MCC Equality Impact Assessment Guidance: Age



Purpose of this Guidance

This guidance is offered to support Manchester City Council officers in completing an Equality Impact Assessment (EIA) and focuses on age and ageing as a protected characteristic under the 2010 Equality Act. The guidance provides some insight into the challenges we may all face, ageing together in Manchester. It also highlights some of the opportunities for residents to age well and have a happier and successful later life; as long as we ensure that our services and policies are age aware and address the specific age related inequalities that arise as we get older.

This guidance helps officers to adopt and build on best practice and avoid common pitfalls when completing an EIA. We have highlighted some of the key issues affecting people as they age and presented this thematically for ease of use. We have also drawn attention to intersectionality; where equality issues and characteristics around age may cross over with equalities considerations around race, gender, disability and sexuality. We have ended with a section which considers the disproportionate impact which Coronavirus has had on the over 50s, impacting on people in mid-life and carrying through into later life.

The appendix provides links to further reading and supporting evidence, and features good practice examples of age friendly work being delivered across the Council.

The guidance is built on the expertise of the Council's Age Friendly Manchester (AFM) programme located in the Council's Population Health team; on evidence from research collaborations with the city's universities and beyond; and the voice of older people via formal engagement with the Age Friendly Manchester Older People's Board and a range of older people's organisations.

Age Friendly Manchester (AFM)

Manchester's Age Friendly programme has an international profile and is seen across the world as an example of good practice and innovation. Manchester was the first UK city to join the World Health Organization's (WHO) Network of Age Friendly Cities and Communities, committing Manchester to working towards being a better place to grow older.

Manchester takes a *social* approach to ageing and the AFM programme begins at the age of 50 (mid-life) through to end of life. With high levels of deprivation in some parts of the city and high levels of ill health; interventions and programmes need to begin earlier in order to support better health and well-being outcomes into later life. Consequently, services need to apply an *age friendly lens* to their work in order to better understand the diverse needs, expectations and aspirations of a diverse age group and so be effective in the work they do.

By taking a social approach to ageing, rather than focusing solely on responding to issues such as ill health, care and frailty, we can support the conditions for people to age well into later life; where we can experience greater independence, wellbeing, and connectedness – all contributing to improved health.

We're often asked "Why focus on age?"

Because:

- 1. Services are not always age-friendly
- 2. Problems faced *earlier in life* may increase with age due to pressures associated with poverty and poor health
- 3. The impact of physical changes (e.g. disabilities) or cognitive changes (e.g. dementia) may leave people *insecure* & *isolated* within their communities
- 4. From their 50s people get *more* rather than *less* diverse (e.g. in terms of income, health, social relationships)
- 5. Age discrimination and the stereotyping of people on the basis of their age continues to affect people at work and in the community. This often results in people failing to get access to the jobs, services and support which they need.
- Our ageing population is growing and we need to change the way we do things to account for this.

Manchester's Ageing Strategy - Manchester: A Great Place to Grow Older 2017 – 2021 focuses on the key priorities for the city and its partners, offering a framework to deliver real improvements to the lives of older people, putting them centre stage.

Taking the eight key features of an age friendly city, as defined by the WHO, as the starting point Manchester has agreed three key priorities:

- 1. **Develop age friendly neighbourhoods** places where people can age well in neighbourhoods of their choice with access to the right services, housing, transport, information, etc.
- 2. **Develop age friendly services** where commissioning includes age-friendliness in its specification and services are delivered in an age-friendly way i.e. they are age aware and adopt an age friendly lens and equalities approach to what they do.
- 3. **Promote age equality** by addressing negative images and stereotypes about ageing, and changing the narrative from a deficit to one which celebrates the valuable role and contribution people of all ages make to the life of the city.

The AFM programme is built on strong and lasting partnerships across a range of statutory and public services; the voluntary sector; universities; regional, national and international networks; and most importantly with older people themselves.

This approach means AFM has active programmes of work and partnerships in the following areas, which we can help advise on from an equalities perspective:

- 1. Neighbourhoods
- 2. Housing and the Physical Environment
- 3. Transport
- 4. Health and Wellbeing (Ageing Well)
- 5. Culture
- 6. Research and Intelligence
- 7. Work & Skills
- 8. Sexual Health
- 9. Age Friendly Comms
- 10. Ageism
- 11. Voluntary and Community Sector Engagement
- 12. Voice and participation of older people
- 13. Care Homes
- 14. Workforce Equality

The Age Friendly Manchester Older People's Charter

The Older People's Charter was developed by the AFM Older People's Board and is recognised as a good practice example by the WHO. It identifies a number of guiding principles for services, organisations and businesses to sign up to, and sets out older people's expectations that they have:

- The right to be treated with dignity and respect
- The right to live independently
- The right to information, advice and guidance in appropriate formats
- The right to lead a healthy life
- The right to influence decision making that affects their lives
- The right to be safe and secure.



Guidance on completing an EIA and where to get help



The Council uses a standard template for completing an EIA produced by the Equalities Diversity and Inclusion Team. However, before you start it's important to note that:

- The EIA process does not always begin with the EIA standard template. The first step in carrying out an EIA is to carry out a <u>relevance assessment</u>. The relevance assessment identifies whether a service or policy change is likely to have a disproportionate impact on any group protected by the Equality Act. If it is determined that the project won't have any equalities implications or impact, a full EIA is not needed. However, if it's found that any group will be impacted, then the full template will need to be completed.
- Having conducted a relevance assessment it can be helpful before moving onto completing the template, to hold an open discussion around what the impacts of the change are likely to be, and whether different groups will be affected in different ways. In this instance; what will the change mean for people as they age and for older people, and what might be done to mitigate any disproportionate impact. For help with this please see below:

The AFM Team

If you would like to discuss potential equalities impacts related to age or would like advice when completing an EIA in this area, then get in touch with the Age Friendly Manchester team who will be happy to offer their insights or to put you in contact with someone from the relevant field of ageing. Contact Dave Thorley: dave.thorley@manchester.gov.uk or phone 07798 858925.

The AFM Older People's Board

Consider formally consulting the expert voice of older people by engaging with the city's representative AFM Older People's Board. Contact Dave Thorley (see above) to facilitate this.

The AFM Older People's Assembly

Over 100 residents over the age of 50 make up the Older People's Assembly, experts by experience acting as a critical ear and sounding board for proposed policies and initiatives since 2003. Contact Dave Thorley (see above) to facilitate this.

The Equality, Diversity and Inclusion Team are also happy to provide support. Please contact Lorna Young: lorna.young@manchester.gov.uk

What to consider when carrying out an EIA



Below is a summary of some of the factors which may impact people differently as they age. They are offered as a starting point to help you consider some of the different ways people experience life as they get older.

Theme	Evidence
Physical Environment & Accessibility	 At least 80% of the time of those aged 70 and over is spent in their home and immediate area. Older people spend more time in their immediate neighbourhood compared to any other generational group. Walking and the walkability of a neighbourhood have been directly linked to improved fitness, enhanced cognitive function, protection from further mobility loss and can 'buffer' against depression in older age. The outside environment and public buildings have a major impact on mobility, independence and quality of life and affect people's ability to age in place. Around half of those aged 65+ face problems getting outdoors (largely due to environmental barriers). Those living within ten minutes' walk of a local open space are twice as likely to be satisfied with life compared with those whose local open space is further away. The process of ageing is often accompanied by a greater sensitivity to the physical features of the built environment. This may include environmental obstructions, or lack of free, accessible toilets or public seating. Clear signage is an important feature, particularly think about physical wayfinding measures to help people with a cognitive impairment, such as dementia. The process of regeneration (reconstruction of built-up areas) can be alienating and isolating, especially for those with long-standing relationships to a given neighbourhood and place. Consider the needs of long-term residents and the changing needs of new residents who will age in place. Manchester's health profile means that people in poor health and those who are older (often also in poor health) can on average walk 200m at most, before needing to rest. Age friendly seating

- along key walking routes is important to enable mobility, access to services and shops, and reduce social isolation.
- Age friendly benches and seating needs to be at the right height, with a suitable back rest and arms (as well as being comfortable) otherwise older people and those with limited mobility can't stand up and exit from a seated position.
- When asked what should be prioritised in the UK to improve quality of life for people over 65, 68% said improving neighbourhoods by adding benches or disability-friendly public transport.
- The introduction of town centre improvements, green corridors, walking, and cycling schemes will not benefit older people if they do not have the necessary supporting public realm, such as places to rest along the route. Without these they may only benefit those who are already physically active and not those who might benefit most.

Social Connection

- The number and variety of social interactions tends to decline with advancing age, although the need for social support and participation increases. Older people with rich networks of active social relationships are more likely to be happier. Those actively involved in social and leisure activities are less likely to report poor health and depression. Involvement in a social support network boosts morale, protects health, and can provide a buffer that mitigates against the effects of cognitive ageing.
- Social inequalities have a direct impact on social detachment in older age. Those with limited education, on low income, in poor health, who lack access to services, transport or modern IT, are at a heightened risk of social detachment – this is particularly true for those not living with a partner.
- Studies point to the particular challenges of an ageing society
 where a growing proportion of older people will be childless with an
 increasing number of divorced older men, who are in particular
 especially vulnerable to social isolation.
- Rates of volunteering among older people are relatively high, compared to younger age groups. Studies have demonstrated a variety of health benefits that result from volunteering in older age, including improved cognitive functioning, physical and psychological health. It is strongly linked to increased life satisfaction. Volunteering provides meaning and value to life and can offer a pathway back into employment for those over 50. Barriers to volunteering can include the time commitment (particularly for those who have caring responsibilities) or cultural barriers.
- Long-standing socioeconomic and health inequalities are a factor in volunteering rates with four out of ten people in the richest fifth of the UK population volunteering, compared to just one out of ten in the poorest fifth of the population.
- 90% of LGB people are estimated to be ageing without children and as well as not having children they will be more likely to be ostracised by other family. Therefore a broad range of support structures and relationships, such as a chosen "family" of friends of similar age is particularly important.

41% of LGB people lived alone compared to 28% of heterosexual people; an LGBT Foundation helpline survey found a third of older LGB people rang to discuss isolation.

Ageism and Social Inclusion

- Negative attitudes towards ageing and older people are still widespread, overlooked and accepted. Ageist attitudes have a negative impact on people's health and can affect them in a number of ways e.g. personal relationships, expression of power, organisational culture, media representation, access to employment and the ability to sustain healthy work.
- In a survey of UK adults, two in three (67%) thought that experiencing ageism, or being treated differently based on age, has a negative effect on physical health.
- Research evidence shows that those who have negative experiences of ageing can live on average 7.5 years less than those who experience ageing positively.
- Structural inequalities (poverty, deprivation) put older people at a heightened risk of social marginalisation and exclusion – more so than for any other age group.

Communications

- Communicating ideas and issues about ageing and inequality as we get older is complex. The over 50s span several generations with different life experiences and expectations about later life. No one size fits all. Consider your audience and who you are communicating with. People in their 50s and 60s will not see themselves as older, and nor may someone in their 80s.
- Ageism and society's resistance to ageing means many people may feel uncomfortable confronting their own age or ageing processes.
- Information needs to be the right information, in the right format, in the right place.
- Older people in common with all age groups value familiar, regular and established forms of communication.
- Age-related impairments in sensory and cognitive function (vision, sight loss, cognitive difficulties) mean that, on a practical level, clarity of information delivery is all the more vital in older age.
- It is important to be aware of the language and images used in relation to ageing. Research shows that older people are commonly portrayed as frail, vulnerable and dependent. The repeated idea that older people will be a 'burden', or that later life is a 'drain' on societal resources is damaging and not a true representation of the lives of older people or the rich role they play in the life of the city.
- When representing older people in words and pictures, a diverse representation of older people should be communicated (see this document as an example). The Centre for Ageing Better has launched a free image library (see link in Appendix) which represents older people in a positive, non-stereotypical way. These images will continue to be expanded upon and are freely available to Council officers.
- It's important to avoid both stereotypical negative images as well as unrealistic positive images of older people that do not represent

	 the norm e.g. skydiving pensioners. People need to see themselves for communication to be effective. Avoid lazy stereotypes, such as images of wrinkly hands. Improvements in health and morale result from being able to access good quality information, including greater confidence, increased social contact and greater involvement in the community. There is a particular need to ensure that older people in deprived neighbourhoods are able to access good quality information as a priority.
Digital Inclusion	 Age remains the biggest predictor of whether or not someone is digitally included. People face a range of barriers to digital connectivity, including affordability, accessibility, regional variations and the skills, motivation and support to get online. Those who are not online are not just older; they are also likely to be in worse health, poorer, and less well educated than their peers. In Manchester it's estimated over 22,500 people over the age of 55 do not have access to the internet. The move towards a cashless society may disadvantage older people as services increasingly move online. A lack of digital access can leave people excluded from cheaper prices and offers which are available exclusively online leaving them on average around £1,000 a year worse off.
Transport	 Two thirds of trips made by older people are limited to their local neighbourhood. Good transportation helps people access resources they need, maintain independence, and can support connection to communities. Giving up driving can have a negative impact on older people; however, this can be mitigated if they remain in control and have a say in the transport solutions that are designed for them. Public transport must be affordable to ensure continued access to key resources and in being able to maintain social contacts in later life. When asked in a survey about what people think they will value when they are over 65, three in five (60%) women said being able to live in a location which has good transport links would be "very important", compared to 44% of men.
Housing	 Time spent at home indoors increases in older age in the UK: 80% of the day for those 65 and over and 90% for those aged 85 and over. The UK has the oldest housing stock in Europe. In the north of England, 24% of homes were built before 1919, and 41% were built before 1944. Many of these older homes no longer meet basic levels of amenity, maintenance and thermal comfort. One of the main groups experiencing non-decent homes are older people, and nearly 500,000 non-decent homes in the north of England have someone aged 60+ living in them.

- Older people are more likely to live in homes that are in a poor state of repair, lack suitable kitchen/ bathroom facilities, are not warm enough in the winter and which pose a significant risk to health. More than 2 million people in the UK aged 55+ live in a home that endangers their health and wellbeing.
- Neighbourhoods are increasingly segregated by age, driven in part by commercial property development and planning priorities. While the migration of young people from towns and villages into large cities is well recognised, less attention has been paid to the segregation within cities themselves. The level of segregation within cities doubled in the last 25 years as younger residents converge on certain neighbourhoods, particularly new housing in the urban core, and other parts of the city grow older.
- Research suggests the majority of older people want to continue to live independently in their own homes. This will often require adaptation of that environment to maintain health and quality of life in older age.
- When asked about what should be prioritised in the UK to improve quality of life for older people, 69% said improving homes, including adaptations.
- The idea that older people should downsize to free up their homes for others is offensive (like the term bed blocking) suggesting that older people are responsible for a housing shortage not of their making. Manchester uses the term 'Right Sizing' (see Appendix 1) backed up by research evidence about older people's needs and how they make housing choices.
- 80% of the homes that people will be living in by 2050 are already built, which means existing housing needs to be of a good standard and to adapt and meet the needs of people as they age.

Employment

- The last twenty years have seen a steady growth in the number of people working for longer.
- However, there is a significant number of people aged over 50 falling out of work prematurely due to barriers – ageism in recruitment, lack of employer flexibility, insufficient support for their health conditions and managing caring responsibilities.
- Over a guarter of out of work benefit claimants in Manchester are over 50 (double the rate across all ages).
- It is estimated that around 1 million people aged between 50 and state pension age are not working but would like to be. 24% of all unemployed people in the UK are over 50.
- One-third of unemployed people over 50 have been out of work for at least a year while one in five have been out of work for at least two years. This compares with 20% and 8% of those aged under 50 respectively
- 20% of out of work benefits claimants due to ill health are over 50 (8% across all ages).

Health

- Life expectancy in Manchester is 75.5 for men and 79.9 for women. The UK life expectancy is 78.7 for men and 82.7 for women.
- Healthy life expectancy (years lived in good health) is 57 for men and women in Manchester. The UK average is 63 for men and 64 for women.
- Of those aged 50-64, a quarter have two or more long-term health conditions.
- One third of 50–79 year-olds in England are living with obesity, leading to a range of diseases like Type 2 diabetes. The proportion of people classified as inactive (who do less than 30 minutes of activity per week) increases steadily with age, from 16% of those aged 16-24 to 69% of those aged 85 and over.
- Seldom heard/minority population groups face increased health inequalities and more barriers to accessing services, which are less likely to cater to their needs.
- The poorest women aged 50 and over are four times more likely to suffer from depression than the wealthiest. For men, its fivefold. This pattern plays out across all common disorders.

Intersectionality



Ageing is a characteristic shared by everyone. It is important to recognise that the population becomes more, rather than less, diverse as we age. Just because someone is a certain age doesn't necessarily mean they are like someone else of a similar age. For example, there are large differences in the age at which different people experience disability and/or ill health, directly associated with their socioeconomic circumstances.

EIAs should allow consideration of the differing experiences of, for example, older Black, Asian and Minority Ethnic people compared with older White people; older women compared with older men; etc. Below are a number of examples of the intersection of other protected characteristics with age and how these may lead to different experiences for those older people.

Protected Characteristic	Evidence
Race	 ONS data reveals huge ethnic inequalities in wealth, debt, assets and pensions. They show that households with a White British head of household are around nine times as likely to be in the wealthiest fifth of the population than those of Black African ethnicity. Nearly half of White people in their 50s and 60s (47%) own their home outright compared to 33% of Asian people and just 13% of Black people. Black, Asian and Minority Ethnic groups in their 50s and 60s are more likely to be in the poorest fifth when compared to the White population.

Gender

- Disability-free life expectancy (while it has stalled for men) has begun reversing for women who are in a worse financial position due to historically lower wages, caring responsibilities and part-time employment histories.
- Health and wealth inequalities between men and women are at their highest amongst people in their 50s, with the gender pay gap largest for this age group.
- There are also inequalities along wealth divides, meaning that women from poorer backgrounds will fare even worse.
- While the employment rate of women aged 50-64 has risen since 2000, from 53% to 68%, it still falls far short of men, whose employment rate increased from 69% to 77% in the same period.
- This combination of factors has a negative impact on earnings and savings, which means women may have to continue working for longer and enter later life and retirement financially worse off than men.
- There is an apparent gender gap in retirement. There is a significant difference between men and women on how prepared they are for retirement. Research has found that men were three times more likely to be better prepared for a more 'comfortable' retirement. In fact, men's retirement pots were 82% larger than women's based on the average value of pension pots and total savings.
- In a study carried out by the Council and LGBT Foundation, 59.4% of trans people in Manchester felt that not being able to access appropriate care that is transfriendly is a concern for care in later life.
- Trans people are concerned that a lack of research on the long-term impact of hormones and surgery may lead to complications that both they themselves are unaware of as well as health services, and therefore such services will not be prepared to provide relevant care.

Sexual Orientation

- Research has shown that older people's housing aspirations are diverse and changing. We shouldn't assume that all older people are being driven just by concerns about accessibility, or that issues of prestige, taste and lifestyle no longer matter just because they are older. The intersectionality of older people also influences how they think about their housing choices in later life, as different factors generate very different needs and aspirations. For example, the LGBT community have a very different set of attitudes about their housing choices in later life, particularly their concerns about extra-care housing which might not reflect or respect their identity.
- Research shows that for many LGB people, ageing and having to rely on social care results in fear that they will have to access social care that is not LGB affirmative, leaving them vulnerable and isolated and even feeling that they have to go back into the closet and hide parts of their identity.
- LGB people aged 50+ are 1.2 times more likely to report poor selfrated health and gay and bi men over 50 are more likely to have a long-term illness.
- A study has shown that 51% of participants surveyed would not be comfortable living in retirement housing without specific LGB considerations.

	This research showed that the majority of participants want more events (73%) and community spaces (79%) for older LGB people.
Disability	 Almost half of the 3.7 million disabled people not in work are aged 50 to 64. Most disabled people aged 16-49 are in work, while most disabled people aged 50-64 are not. It is estimated that 1 million people aged 50-64 in the UK would like to be in work but cannot due to ill health or disability.

COVID-19



Older adults have been disproportionately affected by Covid-19 compared with other age groups.

Employment	Nearly a third of key workers are over 50.
	 The number of older workers seeking unemployment related benefits doubled during the lockdown. One in ten older male workers and one in six female older workers in the UK were employed in the sectors hit hardest by the lockdown in March 2020. Many of those who were furloughed described feeling concerned about their future and job security. People aged over 50 who lose their jobs are significantly more likely to suffer long-term unemployment than other age groups, many in effect taking involuntary early retirement. As a result of the Covid-19 lockdown, one in four older workers in the UK have been furloughed and many may be unable to return to their previous roles as some sectors struggle to recover.
Connecting with the Community	 One in three 50-70 year olds volunteered informally during lockdown with a further one in ten participating in more formal voluntary work. Over a third say they would like to continue.
Digital Inclusion	 During lockdown, use of digital forms of communication increased among 50-70 year olds. However, many activities, information and services have moved exclusively online. This has placed those without digital access at even greater risk of missing out than before the outbreak. Given the pandemic has forced so many of us to stay at home for long periods of time, access to internet in the home has been fundamental to our ability to remain socially connected and work from home. With many people out of work due to the pandemic, those unable to search for work online, or rely on public services to use a computer will be disadvantaged in their search for employment. With social distancing measures, many interviews are now conducted online.

Intersectionality	 Research shows people with disabilities, people on lower incomes and the self-employed are facing significantly worse financial prospects than before the crisis. When taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males. Bangladeshi and Pakistani males were 1.8 times more likely to die from COVID-19 than white males, after other pre-existing factors had been accounted for, and females from those ethnic groups were 1.6 times more likely to die from the virus than their White counterparts. The lockdown has been reported as a particular challenge for older LGBT people who often live alone and have been isolated from support networks. LGBT people may also have had to shield with family members or in communities who are unaware of or hostile towards their sexuality.
Ageism	COVID-19 has reinforced negative and ageist stereotypes of older people, portraying them as expendable, frail and vulnerable, often "othering" older people and painting them as sitting passively outside of active society. This was also reflected in government's advice for all over 70s, regardless of medical conditions, to shield.

Appendix 1 - Resources for further information:



- Manchester: a great place to grow older 2017 2021 the city's ageing strategy
- The State of Ageing in 2020 Centre for Ageing Better
- Greater Manchester Age-Friendly Strategy GM Ageing Hub
- Age Positive Image Library Centre for Ageing Better
- Pride In Ageing LGBT Foundation
- The Golden Generation Wellbeing and Inequalities in Later Life
- Rightsizing Housing choices for older people. Greater Manchester Combined Authority
- <u>Hidden Figures</u> report by the LGBT Foundation with a section focused on ageing well



Appendix 2: Age Friendly Good Practice Examples

1. Age Friendly Libraries

Manchester Libraries are a much loved local resource, and we are committed to ensuring that all our libraries become recognised as Age Friendly places and services. Alongside other local facilities and services, libraries are seen as an important and crucial feature of an Age Friendly neighbourhood. Manchester Libraries in partnership with Age Friendly Manchester have agreed and adopted a set of Age Friendly standards which set out how we will ensure that our services and buildings are Age Friendly. We developed these after consultation on our plans at the Age Friendly Manchester Assembly (formerly the Manchester Older People's Forum), the AFM Board and the AFM Neighbourhood Coordination Group.

Age Friendly Notice Boards

We know how important it is for people to have easy access to information in different formats, so in addition to our online information we have made sure we have an Age Friendly notice board on display in all libraries. Our notice boards are kept up to date, are easy to see and read, and ensure that we are promoting activities and information across the community. They are also portable so that they can be on prominent display in coffee mornings or Grand Day Out sessions. During lockdown, libraries have been used by partners as a means to cascade vital information regarding COVID and health matters to everyone in the local community.

Age Friendly Audits

Library staff have conducted a detailed self-assessment for each of our libraries, covering the physical space as well as our service offer. These assessments have highlighted some areas for change, especially during the lockdown period.

One of these changes is the introduction of an Age Friendly Hour in most of our libraries, helping to support older people to return to the library safely. This is directly after each library will have been cleaned, so any risk of infection is lower, and the first hour after opening is usually quieter thus giving staff the opportunity to spend more time with customers if they need additional support on-line or would like to just take a seat, read the paper or have a chat.

We are also planning to carry out a Customer Service audit, which we had to put on hold last year due to Covid. This will be carried out by older people recruited via existing library volunteers, friends, Culture Champions and AFM Assembly members. These audits will take place in libraries where volunteers will engage with older service users, listen to their feedback and produce an age friendly action plan specific to each library.

Staff Training

All library staff are aware of our age friendly aspirations and of the issues that can affect people as they age. We developed a bespoke Dementia Friends session, and have trained nearly 120 staff, including nearly 70 over 2 days in special sessions at our staff conference in 2019. Workshops have recently taken place training staff in how to set up and facilitate Age Friendly groups, activities and events.

Age Friendly Employer

Manchester Libraries commit to supporting Manchester City Council becoming recognised as an Age Friendly Employer. Nearly 60% of library staff are aged over 50. We have supported staff who want to reduce their working hours or take flexible retirement, and have a number who have retired but keep seven hours a week with us – giving them a continued small income and interest, whilst retaining their skills and experience within the service. In 2020, through open recruitment events, we took on a number of new staff over the age of 55.

Covid 19 – Combatting Social Isolation and Digital Exclusion

Library staff kept in touch with our older social group members throughout lockdown to help support mental health and wellbeing. They offered digital support - for example help to buy shopping, or to connect with family via Zoom, dropped off Christmas goodie bags and cards and phoned people on a regular basis for a friendly chat. More recently, libraries offered Census support for anyone who was struggling with the digital aspect of the return.

We are currently providing virtual reading groups with technical support by phone, plus a Reading Friends project via zoom for older people who are digitally excluded, both helping to support mental health and wellbeing. Digital champions have provided tablets, chrome books and continued online support for older residents who previously had little or no digital connectivity or experience.

As soon as it is safe to do so, we will resume hosting events such as the Grand Day Out sessions, and we have a number of special events planned to take place in October 2021 as part of the UN's International Older People's Day, to promote Age Friendly Libraries with logos proudly displayed in our windows.



Manchester Libraries - We are Age Friendly

Manchester Libraries have committed to a set of Age Friendly Library Standards which clearly define the level of service the over 50s can expect from their library.

Our Age Friendly Manchester Libraries offer the following commitment to older people using our service. We will:

- 1. **Ensure you feel welcome.** Our staff will ensure your visit is a safe, enjoyable and positive experience. Services inside the library will be well signed for better wayfinding. This is your Library, please do let us know how we can help you.
- 2. **Encourage Social Engagement.** We offer a diverse range of activities, some are aimed specifically at older adults. Our libraries are comfortable places in which to sit, socialise and enjoy the company of others.
- 3. **Be accessible.** Our libraries are well lit and clutter free with no services only accessible by stairs. We will pay attention to the needs of those with mobility issues by offering: supported access through doors, flooring that is even and clutter free, and an accessible counter service.
- 4. **Have places to sit.** You will find a sufficient range of seating throughout each of our libraries and we will ensure seating is always available near entrance points where you may need to rest or await transport.
- 5. **Offer volunteering opportunities**. We want to hear about the skills you have that you want to share with others.
- 6. **Have large print books, talking books and e-books.** We will ensure our stock is age appropriate and meets the broad needs and tastes of Manchester's diverse communities. We will promote our Books To Go Service to those not able to get into the library.
- 7. **Support you with your computer use.** Our staff and volunteers will patiently support those who need additional IT support. Our IT Drop Ins are designed for new users. We will work with partners to offer additional IT training.
- 8. **Provide information.** Where we cannot support you with your enquiry we will signpost you to someone who can help.
- 9. **Display leaflets and posters.** We know how important access to information is. We will keep our notice boards up to date and relevant. They will be easy to see and interact with. We will promote our activities across the community.
- 10. **Have toilet facilities including accessible toilets.** These will be checked regularly for cleanliness and supplies.

2. Age Friendly Benches

The evidence

For people to age well in Manchester they need to feel that their environment supports them to access services, shops and amenities in their local area, along with sustaining social connections. Being able to achieve this can depend on local infrastructure and people's ability and confidence to navigate where they live. Resting points along walking routes have been identified by the World Health Organization (WHO) as being a significant urban feature which promotes this.

With Manchester's health profile and an average healthy life expectancy of 57 years old, for many people 200m (often much less) is the distance they can walk before needing to rest. As people age this can be a severe limiting factor in being able to get out of their homes, increasing the risk of social isolation and physical deconditioning.

What we've done

In 2019 Council Neighbourhoods Service officers were approached by residents in Whalley Range about installing age friendly benches at key locations across their neighbourhood, which led to the Council funding installation of 12 benches connecting residents to shops, transport and local amenities. Older residents selected the locations and were involved in the design of the seating.

Due to the success of the scheme Buzz, the city's Health and Wellbeing Service, working with Neighbourhoods and older people have gone on to fund an additional 32 benches in clusters of eight in Charlestown; Gorton; Hulme and Moss Side; and Wythenshawe. Additional benches also went into Whalley Range.

Engaging locally

In order to determine the most suitable locations for benches Buzz and Neighbourhoods spoke directly with older residents who, as experts by experience, could highlight optimal local walking routes. Buzz Neighbourhood Health Workers, the Council Neighbourhood Officer, local councillors and community organisations then mapped amenities and tested potential seat locations and routes by walking them. They then consulted older people via local age friendly networks and community organisations to make sure they had got it right.

Benefits

Older residents have told us how important the age friendly benches have been in enabling them to enjoy walking where they live, to connect with local services, shops, parks, etc. and also without the need to spend money on taxis which they may have previously had to rely on.

Age Friendly benches have demonstrated wider community benefits, stimulating social encounters and informal conversations across the generations, while also becoming informal meeting places for older residents. Travel restrictions during Covid have also meant many older residents have found themselves even more limited to their immediate neighbourhood. Initiatives such as the *Chatty Bench* have helped encourage connections with others, benefiting mental health and wellbeing.

Future plans

Buzz are working with the Council to explore future opportunities for funding and expansion of the scheme, promoting their potential and encouraging other organisations to become involved. There are also plans to create local walking and seating maps, with numbered benches and dementia friendly sign-posting. Benches can also be incorporated into things like health walks and other social activities.

The ambition is for all Council regeneration, highways, and walking and cycling schemes to adopt an equalities approach which will automatically consider age friendly seating as part of the accompanying street scene and supporting infrastructure.