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Socio-economic inequalities  
in older people's access to  
and use of public services



## Foreword

Socio-economic inequalities are rising up the policy agenda. In the Equality Bill 2009, the Government has proposed a new duty on public authorities to address socio-economic inequalities. This presents a major opportunity to move the agenda forward for people of all ages.

Older people must be included in this forward movement. The older population is growing in number and becoming more diverse every day. Older people are the main users of public services and inequalities of all kinds have a negative effect on outcomes.

To date, very little attention has been paid in the policy and research literature to socio-economic inequalities between different groups of older people and how these inequalities affect access to and use of public services in later life. There have been no systematic studies. This report aims to fill the gap.

This report presents findings relating to socio-economic inequalities in older people's access to and use of services such as health care, social care, housing, community services, transport and technology. It draws in part on a literature review at the London School of Economics (see Appendix 1, Methodology). Wherever possible, it covers the United Kingdom, although some of the research refers to Great Britain, England and Wales or England.

# Executive summary

## Findings

The evidence base is generally very weak and needs building. Specific service areas are taken in turn below.

### Health care services

The evidence base for socio-economic inequalities among older people is strongest in the field of health care, compared with other public services. However, the evidence is still limited and piecemeal. The literature is largely restricted to individual studies of discrete conditions. More research is needed to explore the extent of socio-economic inequalities among older people in all aspects of health care service use.

### Social care services

Socio-economic inequalities are built in to the public social care system, which is needs-tested and means-tested. Older people from middle socio-economic groups are most disadvantaged in this system. However, this shows only a tiny part of the overall picture, since only a minority of older people are eligible for public social care services. The vast majority must fund their care privately. The review identified no studies of socio-economic inequalities among these 'self-funders'. More research is needed to explore the extent of socio-economic inequalities among older people in both the public and private social care systems. Further consideration is also needed to determine whether inequalities that favour older people from lower socio-economic groups can be justified on the grounds of fairness.

## Housing and community

The review identified a small number of studies relating to socio-economic inequalities in older people's experiences of housing and community services. Socio-economic inequalities among older people impact on type of housing tenure, access to heating and use of local community services and amenities. More research is needed in these areas.

### Transport and technology

Transport and technology services are important because they enable access to other public services. This is an under-researched area. The review found minimal evidence of socio-economic inequalities in access to and use of transport and limited evidence on Internet and broadband technology services. It did not identify any studies of socio-economic inequalities among older people, telephone and digital television services.

## Causes of socio-economic inequalities

An understanding of the causes of socio-economic inequalities among older people is needed to determine what can be done about them and to enable public authorities to fulfil the new duty.

The London School of Economics (LSE) review identified differences between individuals that may contribute to socio-economic inequalities in access to and use of services. They include:

- Differences in recognition or acceptance of the need for services.
- Differences in awareness and knowledge about the availability of services.
- Differences in ability to make themselves heard and to navigate service systems.

Causes relating to the professionals who provide services and systemic factors need more attention.

## Recommendations

A review of the literature confirms that the evidence base relating to socio-economic inequalities among older people in their access to and use of public services is very weak.

Researchers should strengthen the evidence base by conducting more research and analysis, especially that which is specific to older people (rather than people of all ages) and in service areas other than health care.

Researchers should also prioritise:

- Cross-cutting studies that explore the interactions between different kinds of inequalities.
- Cross-cutting studies that explore the interactions between different services that people use.
- Studies of the systemic causes of socio-economic inequalities.
- Studies that focus on vertical, not just horizontal, equity (see Appendix 1, p 24).



Policy makers should seize the opportunity presented by the duty on public authorities to address socio-economic inequalities and prioritise the following actions:

- Analyse the underlying causes of socio-economic inequalities among older people with a view to clarifying who should take responsibility for what.
- Develop a clear framework of principles for the deployment of public resources that addresses socio-economic equity and answers the question: Should public resources be focused on achieving positive outcomes or on serving the most needy?
- Create ways for older people's voices to be heard in forthcoming debates on socio-economic inequalities.

### Methodological issues

The LSE review took into account the following methodological issues:

- The distinction between horizontal and vertical equity (see Appendix 1, p 24).
- The need to take care when interpreting indicators of need.
- The distinction between aggregated or 'macro' studies that look broadly at the use of services in general, and disaggregated or 'micro' studies that look at differences in use of specific services.
- The potential pitfalls of generalising findings from studies of socio-economic inequalities among all adults to older people.

In addition, the definition of 'socio-economic inequalities' has been a broad one, including inequality in the UK which may be purely financial in nature.



# Chapter 1

## Introduction

Very little attention has been paid in the policy and research literature to socio-economic inequalities between different groups of older people and how they affect access to and use of public services in later life<sup>1</sup>. This report aims to fill the gap.

This report draws in part on a literature review completed for Age Concern and Help the Aged by researchers at the London School of Economics (LSE). The researchers searched for literature from 1997 to 2008 relating broadly to inequalities among older people in the UK (see Appendix 1, Methodology). This report presents findings from the LSE review relating specifically to socio-economic inequalities in older people's access to and use of services such as health care, social care, housing, community services, transport and technology.

### Why is this important?

The older population is growing in number and becoming more diverse every day. By 2020, half of all adults in the UK will be aged 50 and over. By 2031, over 20% of all people will be aged 65 and over. The older population will become dramatically more diverse as those who migrated to the UK in the 1950s and 1960s enter old age. It is reasonable to expect that the diversity of lifestyles adopted by people of other age groups will be reflected in the older population.

The issues of diversity and equality have risen up the policy agenda over the last ten years. Since 2000, the Government has introduced successive duties on public authorities to promote equality of race, disability and gender<sup>2</sup>. In 2007 the Equality and Human Rights Commission was established to promote equality and tackle discrimination relating to the six strands of race, disability, gender, age, sexual orientation and religious belief. The Equality Bill 2009 will streamline existing legislation and introduce a single equality duty on public authorities which will include a duty to promote socio-economic equality as well as new measures to tackle age and gender discrimination.

To date, policies have not focused on inequalities that result from class differences and other socio-economic factors (Burchardt, 2006). This is despite a solid base of evidence that shows that people of all ages from lower socio-economic groups generally have worse outcomes; they are more likely to be in poor health, drop out of school, be unemployed, to live in poor housing and go to prison (Wilkinson and Marmot, 2003).

Recent developments confirm that socio-economic inequalities are rising up the agenda. In January 2009 the Government published a White Paper on social mobility called *New Opportunities: Fair Chances for*

the Future. The White Paper acknowledged that “inequality does not just come from your gender or ethnicity, your sexual orientation or your disability. Co-existing and interwoven with these specific inequalities lies the persistent inequality of social class”.

An extension of the traditional focus on the six equality strands of race, disability, gender, age, sexual orientation and religious belief to include socio-economic disadvantage would be a very welcome step forward. Socio-economic inequalities among older people deserve particular attention on policy and research agendas<sup>3</sup>. No systematic studies have focused on these inequalities in the UK and how they affect older people’s experience of public services.

The Social Exclusion Unit report on older people (2006) highlighted inequalities in access experienced by socially excluded older people to key services such as housing, financial services and access to local shops and other amenities. However, this report tended to focus on older people as one homogeneous socially excluded group that is disadvantaged relative to younger people, rather than on the differences between different groups of older people. It did draw attention to different degrees of exclusion that older people experience, but it did not provide a systematic analysis of socio-economic inequalities.

### Focus of this report

This report looks at socio-economic inequalities between different groups of older people in their access to and use of health care, social care, housing, local community services, transport, technology and other public services that affect wellbeing in later life.

This report does not focus on age inequalities between older and younger segments of the population. The many ways in which older people are disadvantaged relative to younger people are covered elsewhere in the literature (Age Concern England, 2008). Other types of inequalities, such as those related to race, gender, disability, sexual orientation and religious belief, are included only to the extent that they relate to socio-economic inequalities.

# Chapter 2

## Health care services

### Key points

- The review found evidence of socio-economic inequalities among older people in their access to and use of health care services.
- In fact, the evidence base for such inequalities is strongest in the field of health care, compared with other public services.
- However, the evidence is still limited and piecemeal. The literature is largely restricted to individual studies of discrete conditions.
- More research is needed to explore the extent of socio-economic inequalities among older people in all aspects of health care service use.

This review focuses on inequalities in access to and use of health services. It did not focus on the literature on inequalities in health outcomes, which shows that older people from lower socio-economic groups and those living in more deprived areas tend to be in poorer health (Breeze et al., 2005; Poortinga et al., 2007).

The review included studies that addressed the specific experiences of older people. It also included a few key studies that involved people of all ages because the studies were considered to have findings that were likely to apply to older people.

### Findings from aggregated studies

Findings from previous literature reviews drew mostly on aggregated ('macro') studies that looked broadly at the use of services in general.

Goddard and Smith (2001) reviewed studies from 1990-1997 of health care services for people of all ages in the UK. They found evidence of inequity in the system. In particular, they found that levels of utilisation do not match levels of health need for the most disadvantaged groups.

Morris et al. (2005a) analysed Health Survey for England data from 1998-2000 to examine the use of health care services by people of all ages in England. They found evidence of socio-economic inequalities in the use of services with respect to income, ethnicity, employment status and education.

Dixon et al. (2007) reviewed studies to 2003 of health care services for people of all ages in Britain. They found little evidence of socio-economic inequalities in the use of primary care services but did find evidence of inequalities in rates of referrals to specialists and in subsequent use of secondary care. In other words, poor people use GP services as much as and possibly even more than the better-off but this is not the case with specialists.

Allin et al. (2008) analysed British Household Panel Survey data from 1997-2005 to examine the use of health care services by people aged 65 and over in Britain. They found evidence of socio-economic inequalities favouring people with higher incomes in all health care service areas, including primary care and especially specialist care and dental care.

The only major longitudinal study covering older age groups' use of health care services for a range of individual

conditions affecting older people, the English Longitudinal Study of Ageing, finds that: "Few differences in the quality of healthcare were reported by wealthier respondents compared with poorer respondents, which suggests that healthcare for the interventions studied in ELSA is provided equitably to those in need, regardless of socio-economic status. Exceptions were incontinence management and diabetes education" (Banks et al., 2006).



## Findings from disaggregated studies

More recent findings have drawn on disaggregated ('micro') studies.

Studies of older people show evidence of socio-economic inequalities in access to and use of specific services. For all of the following, people from lower socio-economic groups are disadvantaged:

- **Mammography screenings** - Women aged 65 and over from lower social classes are less likely to use mammography services (Harris et al., 2002).
- **Aneurysm screenings** - Men aged 65-74 from deprived areas are less likely to attend aneurysm screenings (Kim et al., 2004).
- **Vaccinations** - Women aged 62-83 from lower socio-economic groups (Patel et al., 2007) and older people with lower occupational status (Burns et al., 2005) are less likely to have flu vaccinations.
- **Eye tests** - Women aged 62-83 from lower socio-economic groups are less likely to have eye examinations (Patel et al., 2007). People aged 60 and over from lower income groups are more likely to cite the cost of glasses as a reason for not having more frequent eye tests (RNIB, 2007).
- **Dental services** - Women aged 62-83 from lower socio-economic groups are less likely to have dental examinations (Patel et al., 2007). People aged 60 and over from lower social classes and with lower education levels are less likely to use dental services (McGrath et al., 1999). Income differences do not seem to have an effect.

- **Chiropody examinations** - Women aged 62-83 from lower socio-economic groups are less likely to have chiropody examinations (Patel et al., 2007).
- **Hip replacements** - People aged 65 and over with lower incomes are more likely to need a hip replacement but less likely to receive it (Milner et al., 2004).
- **Heart surgery** - Men aged 52-73 with lower occupational background are less likely to have heart surgery than men with higher occupational background (Morris et al., 2005b; Goddard and Smith, 2001; Black et al., 1996; Black et al., 1995; Ben-Schlomo and Chaturvedi, 1995).

In addition, studies of people of all ages (not just older people) show further evidence of socio-economic inequalities in access to and use of specific services that disadvantage people from lower socio-economic groups. These studies have been included because they were considered to have findings that were likely to apply to older people:

- **Eye tests** - People of all ages from lower socio-economic groups are less likely to have eye tests (Van der Pols et al., 1999).
- **Ophthalmology services** - People of all ages in more deprived areas have significantly greater risk of long waiting times (Hacker and Stanistreet, 2004).
- **Diabetes care** - Practices serving people of all ages in more deprived areas tend to provide lower quality diabetes care (Hippisley-Cox et al., 2004).
- **Arthritis care** - People of all ages with higher levels of education receive more arthritis care (Propper et al., 2005). Income differences do not seem to have an effect.

- **Statins** - People of all ages from low social classes are less likely to receive treatment for coronary heart disease (Reid et al., 2002). However Ashworth et al. (2007) found that practices serving more deprived populations had higher rates of prescribing statins.
- **Prostate cancer** - People of all ages from lower social classes experienced greater delays in diagnosis (Neal and Allgar, 2005).
- **Support to die at home** - Wards with higher levels of deprivation had fewer patients who were supported to die from cancer at home (Higginson et al., 1999).

The evidence is less clear with regards to the following:

- **Medication use** - People aged 65 and over from lower social classes have higher rates of use of respiratory and central nervous system drugs and lower rates of use of haematology and dietetic drugs including vitamin and mineral preparations (Chen, 2001). People aged 65 and over with more than 10 years of full-time education have lower rates of use of respiratory and central nervous system drugs (Chen, 2001). However

these findings are based on self-reported rates of use. It is also not clear whether higher medication use is to be considered positive (since it indicates treatment as opposed to non-treatment) or negative (since it indicates the presence of a condition that requires treatment).

- **GP consultation rates** - People aged 64-75 from lower social classes also have higher GP consultation rates (McNiece and Majeed, 1999). People aged 65 and over from lower social classes also have higher rates of home visits from GPs (McNiece and Majeed, 1999). These findings suggest inequalities that disadvantage people from higher social classes. However, the study did not control for variations in levels of need. It is possible that people from lower social classes have higher levels of need and are therefore more likely to consult their GPs. The findings are therefore limited in their usefulness.

More research is needed to explore the extent of socio-economic inequalities specifically among older people in all aspects of health care service use.



# Chapter 3

## Social care services

### Key points

- Socio-economic inequalities are built in to the public social care system, which is needs-tested and means-tested. Older people from middle socio-economic groups are most disadvantaged in this system.
- However, this shows only a tiny part of the overall picture, since only a minority of older people are eligible for public social care services. The vast majority must fund their care privately. The review identified no studies of socio-economic inequalities among these 'self-funders'.
- More research is needed to explore the extent of socio-economic inequalities among older people in both the public and private social care systems.
- Further consideration is also needed to determine whether inequalities that favour older people from lower socio-economic groups can be justified on the grounds of fairness.

This review focuses on socio-economic inequalities in both the public and private social care systems. Primary sources of evidence include the Wanless review of social care (Wanless et al., 2006) and other authoritative reports such as the Commission for Social Care Inspection's State of Social Care reports (2009, 2008).

Any discussion of social care must start with the acknowledgement that there are high levels of unmet need among older people in the UK. Studies suggest that up to 90% of older people who need support do not receive any help from the state, leaving up to 450,000 older people with some degree of unmet need (Forder, 2007).

Access to the public social care system is needs-tested and means-tested. People are first assessed as eligible or not eligible for services based on their level of need. The exact requirements vary from authority to authority but in the vast majority of cases, only those with very high levels of need are deemed eligible to receive services (Commission for Social Care Inspection, 2008). People who pass the needs test are then means-tested to determine what fees they should pay for the services they receive.

With a tightening public purse, resources are becoming increasingly concentrated on older people with high levels of need and low means who require help with personal tasks such as bathing, dressing and toileting (Department of Health, 2008; 2000). Publicly funded help with 'lower level' tasks such as shopping, cleaning and gardening is now rarely available, despite evidence of benefits to older people (Raynes et al., 2006; Bowling et al., 1997; Appleton, 1996).

Only a minority of councils have policies in place for people who are not eligible for publicly funded services. These 'self-funders' are left to fend for themselves and often fare badly (Henwood and Hudson, 2008). The lucky ones are able to rely on friends and family, or pay out-of-pocket for their own care. However, most lack the resources they need to arrange their own care. In the absence of information, advice and money, many self-funders struggle to manage on their own (Commission for Social Care Inspection, 2006). This may lead to more rapid deterioration and greater long-term dependence on the public system. In some cases older people enter residential care prematurely or inappropriately, simply because they lack information and advice about alternative options (Henwood and Hudson, 2008). Increasing attention is being paid to the difficulties that self-funders face.

### Findings related to the public social care system

Socio-economic inequalities are built in to the public social care system, by virtue of the fact that the system is needs-tested and means-tested.

Need is strongly correlated with socio-economic background. Those from lower socio-economic groups tend to have higher levels of disability and need (Wanless et al., 2006). They are therefore more likely to be eligible for publicly funded care than older people from higher socio-economic groups.

Among those who pass the needs test, there is clear evidence of socio-economic inequalities due to the subsequent means test. People from lower socio-economic groups benefit in this system, while people from middle socio-economic groups are most disadvantaged (Wanless et al., 2006). A person from the middle socio-economic group will pay more for the same service despite having the same level of need as a person from the lower socio-economic group (Joseph Rowntree Foundation, 2006). Further attention from policy makers is needed to determine how this inequity can be addressed or whether it can in fact be justified.

The above findings are based on aggregated studies of socio-economic inequalities in access to and use of public social care services. The London School of Economics (LSE) review did not identify any disaggregated studies of socio-economic inequalities in relation to specific services such as preventative support, day care, home care and support for unpaid carers. The review identified one study related to residential care, which found that older people with lower levels of education have higher rates of admission to care homes (Grundy and Jitlal, 2007). More research is needed.

### Findings related to the private social care system

The LSE review did not identify any studies of socio-economic inequalities among older people ('self-funders') who pay privately for their support, despite the fact that the vast majority of older people fall into this category. More research is needed generally, but especially on socio-economic inequalities within this group.

# Chapter 4

## Housing and community services

### Key points

- The review identified a small number of studies relating to socio-economic inequalities in older people's experiences of housing and community services.
- Socio-economic inequalities among older people impact on type of housing tenure, access to heating and use of local community services and amenities.

There is moderate evidence of socio-economic inequalities in older people's experiences of housing and community services.

Unsurprisingly, The London School of Economics (LSE) review found evidence that socio-economic inequalities impact on type of housing tenure. Older people from high income groups are more likely to own their own homes (Hancock, 1998a) or live in supported accommodation (Croucher et al., 2006). Older people from low income groups are more likely to live in private rented or social housing, with those in private rented housing more likely to live in non-decent conditions (Department for Communities and Local Government, 2008). Older people with low incomes are most likely to become homeless (Crane, 2005a).

The review did not identify any studies which examined socio-economic inequalities in older people's access to and uptake of housing benefit which is means-tested and therefore more likely to be taken up by people with low incomes. Nor did the review

identify any studies relating to specialist housing services such as repairs and adaptations or assistive technology.

The review did find evidence of socio-economic inequalities in older people's access to heating. Older people from low income groups are more likely to experience fuel poverty which is defined as the inability to afford to keep one's house warm (Rudge and Gilchrist, 2005). However, evidence from population-based studies indicates that excess winter deaths among older people are not related to socio-economic status or housing tenure (Wilkinson et al., 2004; Lawlor et al., 2000).

Access to local community services and amenities such as shops, post offices, libraries, leisure centres and colleges is linked to quality of life for older people (Gabriel and Bowling, 2004). The review found some evidence of socio-economic inequalities relating to this. Access to basic services is more limited in deprived areas and especially in rural areas (Social Exclusion Unit, 2006; Philip et al., 2003). Older people living in deprived areas hold more negative views of their neighbourhood, feel more unsafe when out alone after dark and experience more crime than the national average for their age group (Scharf et al., 2003; Scharf, 2002). They also experience more limited social and leisure opportunities. There is mixed evidence of the impact of socio-economic inequalities on food shopping and diet (Drewnowski et al., 1997; Wilson et al., 2004).



# Chapter 5

## Transport and technology services

### Key points

- Transport and technology services are important because they enable access to other public services. This is an under-researched area.
- The review found limited evidence of socio-economic inequalities in the older population in access to and use of private transport and Internet and broadband technology services.
- The review did not identify any studies of socio-economic inequalities among older people in access to telephone and digital television services. More research is needed in these areas.

Transport and technology services are important because they enable access to other public services (Harrison and Wardle, 2005; Bentley, 2003). Socio-economic inequalities in access to and use of transport and technology services may therefore act as a barrier to other services for some groups of older people.

### Transport

The LSE review found minimal evidence of socio-economic inequalities among older people in access to and use of transport services.

The review did not identify any studies that focused on socio-economic inequalities in older people's access to and use of public transport. It did note however that older people with lower incomes in rural areas are often disadvantaged compared to their urban counterparts, as they tend to live further distances away from transport links and are therefore more isolated and less able to access amenities (Bevan et al., 2004; Wenger, 2001).

With respect to private transport, it is known that among people of all ages, those with higher incomes are more likely to be car drivers (Department for Transport, 2001). Socio-economic inequalities may arise from the fact that people from lower socio-economic groups are less likely to own or have access to a car. Older people with no use of a vehicle are more excluded from services than older people as a whole (Social Exclusion Unit, 2006). Again, the effects may be amplified in rural areas (Bevan et al., 2004).

## Technology

The review did not identify any studies of socio-economic inequalities among older people in access to and use of technology services such as landline telephone, mobile telephone and digital television.

With respect to Internet and broadband services, it is known that among people of all ages, those with lower incomes have lower access to and take-up of broadband services (Ofcom, 2007). Studies have also shown that adults with higher levels of education are more than twice as likely to use computers and other related technology (Peacock and Kunemund, 2007; Selwyn et al., 2003).

There was little specific research found by the literature review on socio-economic variations among older digitally excluded people. However, there is recent evidence to show that 9.2 million of the 17 million people that are digitally excluded are over the age of 55 and that 6 million people are both socially and digitally excluded. Of these people, the research found that 36 per cent are both in the C2DE category and over 65. It also found that 42 per cent are C2DE and retired (UK Online Centres/Freshminds, 2007).



## Chapter 6

# The causes of socio-economic inequalities

To understand what can be done to reduce socio-economic inequalities among older people, a clear understanding of the causes of these inequalities is needed (Goddard and Smith, 2001).

The following findings are drawn primarily from studies of health services, for people of all ages, where most of the work on inequalities has been done.

The London School of Economics (LSE) review identified differences between individuals that may contribute to socio-economic inequalities in access to and use of services by people of all ages. These include:

- Differences in recognition or acceptance of the need for services.
- Differences in awareness and knowledge about the availability of services.
- Differences in ability to make themselves heard and to navigate service systems.

Firstly, there are differences between individuals in their recognition or acceptance of the need for services. People from lower socio-economic groups are less likely to report symptoms and less likely to seek help at an early stage with specific health issues such as glaucoma (Fraser et al., 2001) and cataract problems (Goyal et al., 2004). This is an important issue because seeking help late can result in poorer outcomes. Reasons for not seeking help early include: denial of the problem, fear (for example, of hospitals and tests), a low sense of the right to 'bother' the doctor and a lack of recognition that the symptoms are something that can and should be addressed (Bentley, 2003). Occupational class and level of education appear to be key factors (Goyal et al., 2004; Fraser et al., 2001).



Secondly, there are differences between individuals in their awareness and knowledge about the availability of services. People from lower socio-economic groups are less likely to be aware that palliative care services exist and what those services offer (Koffman et al., 2007). This points to the need to address differences in access to information and advice services.

Thirdly, there are differences between individuals in their ability to make themselves heard and to navigate service systems. People from lower socio-economic groups are less able to do this and, as a result, receive fewer services that are tailored to their specific needs. People from higher socio-economic groups are more likely to demand what they need and exercise choice and control. For example, Dixon et al. (2007) suggested that: “A major reason for the inequity in use of specialist care within the NHS may be that the better off have a louder ‘voice’ than the less well off - a ‘voice’ that is more likely to be heard, understood and, indeed,

even empathised with, by the professionals concerned. Since these professionals are the gatekeepers to specialist care, the result will be that more of the better off pass through the gate”.

Each of these causes has different implications for what can and should be done about them. Public education, awareness-raising campaigns, training for practitioners and other interventions may be needed. An understanding of the causes and their relative importance in specific situations will help ensure that these interventions are used appropriately and effectively.

In addition to the individual characteristics described above, there are factors relating to the professionals who provide services and systemic factors that may play a role in causing socio-economic inequalities in people’s access to and use of services (see Appendix 2). The LSE review did not identify any specific studies which focused on this.





# Chapter 7

## Recommendations for research

The London School of Economics (LSE) review has confirmed that the evidence base relating to socio-economic inequalities among older people in their access to and use of public services is very weak. There are many gaps that need filling.

A top priority for researchers should be to strengthen the evidence base by conducting more research and analysis, especially that which is specific to older people and in service areas other than health care.

Researchers should also prioritise the following:

- Cross-cutting studies that explore the interactions between different kinds of inequalities (for example, socio-economic, gender, ethnic, disability) that impact on older people's access to and use of different services. For example, how does being a woman affect the likelihood of being socio-economically disadvantaged and how does this vary across different ethnic groups? Research on socio-economic inequalities that affect older people should reflect the fact that people have multiple identities.

- Cross-cutting studies that explore the interactions between different services that people use. Do socio-economic inequalities produce similar effects across different service areas? How do socio-economic inequalities in access to universal services such as health care relate to socio-economic inequalities in access to means-tested services such as social care? What about the differences between specific social care services such as home care, day care and residential care? Older people use multiple services at any one time. Research on socio-economic inequalities in older people's access to and use of different services should reflect this.
- Studies of the systemic causes of socio-economic inequalities, to complement the studies of individual causes outlined in the section above. How do differences in local availability of services impact on people's access to and use of services? What impact do inequalities in funding have?
- Studies that focus on vertical, not just horizontal, equity (see Appendix 1, p 24). What is the optimum link between need and service provision? To what degree should those with higher levels of need receive more services?

The answers to these research questions will have significant implications for policy development.

## Chapter 8

# Recommendations for policy

Policy makers play a crucial role in shaping the systems within which services are delivered to older people from different socio-economic groups. The new duty on public authorities to address socio-economic inequalities, set out in the Equality Bill 2009, presents a major opportunity to move this agenda forward for people of all ages.

Policy makers should prioritise the following actions:

- Analyse the underlying causes of socio-economic inequalities among older people with a view to clarifying who should take responsibility for what. Are inequalities caused by factors relating to the individuals who use services, the practitioners who provide them, the way the services are set up and structured, or other factors? Policy makers have particular responsibility for addressing inequalities that result from the way services are set up and structured, as is the case in social care. Policy makers also have responsibility for shaping demand for and supply of public services, taking into account the effect that a mix of public, private and independent providers may have on supply.

There is much to do in reducing socio-economic inequalities among older people, but limited resources with which to do it. Systematic policy analysis is needed to suggest what will be most effective.

- Develop a clear framework of principles for the deployment of public resources that addresses socio-economic equity and answers the question: Should public resources focus on achieving positive outcomes or on serving the most needy? A focus on achieving positive outcomes would benefit people from higher socio-economic groups since they tend to have lower levels of need and present their problems early, increasing the likelihood that services will be able to deliver positive outcomes for them. The alternative would be to give more weight to those with higher levels of need, who would tend to be people from lower socio-economic groups, even if it does not lead to more positive outcomes across the whole population.

There may be other alternatives that have not been considered yet. The point is that the underlying principles shaping such decisions need to be articulated and examined, because they have not been to date.

- Create ways for older people's voices to be heard in forthcoming debates on socio-economic inequalities. The evidence presented in this report shows that older people experience socio-economic inequalities in their access to and use of public services. More research and policy attention are needed. The voices of older people are also missing, particularly the voices of older people from lower socio-economic groups, with respect to their experiences of inequality. In magnifying the voices of these older people, policy makers will be acknowledging the socio-economic diversity of the older population and recognising the value that older people can bring to all aspects of policy and service development.



# Appendix 1

## Methodology

A variety of sources fed into the final report, but it was based on a rapid, semi-systematic literature review by researchers at the London School of Economics (LSE). For this review, completed in April 2008, 94 papers and reports were identified and used in the analysis. The target population addressed by the study was older people in the UK, defined by age separately for different elements, but generally aged 65 or above. Additional material was provided by members of the policy and research teams of Age Concern and Help the Aged.

The LSE review uncovered a number of methodological issues relating to the study of socio-economic inequalities among people of all ages.

First, the distinction between horizontal and vertical equity must be taken into account. Horizontal equity is the extent to which individuals with equal needs receive equal services. Vertical equity is the extent to which individuals with higher levels of need receive higher levels of services. The LSE review found more evidence relating to horizontal equity in the research literature.

Secondly, researchers must take care when interpreting indicators of need. Self-reported health status is often used as an indicator of need. However, people from lower socio-economic groups tend to under-report their health problems.

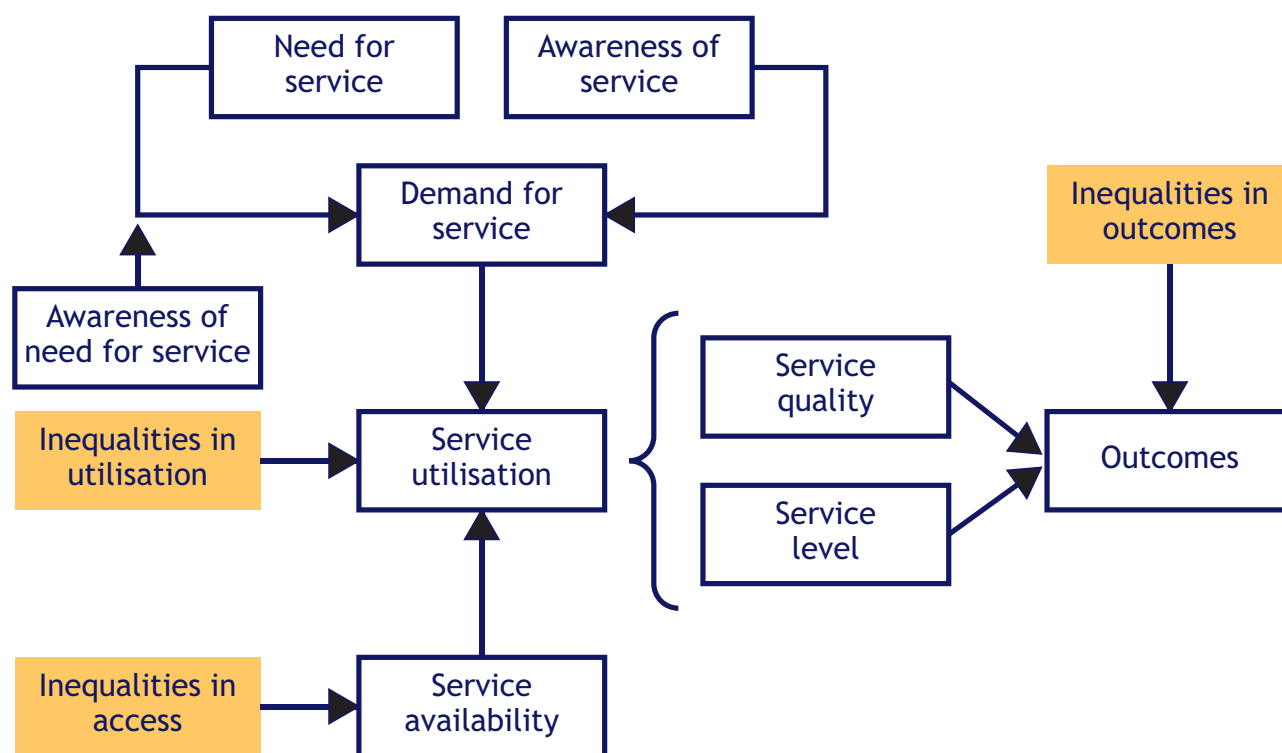
This makes them appear more healthy than they really are, and more similar to people from higher socio-economic groups (who tend to be in better health) than is actually the case. This in turn can lead to under-estimates of inequalities between people from higher and lower socio-economic groups (Sutton et al., 1999).

The third methodological issue is the distinction between aggregated or 'macro' studies that look broadly at the use of services in general, and disaggregated or 'micro' studies that look at differences in use of specific services. The literature indicates a need for more disaggregated studies. Disaggregated studies are more likely to reveal the true scale and nature of socio-economic inequalities because they tend not to use subjective indicators such as self-reported health; they tend to use objective indicators such as mortality rates instead (Dixon et al., 2007).

Finally, researchers must take care when generalising findings from studies of socio-economic inequalities among all adults to older people. This is an important point because the lack of studies specific to older people means that researchers must often rely on studies that involved people of all ages. Some evidence suggests that socio-economic inequalities are more acute among older people, making generalisations across ages difficult if not impossible (Dixon-Woods et al., 2005). However, evidence to the contrary suggests that inequalities are less acute among older people compared with the general population (Caskey et al., 2006). This is an under-researched area and further work is needed.

## Appendix 2

# Key factors associated with inequalities in access to and use of services



Source: London School of Economics and Political Science



# References

- Age Concern England (2008) *The Age Agenda 2008: Public policy and older people*, Age Concern England, London.
- Allin, S., Masseria, C. and Mossialos, E. (2008) *Equity in health care use among older people in the United Kingdom: an analysis of panel data*, LSE Health (unpublished analyses), London.
- Appleton, N. (1996) *The value of handyperson's schemes for older people*, Joseph Rowntree Foundation, York.
- Ashworth, M., Lloyd, D., Smith, R.S., Wagner, A. and Rowlands, G. (2007) *Social deprivation and statin prescribing: A cross-sectional analysis using data from the new UK general practitioner 'Quality and Outcomes Framework'*, *Journal of Public Health*, 29, 40-7.
- Banks, J, Breeze E., Lessof, C. and Nazroo, J. eds. (2006) *Retirement, health and relationships of the older population in England. The 2004 English Longitudinal Study of Ageing*, Institute for Fiscal Studies, UCL, NatGen.
- Ben-Shlomo, Y. and Chaturvedi, N. (1995) *Assessing equity in access to health care provision in the UK: Does where you live affect your chances of getting a coronary artery bypass graft?*, *Journal of Epidemiology and Community Health*, 49, 200-204.
- Bentley, J.M. (2003) *Barriers to accessing health care: The perspective of elderly people within a village community*, *International Journal of Nursing Studies*, 40, 9-21.
- Bevan, M., Croucher, K., Pleave, N. and Rhodes, D. (2004) *The housing and support needs of older people in rural areas*, Commission for Rural Communities.
- Black, N., Langham, S., Coshall, C. and Parker, J. (1996) *Impact of the 1991 NHS reforms on the availability and use of coronary revascularisation in the UK (1987-1995)*, *Heart*, 76, 4.
- Black, N., Langham, S. and Petticrew, M. (1995) *Coronary revascularisation: Why do rates vary geographically in the UK?*, *Journal of Epidemiology and Community Health*, 49, 408-412.
- Bowling, A., Grundy, E. and Farquhar, M. (1997) *Living well into old age: Three studies of health and well-being among older people in East London and Essex*, Age Concern England, London.
- Breeze, E., Jones, D.A., Wilkinson, P., Bulpitt, C.J., Grundy, C., Latif, A.M. and Fletcher, A.E. (2005) *Area deprivation, social class, and quality of life among people aged 75 years and over in Britain*, *International Journal of Epidemiology*, 34, 276-83.
- Burchardt, T. (2006) *Foundations for measuring equality: A discussion paper for the Equalities Review*, Centre for Analysis of Social Exclusion, London School of Economics & Political Science, London.
- Burns, V.E., Ring, C. and Carroll, D. (2005) *Factors influencing influenza vaccination uptake in an elderly, community-based sample*, *Vaccine*, 23, 3604-8.

Caskey, F.J., Roderick, P., Steenkamp, R., Nitsch, D., Thomas, K., Ansell, D. and Feest, T. (2006) Social deprivation and survival on renal replacement therapy in England and Wales, *Kidney International*, 70, 2134-40.

Chen, Y.F., Dewey, M.E. and Avery, A.J. (2001) Self-reported medication use for older people in England and Wales, *Journal of Clinical Pharmacy and Therapeutics*, 26, 129-40.

Commission for Social Care Inspection (2009) *State of social care in England 2007-08*, CSCI, London.

Commission for Social Care Inspection (2008) *State of social care in England 2006-07*, CSCI, London.

Commission for Social Care Inspection (2006) *State of social care in England 2005-06*, CSCI, London.

Croucher, K., Hicks, L. and Jackson, K. (2006) *Housing with care for later life: A literature review*, The Joseph Rowntree Foundation, York.

Department of Health (2008) *Community care statistics 2007: Home care services for adults, England*, Department of Health, London.

Department of Health (2000) *Community care statistics 1999: Home help/home care services, England*, Department of Health, London.

Department for Communities and Local Government (2008) *English House Condition Survey 2006: Annual report*, Department for Communities and Local Government, London.

Department for Transport (2001) *Older people: Their transport needs and requirements*, Department for Transport, London.

Dixon, A., Le Grand, J., Henderson, J., Murray, R. and Poteliakhoff, E. (2007) Is the British National Health Service equitable? The evidence on socioeconomic differences in utilization, *Journal of Health Services Research and Policy*, 12, 104-109.



Dixon-Woods, M., Kirk, D., Agarwal, S., Arthur, T., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L., Sutton, A.J., Riley, R. (2005) Vulnerable groups and access to health care: A critical interpretive review, NHS SDO R&D Programme, London.

Drewnowski, A., Alhstrom-Henderson, S., Driscoll, A. and Rolls, B.J. (1997) The dietary variety score: Assessing diet quality in healthy young and older adults, *Journal of the American Dietetic Association*, 97, 266-271.

Estes, C., Biggs, S. and Phillipson, C. (2003) *Social theory, social policy and ageing: A critical introduction*, Open University Press, Maidenhead.

Forder, J. (2007) *Self-funded social care for older people: An analysis of eligibility, variations and future projections*, Commission for Social Care Inspection & PSSRU, University of Kent.

Gabriel, Z. and Bowling, A. (2004) Quality of life from the perspectives of older people, *Ageing and Society*, 24, 675-692.

Goddard, M. and Smith, P. (2001) Equity of access to health care services, *Social Science & Medicine*, 53, 1149-1162.

Grundy, E. and Jitlal, M. (2007) Socio-demographic variations in moves to institutional care 1991-2001: A record linkage study from England and Wales, *Age and Ageing*, 36, 424-430.

Hacker, J. and Stanistreet, D. (2004) Equity in waiting times for two surgical specialties: A case study at a hospital in the North West of England, *Journal of Public Health*, 26, 56-60.

Hancock, R. (1998a) Housing wealth, income and financial wealth of older people in Britain, *Ageing and Society*, 18, 5-33.

Harris, T.J., Cook, D.G., Shah, S., Victor, C.R., DeWilde, S., Beighton, C. and Rink, E. (2002) Mammography uptake predictors in older women, *Family Practice*, 19, 661-4.



- Harrison, W.N. and Wardle, S.A. (2005) Factors affecting the uptake of cardiac rehabilitation services in a rural locality, *Public Health*, 119, 1016-22.
- Henwood, M. and Hudson, B. (2008) Lost to the system? The impact of Fair Access to Care, Commission for Social Care Inspection, London.
- Higginson, I.J., Jarman, B., Astin, P. and Dolan, S. (1999) Do social factors affect where patients die: An analysis of 10 years of cancer deaths in England, *Journal of Public Health Medicine*, 21, 22-8.
- Hippisley-Cox, J., O'Hanlon, S. and Coupland, C. (2004) Association of deprivation, ethnicity, and sex with quality indicators for diabetes: Population based survey of 53,000 patients in primary care, *British Medical Journal*, 329, 1267-9.
- HM Government (2009) *New opportunities: Fair chances for the future*, London.
- Joseph Rowntree Foundation (2006) *Paying for long-term care: Moving forward*, Joseph Rowntree Foundation, York.
- Kim, L.G., Thompson, S.G., Marteau, T.M. and Scott, R.A. (2004) Screening for abdominal aortic aneurysms: The effects of age and social deprivation on screening uptake, prevalence and attendance at follow-up in the MASS trial, *Journal of Medical Screening*, 11, 50-3.
- Lawlor, D.A., Harvey, D. and Dews, H.G. (2000) Investigation of the association between excess winter mortality and socio-economic deprivation, *Journal of Public Health Medicine*, 22, 176-81.
- McGrath, C., Bedi, R. and Dhawan, N. (1999) Factors influencing older people's self reported use of dental services in the UK, *Gerodontology*, 16, 97-102.
- McNiece, R. and Majeed, A. (1999) Socioeconomic differences in general practice consultation rates in patients aged 65 and over: Prospective cohort study, *British Medical Journal*, 319, 26-8.
- Milner, P. C., Payne, J. N., Stanfield, R. C., Lewis, P. A., Jennison, C. and Saul, C. (2004) Inequalities in accessing hip joint replacement for people in need, *European Journal of Public Health*, 14, 58-62.
- Morris, S., Sutton, M. and Gravelle, H. (2005a) Inequity and inequality in the use of health care in England: An empirical investigation, *Social Science & Medicine*, 60, 1251-66.
- Morris, R.W., Whincup, P.H., Papacosta, O., Walker, M. and Thomson, A. (2005b) Inequalities in coronary revascularisation during the 1990s: Evidence from the British regional heart study, *Heart*, 91, 635-40.
- Neal, R.D. and Allgar, V.L. (2005) Sociodemographic factors and delays in the diagnosis of six cancers: Analysis of data from the "National Survey of NHS Patients: Cancer", *British Journal of Cancer*, 92, 1971-5.
- Ofcom (2007) *The communications market: Broadband - Digital progress report*, Ofcom, London.
- Patel, R., Lawlor, D. A. and Ebrahim, S. (2007) Socio-economic position and the use of preventive health care in older British women: A cross-sectional study using data from the British Women's Heart and Health Study cohort, *Family Practice*, 24, 7-10.

- Peach, C. (1998) South Asian and Caribbean ethnic minority housing choice in Britain, *Urban Studies*, 35, 1657-1680.
- Peacock, S. and Kunemund, H. (2007) Senior citizens and Internet technology: Reasons and correlates of access versus non-access in a European comparative perspective, *European Journal of Ageing*, 4, 191-200.
- Philip, L., Gilbert, A., Mauthner, A. and Phimister, E. (2003) Scoping study of older people in rural Scotland, Scottish Executive, Edinburgh.
- Poortinga, W., Dunstan, F.D. and Fone, D.L. (2007) Perceptions of the neighbourhood environment and self rated health: A multilevel analysis of the Caerphilly Health and Social Needs Study, *BMC Public Health*, 7, 285.
- Propper, C., Eachus, J., Chan, P., Pearson, N. and Smith, G.D. (2005) Access to health care resources in the UK: The case of care for arthritis, *Health Economics*, 14, 391-406.
- Raynes, N., Clark, H. and Beecham, J. (2006) The report of the Older People's Inquiry into 'that bit of help', Joseph Rowntree Foundation, York.
- Reid, F.D., Cook, D.G. and Whincup, P.H. (2002) Use of statins in the secondary prevention of coronary heart disease: Is treatment equitable? *Heart*, 88, 15-19.
- RNIB (2007) Older people and eye tests: Don't let age rob you of your sight, Royal National Institute for the Blind, London.
- Rudge, J. and Gilchrist, R. (2005) Excess winter morbidity among older people at risk of cold homes: A population-based study in a London borough, *Journal of Public Health*, 27, 353-358.
- Scharf, T., Phillipson, C. and Smith, A. (2003) Older people's perceptions of the neighbourhood: evidence from socially deprived urban areas, *Sociological Research Online*, 8(4).
- Scharf, T. (2002) Growing older in socially deprived areas: Social exclusion in later life, *Help the Aged*, London.
- Selwyn, N., Gorard, S., Furlong, J. and Madden, L. (2003) Older adults' use of information and communications technology in everyday life, *Ageing and Society*, 23, 561-582.
- Social Exclusion Unit (2006) A sure start to later life: Ending inequalities for older people, Office of the Deputy Prime Minister, London.
- Sutton, M., Carr-Hill, R., Gravelle, H. and Rice, N. (1999) Do measures of self-reported morbidity bias the estimation of the determinants of health care utilisation? In *Social sciences and medicine: Societies and health in transition*, Pergamon, Antalya, Turkey, pp. 867-878.
- UK online centres, Freshminds, *Understanding Digital Inclusion* (2007) available online at; [http://www.ukonlinecentres.com/downloads/UK\\_Online\\_digitalinclusion.pdf](http://www.ukonlinecentres.com/downloads/UK_Online_digitalinclusion.pdf)

Van der Pols, J.C., Thompson, J.R., Bates, C.J., Prentice, A. and Finch, S. (1999) Is the frequency of having an eye test associated with socioeconomic factors? A national cross sectional study in British elderly, *Journal of Epidemiology and Community Health*, 53, 737-738.

Wanless, D., Forder, J., Fernandez, J.-L., Poole, T., Beesley, L., Henwood, M. and Moscone, F. (2006) *Securing good care for older people: Taking a long term view*, Kings Fund, London.

Wenger, G. (2001) Myths and realities of ageing in rural Britain, *Ageing and Society*, 21, 117-130.

Wilkinson, R. and Marmot, M. (eds.) (2003) *Social determinants of health: The solid facts*, 2nd edition, World Health Organization, Copenhagen.

Wilkinson, P., Pattenden, S., Armstrong, B., Fletcher, A., Kovats, R.S., Mangtani, P. and McMichael, A.J. (2004) Vulnerability to winter mortality in elderly people in Britain: Population based study, *British Medical Journal*, 329, 647.

Wilson, L.C., Alexander, A., Lumbers, M. (2004) Food access and dietary variety among older people, *International Journal of Retail & Distribution Management*, 32, 109-122(14).

## Endnotes

1 Socio-economic inequalities are defined as inequalities that relate to differences in income, social class, occupational background, educational achievement and neighbourhood deprivation. These are distinguished from socio-demographic differences, which relate to factors such as age, gender, ethnicity, marital status, number of children, household composition and living arrangements.

2 See Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006.

3 Estes, Biggs and Phillipson (2003) suggest that the traditional focus on inequality between older and younger people has eclipsed the diversity of older age groups, leading to the view of older people as a homogeneous group, including socio-economically.

## What is Just Ageing?

The Equality and Human Rights Commission, and the new merged charity Age Concern and Help the Aged, have joined forces to investigate and develop an understanding of equality over the life course and to identify solutions to inequalities in later life.

To find out more about the Just Ageing? programme and receive details of future events, please email [justageing@equalityhumanrights.com](mailto:justageing@equalityhumanrights.com). You can also visit our website to find out more at [www.equalityhumanrights.com/justageing](http://www.equalityhumanrights.com/justageing)

## Who we are

**The Equality and Human Rights Commission** is working to eliminate discrimination, reduce inequality, protect human rights and ensure that everyone has a fair chance to participate in society.

Find out more about the Equality and Human Rights Commission via our website at:

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)  
or by contacting one of our helplines.

**England helpline: 0845 604 6610**  
Textphone: 0845 604 6620

**Scotland helpline: 0845 604 5510**  
Textphone: 0845 604 5520

**Wales helpline: 0845 604 8810**  
Textphone: 0845 604 8820

Monday to Friday, 9am-5pm

 **Equality and  
Human Rights  
Commission**

## Age Concern and Help the Aged

have joined together to form Age UK, a single charity dedicated to improving the lives of older people. We are a new charity with a clear vision: a world in which older people flourish. We work with a range of partners to ensure that together we can improve the lives of older people.

To find out more about Age Concern and Help the Aged visit our website at:

[www.ageconcern.org.uk](http://www.ageconcern.org.uk)

or e-mail us at:

[info@ace.org.uk](mailto:info@ace.org.uk)

or call us on:

**020 8765 7200**

**AGE**  
*Concern*

**HELPTHEAGED<sup>®</sup>**

**WE WILL**

Age Concern England (charity number 261794) has merged with Help the Aged (charity number 272786) to form Age UK, a charitable company limited by guarantee and registered in England: registered office address 207-221 Pentonville Road, London, N1 9UZ, company number 6825798, registered charity number 1128267. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru.