as:

- induction training
- pre-registration education and training for professional staff
- post registration education and training for professional staff/continuing professional development
- short courses for non-professional staff.

Professional codes and regulation

*Achieving age equality in health and social care*¹³⁶ recognises the importance of professional regulation and codes of practice in advancing equality and ensuring that age discriminatory behaviour is clearly identified as unacceptable and a failure in professional standards. (See Recommendation 14.) Education and training at a local level will need to utilise existing and emerging professional standards in the content of age equality training.

¹³⁶ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

Training for all kinds of staff to deliver non-discriminatory and age-appropriate services

All types of staff (including those who are registered with a professional body and those who are not) are likely to benefit from training that helps them meet the needs of older patients and to eradicate unjustified age discrimination. This is particularly so as there remains evidence of ageist attitudes in many parts of the NHS, even though it is almost a decade since the National Service Framework for Older People (NSFOP) declared that age discrimination must be eradicated.

“The key to eliminating age discrimination in the National Health Service is seen by many to be the raising of awareness of ageist attitudes through education and training both during the pre-qualification period and in post. With older people forming an increasing proportion of patients, the physiological changes associated with ageing should receive increased emphasis in mainstream pre-clinical education and training for all medical staff.”¹³⁷

Recommendation 15 of *Achieving age equality in health and social care*¹³⁸ noted that all organisations responsible for education and training in health and social care will need to ensure that their curricula and programmes enable staff and trainees to apply the law (i.e. the Equality Act) in time for its commencement.

Training in conditions that are more prevalent in older people, such as dementia, should be available to all staff and not only those who specialise in working with older people. Indeed, the needs of non-specialist staff for training that equips them to be aware of conditions such as dementia is particularly important.¹³⁹

The content of training

Age Concern and Help the Aged have pointed out that in 2003-04, people aged 65 or over occupied 65 per cent of acute beds and accounted for 63 per cent of all finished consultant episodes, yet current education and training systems do not reflect the majority of patients that healthcare professionals will be working with. They suggest that core skills should cover essential aspects of:

- malnutrition
- incontinence
- mental health and dementia
- dignity and human rights
- care with compassion
- safeguarding and neglect

¹³⁷ *Ageism and age discrimination in secondary health care in the United Kingdom – a review from the literature*, Centre for Policy on Ageing (CPA), 2009

¹³⁸ *Achieving age equality in health and social care*, Sir Ian Carruthers and Jan Ormondroyd, Department of Health, 2009

¹³⁹ *Better prepared to care – The training needs of non-specialist staff working with older people with mental ill-health*, Levenson R and Joule N, Mental Health Foundation, 2007

- end of life care
- co-morbidities.¹⁴⁰

Training should also address the needs of carers (many of whom are older people).

While training on the physiological aspects of ageing is essential, training on the positive aspects of old age and on challenging ageist attitudes are equally important components. It is important that training to address ageist attitudes is undertaken by all kinds of staff, including doctors. In the review quoted above, the Centre for Policy on Ageing (CPA) notes that there is some evidence of ageist attitudes held by health practitioners and that doctors may be more ageist than other NHS staff. However, it may be that doctors are the ones most aware of the complexities in the treatment of older people. Ageist attitudes among medical staff may do no more than reflect ageist attitudes in society at large.

7.3 Drivers and policy imperatives

Demographic factors

As discussed above, one of the drivers for change is that there will simply not be enough workers under the age of 65 to carry out all the functions that are required within the NHS. Therefore in addition to a moral case and the legal requirement to be non-discriminatory in employment, it is a fundamental business and operational issue that NHS organisations need to recruit and retain older workers.

Legislation

The Employment Equality (Age) Regulations 2006

The law on age discrimination - whether direct or indirect - applies to employees, job seekers and trainees. It covers the areas of recruitment, terms and conditions, promotions, transfers, training, terminations and retirement. It also prohibits harassment, bullying and victimisation on the grounds of age.

Equality Act

The Act that is currently before Parliament streamlines, harmonises and strengthens existing legislation on discrimination. It combines the existing legislation, covering the so-called 'protected characteristics' such as race, disability and gender, and it introduces two important additional requirements that focus on age.

- A new equality duty on public bodies and others carrying out public functions. The duty applies in relation to age as well as to seven other protected characteristics.
- A ban on age discrimination against adults in the provision of services and exercise of public functions. The existing legislation is about age

¹⁴⁰ *Response to the National Review of Age Discrimination in Health and Social Care Call for Evidence, Age Concern and Help the Aged, July 2009*

discrimination in employment but this extension means that it will be illegal to discriminate in the core activities of the NHS and local authorities – delivering health and social care services to communities and individuals.

In order to comply with the letter and the spirit of the Equality Act, NHS organisations will wish to have an age-diverse workforce to ensure that they can offer services in a non-discriminatory and age-appropriate manner.

[See Chapter 2 Definitions, the legal framework and implementation](#)

A high quality workforce: NHS Next Stage Review

In 2008, the Department of Health published *A High Quality Workforce: NHS Next Stage Review*. This report stated that supporting all staff at local level was the main driver for improving services. It also noted that 60 per cent of the staff who will deliver NHS services in 10 years time are already working in healthcare, and it was crucial to boost their training and skills. As well as setting out the role of nurses, doctors, and other health scientists and health professionals, Lord Darzi's report also made important observations about the importance of teamwork. The report states that the core principles that inform all the planned changes outlined in the document are the following:

- focused on quality
- patient-centred
- clinically-driven
- flexible
- valuing people
- promoting life-long learning.

7.4 What good age-equal practice might look like

- NHS organisations would support their workforce in delivering person-centred care, with dignity and respect. They would view age equality as an important aspect of essential good practice in delivering services that are non-discriminatory and that are appropriate for people across the whole age spectrum.
- At times of organisational change, full consideration would be given to whether the skills and competencies needed to deliver age-equal services to older people are being retained. This is important since older people are significant users of many types of health service. Equality impact assessments of proposed organisational and workforce changes should take this into account.
- Commissioners and providers of services for older people would work closely with older people and their organisations in order to meet the needs of older service users in ways that are age-appropriate while not

being unjustifiably age-discriminatory. Also see Chapter 6 Involving older people.

- NHS organisations would work with local authority and third sector and independent organisations to explore opportunities for shared training and development on age equality and related areas of training and development.
- Organisational development initiatives would take account of how team working and evolving job plans can help to promote good practice in delivering age-equal services.
- Commissioners and providers of services for older people would be aware that older people are not a homogenous group and that their needs and preferences will reflect individual priorities as well as variables such as disability, gender, race/ethnicity, belief, sexuality and gender identity.
- NHS organisations, like all employers, will be aware of the *Employment Equality (Age) Regulations 2006*. Age-equal practice will go the extra mile to ensure that not only workers but also volunteers of all ages have equal access to training and development, and career opportunities. This guide does not set out the details of the legislation, but there are many resources available to help with implementation, including the NHS Employers website. See:
→ www.nhsemployers.org/Pages/home.aspx
- Employers in the health sector would have a clear idea of the needs of the communities that they serve, including the present and foreseeable age profile of the population, with additional data about ethnicity, gender etc. They will have a workforce strategy that aims to meet those needs in a way that promotes age equality for its workforce and age appropriateness for its service users. The strategy will take into account areas of potential dual/multiple discrimination e.g. where older workers may experience age discrimination compounded by another form of discrimination (e.g. race/ethnicity, gender, disability, religion, sexuality).
- NHS organisations would regularly conduct age-profiling of their workforces. Age-profiling helps organisations to understand whether the organisation's age profile reflects the demography of the local population, and to plan appropriate action where necessary.

7.5 Case studies of illustrative / good practice

Evidence from other sectors, as well as from some health and social care organisations, may inform NHS organisations. See, for example, the Department of Work and Pensions Age Positive website:

→ www.dwp.gov.uk/age-positive

from which some of the case studies below have been abridged. Other case studies can be found on the website of the Employers Forum on Age:

→ www.efa.org.uk/default.asp

Although these case studies tend to emphasise the benefits to older workers, the references to customer service and customer satisfaction indicate that there are likely benefits for the users of services as well as the providers of services.

Actively recruiting older workers Asda Stores

Asda works to recruit a colleague base which reflects the local population and has found that actively recruiting older workers mirrors its customer base more closely, ultimately providing better customer service. When this initiative began in one of its stores there were fears from some that productivity in the stores would drop, and that there would be more absences, more staff off sick and less motivation; in fact the reverse happened.

A great deal of effort has gone into creating a range of flexible working options that reflect the fact that a large proportion of the company's older employees do not want to hold down a full-time job. As well as offering unpaid leave for grandparents and carers, Asda also allows employees to take what has been called 'Benidorm leave', where their job is kept open for them while they take a few months off during the winter. Another innovation is the 'seasonal squad', where people can choose to work for the 10 busiest weeks of the year over Christmas, Easter and the summer holidays without having to leave and rejoin the company.

The business benefits for Asda of an age-diverse workforce are as follows:

- mirrors their customer base more closely, providing better customer service
- older workers have professional and life experience to share with other colleagues
- continuity of staff and experience
- extra flexibility
- reduced labour turnover, which reduces new recruit training costs
- improved customer satisfaction survey results and staff satisfaction.

Recruiting the right staff Newham College

Newham College of Further Education is one of the UK's largest colleges. Over 30 per cent of its 500-strong workforce is over the age 50. The college takes active steps to ensure that it attracts staff from all age groups by placing targeted advertising in a variety of publications. It works closely with its advertising agency to ensure that adverts do not include or imply age limits or age restrictions to ensure that as many suitable candidates apply as possible.

To ensure that the college makes recruitment decisions purely on the basis of suitability for a role, age information given by candidates on their application forms is only used for monitoring purposes and is removed before the selection/interview process. Interview panels decide on a pre-set list of questions based on the requirements of the job, to ensure consistency (and no age-bias). A member of the human resources department is also present at every interview panel and ensures that good practice is maintained. The college also recognises the value of training and developing its staff.

Working without a retirement age South Downs NHS Health Trust

South Downs NHS Health Trust provides services to people living mainly in Brighton and Hove. It employs over 2,000 staff ranging in age from 16 to 74. The organisation is committed to promoting equality and diversity and tackling age-related discrimination. It has introduced and promoted a range of options to attract and retain older workers, including the removal of the mandatory retirement age and the introduction of more flexible retirement options.

The trust recognises the importance of training and development in motivating and retaining staff. It encourages staff development through lifelong learning programmes for people who may not have had opportunities in education when they were younger. This helps to develop learning and study skills as well as confidence.

The business benefits for South Downs NHS Health Trust of a sound approach to age diversity include:

- avoids losing skilled people through retirement
- develops people into the hardest to recruit posts who may not otherwise have fulfilled their full potential, benefiting both the organisation and the individual
- improves recruitment and retention rates (number of staff aged over 65 increased from 17 when the policy was introduced in 2003 to 26 in 2004)
- encourages open discussion to ensure that issues are managed respectfully should they arise in the future
- presents the trust to the public as a positive employer to work for.

Agewell initiative Sandwell Primary Care Trust

This case study, reported on the NHS Employers website,¹⁴¹ describes the Agewell initiative, a midlife future planning course to help local people make more informed choices about their retirement. As part of this, the team runs a course on Midlife Future Planning. This was developed as a result of information gathered from the national pre-retirement pilots, which took place in 2001-2003. These were funded by the Department of Health and overseen by the Health Development Agency.

The findings from the pilots highlighted the need for individuals to have access to appropriate information to enable them to make informed lifestyle choices, whether that was to retire or continue working. The following actions were taken:

- Working with the primary care trust's Improving Working Lives (IWL) team, the midlife future planning coordinator looked into the issues around retirement and flexible retirement options for older workers within the trust.
- Focus and discussion groups took place with older employees to look at the findings from the pre-retirement work and to discuss how they felt it would benefit them as individuals. The groups concluded that a two-day course would enable people to take in the important and large amount of information, and that guest speakers could be invited to present on specific subjects, such as health, finance and physical activity.
- Some of the members from the focus groups later went on to pilot and evaluate the Midlife Future Planning course.
- In the beginning there were resource implications in terms of money to produce the training materials and resources.
- Buy-in for the course was achieved through the Improving Working Lives (IWL) initiative. They established that there was a need for the course through writing to all employees aged 50 and over and asking if they would be interested in attending. With this information the trust funded Agewell to deliver the course for its staff and it is now part of the trust's learning and development programme. In response to feedback, the course has now been made available to people over the age of 45, and sometimes younger for those retiring early.
- Courses are now also delivered to other trusts and also within the private and voluntary sectors.

The key lessons learned from this project are:

- Many people want to work or have to work after retirement age.
- The course benefits the employer and leads to discussion between employee and employer about future training needs and retirement options.

¹⁴¹ www.nhsemployers.org/SharedLearning/Pages/TheMidlifeFuturePlanningCourse.aspx

- Remaining both physically and mentally active is very important to many individuals.
- Giving people informed choices at an earlier age enables them to take control of their future years.

Further information

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**Meal Mates volunteers
NHS Gloucester, Brockworth**

In 2009, NHS Gloucestershire and Age Concern Gloucestershire launched a pilot Meal Mates volunteering service in two community hospitals to improve the meal time experience for patients, particularly older patients. The project aims to provide patients with practical and moral support at mealtimes, to improve their experience and to make mealtimes as comfortable, sociable and enjoyable as possible, whilst also supporting good nutrition. Meal Mates visit the hospital at mealtimes and help with simple things, such as ensuring that patients are comfortable and have any special utensils that they need. They also help patients enjoy their meals by simply being there and chatting with them, offering encouragement and a friendly face.

Before launching the pilot scheme at two hospitals, a service level agreement was drawn up with Age Concern and a proposal for the project was set out. Meetings were held with other volunteers to talk over the scheme and to draw on their experiences.

After a three-month pilot scheme, the operation is now up and running in one of the hospitals. The pilot will be reviewed before the scheme is rolled out to the other Gloucestershire Community hospitals as planned. One lesson learned is that a volunteer coordinator will need to be in place for each site to ensure the smooth running of the scheme. There is also a plan to train any interested volunteers who may wish to help with feeding.

Information abridged from case study in Department of Health Dignity in Care Case Studies, February 2009:

→ www.dhcarenetworks.org.uk/_library/Resources/Dignity/Dignity_Champion_Case_Studies.pdf

7.6 Suggestions for quick wins / what you can do now

- NHS Employers suggests that organisations should – if they are not already doing so – review their HR processes for compliance, carry out an age profile of their staff, and develop creative strategies for attracting, recruiting, retaining and managing staff of all ages.¹⁴²
- Audit age out of policies – the Employers Forum on Age recommends that employers ensure that their employment, training, communications and other policies are age neutral and do not disadvantage particular age groups.
- Ensure top-level involvement - the Employers Forum on Age suggests the establishment of an age champion to keep age on a board's agenda and build age awareness into all aspects of the business. Although the role of older people's champions has largely been subsumed into the work of dignity champions, a champion on age equality in the workforce can be a very useful asset at board level.¹⁴³
- Hold celebratory events to support an age-diverse workforce.
- Recognise and celebrate the achievements of workers of all ages – particularly those whose work may be under-recognised, such as older workers.
- Discuss with your local volunteer bureau how opportunities for older volunteers can be extended and supported.

¹⁴² *Age diversity in the workforce- why every organisation needs a strategy*, Briefing 2005 – Issue 1, NHS Employers, 2005

¹⁴³ *A toolkit for older people's champions: A resource for non-executive directors, councillors and older people acting as older people's champions*, Department of Health, 2004