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Part 1 The policy context and definitions	5
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Part 1 considers why age discrimination has become a topic on which increased attention is currently focused. It acknowledges growing pressure from older people and their organisations and it recognises the impact of the National Service Framework for Older People and the guidance on Fair Access to Care Services.

It continues with a look at how age discrimination is defined and examines different kinds of age discrimination including direct and indirect age discrimination, ageism and ageist attitudes, and age discrimination compounded by discrimination relating to race, disability or gender.

Part 1 concludes by considering some common concerns about the auditing process.

Section 1 The policy context	7
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Awareness of and concern about age discrimination has increased in recent years, especially in health and social care bodies. This has partly been in response to growing pressure from older people and their organisations. There have also been a number of recent policy developments, including the publication of a National Service Framework for Older People and guidance on Fair Access to Care Services. This section considers the numerous factors that have placed age discrimination higher on the agenda.

Section 2 What is age discrimination?	11
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This section considers the difficulties in defining and recognising age discrimination. It looks at the many different forms of discrimination, including direct and indirect discrimination, ageist attitudes and discrimination compounded by factors such as race, disability and gender, and suggests that multi-faceted approaches are needed to tackle the issue. It concludes by describing some common concerns about the auditing process.

Part 2 Gathering and assessing the evidence 17

Starting the process of auditing age discrimination in health and social care can be daunting. Part 2 offers guidance on gathering and assessing the evidence and suggests the use of an agreed framework as a basis for health and social care organisations to work together to combat age discrimination. It considers how age-related policies and practices can be assessed to consider their impact and whether or not they are fair.

Part 2 goes on to examine who should be involved in identifying age discrimination. It considers the role and composition of the scrutiny group and the crucial role of older people.

Age discrimination takes many forms, and Part 2 suggests areas for exploration where age discrimination may exist. It concludes by identifying and discussing some of the main sources of information and analysis about possible age discrimination.

Section 3 The audit framework 19

This section identifies common concerns in starting the process of auditing age discrimination in health and social care. It suggests the use of an agreed framework as a basis for health and social care organisations to work together in their area.

It then considers how age-related policies and practices can be assessed in order to make a judgement about their impact and whether or not they are fair.

Section 4 Who should be involved? 25

This section considers who should be involved in the process of identifying age discrimination. In particular, it examines the role and composition of the scrutiny group and how it can function most effectively.

The crucial role of older people in identifying age discrimination is then discussed and a range of ways of involving older people are reviewed.

Section 5 What to look at – policies and beyond 36

Age discrimination in health and social care takes many forms. This section suggests areas where it may be productive to look for possible examples of age discrimination. This includes: policies; custom and practice; access to specific services; attitudes; privacy and dignity; the environment; information and staffing.

Section 6 Where to look – sources of information and evidence about age discrimination 45

There are so many sources of possible information about age discrimination that it can be hard to know where to start. In addition to analysing written policies, many other areas of practice will need to be examined. Each of these may draw on a different permutation of sources of qualitative and quantitative information and evidence. This section identifies and discusses some of the main sources to consider for information and analysis about possible age discrimination.

Part 3 Making change happen 55

Part 3 looks at how to make change happen in order to root out age discrimination in health and social care. It begins by highlighting obstacles to change in this area, and identifies the need to develop strategies to address discriminatory policies or actions. It then goes on to set out some principles for making change happen. In particular, it emphasises the importance of starting with small and achievable changes and working for continuing, incremental improvements within a strategic framework for change. It also underlines the importance of being clear about priorities, and identifying and empowering people to make change happen.

Section 7 The need to develop strategies 57

Change is needed to root out age discrimination. However, there are many obstacles that prevent change and this section identifies some of these.

The Department of Health NSFOP Interim Report on Age Discrimination recognises the

need to develop strategies to address both explicit and implicit policies or actions that may result in age discrimination. This section gives examples of possible strategies and emphasises the importance of building on small actions that tackle discrimination towards larger and more effective efforts.

Section 8 Principles for making change happen

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There are a number of key principles that help to make change happen in this area. This section sets out these principles and emphasises the importance of starting with small and achievable change, and working for continuing, incremental improvements within a strategic framework for change.