



Getting off Lightly or Feeling the Pinch?

A Human Rights and Equality Impact Assessment of the
Public Spending Cuts on Older Women in Coventry

A Joint Report by the Centre for Human Rights in Practice, University of Warwick and Coventry Women's Voices
By Mary-Ann Stephenson with James Harrison and Ann Stewart
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Comments and Feedback

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This report is available on-line at <http://www2.warwick.ac.uk/fac/soc/law/chrp/projects/humanrightsimpactassessments/cwv/report/>

Executive summary

1. Introduction

This is a summary of the key findings of the human rights and equality impact assessment (HREIA) carried out by the Centre for Human Rights in Practice at the University of Warwick (CHRIP) and Coventry Women's Voices (CWV). It analyses the impact of the current public sector spending cuts on older women in Coventry. It follows our earlier report, *Unravelling Equality? A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*,¹ which was published in April 2011. The focus of this report is specifically older women – defined as those in their mid-50s and above.

The findings of this report challenge the myth that older people have 'got off lightly' from the public sector spending cuts because benefits for pensioners have not been reduced to the same extent as benefits for some other groups. This is flawed for two reasons:

- **Cuts to public services will have a disproportionate and significant impact on older people and older women in particular.** Cuts to public services including health, social care and transport will all have a significant impact on older women, as catalogued in chapters 2-4 of this report.²
- **Significant numbers of older women are already living in poverty.³ Therefore the overall effects of cuts upon them will be particularly severe.** The poorest older women are currently struggling to meet rising living costs particularly the costs of food and fuel which have risen faster than inflation. Cuts to their benefits (see chapter 5) and reduced support from public services (see chapters 2-4) and the voluntary sector (see chapter 7) will make their situation significantly harder.

The report concludes that taken together the combined impact of cuts to spending on health, social care, welfare benefits, transport and the voluntary sector will exacerbate existing inequalities between older women and other groups and pose a serious risk to some older women's human rights. Among older women, the poorest women as well as disabled women, carers and Black, Asian and Minority Ethnic (BAME) women are likely to be particularly badly affected.

2. Health

Background: The Government has committed to increase spending on health by £12.5 billion in the next four years. At the same time the NHS has to save £20 billion from its budget.⁴ The Government argues that these savings can be

made by increased efficiency but unions and campaigners have reported wide-spread cuts to health services and job losses.⁵

Nationally 45% of NHS expenditure is on older people,⁶ and women form the majority of this group, nationally and in Coventry.⁷

The cuts and changes include:

- University Hospital in Walsgrave and Rugby St Cross face having to make at least £28.8 million of cuts over the next financial year following cuts of £28 million last year.⁸ George Elliot Hospital faces cuts of £6.8 million on top of cuts made last year.⁹
- Coventry and Warwickshire Partnership NHS Trust, plans to cut its workforce by the equivalent of nearly 560 full-time posts - almost 20% of total staffing - between 2010 and 2013.¹⁰
- The number of hospital beds available in Coventry has fallen in the last year¹¹ and a ward in Rugby used by Coventry patients has been closed.¹²

Individuals and groups interviewed for this report reported that these cuts and changes have led to:

- Increased waiting times for patients¹³ and problems travelling to other hospitals.
- Increased cancellation of appointments.¹⁴
- Increased problems with discharges from hospitals without sufficient support for those requiring care or their carers.
- Increased pressure on staff and volunteers.
- Increased difficulty obtaining an appointment with a GP.

The impact: Older women will be disproportionately affected by cuts to spending on health because they are more frequent users of NHS services than other groups. Many of the distressing experiences of women interviewed for this report also raise human rights concerns including:

- **Delays in treatment** – This may mean patients suffering longer and may impact on eventual health outcomes.
- **Inadequate Care in hospital** - Staff shortages and increased pressures on staff as a result of cuts will risk the quality of care, which have already been raised as a concern nationally.
- **Inadequate discharge procedures** - Failure to properly assess care needs can lead to extreme distress, increased hospital re-admissions and worse health outcomes.

3. Social care

Background: The current cuts to social care are taking place in the context of a funding system that is described as 'not fit for purpose' and 'in urgent need of reform.'¹⁶ Older women are the majority of those needing care,¹⁷ and are the majority of carers.¹⁸

Combined Impact Poses Serious Health Risks

Taken together the public spending cuts catalogued throughout the report pose a serious risk to the physical and mental health of some older women, particularly the poorest or otherwise disadvantaged.

- Cuts to some welfare benefits and the move to link others to the Consumer Prices Index, combined with the increased cost of food and fuel and additional costs because of cuts to transport and social care services will push more older people into poverty. There is a strong link between poverty and ill-health.
- Cuts to health and social care services risk reducing the level and quality of care available to older women. This, combined with the additional stress caused by cancellation of appointments, increased waiting times and additional caring responsibilities, risks damaging the physical and mental health of some older women.
- Cuts to public transport services will make it harder for women to access vital health services. They may also increase isolation among some older women with a subsequent negative impact on their mental health.
- Cuts to advice and support services will increase social isolation. In addition legal aid cuts will reduce the ability of women to secure the benefits and services they need in order to secure better health outcomes.

The cumulative impact of these cuts poses a threat to the right to private life, the right to health, and even the right to life of some older women.¹⁵

The cuts and changes:

In Coventry expenditure on residential care, nursing homes and home helps for adults fell by 2.7% between 2010 and 2011.¹⁹ Spending on residential care for people over 65 fell by 7.2% in the same period.²⁰

Coventry City Council provided more than five and a half thousand fewer weeks care in 2010/11 than in 2009/10.²¹ Under Coventry City Council's 'A Better Coventry' (ABC) review a further £1,500,000 in savings are expected in adult social care in 2012/13.²²

What will this mean? The agencies and organisations we spoke to compared Coventry favourably to a number of other local authorities. However they also highlighted current and potential future problems in social care including: increased charges for services; staff cuts and reductions in staff training; concerns about reduction in access to services; services contracted to the cheapest provider and potential future decline in overall standards of care. These cuts take place in the context of concerns about the quality of some of the care that is currently provided.

The Impact: If cuts to spending on adult social care lead to failings in the quality of care this will disproportionately affect older women and could have serious implications for their health, their dignity and even their life expectancy.

4. Transport

Background: Older women are particularly reliant on public transport compared with other groups. Among women aged over 75, 60% have no access to a car, and among those over 80, 75% have no access.²³

The cuts and changes: Public transport in the West Midlands is the responsibility of Centro, which brings together representatives of local authorities in the region.

- In 2011/12 Centro's budget was cut by £4 million (10%). In 2012/13 it was cut by a further £2.2 million.²⁴
- The Ring and Ride scheme in Coventry has had its budget cut from £12.4 million to £10 million in 2011/12 and has had to introduce fares for passengers. This has led to a drop in trip numbers of 14.5%.²⁵
- Centro, which funds Ring and Ride, is consulting on new criteria for accessing Ring and Ride, and concerns have been raised that it may exclude many people who currently rely on the service.²⁶
- There has also been a general review of bus services in Coventry. Some bus routes have changed and some routes terminated. New routes have also been added.

The impact: These cuts will have a disproportionate impact on older women since they are more likely to rely on public transport. The cuts are likely to have a potentially serious impact on the private lives, health, well-being and employment prospects of some older women.

5. Incomes and poverty

Background: Older women in Coventry, as in the rest of the country, are poorer than men.²⁷ Many poorer women over retirement age are already struggling to manage, as the costs of food and fuel rise above inflation.²⁸ Many women in their 50s and 60s already face having to work for longer because of inadequate pensions. There are particular

Black Asian and Minority Ethnic (BAME) Older women

BAME older women are already more likely to be living in poverty than their white counter-parts. The public spending cuts catalogued in this report are likely to exacerbate this situation in a number of ways:

- Cuts to benefits, combined with the increased cost of living may push more BAME older women into poverty, which may have impacts on health outcomes.
- BAME women who are disabled or carers have been affected by the loss of specialist support services. This loss, combined with the negative impacts of cuts faced by all disabled women and carers, will increase isolation and may lead to increased mental health problems.
- BAME women are disproportionately more likely to be working for the NHS and so are more likely to be affected by cuts to health service jobs.
- Cuts to Legal Aid will disproportionately affect BAME women and will leave them unable to secure access to the benefits and services to which they are entitled.

Taken together these cuts may increase the number of older BAME women living in poverty and have negative impacts on their health.

Family carers

Family carers already experience negative impacts on their health, employment, relationships and social life as a result of caring.³⁰ The public spending cuts catalogued in this report are likely to exacerbate this situation in a number of ways:

- Cuts to disability benefits for the person they care for which will lead to increased poverty.
- Loss of flexible working opportunities which will make it harder to combine paid work and caring.
- Cuts to spending on health and social care, which will increase the pressure on family carers and may reduce the support available to them.
- Cuts to spending on transport which may increase pressure on carers who may have to provide, organise and/or pay for transport for the person they care for.
- Cuts to legal aid and advice services which will make it harder for family carers to challenge what is happening to them and those they care for.

Taken together these changes may increase poverty among family carers and have a negative impact on their health.

concerns about those women who combine poorly paid work with caring responsibilities.

Cuts and changes: There are a wide range of changes to benefits and pensions that will affect older women, depending on what group they fall into:

- **Women in their fifties and early sixties:** Some of these women will be affected by cuts and changes to working age benefits including disability benefits, housing benefit, council tax credit and the introduction of universal credit. Women working in the public sector will be affected by changes to public sector pension contributions and an increase in the retirement age.
- **Older women pensioners:** Pensioners have been protected against many of the changes to housing and other benefits. Some benefits for pensioners such as free bus passes and winter fuel allowance have been preserved. However, pensions and benefits are being linked to the Consumer Price Index rather than the Retail Price Index. The CPI as a measure of inflation is between 1 and 2% lower than the RPI.²⁹ Some pensioners will also be impacted by changes to housing benefit.
- **Mixed age couples:** In addition to the cuts and changes faced by older women set out above, women in couples where one partner is over pension age and the other is of working age may lose significantly under proposals for the universal credit and changes to council tax benefit. They may also lose out as a result of restrictions on housing benefit for social housing.

The impact: These cuts and changes will increase existing inequalities between older women and older men. There are also concerns from a human rights perspective about how these cuts and changes will affect the poorest pensioners and women in their fifties and sixties. For some women, the combined impact of changes and cuts to benefits and services, particularly in the

context of rising fuel and food prices, could lead to significant hardship and suffering, and increased levels of poverty.

6. Employment

Background: Women in Coventry are less likely than the national average to be in paid work and this is particularly true for older women in their 50s and 60s.³¹ Women are the majority of those working in the public sector.³²

The cuts

- Between October 2010 and June 2011, 924 public sector jobs were lost in Coventry.³³
- Between January and September 2011, 323 women and 134 men left Coventry City Council jobs through redundancy or early retirement.³⁴
- The City Council are predicting a loss of a further 500 jobs in 2012.³⁵
- Cuts to NHS staff in Coventry include a recruitment freeze at University Hospitals Coventry and Warwickshire NHS,³⁶ and an expected loss of up to 250 jobs at George Elliot Hospital.³⁷ 560 jobs are also expected to go at Coventry and Warwickshire Partnership NHS Trust.³⁸
- The continuing public sector pay freeze means that any public sector worker earning more than £21,000 has had their pay frozen for 2 years and any public sector worker earning less than £21,000 will receive a £250 annual pay increase.³⁹

The impact: If public sector cuts lead to disproportionate job losses among older women in Coventry it will increase overall inequality between women and men in Coventry. Public sector pay freezes and cuts in hours may also exacerbate this situation. At the same time, women face disproportionate impacts of cuts to social care, cuts to childcare and cuts to disability benefits. This will make it harder for women with caring responsibilities (including grandparents) and disabled women to stay in the workforce.

Disabled older women

Disabled older women will be affected by a combination of cuts and changes including:

- Cuts to disability benefits and new assessment processes for disability benefits that appear to be deeply flawed. This may lead to increased poverty and health problems.
- Cuts to spending on health and social care which will disproportionately affect disabled women and may have a serious impact on their health and human dignity.
- Cuts to transport services which may leave disabled women unable to access health services or shops and mean they are increasingly socially isolated.
- Cuts to legal aid and advice services will make it harder for disabled women to challenge what is happening to them.

Taken together the combined impact of the cuts may have a serious impact on some disabled women's human rights.

7. Voluntary and advice services

Background: Voluntary organisations in Coventry provide information, advice, support and services for older women in Coventry that are vital for tackling discrimination and promoting women's human rights.

The cuts:

- A number of funding streams from central Government for voluntary organisations have ended.
- Reductions to health spending have led to the Primary Care Trust cutting grants to a number of voluntary organisations.
- There has been a drop in charitable giving from individuals.
- Many charitable and non-charitable organisations are receiving an increasing level of grant applications which means that the success rate for applications is falling.
- Coventry City Council is reviewing its funding of the voluntary sector and is forecasting a saving of £100,000 in 2012/13 and £200,000 in 2013/14. The Council reversed an earlier decision to top slice 3% off all voluntary sector grants but some grants have been reduced or stopped.⁴⁰
- Voluntary organisations that have local or national contracts to deliver public services are being affected by cuts to spending on public services.
- There have been significant cuts to Legal Aid which will affect organisations providing specialist legal advice services and organisations providing more general advice services that refer on to legal specialists.

The impact: As voluntary organisations are forced to cut services or in some cases close altogether there is a risk of:

- Increased loneliness and isolation particularly for older women living alone.
- Reduced levels of advice and support to enable women to claim the benefits and services to which they are entitled and to help protect them against discrimination.
- Difficulty in monitoring the on-going impacts of other public spending cuts on older women.

8. Action required

- **Public authorities** have legal obligations to promote equality and not to breach human rights. In order to do this effectively they need to consider the potential impact of all budget cuts on equality and human rights outcomes for older women and carefully monitor the actual impact.
- **Public authorities** should take account of the combined impact of different cuts on particularly vulnerable groups in their

assessments and monitoring.

- **Public authorities** should ensure that they co-ordinate their policies and practices where multiple agencies have an impact on a particular issue.
- **Public authorities** should also pay due regard to the role played by women's organisations and voluntary organisations providing services to older women in tackling discrimination and in promoting older women's human rights.
- **Other actors** can play important roles in monitoring impacts, campaigning, and bringing cases to courts.

9. About us

This report was funded by the Centre for Human Rights in Practice, School of Law, University of Warwick.

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Coventry Women's Voices is an independent group of women's organisations, organisations working with women and individuals that have come together to ensure women's voices in Coventry are heard and to improve the lives of women living in Coventry. For more information about our work see <http://coventrywomensvoices.wordpress.com/>

The Centre for Human Rights in Practice undertakes a wide variety of research, capacity-building and other project work aimed at promoting human rights, locally, nationally and globally. For more information about our work see <http://www2.warwick.ac.uk/fac/soc/law/chrp/>

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1. Introduction

1.1 Overview

This report records the human rights and equality impact assessment (HREIA) carried out by Coventry Women's Voices (CWV) and the Centre for Human Rights in Practice at the University of Warwick, School of Law (CHRP). It analyses the initial impact of public spending cuts that have already taken place and considers the potential longer term impact of these cuts along with the impact of cuts planned for the future.

The 2010 Comprehensive Spending Review (CSR) announced £34bn in cuts to funding for public services by 2012-13.¹ By 2014/15 there will be cuts of £73 billion in public spending including both welfare benefits and public services.²

This HREIA focusses on the specific impact of the cuts on older women in Coventry examining both the equality impact (how the cuts will affect older women relative to other groups) and the human rights impact (how the cuts will affect the human rights of older women, particularly the most vulnerable).

This introduction sets out the background to the report, the reasons for the focus on older women and provides some contextual information about the situation of older women in Coventry and the UK as a whole. The final section of the introduction sets out the structure of the rest of the report.

As many of the public spending cuts announced in the CSR have yet to take effect this report represents a snapshot of the situation in the first half of 2012. There will inevitably be changes. The conclusion of each chapter highlights the monitoring necessary to measure the on-going impact of the public spending cuts on older women.

1.2 Background to this report

In April 2011 Coventry Women's Voices and the Centre for Human Rights in Practice published *Unravelling Equality?: A Human Rights and Equality Impact Assessment of the Public Spending Cuts on Women in Coventry*.³ That report set out the ways in which public spending cuts will hit women in Coventry harder than men:

- Women are more likely to work in the public sector so are hit harder by public sector job cuts.
- Women are more likely than men to rely on benefits or tax credits so will be hit harder by benefit changes.

- Women are more likely than men to use public services so will suffer more as these services are cut.
- Women are more likely to be carers, filling the gaps with unpaid work as services disappear.

Unravelling Equality concluded that the public spending cuts were likely to result in the slow progress made on equality unravelling. For some groups of women, particularly the poorest and most vulnerable, the cuts are likely to damage their human rights. Our conclusions matched those of other groups including the Fawcett Society, TUC and Women's Budget Group.⁴

The Fawcett Society concluded that:

Taken individually, the elements that make up the current austerity package will make life more difficult for many women across the UK; added together they spell a tipping point for women's equality. Fawcett Society⁵

Unravelling Equality looked at all women in Coventry, but the report recognised that certain groups of women are likely to be particularly badly hit by the spending cuts. These include older women, young women, lone parents, Black, Asian and Minority Ethnic (BAME) women and disabled women.

Coventry Women's Voices and the Centre for Human Rights in Practice decided to find out how the cuts are affecting particular groups of women in Coventry. We hope to publish a series of reports looking more closely at how the most vulnerable groups are being affected as the cuts start to bite. This report is the first in the series.

1.3 Definition of 'older' women

There is no clear definition of what an 'older' person is. The Office of National Statistics series on 'Older People in the UK today' focusses on the over 60s or the over 65s.⁶ Age UK provides services to people in their 50s and above.

For the purposes of this report we decided to examine the experiences of women from their mid-50s onwards. This was partly in response to initial interviews at the early (scoping) stage of this project. Several agencies and organisations suggested that there were particular issues facing women coming up to retirement age who were facing a combination of ageism and sexism in the workplace and benefits cuts. We felt it was important to record the experiences of this 'younger older' age group. However the majority of the women covered by this report will be over retirement age.

1.4 Why older women?

Although the disproportionate impact of the spending cuts on women as a whole has been widely recognised, there has also been a widespread assumption that older people, and in particular pensioners, as a group have 'got off lightly' from the impact of public spending cuts.⁷

It is certainly true that a number of benefits for pensioners have been protected (see Incomes and Poverty chapter of this report for more detail) and pensioners as a group have not been hit by benefit and tax changes on the scale that some families have faced as a result of cuts to tax credits. Commenting on the 2012 budget Robert Joyce of the Institute for Fiscal Studies said:

Pensioners have lost considerably less from recent tax and benefit changes than any other demographic group.⁸

However the impression that pensioners are not suffering from the impact of the public spending cuts is flawed in two ways:

Cuts to public services will have a disproportionate and significant impact on older women.

Tax and benefit changes are only part of the public spending cuts. Cuts to public services including health, social care and transport will all have a significant impact on older women, as catalogued in Chapters 2-4 of this report.

The overall impact of cuts to services on older women is highlighted by the research of Howard Reed and Tim Horton for the TUC in 2010. This showed that single pensioners will lose services worth just over £1,000 a year (73% of these pensioners are women). This is the equivalent of a cut of 8.7% of their household income. Of all household types only lone parents (who will lose 11.7% of household income) do worse.⁹ This calculation assumes no cuts to spending on health services (based on the Government's promise to protect health service spending); in fact there have been cuts to healthcare (see chapter on Health).

Further research by Howard Reed and the Women's Budget Group calculated that women single pensioners will lose services equivalent to nearly 12% of their income, compared to the loss to the average household of 6.8%. Male single pensioners will lose just under 10%.¹⁰

Significant numbers of older women are already living in poverty; therefore the overall effects of cuts upon them will be particularly severe.

The National Pensioners Convention has argued that "there has been considerable comment in the media that pensioners have previously emerged relatively unscathed from the government's austerity drive." They argue that this assertion is ill-informed and fails to recognise that a UK state pension has for decades been one of the least adequate in Europe. As a result, 1 in 4 older people are living below the official poverty line, "whilst millions more struggle on incomes that are just above." They argue that this situation is now being exacerbated by a series of cuts and changes to benefits and services, many of which are described in this report.¹¹

Government statistics also demonstrate that there is significant inequality between pensioners. Among pensioner couples in 2008/9, the average income of the top fifth of households was £755 a week, 3.8 times the average income of the bottom fifth, £197 a week.¹² While the proportion of pensioners who are in low-income households has halved over the last decade¹³ there are still pensioners living in poverty and the majority of these are women:

- Women aged 65-69 have an income that is only 55% of that of men in the same age group.¹⁴
- Using the Government's measure of poverty (living on an income 60% or less than the median) 19% of women pensioners and 15% of men are living in poverty.¹⁵
- 69% of the 1 million pensioners living on less than 50% of UK median income are women.¹⁶
- Nearly half a million women pensioners are described as 'materially deprived' by the Government.¹⁷

The Department of Work and Pensions warns that these figures may understate gender differences because they assume that among couples any household income is shared equally, which they recognise is not always the case.¹⁸

BAME pensioners are also more likely to be living in poverty:

- 31% of Asian or Asian British pensioner households are living in poverty.
- Among pensioner households of Bangladeshi or Pakistani origin this goes up to 38%.
- 27% of Black or Black British pensioner households are living in poverty.¹⁹

As a result of the combination of underlying poverty and the current economic situation, the poorest pensioners are currently struggling to meet rising living costs, particularly the costs

of food and fuel which have risen faster than inflation. For this group of pensioners, even relatively small reductions in income and cuts to services can be enough to push them into poverty (see Chapter 5 on Incomes and Poverty).

This report therefore identifies how the specific impacts of a series of cuts to services and benefits are likely to increase inequality between older women, including pensioners, and other groups. It also catalogues how these cuts and changes are likely to impact upon the human rights of older women, particularly the poorest and most reliant on benefits and public services.

1.5 Older women in Coventry

Coventry is a relatively young city. 14.7% of people in Coventry are over 65 compared to a national average of 17.2.²⁰

According to the Coventry Partnership, 'In the 1970s and 1980s many young people left the city looking for work meaning that, today, there are relatively fewer older people today than might be expected. This means that the proportion of the population over 70 years is stable (if not slightly falling) until 2014 and will rise slowly from 2015.²¹

As in the rest of the UK there are significantly more women than men among the older population of Coventry. There are:

- 41,400 women and 35,500 men in Coventry over 55
- 26,300 women and 20,200 men over 65
- 13,700 women and 9,200 men over 75.²²

25.9% of Coventry's population is Black, Asian or Minority Ethnic (BAME).²³ After white British people (74.1%) the largest ethnic group in Coventry is Asian/Asian British (12.3%).²⁴

Among older age groups the proportion of people from BAME communities is smaller. The most up to date information we were able to find was from 2006 which showed that:

- 11% of people over 65 were BAME: 8% were Asian or Asian British and 2% were Black or Black British.
- 5% of people over 75 were BAME: 4% were Asian or Asian British and 1% were Black or Black British.²⁵

Life expectancy in Coventry is lower than the national average:

- Women's life expectancy is 81.6 years compared to a national average of 82.6.
- Men's life expectancy is 77.2 compared to the average of 78.6.²⁶
- There is significant variation in life expectancy with people in richer areas having a life expectancy up to eight years

longer than people in poorer areas.²⁷

Coventry is a diverse city and the situation and experiences of older women in Coventry vary enormously. In compiling this report we recognise that not all older women in Coventry will be affected by the cuts in the same way. The situation of a fit and well older woman with a partner, a good occupational pension and a comfortable home which is owned outright will be very different from that of a woman in poor health, living alone in rented accommodation and dependent on pension credit. The experience of women in Coventry's BAME communities will vary significantly. Where possible we highlight the different ways in which different groups of older women will be affected by the spending cuts.

1.6 The Structure of this report

This report is split into six subject chapters, each focussing on a particular issue of concern for older women. These issues were chosen as a result of extensive consultation with women and women's organisations in Coventry. They are all issues where women in Coventry have expressed concerns about the impact of the cuts.

The report therefore focusses primarily on the potential negative impact of the cuts on older women. Other groups of women will be affected by cuts in different areas (for example cuts to education funding, or support for families with children).

There are some areas where a cut affecting one group of women has a knock on effect on older women. For example cuts to childcare, which primarily affects families with young children, can have an impact on older women who provide childcare for grandchildren.

In some areas (for example social care) agencies working in Coventry compared the situation in the city favourably with other areas. We have tried to reflect this in our report. At the same time we also recognise that, for the women affected, knowing that they would face more severe cuts in services in, for example, Warwickshire does not make dealing with a smaller cut in Coventry any easier.

Each chapter of the study contains the following elements:

- Description of the public sector spending cut for the issue under discussion (for example health, social care etc.).
- Information about how this cut will affect older women in Coventry.
- An analysis of what the human rights and equalities issues of the cuts will be.
- What monitoring should take place in order to assess the on-going impacts of the cuts.

A final chapter of the report presents conclusions on the overall human rights and equality impacts and the potential accountability mechanisms for dealing with these issues.

The methodology used in this study is contained in Appendix 1.

Women and the Cuts toolkit

Following the publication of Unravelling Equality we were approached by a number of organisations in other parts of the country wishing to undertake a similar study. Coventry Women's Voices together with the TUC have produced the 'Women and the Cuts Toolkit' which provides a step by step guide to carrying out a local Human Rights and Equality Impact Assessment. The toolkit can be found at: <http://www.tuc.org.uk/equality/tuc-20286-f0.cfm>

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- 5 Sands, D. (2012) *Ibid*
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2. Health

2.1 Overview

The Government has committed to increase spending on health by £12.5 billion in the next four years. At the same time the NHS has to save £20 billion from its budget to meet the rising costs of caring for an ageing population and the increased costs of drugs and treatments.¹ The Government argues that these savings can be made by increased efficiency but unions and campaigners have reported wide-spread cuts to health services and job losses.² At the same time, proposals for health reform in the Health and Social Care Act have created uncertainty about the future direction of the NHS and what this will mean locally.

Over the last 12 months a number of problems and delays to services have been observed which raise particular concerns about the treatment and healthcare outcomes of older women. These include increased waiting times and problems travelling to other hospitals; increased cancellations of appointments; problems with discharges from hospital and inadequate care packages, increased pressure on staff and volunteers and difficulty getting an appointment with a General Practitioner (GP).

All of these problems and delays are having, and will continue to have, a disproportionate impact on older women since they are more likely to need health services than younger women or men. The cuts are taking place in the context of a continuing problem of age discrimination in parts of the NHS which may mean a still larger impact on older women.³

The health of older women is also likely to be affected by increased poverty due to cuts in benefits and increases in the cost of living (see Incomes and Poverty Chapter 5), cuts to funding for social care (see Social Care Chapter 3) and cuts to transport services (see Transport Chapter 4) that will increase isolation and make it harder for older women to access health services.

2.2 What Cuts are Happening?

Nationally

The NHS in England has to make £15–20 billion of savings by 2015.⁴ As a result of these cuts the Royal College of Nursing reported in November 2011 that 48,029 jobs had been lost or were set to be cut and that they were expecting this figure to rise to over 56,000.⁵

In Coventry

University Hospital in Walsgrave and Rugby St Cross face having to make at least £28.8 million of cuts over the next financial year following

cuts of £28 million last year.⁶ George Elliot Hospital faces cuts of £6.8 million on top of cuts made last year.⁷

Coventry and Warwickshire Partnership NHS Trust, which focuses on mental health, plans to cut its workforce by the equivalent of nearly 560 full-time posts - almost 20 per cent of total staffing - between 2010 and 2013, including more than 300 clinical posts.⁸

In November 2011, the 22 bed Birch Ward at St Cross Hospital in Rugby closed in order to save the University Hospitals Coventry and Warwickshire NHS Trust £1million per year. Patients from Coventry had been treated on that ward.⁹

The number of hospital beds in Coventry has fallen in the last year. At the University Hospitals Coventry and Warwickshire NHS Trust there were 1158 overnight beds in the period October-December 2010. This had fallen to 1129 in October-December 2011. In the same period the number of beds at the George Elliot hospital fell from 348 to 334.¹⁰

Other cuts in funding to services provided by the Primary Care Trust

PCTs in Coventry provide funding for health-related services in the community. As budgets are being squeezed funding for these projects is drying up. These include a support group for older Asian women and a specialist BAME carers' mental health support worker (see Chapter 7, Voluntary and Advice Services for more information).

2.3 NHS cuts and older women

The cuts described above will have a particular impact on older women both in Coventry and in the rest of the UK since they use more NHS services than other groups. Nationally 45% of NHS expenditure is on older people¹¹ and nearly two-thirds of NHS patients receiving consultant-led care are aged 65 and over.¹² Women form the majority of this group – in 2007/8, 2,231,720 women over 65 were admitted to hospital compared to 2,084,031 men.

In Coventry significantly more older women than men use hospital services - in 2007/08 9,409 men and 11,246 women over 65 were admitted to hospital in Coventry.¹³ Women in Coventry are more likely than men to use specialist mental health services. In the year to March 2011 5,279 women compared to 4,196 men used specialist mental health services in Coventry of which 1,697 were women over 65.¹⁴

In addition to needing higher levels of health services, older women may experience the

impact of the cuts more severely because of the continued problem of age discrimination within parts of the NHS. This was most recently highlighted in a report by Macmillan Cancer Care into the under treatment of older cancer patients.¹⁵ However age discrimination has been identified as an issue within the NHS for many years.¹⁶

Nationally there have been suggestions that some health services for older people have specifically been targeted. A Daily Telegraph survey of hospital bed closures in January 2012 showed that across 39 trusts, 469 beds have been cut since April 2010. 259 of these were elderly beds. 17% of the 121,000 beds in NHS hospitals are for the elderly leading the Telegraph to conclude that managers have deliberately been targeting beds for the elderly for cuts.¹⁷

Dr Ian Donald, Chair of Policy at the British Geriatrics Society argued that older people are particularly likely to suffer from early discharge as hospital managers were targeting beds for older people which were more expensive than other beds.

The main reason is probably financial; they see elderly care beds are expensive to run and associate it with stays of a couple of weeks rather than a 50-year-old in for three days.

You do have to understand there is a person at the end of this, who is shunted around. They will be better served by staying in one place.¹⁸

We did not find evidence of this happening in Coventry, but even if there is no specific targeting of older people they are likely to be disproportionately affected by health service cuts as they have a disproportionate need for health care services.

2.4 What is the impact on health services in Coventry?

Over the last 12 months a number of problems and delays to services have been observed which raise particular concerns about the treatment and healthcare outcomes of older women. These include:

- Increased waiting times and problems travelling to other hospitals.
- Increased cancellations of appointments.
- Problems with discharges from hospital.
- Impact on family carers.
- Increased pressure on staff and volunteers.
- Difficulty getting an appointment with a GP.

Each of these issues are discussed in turn below.

2.4.1 Increased waiting times and problems travelling to other hospitals

Reduction in the number of beds may increase

waiting times or mean that patients cannot be seen at their local hospital.

Across the UK the number of people waiting more than 18 weeks for a hospital appointment has increased by more than 40%.¹⁹

In Coventry average waiting times have gone up over the last year. Average waiting times for admission in February 2012 was 9.1 weeks for the George Elliot Hospital, up from 8.1 weeks in February 2011. Waiting times for the University Hospitals Coventry and Warwickshire NHS Trust went up from 5.9 weeks to 6.4 weeks.²⁰ The proportion of people seen within the 18 week limit at University Hospitals Coventry and Warwickshire has fallen from 94.5% to 91%.

A group of older women interviewed for this report discussed the problems they had faced having to go to Rugby for treatment, which caused problems with transport:

(1st woman) They send you a choice of three hospitals, but sometimes when you call they say that they can't fit you in. You have to go to Rugby because there was no room at the other hospitals. Well when you have no one to take you that can be a real problem.

(2nd woman) Yes, when you've got to make your own way Rugby (hospital) is way out of the bus stop.

(3rd woman) You get off in the main street in Rugby then you have a very long walk.²¹

2.4.2 Increased cancellations of appointments

There has been an increase in cancellations by the Coventry and Warwickshire University Hospitals Trust – in 2009/10 there were 537 operations cancelled, in 2011/12 this number had gone up to 575. Cancellations at the George Elliot hospital fell significantly from 2009/10 to 2010/11; from 217 cancellations to 95. However the following year cancellations rose again to 115.²²

The increase in cancellations of appointments was raised by a number of support, care and advice workers working with older people in Coventry:

One support worker working in sheltered accommodation said:

I have noticed a lot more cancellations. A lot of people getting appointments and they are cancelled, and then they are getting other appointments and they are cancelled and it keeps getting put back and put back.²³

Another worker supporting a group of South Asian older women said:

There is an impact we are seeing on waiting times. Appointments are being cancelled more often now. They are being cancelled on the day they are due to take place. We had a meeting about it and several women came with two letters they had received on the same day, one giving them an appointment time and the other cancelling it. I think it is a way round the system so that they can say they have given an appointment in the time even if they can't fit it in.²⁴

One Asian woman described through a friend the problems she had had when her appointment was cancelled at the last minute:

Her appointment was today, and when she went to her appointment they said no, no sorry we can't see you. She had come so far in the cold weather and she was shaking with cold. They said no we can't see you. Come back. It was terrible. It has been getting worse. It did not use to be so bad.²⁵

2.4.3 Problems with discharges from hospital

Doctors across the UK have complained that they are under pressure to discharge patients too early as a result of the cuts. Dr Ian Donald, Chair of Policy at the British Geriatrics Society and consultant geriatrician at Gloucestershire Hospitals NHS Trust interviewed in the Daily Telegraph said:

Hospitals are desperate to cut costs. We are coming under pressure to discharge people or shift people elsewhere perhaps earlier than might be good for them.²⁶

We could not find statistics for early hospital discharge in Coventry. But a number of agencies and organisations working in social care described the impact that changes to hospital discharge policies were having on their services:

One problem which has been growing is with hospital discharge process which is getting worse. People are being discharged with no planning, no assessment of the level of care. In hospital there is a legal requirement for people to be trained, there is a requirement that people do not lift on their own, and they need two people. But someone can be sent home to an elderly partner with no training, no support, and no adaptations. Re-admissions take place and they cost the NHS much more. We are seeing a significant number of re-admissions. Pauline Dye, Coventry Carers Centre ²⁷

There is a big pressure to get people out of hospital and that has a huge impact on social care. Five years ago a hernia operation would have been in for a week or five days, now it is a day patient. So they are planning the discharge of people before they go in. so there is a pressure to get people out, but they have to recuperate and get better at home. If they are elderly and have had a fall there is all that extra pressure on social care to look after them. As well as the aging population, you have people living longer, healthier, people being pushed out of hospital quicker because they want to use the beds for the turnover, because they are only paid for what they are doing, the money is attached to each person. So it all has an effect on the pressure downwards on social care. Penny Collard, Coventry Crossroads²⁸

The personal impact of discharges without sufficient support can be seen from the extremely distressing experiences of some of the women we interviewed:

I had no one to look after me. I had a heart attack. My husband died of a heart attack. I was feeling so stressed and worried because there was no one. I was worried I was going to have another attack. I was discharged from hospital. No one was at home. I was going through bereavement, loneliness, the loss of him. It was horrible. I didn't get any help. It is awful to go through this.²⁹

In the hospital they see a patient and then they say go home, but no one is at home, and the next hour they have to go back into hospital because the pain is worse. People can't stay in even for one day to check that they are alright.³⁰

I had a personal horrible experience – just before Christmas I had surgery as soon as it was finished they said you can go home. There was no after care. I have lost my husband. I could not even move from one room to another I could not do anything but I had to go home. I have to sit for three hours on a chair in outpatients and then they said I could go home, but there was no one to look after me.³¹

2.4.4 Impact on family carers

As well as being affected by cuts to health spending as patients, many older women are also affected as family carers. The peak age for caring is between 50-59. One in four women in this age group is providing some care, compared with 18% of men.³² Cuts in health services leave women having to fill the gaps. One woman described having to provide care for her ex-husband because there was nobody else able to help:

My ex-husband is suffering quite badly with Parkinsons. And the two Parkinsons nurses for Coventry are both off long term sick so I said 'can somebody else come?' and she said 'no sorry' - now how do you work that one out?. He has fallen twice in the last four days. I am trying to get him in a home because there is no-body else. Nobody seems to be doing anything; social workers don't seem to be doing much.³³

Health service support for family carers have been underfunded for several years. In 2010 it was reported that less than a quarter of the £50 million provided by the Government to Primary Care Trusts to provide respite services for carers had been spent on carers' services.³⁴ There is concern among agencies that with spending cuts this situation will get worse.³⁵

Chapter 3 in this report on social care discusses the impact of other cuts to social care services on carers and those they care for.

2.4.5 Increased Pressure on Staff and Volunteers

Women in Coventry interviewed for this report described the impact that staff cuts were having including lack of cover when specialist staff were off sick:

The two Parkinsons nurses have been good up until now, but two of them are off sick. That is too long a time. This is the problem because they are off long term sick they have to pay them and they have no money to pay for cover.³⁶

Staffing cuts also lead to increased pressure for workers in the health service, the majority of whom are women. A survey of healthcare workers published by Unison in March 2012 showed that 85% of health service staff experienced an increase in workload and 83% suffered an increase in stress over the past year.³⁷

Pressure caused by staff cuts was also mentioned by several of the older women we interviewed who volunteered in local hospitals. One Asian woman described the pressure she was under as a volunteer translator in a Coventry hospital because the demand for her services was more than she could meet:

I do voluntary work as an interpreter in the hospital. But I am not there all the time. If they don't have an interpreter they don't understand anything. One lady came last week; she had to have an operation on her eye. She hugged me and started crying and saying 'you have to come to help me with the operation'. I took her to the theatre and explained what to do, what is happening, then I came down and I saw an old man who said 'I don't know what to do, no one is helping me, my appointment was at 11 o'clock', then I had to run with him to get to the appointment. By the end of that day I was so stressed, seeing people suffering makes people stressed.³⁸

2.4.6 Difficulty getting an appointment with a GP

GP services are particularly important for older people. In a major snapshot survey of the health of older people in 2005 22% of over 65s had visited their GP in the last two weeks.³⁹ Several women complained that GPs services seemed more over-stretched in the past – meaning that they were not able to see their preferred choice of doctor and in some cases found it difficult to make an appointment at all.

I have been trying to get an appointment with my doctor, every week every day calling, calling to make an appointment with him. You have to ring in the morning and it is engaged and when you speak to someone they say it is full up, you have to ring up tomorrow, but every day you ring up and it is full up.⁴⁰

They say ring after 8, then ring back and it is always busy or they say there is no appointments.⁴¹

This has got worse for the last few months; we have had problems getting an appointment with the doctor.⁴²

I have had a pain in the heart, I have a heart problem, they say try next week, try next week. Then I try next week and they say try Monday morning 8.30, but I try and there is no one so they say ring the emergency doctor. They say ring up all full up.⁴³

It has taken nearly 3 weeks to make an appointment.⁴⁴

One woman who spoke little English described through a friend the problems she was having finding a doctor she could speak to:

She can't get an appointment with her own doctor which she wants, they say she has to see another doctor who is English, but she can't speak very good English so she wants her own doctor.⁴⁵

2.5 Other cuts that will have an impact on women's health

In addition to cuts to health service spending the health of older women in Coventry is likely to be affected by a series of other cuts and changes. Cuts to welfare benefits, pensions and tax credits will have a significant impact on some women's physical and mental health (see Chapter 5, Incomes and Poverty), as will cuts and changes to social care for some carers and those they care for (see Chapter 3 on Social Care). Cuts to transport services in Coventry are also likely to leave a number of older women isolated and less able to access vital health services (see Chapter 4, Transport).

2.6 What will be the human rights and equality impacts?

Cuts to healthcare spending will have a disproportionate impact on older women. When these cuts are combined with age and sex discrimination and cuts to other services they could have a significant impact on the right to health of older women.

The personal impact of the cuts on the lives of women affected can be seen from some of the women we interviewed for this report, many of whom were extremely distressed and upset by their experiences. Many of these experiences raise human rights concerns including:

- **Delays in treatment** – Increased waiting times, cancellations of appointments and lack of transport to get to appointments can all lead to delays in treatment. This may mean patients suffering longer and may impact on eventual health outcomes including possibly their chance of survival. There is already evidence that older cancer patients are under-treated and that this is a factor in the high death rate from cancer in the UK among older people relative to other developed countries.⁴⁶
- **Inadequate Care in hospital** - A Care Quality Commission report in 2011 showed that nearly half of hospitals were failing to provide good nutrition to elderly patients while 40% did not offer dignified care.⁴⁷ Staff shortages as a result of cuts will risk this situation getting worse, and could lead to impacts on health and privacy and could even constitute inhuman and degrading treatment.⁴⁸
- **Inadequate discharge procedures:** The human rights implications of failure to adequately assess patients on discharge for hospitals have been highlighted in a number of cases.⁴⁹ Failure to properly assess

care needs could lead to violations of the right to private life or even to inhuman and degrading treatment.

2.7 Monitoring required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described in this report are set out in Chapter 8 – Conclusions and Action Required. Here we focus on setting out the specific monitoring required with regard to health care services.

The potential impact of cuts not only to health but to social care and other services, particularly in the context of continued age discrimination on the right to health, right to be free of inhuman and degrading treatment and even the right to life of some older people means that it is extremely important to monitor the actual impact of the spending cuts on older women.

The Equality and Human Rights Commission (EHRC) examined the policies and practices of a sample of Strategic Health Authorities and Primary Care Trusts and concluded that they were not doing enough to meet their duties under the Equality Act.⁵⁰ The EHRC made a series of recommendations for action at a local level in order for health bodies to meet their duties under the Act including:

- the need to improve the evidence base for decision-making, across all protected characteristics and to set clear and measurable equality objectives;
- the need to ensure that equality data is routinely used in decisions about commissioning services.

Of particular importance, in order to assess the on-going human rights and equality impacts on older women of cuts and changes to health care identified in this report, the following areas should be carefully monitored in Coventry:

- the length of waiting times and number of cancellations of appointments with GPs and at hospitals of older women as compared with other groups of patients;
- the degree to which older patients are receiving good nutrition in hospital and dignified care according to the criteria set out by the Quality Care Commission;
- patients' satisfaction levels with care packages and other forms of support on discharge from hospital.

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3. Social care

3.1 Overview

Cuts to council budgets have led to cuts for funding for social care for older people in Coventry and across the UK. Older women are particularly likely to be affected by these cuts as they are the majority of users of home and residential care and disproportionately likely to be providing unpaid care. They therefore have to fill gaps as local authority care is reduced. Women are also the majority of those working in social care roles (see Chapter 6, Employment).

Cuts and changes to social care and any reduction in the quality of service can also have a serious impact on the health and wellbeing of those needing care and of their carers, potentially raising human rights concerns.

Agencies in Coventry compared the situation in Coventry favourably to that of a number of other local authorities. However they also highlighted current problems and predicted potential future problems in social care including: increased charges for services, staff cuts, reduction in level of services, services going to the cheapest provider, reduction in staff training, potential decline in future standards of care, the impact of cuts in relation to health services and particular issues for older Asian women in Coventry.

Several of the agencies we spoke to for this chapter preferred not to be named, or did not want particular comments attributed to them because of the potential impact on their work. To protect them we have made all comments in this chapter anonymous.

Context of underfunding of social care sector

The cuts are taking place in the context of pre-existing underfunding of social care. The Report of the Commission on Funding of Care and Support headed by Andrew Dilnot published in 2011 concluded that *the current adult social care funding system in England is not fit for purpose and needs urgent and lasting reform.*

The current system is confusing, unfair and unsustainable. People are unable to plan ahead to meet their future care needs. Assessment processes are complex and opaque. Eligibility varies depending on where you live and there is no portability if you move between local authorities. Provision of information and advice is poor, and services often fail to join up. All this means that in many cases people do not have good experiences.¹

The report went on to argue:

We consider that the current social care system is inadequately funded. People are not receiving the care and support that they need and the quality of services is likely to suffer as a result.Over the last four years demand has outstripped expenditure by around 9%.²

Age UK has argued that spending on care for older people has failed to keep pace with rising needs over many years:

In the five years before the present financial troubles (2005-2010), public spending on older people's care decreased in real terms, and the impact is made more acute by rising costs in the care sector which have historically outstripped inflation. So while costs in the sector were climbing total spending was decreasing in real terms. At the same time the number of people aged over 85 who are most likely to need care increased by 27 per cent.³

The combination of existing under-funding, rising demand and new cuts has led to what Age UK describes as a 'crisis in care services'. They have calculated that in order to maintain the care system at the level it was in 2010, spending on social care should have been £7.8 billion, but that total spending was £7.3 billion leaving a shortfall of £500 million.⁴

The historic underfunding of social care has left many older people facing substantial and unexpected bills for their care. At the same time pressure to keep costs down has meant that those working in the care sector (mainly women) have been badly paid. In April 2010 9% of those working in social care were paid less than the then minimum wage rate of £5.93 an hour.⁵ The Low Pay Commission has repeatedly recommended that funding for social care should reflect the costs of care, particularly meeting the minimum wage.⁶

Pressure to keep costs down, low pay and high staff turn-over has had a serious impact on the quality of care provided in some care homes and by some home care agencies.⁷ Those receiving care are also vulnerable when care providers face financial problems, as happened with the collapse of the Southern Cross group.⁸

3.2 What is happening now?

3.2.1 Nationally

A survey by the Association of Directors of Adult Social services in 2011 concluded that local authorities would be cutting their budgets for adult social care by 6.9%.⁹

The Government claimed that social care expenditure will increase by 3.2%.¹⁰ However this included £1.3bn in funding previously given to PCTs for the funding of long-term care for people with learning disabilities, now included in the figures for council social care.¹¹

According to the NHS Information Centre expenditure on adult social care in 2010/11 fell by 1% in real terms, with spending on people aged 65 and over falling the most from £9.64 billion to £9.44 billion.¹²

3.2.2 In Coventry

In Coventry expenditure on residential care, nursing homes and home helps for adults fell from £67,599,000 to £65,774,000 between 2010 and 2011 (a 2.7% reduction).¹³ Spending on residential care for people over 65 fell from £17,935,000 to £16,652,000 in the same period (a 7.2% reduction).¹⁴

Spending on home helps and home care increased from £29,868,000 to £ 30,745,000 (a 2.9% increase). Spending on day care for older people also rose from £2,467,000 to £2,683,000 (an 8.8% increase).¹⁵ This reduction in expenditure on residential care and an increase in expenditure on care at home is part of a wider policy shift to support people to stay in their own homes.

The increase in expenditure on care at home has not led to an increase in the level of services. Coventry City Council provided more than five and a half thousand fewer weeks care in 2010/11 than in 2009/10. The number of weeks care¹⁶ fell from 102,606 to 96, 758.¹⁷

Under Coventry City Council's ABC review a further £1,500,000 in savings are expected in adult social care in 2012/13.¹⁸

3.3 Disproportionate impact on older women

Older women in Coventry are disproportionately affected by these cuts both as those needing care and as carers.

Older women needing care

The majority of people receiving direct payments to buy their own care or community based services in Coventry are over 65. In 2010/11 2,970 adults received direct payments and 8,905 received community services or carers' services. Of these 1,810 receiving direct

payments were over 65 and 5,360 people receiving community based services were over 65.¹⁹

There are more women than men among older age groups in Coventry. 41,400 women in Coventry are over 55. 26,300 are over 65 and 13,700 are over 75. This compares to 35,500 men over 55, of whom 20,200 are over 65 and 9,200 are over 75.²⁰

Among older people in Coventry more women than men are living in residential accommodation – by the time they reach 90 twice as many women as men are living in residential accommodation.²¹

The numbers of people needing care in Coventry are expected to increase. By 2025 NHS Coventry estimates that there will be over 20,000 people in Coventry unable to manage at least one domestic task on their own and over 18,000 unable to manage at least one self-care task.²²

3.3.1 Older women as carers

Women are the majority of unpaid carers. Nationally women are 58% of those caring for less than 20 hours a week and 62% of those caring for more than 20 hours a week. A disproportionate number of those caring for more than 20 hours a week are over 65. A 2009 report by the Office of National Statistics showed that nearly a third (30%) of those caring for more than 20 hours a week are over 65.²³ In the same year 16.4% of the population was over 65.²⁴

16,793 women in Coventry were providing unpaid care to another adult compared to 13,086 men at the 2001 census. Numbers will have increased since that time.²⁵ 3,802 women were providing care for more than 50 hours a week and 1,936 were providing care for between 20 and 49 hours a week.²⁶

Nationally the peak age for caring is between 50-59. One in four women in this age group is providing some care, compared with 18% of men.²⁷

3.4 What are the impacts of the cuts to social care on older women in Coventry?

Social care in Coventry is provided by a mixture of public, private and voluntary sector providers. Some of it is funded by the City council, some people fund their own care and some receive a mixture of public and privately funded care.

Older women in Coventry have been affected by a number of changes to both residential

and home based social care services. Both agencies providing care and those working with older women are predicting further changes as more cuts take effect. The agencies we spoke to compared Coventry favourably to a number of other local authorities. However they also highlighted current problems and predicted potential future problems in social care including:

- Increased charges for services
- Staff cuts
- Reduction in level of services
- Services going to the cheapest provider
- Reduction in staff training
- Potential decline in future standards of care
- Impact of cuts in relation to health services
- Particular issues for older Asian women in Coventry

3.4.1 Positive comments about Coventry

Despite the problems caused by cuts to social care spending in Coventry several agencies commented that the situation in Coventry was not as bad as it could be:

In Coventry the City Council is by far and away the best body in terms of putting money into carers.

So really I think, touch wood, that Coventry (City Council) are doing pretty well at the moment. They are looking at carers and their needs and that if they support carers by a relatively small amount, then carers can carry on caring and the greater bill is less.

Coventry City Council, to its credit, has always spent the allocation for the Carers' Special Grant (even after it ceased to be ring fenced).

Several agencies compared Coventry favourably to other areas in terms of the social care support they provided. One person said:

I believe things are a lot better in Coventry than they are in Warwickshire. I dread the day that Coventry starts to go down the path that Warwickshire goes down.

Another said:

I have meetings across the country so I hear what is going on in other local authorities. I have always considered that I am lucky to be working in Coventry. Although some things are tough which is the nature of the game I think we do well in Coventry it is quite a forward thinking authority.

However even those who commented that the situation in Coventry was better than in some parts of the country expressed fears for the future:

People are living longer, they are healthier. It shouldn't be seen as a problem, it is a good thing. But there will come a time when everyone, if they live long enough, will need support. And that is the challenge that faces us all. I think that the only way the local authorities can cope with it, is to raise the bar.

Although many agencies commented that they thought the City Council were 'doing their best' to protect social care they were also aware of a reduction in the services that the Council offered:

Coventry is protecting social care as much as it can. But we are seeing year on year that social workers can do less and less because they are so over-stretched. We do all the work that we do to try to give people support and help.

Coventry City Council accepts that the current financial climate is 'unlike anything we have previously experienced.' But they argue that cuts to spending can be as a result of finding ways to do things differently or more efficiently, rather than a sign that services have been cut. However, there is recognition that the future is difficult and uncertain.

All Local Authorities will be faced with stark choices on services they provide in the future if National Government continues to underfund the most essential needs of adults with disabilities and our increasing frail elderly population. I do not believe that any politician can promise unchanged provision in the future.
Cllr Ann Lucas, Coventry City Council²⁸

3.4.2 Increased charges for services

The cost of care in the home in Coventry has increased by 4%.²⁹ Social care charges in Coventry are now among the highest in the country (22nd highest) at £15.58 an hour.³⁰

The cost of residential care is also increasing. The average cost of residential care in the West Midlands is now £470 a week.³¹ One voluntary organisation said:

We had one call from the daughter of a lady who was in a care home and had gone into hospital. The care home was saying they wouldn't take her back unless she paid an extra £140 top up a week. One or two homes take the basic rate, and the council has to find places for people in there if they can't afford the top up, but most people have to pay extra. But I've never seen anything like the behaviour of this care home.³²

3.4.3 Cuts to staff numbers

Both individual older women and organisations working with older women interviewed for this report mentioned cuts in numbers of staff

working in social care. One group of women in sheltered accommodation described how the level of support they received had been reduced from a full time on site warden to a part-time support worker:

1st woman: *So we had someone who lived on site, to someone 9-5 so now we have 3 days when she (support worker) is 12 until 4.30 and 2 days from 8.30 and the evenings and weekends we are on our own. There is nobody here.*
2nd woman: *We have a pull cord system that we can use, an alarm system.*
3rd woman: *She comes round every month and checks it is working.*
1st woman: *The thing is it is all right. But it is not like someone being here if you are very, very ill, what happens by the time they have come?*
4th woman: *Staffing levels have definitely dropped. It is like on-call nurses, bank nurses. They are no good here, they don't know none of us, so it would just be them sitting in the office. You need someone you know, who you can trust. Sometimes it is something that is important to you, but you don't know if it is important if you understand. So you don't want to bother someone if you don't know them. But here we know (the support worker), so we can go to her.*³³

A support worker in sheltered accommodation shared her concerns for residents when she was not on site:

I work here – if I am called away to a meeting for three hours then residents don't have anyone on site for three hours. Or if I am called away in an emergency. I know they have a pull cord but it is not the same as seeing a face is it?

A worker in residential care said:

That is happening a lot in our business. There isn't the money to pay staff to cover. So if someone is off sick you just have to go without, whereas years ago you could get someone in, or there were more people to share the work.

A number of agencies described the impact that cuts to social work staff had both on carers and those needing care. One said:

It isn't the front line services that are being cut at the moment, so much as the back office. If you call social services it can take 15 minutes for them to answer. If you call housing benefit it can take 20 minutes to get an answer. You are on hold. That is frustrating for us, and takes time from other work, but suppose you are a woman in her 80s who hasn't got a phone, suppose you have to go to a phone box in the cold. Maybe you have a husband with Alzheimer's that you have to look after. It is a real problem.

Another said:

They (social services) are cutting down on staff, using agency staff on short term contracts. These people are from outside the area, they don't have the networks of contacts, they don't know who they can refer to, which agencies work well together.

3.4.4 Reduction in access to services

In *Unravelling Equality* we reported on the concerns of some agencies that although Coventry City Council had not officially changed the criteria for social care they were seeing people receiving lower care packages than the agency would have expected a few years ago.³⁴ Agencies interviewed for this report suggested something similar:

I think there is slightly more stringent approach. All the social workers are aware that obviously there is less money, because of the restrictions. I don't think it is necessarily that they are being told to cut all the hours but they are being told to assess everyone thoroughly, so perhaps in the past where they might have been a bit more generous they are not so generous now.

A staff member at another agency said that increased demand was leading to a squeeze on services available to those with lower needs, raising concerns that that services might be increasingly restricted to those in the most intense need thereby jeopardising the welfare of those with 'lesser' but significant needs:

There hasn't been a formal movement from the local authority saying we are raising the bar, but I think because of the aging population, more people wanting to come home to die, more people wanting to stay in their own home, all the good things we are wanting to support, there has been a shift so that those people with less urgent needs aren't getting the service. The top bit that is getting the service is going up, it is not getting smaller. The demand is squeezing out other support at the bottom.

Voluntary agencies in Coventry such as the Coventry Carers Centre have had funding from the council for support services for carers cut. Projects that have lost funding include carers' assessments, a specialist BAME support worker for carers with people with learning difficulties and training for carers (see Chapter 7, Voluntary and Advice Services for more information).

3.4.5 Services going to the cheapest provider

National research into human rights abuses in home care carried out by the Equality and Human Rights Commission (EHRC) collected evidence that agencies providing care were under pressure to cut their bids to below a

level that was realistic if standards of care were to be maintained. One agency quoted in the report said:

The Care Agency which has won the social services contract for my area has obviously pared its bid down to the bone to win the contract and the regular supply of work that this brings. They have insufficient staff to fulfil all their obligations, particularly at weekends, and as their pay rate is low they have a huge staff turnover, meaning that staff are often inadequately trained. This has an obvious impact on their clients who are often left for long periods of time between visits.³⁵

While agencies in Coventry generally compared Coventry favourably with other local authorities, there will still concerns about the degree to which cost is taken into account in awarding contracts. The City Council sets a guide price for organisations tendering to provide social care services. Some voluntary sector organisations complained that this price was unrealistic if they wanted to maintain standards of care:

It is always a dilemma when you look at your costs and putting in a bid on a tender and they are giving you a guide price which is a couple of pounds lower than you think you can do it for, so you have to decide whether you are going to maintain your standards for what you do in terms of training and so on, or whether you will be like some private providers - not all, for there are some excellent private providers, but there are also some simply not very good ones.

Agencies that insist on a realistic price in order to maintain standards say that this means they are losing out on contracts:

A lot of the contracts that are coming up are framework contracts which is the fancy name for spot purchase, which means you are an approved provider and then they use you if they want to and they don't use you if they don't want to. What I can see happening is that once you get through the approved provider onto the framework they rate you according to price so the cheapest is at the top and the dearest is the bottom. They say there is a quality element, but what I say is that if you can prove on paper that you have reached a quality element then what it is done on is price. So when the work comes through it goes to the cheapest, and if they can't do it, it goes to the next. We still get offered some work through that contract, but we tend to concentrate on other work. We have a lot of contracts so we tend to concentrate on some of the other work that we have got.

3.4.6 Reduction in staff training

Pressure on providers to reduce costs can lead to a reduction in areas like staff training. One manager in a voluntary sector organisation said:

We have staff come to us saying that they are working for x, y and z firm and they say that they are not doing any training at all or they sit them in front of a computer for two hours and they have covered all their basic induction. Which is impossible, you can't do it. But that is considered training so you get your training certificate. But it is not enough.

3.4.7 Drop in standards of care

Home care

There is strong national evidence that cuts to spending in social care has led to a drop in standards in some areas. In March 2012 the consumer organisation *Which* reported on what it described as the 'disgraceful' standard of home care including missed visits and vulnerable people left with soiled bedclothes, with food left out of reach, and with vital medication missed.³⁶

Responding to this report the UK Homecare Association's spokesperson, Colin Angel, said the report highlighted "the disturbing consequences of the commissioning of homecare by local councils". He argued that:

To meet the current stringent public sector spending cuts councils are making significant attempts to reduce the price they pay for care. Homecare agencies repeatedly tell us that councils also allow less time for care to increasingly frail and elderly people. This raises serious questions about the ability of people to receive dignified, effective care, a situation which must be addressed nationally.³⁷

Unison Head of Local Government, Heather Wakefield argued:

Cash strapped councils are selling off 15 minute care slots to the lowest bidder. Is it any wonder that care workers tell us they don't have the time they need to care for elderly people properly? Care workers have seen their pay cut and are all too often living on the minimum wage and yet they still get no pay for traveling between appointments. The bar to accessing local authority care is getting higher, but many homecare workers do not get training. The elderly people they visit will be very frail, needing medication and some suffer from debilitating conditions such as dementia and Alzheimer's. Proper training is essential to give the level of care needed.³⁸

Among the people we spoke to in Coventry there was a high level of concern that, despite

the efforts of the Council to protect social care spending, continued cuts to funding, pressure on costs and reduction in staff would lead to a drop in standards of care. A 2008 national survey of home care users by the NHS Information Centre showed that Coventry already scored less well than the national average with various aspects of home care.³⁹

- Only 51.9% of respondents in Coventry said home care workers always did the things they wanted done compared to 61.5% nationally.
- 29.4% said that workers were always or often in a rush compared to 21% nationally.
- 14% said that workers often or always spent less time with them than they were supposed to compared to 10.3% nationally.⁴⁰

A survey in 2011 also by the NHS Information Centre but with different questions showed a small but significant number of people in Coventry (5.3%) did not get adequate or timely food or drink, and 10.5% said that sometimes the way they were treated by those helping them undermined the way they felt about themselves.⁴¹

Unions in Coventry representing workers in the social care sector expressed concerns about the impact of the cuts on the service their members could provide:

Restructuring leads to less people delivering services. The service goes to the bare minimum, for example only one member of staff on at night. Often those women have a difficult job to do, many distractions, dealing with patients. When errors have been made it is often a result of under-staffing but the impact on the individual who receives that service will be substantial.

Residential care

A national study by the Royal College of Nursing highlighted serious barriers to adequate quality of care in residential care homes, stemming from lack of funds in the sector:

- People are being admitted with more severe and complex care needs, but with inadequate funding allocated to meet their needs as eligibility criteria for health and social care are tightened.
- 'Inappropriate' residents are accepted – i.e. residents with needs that a care home may be inadequately equipped to meet are accepted as the home needs to fill vacant places.
- Care homes' increasing preference for self-funding - some respondents stated that the lack of funding meant that their workplace increasingly did not take on residents funded by local authorities, since higher fees could be charged for private residents.⁴²

In the same survey nearly four in ten respondents believed there were not enough full time registered nurses employed to meet residents' needs, up from 29% in 2010.⁴³

Cuts in training may lead to potentially serious human rights violations. A study by the Care Quality Commission showed that between a quarter and a third of care homes had not provided training for staff on the safeguards needed to protect the human rights of people who cannot consent to their care or treatment.⁴⁴ These safeguards apply if a care home or hospital plans to deprive someone of their liberty by, for example, keeping them locked in, physically restraining them, forcibly giving them medication or preventing them from seeing relatives and friends.

In these circumstances the care home or hospital must first apply to their local authority or PCT. The authority or PCT has to undertake a series of assessments to judge whether this would be in the person's best interests before deciding whether or not to approve the application. If pressure on training budgets leads to a reduction in levels of training on these safeguards this could have serious implications for the human rights of residents.

The Care Quality Commission has reported a decline in the condition of some care homes over the last year and raised concerns that this may be the result of tightening budgets. Amanda Sherlock, Director of Operations, at the CQC commented:

Over the last year, inspectors have noticed deterioration in the physical state of some of the care homes they inspect. Often it's just cosmetic, but occasionally it's things that actually present a risk to people's safety. While difficult to evidence, it's likely that increasing failure to address these kind of problems is linked to increasing economic pressure within the system.⁴⁵

These national research projects did not provide information on the situation in different local authorities so we cannot comment on the extent to which this is a problem in Coventry.

However there have been serious concerns about the standards of residential care homes in Coventry. In June 2011 the Coventry Telegraph reported that five care homes in Coventry had been given 'adequate' ratings by the Quality Care Commission, meaning they were in the bottom 13% of privately run care homes in England.⁴⁶

The Telegraph study reported that out of 60 care homes in Coventry listed by Coventry City Council social services - only four were rated "excellent" by the Care Quality Commission.

Therefore there is a need to monitor carefully the degree to which problems identified with care in residential homes at the national level are occurring in Coventry and what the impact of cuts to funding might be on this situation.

3.4.8 Impact of cuts in relation to health services

Lack of social care caused a problem for people being discharged from hospital (see Chapter 3, Health). As well as impacts on social care of cuts to health services we also received reports of the impact that reduced social care could have on health services. One nurse interviewed for this report said:

We are seeing operations being cancelled because elderly patients aren't getting care packages or rest home places for after the operation.

3.4.9 Particular issues for older Asian women in Coventry

Several Asian women interviewed for this report believed that cuts to social care had a particular impact on Asian women because of the expectation that they would be cared for by extended family. Because of changing economic situation and family structures this no longer happened to the same extent as it had in the past:

There is the concept of the Asian joint family system, of families supporting each other, but because of this economic situation the younger people all have to work, move away for jobs, so it is us old people stuck in doors.

A support worker with a group of older Asian women said:

There is an assumption that there is an extended family that will care for people but this generation of women when they came here they invested so much in their children's education. They don't want to interfere in their lives now. But often the family network is not there, but they don't want to admit it is not there. They are sitting at home alone without the help they need. This will lead to greater ill-health.

Specialist posts to support BAME carers provided by voluntary organisations have had their funding cut (see chapter on voluntary organisations). This will increase the pressure on BAME carers.

3.5 What are the human rights and equalities impacts?

Older women in Coventry are disproportionately affected by cuts to social care services. The majority of older people

receiving care are women. Older women also make up the disproportionate number of those who undertake unpaid care. Reductions in paid care services will lead to increases in caring responsibilities for these older women.

In addition to the equality impact of cuts and changes to social care services, there may also be specific impacts on older women receiving and giving care that give rise to human rights concerns:

3.5.1 Impact of poor quality care

Where there are serious failings in the quality of home care for older people (as highlighted at the national level by the *Which* report for example), these may amount to an abuse of the human rights of those affected. These include:

- People being left in soiled clothes and bedding.
- People not being given vital medication.
- People not being fed and left unable to feed themselves.⁴⁷

The Equality and Human Rights Commission investigated human rights abuses in the home care sector and concluded:

In the worst cases, we heard of older people not being fed, or being left without access to food and water, or in soiled clothes and sheets. In numerous other instances older people were ignored, strip-washed by care workers who talked over them, confined to their home or bedroom, put to bed in the early afternoon and unable to participate in their community.⁴⁸

With increased pressure on costs leading to cuts to staff levels and training the risk of serious human rights abuses of this type increases. Therefore monitoring of the human rights impacts of the quality of care becomes even more important. Where human rights abuses are found, public authorities must take immediate action to stop them from occurring and prevent them happening again in the future.

3.5.2 Impact of cuts and changes to care services on carers and those receiving care

Increased charges for services, staff cuts, reduction in level of services and reduction in staff training will have an impact on both those receiving and providing care.

Research by leading care charities has previously found that cuts to services and increased care charges has led to extensive problems for families involved in giving and receiving care including inability to afford

essentials like food and heating; deterioration in individuals' health; and struggles to retain independence and remain in employment.⁴⁹ To the extent that current and future cuts and changes to services have these types of effects on carers and those receiving care then there are clear human rights implications. The human rights implications of failures to adequately assess patients on discharge from hospital have also been highlighted.⁵⁰

Rights that may be engaged include the right to private life, right to health, and the rights of disabled people to independent living.⁵¹ In extreme situations, for instance if those receiving care are not able to obtain sufficient food and drink, individuals could even find themselves in situations that constitute inhuman and degrading treatment or threaten to violate their right to life.⁵²

3.6 Monitoring required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described in this report are set out in Chapter 8, Conclusions and Action Required. Here we focus on setting out the specific monitoring required with regard to social care.

In order to assess the on-going human rights and equality impacts on older women of cuts and changes to social care, the following areas should be carefully monitored in Coventry:

- The quality of care of older people in residential and home care and the degree to which it meets human rights standards.
- How changes and cuts to services, staffing levels and training impacts on the quality of care and the ability to meet human rights standards.
- The degree to which any reductions in access to support services or increased charges for those with care needs has an impact on their human rights.
- The particular impact of cuts and changes for specific groups including older Asian women in Coventry and how services are responding to the changing needs of these communities.

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- | | Women | Men |
|----------------------|---------------|---------------|
| Care for 1-19 hours | 11,055 | 8,972 |
| Care for 20-49 hours | 1,936 | 1,471 |
| Care for 50+ hours | 3,802 | 2,643 |
| All carers | 16,793 | 13,086 |
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4. Transport

4.1 Overview

Cuts and changes to public transport are having a disproportionate impact on older women because they are particularly likely to be reliant on public transport.

In Coventry there has been a re-organisation of local bus services which has left women in some areas unable to access important services easily by bus. The Ring and Ride service which provides door to door transport for disabled and older people is being reviewed and new criteria for accessing the service have been proposed which many fear will exclude people who currently rely on Ring and Ride.

Cuts to public transport can have an impact on women's private and family lives, their physical and mental health and their access to employment. For older women there is a particular risk of increased social isolation. This can potentially have a range of human rights impacts.

Because older women are particularly likely to use bus transport this chapter focusses on cuts to buses and to the Ring and Ride service.

4.2 What is happening?

4.2.1 Nationally

The concession scheme, which gave older and disabled people half-price travel on coaches, ended in November 2011.¹

Free bus travel for pensioners has been retained.

Bus transport has been affected by a number of changes:

- Cuts to local authority funding means that many authorities are cutting funding for supported bus services (these are routes that are socially necessary but not commercially viable).
- Fuel tax rebate for bus operators (Bus Service Operators Grant) will be cut by 20 per cent from 2012.
- The way the free bus pass scheme is funded is changing, meaning that approximately £100 million will be lost from the bus sector.²

According to the House of Commons transport select committee; these changes have "created the greatest financial challenge for the English bus industry for a generation." They estimate that the cuts will cost the bus industry between £200 and £300 million per annum.³

4.2.2 In Coventry

Public transport in the West Midlands is the responsibility of Centro, which brings together representatives of local authorities in the region (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton). Centro does not directly operate trains or buses but it does fund some socially necessary services and the Ring and Ride scheme for elderly and disabled passengers.

In 2011/12 Centro's budget was cut by £4 million (10%). In 2012/13 it was cut by a further £2.2 million⁵ The Ring and Ride service has had its funding from Centro cut from £12.115 million in 2010/11 to £10 million in 2011/12 and has had to introduce fares for passengers.

Centro is consulting on new criteria for accessing Ring and Ride. It is proposing to bring the process of applying to use Ring and Ride back in house from West Midlands Special Needs Transport who currently manage the service.

There has also been a general review of bus services in Coventry. Some bus routes have changed and some busses have stopped.

4.3 Older women and public transport

Women are more likely to be reliant on public transport than men:

- 78% of women live in a household with a car compared to 84% of men
- 63% of women have a driving licence compared to 81% of men.⁶

Older women are particularly likely to be reliant on public transport. In 2005 men aged over 70 made over half their trips as car drivers, while women aged over 70 made only a fifth of trips.⁷ Among women over age 75, 60% have no access to a car, and among those over 80, 75% have no access.⁸

In Coventry in 2001 13,619 people were living alone without transport.⁹ The majority of these people are likely to be older women.

For some groups of people, lack of suitable transport is a particular problem. 20% of people receiving social care in Coventry could not get to all the places that they wanted and 23% did not leave their home.¹⁰

4.4 What is the impact of cuts to public transport on older women in Coventry?

Older women in Coventry have been affected by charges for the Ring and Ride service and

Ring and Ride

"For many people in the community with limited mobility, getting around independently is a big problem. This prevents them from living their lives how they want to, by restricting choice and opportunity.

...The mission of Ring and Ride is to improve the quality of life of people of any age living in the West Midlands who find it difficult or impossible to use conventional public transport, by providing an effective and efficient door-to-door, fully accessible bus service."⁴

may be affected by other changes to the service currently under review by Centro. Older women are also affected by changes to other bus services in Coventry and the loss of reduced fares on coaches.

4.4.1 Ring and Ride

Ring and Ride is delivered by the charity West Midlands Special Needs Transport, mainly funded by Centro, and provides door to door transport for people of all ages who find it difficult or impossible to use conventional public transport and live in the metropolitan districts of the West Midlands, including Coventry.

In 2011/12 the funding for this service was cut. West Midlands Special Needs Transport made up some of the short-fall from reserves and following a consultation with users it was decided to introduce a charge of 60p per journey. According to figures obtained from West Midlands Special Needs Transport, this has led to a drop in passenger trips of 14.5% in Coventry over the previous year. The Charity believes that this is primarily as a result of the introduction of charges of £1.20 for a return fare, and that many regular passengers who were previously using the service three times a week are now only going out once or twice a week. The Charity believes that the reduced number of occasions on which they are able to travel each month has potential implications for these passengers' social, physical and mental wellbeing.¹¹

Centro is currently reviewing both the criteria to use Ring and Ride, and the way applications are processed.

At present West Midlands Special Needs Transport manage applications to use Ring and Ride. Prospective passengers call the service and Ring and Ride staff go through the form with them over the phone, filling it in for the passenger. The form is then sent to the passenger for signing along with other information in a welcome pack.

Centro is proposing that in order to access Ring and Ride, passengers will have to meet one of two sets of criteria.¹² They will automatically qualify if they meet any of the following criteria:

- Receive higher rate mobility component of disability living allowance.
- Receive higher rate attendance allowance.
- Receive war pension mobility supplement.
- Be aged 85 or older.
- Be registered blind or partially sighted (providing BD8 or CV1 certificate).

For people who do not meet those requirements, they can still become a member of Ring and Ride if they can show they can meet the requirements of Stage Two. This

will involve completing a questionnaire and providing details to show why they find it difficult or impossible to use public transport. Examples of the evidence that might be required include:

- Any documents relating to medical conditions, including copies of prescriptions.
- Confirmation of any other benefits received linked to mobility.
- Confirmation of mobility problem from medical and/or social practitioners.

There are serious concerns from agencies working with older people that the new assessment will exclude many people who currently rely on the service.

The new criteria are based on a medical model of disability that does not explain the impact that an impairment or health problem might have on someone's ability to use public transport. A worker with older people in sheltered accommodation described how people's need for Ring and Ride was based not only on their physical health but what public transport was actually available locally:

*It (the proposed assessment) is based on physical problems, but there are people who could manage if there was a bus that went straight there but they can't manage two buses and wait for a long time in the cold.
Support worker in sheltered accommodation.¹³*

Many people might find filling in the form difficult or off-putting. Older BAME women who do not read or write English very well can currently go through the phone with a Ring and Ride staff member who helps them fill it in. West Midlands Special Needs Transport confirmed that, at the moment, the Ring and Ride staff fill in the application form, which helps BME communities where English might not be the first language, and if necessary they will talk to a family member to get the application form completed.¹⁴

If Centro take over the registration process and simply send out the application forms, this may be a particular problem as advice and support services to older women are reduced leaving some women with few sources of help to fill in potentially complicated forms (see voluntary services chapter).

It could be argued that the requirement to provide medical records and copies of prescriptions is intrusive and may lead to breaches of confidentiality, particularly if the people assessing applications are not medically trained.

The older women in Coventry we interviewed who were aware of the Centro consultation were very concerned about how the changes might impact on them:

I can walk from here to that bus stop but I couldn't carry my shopping. I can't walk to the shops and back with my shopping because of my breathing. I don't use ring and ride that often but when I do it is to use shop mobility where I can get a scooter. Under the new arrangements that is not going to count because I don't get the top mobility allowance. Older woman in sheltered accommodation.¹⁵

Case study on impact of cuts to transport services: From the Coventry Telegraph

74-year-old Olga, a full-time carer for husband Barry, who suffers from Parkinson's Disease is frightened by the Centro consultation. She travels on the ring and ride for weekly trips to Cannon Park Shopping Centre because she cannot drive or walk far due to painful sciatica in her legs. Ripped tendons in one of her shoulders also means she can't carry heavy bags.

The retired music teacher said: "As far as I see it I wouldn't be eligible. I'm not over 85, blind, or partially-sighted or get benefits.

"But the service is vital to us. I honestly don't know what we'd do without the Ring and Ride.

"I can only go out shopping once a week and couldn't carry the six bags of shopping we'd need without the door-to-door service. The driver even brings the bags into our house for me.

"I don't want to leave Barry every day and prefer the shopping centre because everything we need for the week is under one roof."

She says the situation is not helped with the recent axing of the 34 bus to the University Hospital by operator National Express.

"I now spend a lot on taxis getting to the hospital once a week for appointments," Olga added.

"As pensioners, we couldn't afford taxis to and from the shops as well."¹⁶

4.4.2 Changes to bus services

In February 2012 there was a significant re-organisation of bus services in Coventry. Councillor Angus Adams, the chairman of Centro, speaking at the time said: "The driving force for these changes is to make bus travel a more attractive option for existing and new customers." He argued that the changes would create a simpler and easier to understand network in the city.¹⁷

However the changes included the loss of a number of bus routes on which passengers relied to get to shops and to the hospital. In a street survey on women's priorities carried out by Coventry Women's Voices in March 2012 cuts to bus services were mentioned by around a third of women questioned.¹⁸

Several women mentioned the loss of the number 34 bus which ran from Tile Hill to the University Hospital, leaving passengers having to take two busses with an increase in cost and journey time.

These concerns were also raised by Coventry MP Jim Cunningham in an interview with the Coventry Telegraph in which he said:

I am very worried about doing away with the 34 bus service which is a lifeline to the hospital for my constituents travelling right across the city from Tile Hill. The idea they now have to get two buses at twice the cost and increasing travel time is totally unacceptable.¹⁹

Coventry City Councillor Ed Ruane also raised concerns about access to the hospital:

Centro fully accept that access to University Hospital from Henley Road is an issue, as previously there was an hourly service with the 30A/30C; now only the 778 does five journeys per day in each direction, which is no good if you work at the hospital or have an appointment.²⁰

One nurse interviewed for the report described how transport congestion was affecting people's access to vital health services:

Bus drivers are refusing to go onto hospital grounds when the traffic is busy, which means that passengers have to get off at the top of the grounds. It takes me ten minutes to walk – it will take an elderly person much longer. They can't walk, they miss appointments. Nurse in Coventry.²¹

The changes to bus services were raised by most of the older women in Coventry we interviewed for this report. Many described the problems they were facing as buses that they had relied on no longer ran, or routes were changed with little information.

Several raised particular problems for those who had difficulty carrying shopping – even if they could walk to the new bus stop they did not think they could walk back with bags of food:

The bus cuts will affect a lot of us old age pensioners. In one area there are two services an hour and they are cutting those. And what about people who are carrying shopping? You might be able to manage the bus, or even the walk to the new stop, but what if you can't walk with your shopping?²²

One woman described how she had ended up at the train station by accident;

I went on a 27 but no one told me it had changed its route and I landed up at the train station. I said 'where have you brought me?' 'The train station', 'you are supposed to have turned left', 'we don't do that now love'. I had to walk and get another bus back.²³

Coventry Carers Centre report a number of problems faced by carers as a result of lack of access to bus services:

Problems with public transport increase the need for family carers to provide transport. Hospital appointments are not arranged to coincide with when older people can use their free bus pass, which causes big problems for older people and their carers. Changes to bus routes to the hospital can cause big problems for carers wanting to visit their family member in hospital. People with learning difficulties often rely on public transport. If it isn't available then parents or grandparents have to organise transport themselves. Pauline Dye, Coventry Carers Centre.²⁴

Centro have argued that the re-organisation is needed to meet the changing needs of Coventry and that many passengers will be better off.

However in the context to cuts to Centro's budget it is not surprising that many older women saw the changes to Coventry bus services as an example of spending cuts rather than a re-organisation.

Since the initial re-organisation in February, Centro has announced a number of new bus routes, in response to feedback from passengers.²⁵ But as council budgets continue to fall it is likely that funding to Centro will be cut in future leading to further cuts to some services.

4.4.3 Coach travel

Until November 2011 disabled people and older people were entitled to half price travel on coaches. This cut is particularly likely to affect people visiting friends and family in other parts of the country. One Coventry woman explained how her ticket to visit her niece had gone up from £11 to £27.

I could go to Cheshire to see my niece for £11, but now it is going to be £27 even with a railcard. My niece bought my ticket.²⁶

Pensioners can buy a Senior Coach Card from coach companies like National Express, which gives one third off coach fares but get a lower level of discount than before and have to pay for this card. Pensioners can also buy a Senior Railcard for £28 giving one third off train tickets. However train travel is usually more expensive than coach travel.

4.5 What are the human rights and equalities impacts?

Cuts to public transport will have a disproportionate impact on older women as they

are more likely to use public transport services, as catalogued above. In addition the cuts are likely to have a potentially serious impact on the private lives, health, well-being and employment prospects of some older women.

The right to respect for private life includes access to social relationships and active participation in the wider life of the community, which can be seriously affected by lack of transport.¹⁹ In a national study of the impact of cuts to spending on bus services the House of Commons transport select committee collected evidence showing:

- People becoming more socially isolated as a result of reduced or withdrawn local bus services.
- Elderly people with reduced access to hospitals, social activities and shops. Those who could not drive or afford taxis were particularly badly affected.
- People no longer able to visit sick or elderly relatives as frequently because there was no bus service and they could not afford taxis every day.²⁸

Cuts to public transport can have a significant impact on other aspects of women's lives:

- **Women's Health** - Over a twelve-month period, 1.4 million people in the UK fail to attend, turn down or choose not to seek medical help because of transport problems. Women on low incomes have particular problems accessing health care.²⁹ The Department of Health's Women's Mental Health Strategy (2003) points to links between social isolation and mental health. Women are more vulnerable to social isolation because of higher levels of poverty, lone parenthood, lack of mobility (being unable to drive or to own a car), longer life expectancy and fear of going out alone.³⁰ So cuts or changes to transport services need to be assessed carefully to see what impacts they have on older women's right to health and how significant impacts can be avoided.
- **Women's access to employment.** Women are more likely to work part time. Cuts in public transport outside peak hours may be particularly difficult for women working shift patterns who may not be able to get to or from work. This may exacerbate existing inequalities in employment between men and women (see employment chapter for more on employment issues).

4.6 Monitoring Required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described

in this report are set out in Chapter 8 – Conclusions and Action Required. Here we focus on setting out the specific monitoring required with regard to transport services.

Extreme care and attention needs to be paid to any changes or cuts to transport services to ensure that those cuts do not significantly impact on older women in the ways set out above. In particular monitoring is required of:

- How cuts and/or changes to transport services affect the ability of older women without access to alternative forms of transport to access essential services like shops and hospitals.
- How changes to eligibility requirements for public transport services, including Ring and Ride, may impact on the ability of older women to access those services.
- How charges for transport services impact on the ability of older women, particularly the poorest, to access those services.
- How any negative impacts on older women's access to transport services have an effect on their private lives, health, well-being and employment prospects.

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5. Incomes and Poverty

5.1 Overview

Older women in Coventry will be affected by changes to welfare benefits, tax allowances and changes to pensions. Women who need help and support to deal with benefits claims and financial hardship may also suffer as result of over-stretched advice services. For those women who have problems making claims using the internet, lack of support is likely to be a particular problem.

Different groups of older women in Coventry will be affected in different ways by these changes:

- **Pensioners:** Some benefits for people over pension age such as winter fuel allowance and free bus passes have been protected and pensioners have been exempt from cuts to Council Tax Credit and the move from Disability Living Allowance to Personal Independence Payment.
- The protection of these benefits has led some commentators to argue that pensioners have got off lightly from public sector spending cuts¹. However there are still significant differences in incomes between different groups of pensioners, with women significantly poorer than men:
 - Women aged 65-69 have an income that is only 55% of that of men in the same age group.²
 - Using the Government's measure of poverty (living on an income 60% or less than the median) 19% of women pensioners and 15% of men are living in poverty.³
 - 69% of the 1 million pensioners living further below the poverty line on less than 50% of UK median income are women.⁴
 - Nearly half a million women are described as 'materially deprived' by the Government.⁵

BAME pensioners are particularly likely to be living in poverty. 31% of Asian or Asian British and 27% of Black or Black British pensioner households are living in poverty.⁶

Many poorer pensioners are facing difficulties because of increases in the cost of food and fuel which are outstripping increases in their pension. These problems are likely to be exacerbated in the future as a result of the change from retail price index (RPI) to consumer price index (CPI) to calculate pension uprating. At the same time many older women are facing increased charges for public services (see Chapter 3, Social Care for more details).

- **Women in their fifties and early sixties:** These women will be affected by cuts and

changes to working age benefits as well as disability and housing benefits. There will be a considerable number of women who will face testing for Employment Support Allowance. Concerns have been raised about these tests nationally and in Coventry. Women, including those in their 50s and early 60s will also be the majority of those affected by changes to Local Housing Allowance.

- Women working in the public sector will be affected by changes to public sector pension contributions and an increase in the retirement age. Low earners will be protected from pension contribution increases. But as earnings are calculated on the basis of full time equivalent earnings, part time workers (who are overwhelmingly women) on very low incomes will be subject to increases.
- **Mixed age couples:** Women in couples where one partner is over pension credit age and the other is of working age may lose significantly under proposals for the Universal credit and changes to council tax benefit. They may also lose out as a result of restrictions on housing benefit for social housing.

Cuts to welfare benefits will have a disproportionate effect on older women as a whole and will exacerbate the fact that women are already on average poorer than men.

The impact of all these changes on individual older women in Coventry will depend on their particular situation. However, for some women, the combined impact of changes and cuts to benefits and services could lead to significant hardship and suffering, and increased levels of poverty. This could have a significant impact on their human rights including their right to health or even their right to life.

5.2 What are the changes?

5.2.1 Pensioners

- The Government has committed to a 'triple guarantee' promise to increase the state pension in line with earnings, inflation or 2.5%, whichever is higher.⁷
- Pensions and benefits are being linked to the Consumer Price Index rather than the Retail Price Index. The CPI as a measure of inflation is between 1 and 2% lower than the RPI.⁸
- The Government has announced that it will publish proposals for a new single tier pension of £140 a week later in 2012. This will not affect current pensioners.⁹
- Following lobbying by Age UK and others the government amended proposals to equalise the state pension age at 65 by November 2018 and increase it to 66 by 2020. This would have meant that some

women would have had to wait for more than two years for their basic state pension. The Government amended the Pensions Bill which means that no-one will have to wait longer than 18 months.¹⁰

- Personal tax allowances for people over 65 will not be increased in line with inflation to bring them into line with personal tax allowances for younger people. At the moment people over 65 have a personal tax allowance of £10,500 (£10,660 for those over 75), compared to £8,105 for people under 65.¹¹

5.2.2 Future pensioners

- The Government is currently negotiating with unions over public sector pensions. They are proposing to increase employee contributions, increase the age at which public sector pensions can be claimed and base payments on a career average salary rather than the current final salary arrangement. Anyone within 10 years of retirement will not be affected.¹²

5.2.3 Tax credits

- The 50+ Element in Working Tax Credit ended in April 2012. This was an extra amount payable for 12 months to over 50s returning to work after 6+ months on benefits.¹³
- Its removal will mean a decrease in Working Tax Credit for those affected. Some people will be pushed out of the Tax Credits system altogether.

5.2.4 Universal Credit

- A new Universal credit will replace in and out of work benefits for people under state pension age. Couples where one partner is under and one over pension credit age will have to claim universal credit rather than pension credit.¹⁴
- Benefits such as JSA are already conditional on a claimant seeking work. People who a job centre believes are not actively seeking work can face sanctions including loss of benefits. Sanctions will become more severe with the introduction of the Universal Credit.

5.2.5 Council tax credit

- Responsibility for administering council tax benefit will be passed to local authorities. The total amount will be cut by 10% and local authorities will be responsible for deciding how to administer this. Pensioners will be exempt from the cut.¹⁵

5.2.6 Local Housing allowance

- Local housing allowance has been cut to cover only the lowest 30% of rents in an area. In future LHA will increase in line with the Consumer Prices Index rather than actual rents.
- Housing benefit for social housing will be restricted for tenants who are judged to have more rooms than they need. Pensioners will

be exempt from this cut, but it is not clear what will happen in mixed age couples.¹⁶

5.2.7 Disability benefits: Employment Support Allowance

- Disabled people who have been claiming Incapacity Benefit (IB) will have to undergo an assessment to see if they are eligible for Employment and Support Allowance (ESA) which replaces IB.¹⁷
- People on ESA will be placed in two groups. Those whose disability is "severe" or who are terminally ill will be in the support group and will not be expected to work. Those who are judged to be less severe are placed in the "work related activity group" (WRAG) and are expected to take part in work focused activity.
- There are two types of ESA – contributory (based on NI contributions) and income-related for those who have not made sufficient NI contributions.
- Contributory ESA will only be paid to people in the WRAG for one year, after which it will be means tested. If they have savings, assets or a partner who works, then their benefits will stop.

5.2.8 Personal Independence Payment

- Disability Living Allowance (DLA) is being changed to Personal Independence Payment (PIP). People under 65 currently receiving DLA will have to be re-assessed. At the same time the total budget for DLA/PIP is being cut by 20 per cent.¹⁸

5.2.9 Other cuts

- In the 2012 budget the Chancellor announced a cut of £10 billion from 'welfare' spending by 2016/17 in addition to cuts already announced. It is not clear what form these cuts will take.¹⁹

Alongside these cuts there have been significant cuts to Legal Aid, including for welfare benefit cases (see Chapter 7, Voluntary and Advice Services). This will leave many older women facing problems with benefits unable to access legal advice.

5.3 Who will these changes affect?

5.3.1 Current Pensioners

33,800 women in Coventry are over 60.²⁰ In 2010 9,530 women and 6,300 men were claiming pension credit in Coventry.²¹ Two-thirds of pensioners living in poverty are women, and as many as half of all women are not able to make adequate pension provision for their future.²²

The recent high-profile freeze to the age related personal tax allowance (dubbed the 'granny tax' in the media) demonstrates the

Unchanged benefits

Attendance Allowance, which is the benefit for people over 65 who need help with daily living, is not being changed. People who claimed Disability Living Allowance before they were 65 continue on DLA rather than moving to Attendance Allowance. People over 65 claiming DLA will not be moved to Personal Independence Payment. Carers Allowance is a benefit of £58.45 a week for people caring for at least £35 hours a week. It is not being included in Universal Credit. In addition people over 65 receive free bus travel, free television licence and a winter fuel allowance. None of these are being changed. People over 65 are also exempt from cuts to Council Tax Credit.

poor shape of many women's pensions. The Women's Budget group argues that this is misleading and that it would be better called the 'granddad tax' since most women pensioners have incomes below the personal tax allowance.²³ According to the Government's Equalities Impact Assessment, only 35% of losers from this change in the 65-74 age group in 2013/14 will be women.²⁴

The Women's Budget Group has argued:

That so few losers are women demonstrates the shockingly low level of most women's pensions, and is evidence that an age-related tax allowance is not the best way to help those pensioners in most need.²⁵

Fear of what would happen to pensions in the future was mentioned by many of the older women interviewed for this report:

The next thing on all our minds is what sort of pension we are going to have. The food keeps going up, what is going to happen with our pension?²⁶

The change from RPI to CPI to calculate pension uprating will mean that the value of pensions are likely to erode over time since CPI is generally lower than RPI and does not include council tax or mortgage interest among other things.

According to the National Pensioners' Convention a pensioner receiving an occupational pension of £10,000 a year would be more than £800 a year worse off by 2012.²⁷ At the same time there will be a similar reduction in the rise of the basic state pension – the rise in April 2011 using RPI was £4.50 a week for a single pensioner – had CPI been used it would have been £3.00.²⁸

5.3.2 The Impact on Women Pensioners' Ability to Pay for Fuel and Other Goods

The above changes will disproportionately affect older women who spend a higher proportion of their income on goods that have increased by significantly more than inflation.

Nationally over 14% of women aged 75-79 are living in fuel poverty. On average adults aged 75-79 are spending 30% of their income on food, fuel and clothing (2010).²⁹

Fuel prices in particular have risen very rapidly over the past few years. Electricity prices rose by 67% and gas prices by 139% between January 1997 and December 2010. During this period the retail price index rose by over 48%.³⁰ Fuel prices are likely to continue to rise. According to USwitch, the average bill size across all suppliers rose 14.2% from £1,132 pre-price hikes, to £1,293 over the last year.³¹

Older women in Coventry interviewed for this

report repeatedly mentioned the difficulty they had meeting rising fuel prices and the worry they felt about future increases.

We are all electric here and the costs have gone up hasn't it. We are having another bill in the next couple of weeks, and we have just paid one. Bills will go from the end of February if you pay quarterly.³²

It's everything, cost of heating. I see on the news costs are going up and I worry because my pension doesn't go up that much.³³

One worker in sheltered accommodation said:

I have seen a few bills, from people who only use one or two storage heaters on, and maybe don't use the cooker because they use the microwave. And they have been so careful. But their bill is horrendous. So I dread to think what will happen for people who use all their storage heaters on and use the cooker to cook. It is extortionate.³⁴

The impact of the changes has been observed by voluntary organisations working with older people in Coventry. A staff member on reception at Age UK Coventry said:

Everyone is over-run with enquires of a financial nature. It is the cuts but also the cost of living going up. We are seeing people we wouldn't normally see asking, who are really desperate for help, people you wouldn't expect asking for referrals to the Food Bank. You need to not judge a book by its cover it is obviously hard for them.³⁵

It is particularly hard for pensioners to economise on fuel costs because they spend more time at home and are less mobile than younger people.³⁶

Consumer Focus has argued that that benefits will not keep pace with the likely inflation rate for fuel for the next five years or so and that benefit and pension increases should be based on an analysis of the products and services actually bought by those on benefits rather than the 'average' basket of goods.³⁷

5.3.3 Future Pensioners

Changes to public sector pensions will not affect anyone within 10 years of retirement. However they will particularly affect women because women are the majority of workers in the public sector. 78% of Coventry City Council staff are women. 80% of staff working for Coventry and Warwickshire Partnership NHS trust in 2011 were women.³⁸ Nationally Unison claims that 3,700,000 women will be affected by the proposed changes. They calculate that a 42 year old nurse would work an extra 7 years and lose £283.³⁹

The Government has promised to protect low earners from pension contribution increases – public sector workers earning less than £15,000 will not have their contribution increased. However earnings are calculated on the basis of full time equivalent earnings. A woman working part-time and earning £8,000 a year (£16,000 full time equivalent) will still see her pension contribution increased.

This will have a greatly disproportionate effect on women who are more likely than men to be working part-time. According to the TUC this loophole will affect 732,000 women (90% of the 806,000 total affected).⁴⁰

Unite the Union in Coventry report seeing increasing numbers of women in their fifties who are facing having to work for longer, despite ill health, because their pension is inadequate:

We are seeing women who don't have pensions, or have only paid in a small amount. Many were excluded from pension schemes because they were part time. They can't afford to make up the difference now. They have to continue working. Pat Seaman, Unite.⁴¹

This group is already feeling the effect of rising costs on low incomes. Age UK Coventry told us:

The most needy group anecdotally, financially is the 50+ until they hit pension age. Because they are really struggling on £65 a week. Haven't got the free bus pass or anything else. It is the younger end of older people who are suffering at the moment. Moira Pendlebury, Age UK Coventry.⁴²

Staff on the Age UK Coventry reception said:

We are seeing younger older people now coming in for advice, wanting to finish work, not knowing how to manage. Going from employment to living on £109 a week is difficult. A lot of younger older women continue working because they can't go onto pension credit, because pension age has gone up. They can't have their pensions. They can only get income support or JSA.⁴³

5.3.4 Universal Credit

Some households will gain and some will lose under universal credit. 37% of those over 50 who will be entitled to Universal Credit will receive lower payments under the new system than they did under previous benefits and tax credits. The average loss for this group will be £41. (26% will be better off and 37% will stay the same). This compares to an average change for all households of 38% gaining, 27% losing and 35% staying the same.⁴⁴

The Government has stated that 200,000

households would lose over £75 a week under Universal Credit and another 200,000 would be £50 to £75 a week worse off. According to the Government's projections some of the heaviest losers among couples without children are those where one partner is eligible for pension credit and one is working age.⁴⁵

Under the Universal Credit system if there is someone in the household under Pension Credit age they must claim Universal Credit on behalf of the household, rather than in the past where the person over pension age could claim Pension Credit. This change will only affect new claims - couples where one partner is currently receiving Pension credit can continue to claim. This will affect mixed age couples where the younger partner under pension age is not working because she or he is a carer, disabled or unemployed.

There are currently 93,000 couples claiming Pension Credit where one partner is under 60.

Age UK has calculated that couples in this situation could lose over £100 a week.⁴⁶ The pension credit for a couple is £209.70 compared to £105.95 for Jobseekers Allowance, to which the Universal Credit is likely to be linked.

In addition some of these mixed age couples may further lose out because of the £16,000 capital limit for Universal credit. There is no capital limit for Pension credit although savings over £10,000 are treated as providing £1 a week income for every £500. A mixed age couple with savings over £16,000 might find themselves unable to claim pension credit because of the younger partner and unable to claim Universal credit because of the capital limit.

Some additional payments such as the cold weather payment or warm homes discount are linked to receipt of Pension Credit. A pensioner with a younger partner might lose entitlement to these payments.

1,680 women over 55 in Coventry are receiving one of the of work benefits that will become part of Universal credit (this is based on claims made by the woman, in many couples the claim may be in the man's name).⁴⁷ Over 25,000 families in Coventry in work are receiving tax credits.⁴⁸ It has not been possible to find a breakdown of this number by age.

5.3.5 On-line claims

Additional problems may be caused for older women by the Government's plan that the majority of claims for Universal Credit should take place on-line. The Government's own Equality Impact Assessment states:

Older people are less familiar with the internet; and age is one of the important factors determining 'digital exclusion'. This may present a risk that older people may find it harder to take up Universal Credit than the other benefits it replaces.⁴⁹

Several women in Coventry interviewed for this report mentioned how hard they already found it dealing with government departments and companies that can only be accessed online:

There is too much that is computerised. If you haven't got one, it is all tough luck. I had a computer when I came here, but once my sight went it was no good to me so I gave it to my daughter.⁵⁰

A support worker in sheltered accommodation said;

There is a problem with so much on the internet now. They have to understand what the internet is, how to use it. If you say you have to go on to the internet for this they won't. They won't do it. Unless there is someone to help them.⁵¹

The move to online access for government departments is particularly problematic at a time when voluntary organisations that provide support and advice are facing cuts in funding (see Chapter 7, Voluntary and Advice Services)

5.3.6 Council tax benefit

Pensioners will be exempt from the 10% cut in council tax benefit. Nationally 37% of council tax recipients are over 65.⁵² This means that the cut will be spread over the remaining 63% of households. Of these 14% of households are headed by a person between 55 and 65 – this equates to over 5,000 households in Coventry.⁵³ The Government has projected the average national loss as £2.64 a week.⁵⁴

In addition Age UK has warned that some mixed age couples may lose out if only those receiving Pension Credit are exempt from the 10% cut. This is because Pension Credit will not be available if there is someone in the household who is eligible for Universal Credit.⁵⁵

5.3.7 Housing benefit

Local housing allowance has been cut to cover only the lowest 30% of rents in an area. In future LHA will increase in line with the Consumer Prices Index rather than actual rents. A relatively small proportion (8%) of those affected by changes to Local Housing Allowance will be over 65⁵⁶ (because a larger proportion of pensioners claiming housing benefit are in social housing). This equates to around 830 pensioner households in Coventry.⁵⁷ However women, including many in their 50s and early 60s, will be the majority of those affected by LHA changes.⁵⁸

Women in their 50s and early 60s will also be affected by cuts to housing benefit for social housing tenants who are judged to have more rooms than they need. Of the 670,000 claimants affected by this change to housing benefit rules 170,000 people will be aged 55 to State Pension age.⁵⁹ In addition although pensioners are exempt from this cut the notes for the regulations state: 'There are no exemptions to the size criteria from April 2013 other than those where the claimant or partner is over State Pension age or the accommodation is non-standard. But further work will be required to reflect the Government's decision that households where one member of a couple is a pensioner and the other member is of working-age will be entitled to Universal Credit.'⁶⁰ It may be that mixed age couples will be affected by this change.

The impacts of these changes are already being seen by voluntary organisations in Coventry. Staff at Age UK Coventry said:

We are starting to see people coming in who are not able to meet their rent because the local housing allowance is not sufficient to cover their rent. And I have seen lately four or five people who, because their housing allowance is capped, who were living in two three bedroom houses with partners and children and they have left and they have to move.⁶¹

5.3.8 Disability Benefits

Changes to disability benefits will affect both disabled people under 65 and their carers.

The significance of disability benefits can be seen by the fact that 7% of people over 65 living in households over where someone is disabled and in receipt of disability benefits are living in poverty, compared to 23% of people over 65 in households where someone is disabled and not in receipt of disability benefits.⁶²

Employment Support Allowance

From April 2011 people claiming Incapacity Benefit have been re-assessed in order to move onto Employment Support Allowance. Large numbers of organisations of disabled people and disability organisations across the country have raised serious concerns about the way in which Atos, the company responsible, is assessing people for ESA. According to the Citizen's Advice Bureau:

People with serious illnesses and disabilities, who could not reasonably be expected to seek work, are found 'fit for work'. Others, who, with considerable support, could undertake some work, are denied benefit and, with it, the support it offers to prepare for returning to work. Many of these people are too ill to sign on for jobseekers' allowance (JSA) – they are left with no money to live on and are unable to seek work.⁶³

The CAB highlights the high number of successful appeals nationally against 'fit for work' assessments (39%). Assessments are based on a points system with applicants needing 15 points to qualify for ESA. 60% of people who successfully appealed had been given no points at all, suggesting serious flaws in the assessment process.⁶⁴

The assessment process itself can be very stressful. A national survey of disabled people by the Disability Benefits consortium found that over half of those who had been for an assessment found it stressful and more than four in ten said the stress and anxiety caused made their health condition or impairment worse.⁶⁵

There are 14,520 people receiving Employment Support Allowance or Incapacity Benefit in Coventry. Of these 6,330 are women at 8,190 are men.⁶⁶ Among older people there are a higher proportion of women claiming ESA or IB; of the 2,440 people aged 55-60 in Coventry claiming ESA or IB 1,290 are women.⁶⁷

National reports of the problems with assessments for ESA are echoed by Coventry CAB:

They just don't have a clue of how to assess people's physical or mental abilities accurately and make decisions based on these assessments in isolation. They don't look at additional medical evidence or approach people like GPs who actually know what people can do or can't do. Daksha Piparia, Coventry CAB⁶⁸

The Coventry branch of Unite the Union has received cases of women who have been forced out of work because of ill health but are judged fit to work so unable to claim disability benefits.

We have an example of a woman in her late 50s with disabilities, divorced, very poor pension pot who will need to carry on working until she is 68. We are finding more women in that situation. And they can't claim disability benefit – they are supposed to be able to find work, even if they have been forced out because of ill health. Pat Seaman, Unite the Union⁶⁹

Disability Living Allowance

Disability Living Allowance is a benefit to support people in and out of work with the increased costs of daily living as a result of their disability. These might include transport costs, special dietary needs, the need for aids and adaptations and the need to heat homes all day and at a higher heat. As DLA is replaced with Personal Independence Payment for people under 65 disabled people will be affected by a cut in the total budget of 20%. The government has said it wishes to focus support for those most in need. However, the Disability Alliance has pointed out that:

A focus on those disabled people with the greatest need will exclude many disabled people who still face additional costs associated with their disability or condition. The people accessing the lowest rates of DLA are often unlikely to be able to access support elsewhere and cuts to these groups could lead to unsustainable pressure on social care or NHS budgets. In the context of council budget cuts and the NHS being under considerable pressure, people's needs could remain unmet elsewhere. This is especially relevant given the Government's announced changes to time-limiting contributory ESA and increasing sanctions and conditions on the disabled people who receive this out-of-work benefit. Disability Alliance⁷⁰

In view of the serious problems with assessments for ESA, disabled people and disability organisations have raised concerns about the likely assessment process for transferring people from DLA to PIP. Neil Coyle, Director of Policy for Disability Alliance has said that his organisation is 'deeply concerned' about the use of medical assessments:

It is likely that the assessment used will be the highly criticised Work Capability Assessment which is generating significant concern for its inability to recognise the impact an impairment or health condition has on a disabled person's life. Neil Cole, Disability Alliance⁷¹

Richard Hawkes, Chief Executive of Scope, has argued that the proposals appear designed "purely to reduce the number of people eligible for this support."⁷²

"DLA is not a benefit, but a basic recognition that it is more expensive to live as a disabled person in our society," he said.

There were 16,360 people claiming Disability Living Allowance in Coventry in 2011.⁷³ Of these 8,770 were women and 7,990 were men. Among older people the proportion of women was even higher – 3,940 of people over 65 claiming DLA in Coventry were women and 2,160 were men.

Although people over 65 who are receiving DLA will not have to move to PIP it was clear that the fear of possible cuts to DLA is already causing stress and anxiety to older women living in Coventry. One support worker working with women in sheltered accommodation said:

The fact that they have to reassess people for disability living allowance causes a lot of old people a lot of anxiety. Some know it is just an assessment and that they have had the same condition, but some worry that they are not going to get it even if they have the same condition, depending on the luck of the draw on the day.⁷⁴

Disabled women rely on DLA to meet the additional costs they face as a result of their disability. One woman in her early sixties living in Coventry said:

I have to go to hospital regularly; it is £3 a visit. I could spend £12 a month on parking. I can't use public transport. I don't get free prescriptions because my condition isn't on the list, so I have to pay for them. I am really frightened about cuts to disability benefits.⁷⁵

Carers

The peak age for caring is between 50-59. One in four women in this age group is providing some care, compared with 18% of men.⁷⁶

Carers who do not qualify for means tested benefits and who care for someone for more than 35 hours a week (and do not earn over £100) can currently claim carers' allowance of £58.45 a week. There are 2,430 women in Coventry receiving carers allowance compared to 900 men.⁷⁷

Changes to disability benefits will affect carers as well as those receiving care. If someone is judged not to be eligible for Disability Living Allowance or Personal Independence Payment then their carer will also lose their Carers Allowance.

Carers already pay a heavy financial penalty for caring. According to research by Carers UK 72% of carers were worse off as a result of caring because of the additional costs of disability, giving up work to care, low levels of disability and carers benefits and charges for services.⁷⁸ The research also found more than half of carers were in debt as a result of caring, three quarters struggled to pay essential bills and half were cutting back on food to make ends meet.⁷⁹

16,793 women in Coventry were providing unpaid care to another adult compared to 13,086 men at the last census. Numbers will have increased since that time.⁸⁰ 3,802 women were providing unpaid care for more than 50 hours a week and 1,936 were providing care for between 20 and 49 hours a week.⁸¹

The combination of cuts to welfare benefits, job losses and cuts to services are already having an effect on carers in Coventry. Coventry Carers Centre reported an increased caseload from carers facing financial problems:

There is a lot of unrest and anxiety around benefit cuts which is really affecting carers. Welfare reform has the potential to have a huge impact - I think the worse it yet to come. Around 30% of contact we have with carers relates to financial issues. Pauline Dye, Coventry Carers Centre ⁸²

5.4 What are the human rights and equalities impacts?

Cuts to welfare benefits will have a disproportionate effect on women as a whole. Calculations by the House of Commons Library have shown that the cost to women of all changes including housing benefit will be £5.76 billion. The cost to men will be lower at £2.29 billion.⁸³ In line with this national trend, older women in Coventry will be disproportionately affected by changes to welfare benefits, tax allowances and changes to pensions. These changes will exacerbate the large income gap between older women and men.⁸⁴

There are also specific impacts on particular groups of older women that give rise to human rights concerns about the poorest and most vulnerable: These include impacts on the right to health as there are strong links between poverty and ill-health including:

- **Reduced life expectancy** is linked to Poverty. People living in Foleshill ward are likely to die eight years earlier than someone living in Wainbody.⁸⁵
- **The risk of mental illness** for someone in the poorest fifth of the population is around twice the average.⁸⁶

5.4.1 Pensioners

Pensioners have been protected against many of the changes to housing and other benefits, and some benefits for pensioners such as free bus passes and winter fuel allowance have been preserved. However, there are concerns from a human rights perspective about how other cuts and changes will affect the poorest pensioners, the majority of whom are women. Issues include changes to housing benefit for some; the move to link pensions to the Consumer Prices Index rather than the Retail Price Index; and increases in the cost of food and fuel which are outstripping increases in their pension. At the same time many older women are facing reductions in availability of some public services and increased charges for others (see Chapters 3 and 4 on social care and transport for more details).

The impact of these changes on individual women pensioners in Coventry will depend on their situation. However, for some women, the combined impact of changes and cuts to benefits and services could lead to significant hardship and suffering, and increased levels of poverty. This could have a significant impact on their right to health or even their right to life as there are strong links between poverty and ill-health and poverty and life expectancy.⁸⁷ Extreme poverty, combined with a lack of support from social services, may reach a stage where it constitutes inhuman and degrading treatment and leads to a loss of human dignity.⁸⁸

5.4.2 Women in their fifties and early sixties

Some of these women will be affected by cuts and changes to working age benefits including disability and housing benefits; and by cuts to support for carers. Women working in the public sector will be affected by changes to public sector pension contributions and an increase in the retirement age.

In Coventry there is evidence from trade unions of women in their fifties who are facing having to work for longer, despite ill health, because their pensions are inadequate. There are particular concerns about those who are having to combine poorly paid work with caring responsibilities. For some of these women, the combined impact of these cuts and changes risk driving them into poverty and creates increased risk of mental illness. Again, this could have a significant impact on their right to health or even their right to life.⁸⁹

5.4.3 Mixed age couples

In addition to the cuts and changes set out above, women in couples where one partner is over pension age and the other is of working age may lose significantly under proposals for the Universal credit and changes to council tax benefit. They may also lose out as a result of restrictions on housing benefit for social housing. So the human rights impacts discussed in relation to both groups of older women above need to be particularly carefully scrutinised for women who are part of a mixed age couple.

There are particular concerns about those women who combine poorly paid work with caring responsibilities.⁹⁰

5.5 Monitoring Required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described in this report are set out in Chapter 8 – Conclusions and Action Required. Here we focus on setting out the specific monitoring required with regard to older women's incomes and levels of poverty.

In order to assess the on-going human rights and equality impacts on older women as a result of their incomes, expenditure and resultant levels of poverty, the following areas should be carefully monitored in Coventry:

- The level of overall income and expenditure of the poorest women pensioners.
- The level of overall income and future pension provision of the poorest women in their 50s and early 60s.
- The particular impact of changes affecting the poorest women in mixed age couples.

The extent to which women in need are able to access advice and support services necessary to assist them in dealing with financial hardship and in claiming benefits to which they are entitled.

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	Women	Men
Care for 1-19 hours	11,055	8,972
Care for 20-49 hours	1,936	1,471
Care for 50+ hours	3,802	2,643
All carers	16,793	13,086

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6. Employment

6.1 Overview

Most of the women covered by this report are over retirement age and are not in paid work. However the public spending cuts are having an impact on the employment and pay of women in their 50s and early 60s who are still in the labour market.

Public sector job losses, cuts in hours and pay freezes will disproportionately affect women across the UK and in Coventry, since women are the majority of those working in the public sector. Unemployment among older women has increased dramatically among women in Coventry and nationally is at an all-time high. In addition there is evidence from Coventry and nationally that some older women are facing the combined impact of sexism and ageism at work.

Cuts to spending on health and social care is increasing pressure on carers, a disproportionate number of whom are women in their 50s, making it harder for them to stay in paid work. A great many older women provide childcare for grandchildren and may be affected by cuts to formal childcare provision.

The disproportionate impact of public sector job cuts on women is likely to increase inequality between women and men. In addition unemployment can have a damaging effect on health and well-being, particularly when combined with cuts to welfare and housing benefit that may mean people are pushed into poverty with potential impacts on their right to health or even right to life.

6.2 What is happening?

6.2.1 Public Sector Jobs

- Between October 2010 and June 2011 924 public sector jobs were lost in Coventry.¹
- Between January and September 2011 323 women and 134 men left Coventry City Council jobs through redundancy or early retirement.²
- The City Council are predicting a loss of a further 500 jobs in 2012.³
- Cuts to NHS staff in Coventry include a recruitment freeze at University Hospitals Coventry and Warwickshire NHS,⁴ and an expected loss of up to 250 jobs at George Elliot Hospital⁵ and 560 at Coventry and Warwickshire Partnership NHS Trust.⁶

6.2.2 Public Sector Pay Freeze

- The continuing public sector pay freeze means that any public sector worker earning more than £21,000 has had their pay frozen for 2 years and any public sector worker

earning less than £21,000 will receive a £250 annual pay increase.⁷

- Coventry City Council along with many Local Authorities nationally have frozen pay for 3 years and those earning less than £21,000 have not received £250 annual pay increase awarded to Public Sector Workers.

6.2.3 Other impacts on Employment

- Cuts to health and social care funding are increasing pressure on carers who combine paid work with caring (see Chapters 2 and 3 on Health and Social Care).
- There have been cuts to nursery and other childcare provision in Coventry⁸ along with cuts to childcare tax credit.⁹ This is likely to increase demand for unpaid care by grandparents, including many who are still in paid work.
- In the March 2012 budget the Chancellor George Osborne announced that the Government would be looking at introducing regional pay rates within the public sector.¹⁰

6.3 How is it affecting older women in Coventry?

Job cuts and pay freezes in the public sector are having a disproportionate impact on all women since they are the majority of workers in the public sector. For example 77.14% of the City Council's workforce are female¹¹ and 80% of the NHS Coventry workforce is female.¹²

Cuts to public sector posts are also likely to disproportionately affect older women. Over 30% of the workforce of Coventry City Council is aged 50-64¹³ as is 27.4% of the workforce of NHS Coventry.¹⁴ This is higher than the proportion of the Coventry workforce in this age group. Coventry has a younger population than the national average and only 20% of the Coventry workforce is aged 50-64.¹⁵

The proportion of NHS Coventry who are from Black, Asian and Minority Ethnic (BAME) groups is 24%. This is higher than the proportion of the Coventry workforce who are from BAME groups (21.7%).¹⁶ In contrast only 12.5% of City Council staff are from BAME groups.¹⁷ It has not been possible to find a breakdown of staff by age, gender and ethnicity so we cannot identify the exact numbers of BAME women in this age group who are likely to be affected.

Older women at work in Coventry are being affected by:

- Job losses, a reduction in hours and a reduction in flexible working.
- Pay freezes.
- Cuts to social care and health spending which put pressure on women combining

- paid work with caring.
- Cuts to childcare provision and childcare tax credits which put pressure on women combining paid work with caring for grandchildren.
- Cuts to disability benefits that enable some women to continue working.
- If proposals to introduce regional pay rates in the public sector go ahead these will also affect women of all ages, including older women.

6.3.1 Job losses

Public sector job cuts have led to a significant increase in unemployment among older women. Nationally there are more women (145,000) aged between 50 and 64 who are unemployed than at any point since records began in 1992. Last year the number of unemployed women between 50 and 64 increased by nearly 20 per cent.¹⁸

Unemployment among women over 50 in Coventry has increased by 74% since 2008. Unemployment in Coventry is significantly higher among men over 50 than women over 50 (in April 2012, 975 men aged over 50 were claiming Job Seekers Allowance compared to 410 women over 50¹⁹). But the rate of increase in unemployment has been much steeper among women in the last few years than it has for men. Unemployment has gone up for both men and women since 2008. However women and men have seen different patterns of unemployment over the four years since 2008.

Unemployment among women in Coventry over 50 has increased steadily every year between 2008 and 2012. Over the four-year period, unemployment among older women has increased by 74%. Unemployment among men rose dramatically, by 81%, between 2008 and 2009 but has fallen every year since. Unemployment among older men is now 45% higher than it was in 2008.²⁰

These figures are based on the number of people claiming Job Seekers Allowance; however this underestimates the number of women who want paid work since not all of them will be claiming JSA. Nationally a higher proportion of women than men who are recorded as 'economically inactive' actually want paid work.²¹

In April 2012 there were 4.1 people claiming Job Seekers Allowance for every vacancy in the job centre in Coventry.²² This is a fall from 4.9 in February 2011 reported in Unravelling Equality.²³ Over the period since that report the number of people chasing every job has fluctuated from a high of 5.7 in April and May 2011 to a low of 3.7 in December 2011 before rising again to its current rate.²⁴ Women losing public sector jobs are still likely to find it hard to find jobs in the private sector.

Unions representing public sector workers in Coventry shared concerns about the particular impact of public sector job cuts on women.

We had a case in Whitley of a passenger transport service, mainly women employed to drive disabled people (including children) to special schools etc. From February 1st this work has been outsourced to a private company despite objections from the customers. This is leading to a loss of jobs, at least 27 jobs in either catering or passenger transport. Most of the women are in their fifties – they have been working for the Council for years. Pat Seaman, Unite.²⁵

My experience is that many older women are being forced into redundancy before they can access their pension. They are saying 'who will employ me at my age'. They shouldn't have to think that but it is true they may find it hard to get other work, but they can't get their pensions either. Sarah Ferguson, Unison.²⁶

There have been national concerns of older women being pushed out of work through competency hearings. The TUC women's conference passed a motion on older women in the workplace which argued:

Conference notes that many women working in the education sector are being pressurised out of their jobs. Conference believes that women over 50 are vulnerable to multiple layers of discrimination in the workplace. Sexism and ageism combine to restrict opportunities for this group of women and over-expose them to competency procedures.²⁷

Scarlet Harris, TUC Women's Officer highlighted the multiple discrimination faced by older women:

It's clear from national statistics that unemployment amongst women over 50 is on the rise. We also know from members' experiences in the workplace that older women are vulnerable to multiple layers of discrimination. Recent high profile cases have drawn attention to the combination of sexism and ageism that so often serve to restrict opportunities for this group of women and, in some cases, to squeeze them out of the workplace altogether. Scarlet Harris TUC²⁸

This pattern was also reported by unions in Coventry:

We are seeing an increased number of women in their 50s being pushed out with competency hearings, increase in gross misconduct hearings and an increase in dismissal for health at work issues. Older women and people with disabilities are being pushed out. Pat Seaman, Unite²⁹

Other unions in Coventry reported similar concerns as did union representatives in other parts of the country we spoke to while writing this report.³⁰ Although we were unable to find hard data on this issue the level of anecdotal reporting in Coventry and elsewhere from a range of unions indicates that this is an issue that should be monitored closely.

Some union representatives observed that when women were made redundant it was not seen as seriously as when men were made redundant:

People take on board the impact of redundancy on men, but women are viewed differently. Redundancy is hard for older women, but it is not recognised as a problem because of assumptions that they've got partners and families or that they don't really need to work but that's not always true. June Toulson, GMB³¹

Pat Seaman from Unite in Coventry argues that redundancy creates particular problems for older women who may find it hard to find other work:

There is a particular issue for women in their late fifties – they may be suffering from ill health. They are unlikely to get another job, but they can't claim on their pension either. We have an example of a woman in her late 50s with disabilities, divorced, very poor pension pot who will need to carry on working until she is 68. We are finding more women in that situation. We have a lot of women with health problems that we are trying to support to return to work. These women have to work. They don't have pensions, or have only paid in a small amount. Many were excluded from pension schemes because they were part time or were excluded on the basis of cost once part time workers were eligible to join. They can't afford to make up the difference now. And they can't claim disability benefit – they are supposed to be able to find work, even if they have been forced out because of ill health Pat Seaman, Unite³²

6.3.2 Cuts in hours

As well as job losses older women in Coventry were often faced with a cut in their hours, which can have an impact not only on their income but their long-term pension entitlement.

If you look at older peoples' care, it is traditionally older women who have cared for them. There is nobody I can think of now who is employed on full time hours, except the managers. Everyone is on part-time or fixed term contracts. They often have additional work through relief hour contacts, but this additional work does not count for pension contributions or increments. Pat Seaman, Unite³³

There was one (Council) review where nursery nurse posts that were year round became term time only and the hours were reduced too. They were faced with a 'take it or take redundancy' situation. In the end we managed to negotiate an agreement to buy them out of their hours. June Toulson, GMB

Many women working in the public sector feel a strong sense of commitment to their job. In some cases this has led to women trying to do the same amount of work as before even when their hours had been cut:

I represent cleaning and catering staff, predominantly older women, many of them BAME women. These cleaners are very conscientious. They've had their hours cut, been told to do less work but they carry on doing the work that they used to do, working more hours than they are paid because they want to do the job properly. Particularly in schools where they don't want the children to suffer if the school isn't properly cleaned. Sarah Ferguson, Unison³⁴

The majority of the City Council's workforce are part time (59%). This is far higher than the proportion of the general Coventry workforce that works part-time (25%).³⁵

6.3.3 Loss of flexible working

Unions in Coventry also expressed concerns about the impact of jobs being contracted out to the private sector, pointing out that private sector employers were less likely to offer the sort of flexible working that many women relied on to balance paid work and caring.

The Council has very good policies for flexible working and as a union we are able to support staff with applications to work flexibly. We have term time only policies and all sorts of reduced hours and flexible working. As long as you can put a case forward and the service can meet your request the council is fairly fair. Sometimes you have to tackle difficult managers, but we get there in the end. The problem is when those jobs go into the private sector all of that flexibility goes. Pat Seaman, Unite³⁶

Sarah Ferguson from Unison expressed concerns that the availability of flexible working in the public sector was also being hit by the cuts:

A lot of flexible working requests that I have made in the last year have been refused. More than before. Sarah Ferguson, Unison³⁷

Older women can face a sudden need for flexible working as a result of a family crisis or tragedy:

Yesterday morning I represented a woman who had just lost her 31 year old daughter. She is 57 and now suddenly has to care for her baby grandchild. Her manager was asking when she could return to work. When you reach your 50s you end up caring for grandchildren, parents, partners. Sarah Ferguson, Unison³⁸

Any loss of flexibility at work is likely to cause particular problems for older women who are carers when combined with cuts to social care support (see below and Chapter 3, Social Care).

6.3.4 Impact of staff cuts on local services

There is strong national evidence that staff cuts lead to increased pressure for workers in the health service, the majority of whom are women. For example a survey of healthcare workers published by Unison in March 2012 showed that 85% of health service staff experienced an increase in workload and 83% suffered an increase in stress over the past year.³⁹

Christina McAnea, UNISON Head of Health said of the results of the survey:

The increase in workload is not a coincidence; it is down to cuts in staffing and to a lack of cover for staff on sick or on leave. And it is not just staff who suffer - the increase in workload and stress is felt by patients and by workers' families.⁴⁰

In Coventry unions also reported knock on effects of job losses including increased pressure on staff, which has the potential to ultimately lead to an impact on the level of service.

Restructuring leads to less people delivering services. The service goes to the bare minimum, for example only one member of staff on at night. Often those women have a difficult job to do, many distractions, dealing with patients. When errors have been made it is often a result of under-staffing but the impact on the individual who receives that service will be substantial. Pat Seaman, Unite⁴¹

6.3.5 Pay freezes

So far fears raised in our previous report, *Unravelling Equality*, that the pay gap might widen as a result of public sector pay freezes have not been realised.⁴² In fact the pay gap between women and men in Coventry has narrowed between 2010 and 2011.

The pay gap for women in Coventry is still higher than the national average. Women working full time in Coventry earn on average £12.09 an hour compared to £14.35 for men. This is a pay gap of 15.8 points, more than five points larger than the national pay gap between women and men. Average pay for both women and men *living* in Coventry is lower than for women and men *working* in Coventry (for example because higher

paid workers may live outside the city). Women living in Coventry earn on average £10.75 an hour compared to £12.72 for men. The pay gap is roughly the same at 15.5%. The narrowing pay gap in Coventry is the result both of a fall in men's pay and a rise in women's pay.⁴³

However the national gender pay gap between workers in their fifties is wider than the average pay gap across all ages. In 2010 when the pay gap for full time workers stood at 15.5% the pay gap for workers aged 50-59 was 19.3%.⁴⁴ Research for the EHRC shows that nationally the pay gap for women aged 50-59 compared to men aged 40-44 is 28%.⁴⁵ We could not find data on pay broken down by age and gender for Coventry.

Nationally there is evidence that the spending cuts are pushing down the pay of some women involved in care work. Unions report that many women working in home care are paid the minimum wage for short 15 minute slots of care, but not paid at all for travelling time between jobs.⁴⁶ A study by Dr Shereen Hussein, Senior Research Fellow at the Social Care Workforce Research Unit (SCWRU), found that between 150,000 and 200,000 of care workers or nine per cent of the care workforce in England are earning less than the statutory minimum wage.⁴⁷ In Coventry some agencies reported concerns that care contracts were being put out to tender with a guide price which was below what they thought was realistic (see Chapter 3, Social Care). Since wage costs are the main costs for social care providers the pressure to reduce costs leads to a downward pressure on wages.

6.3.6 Impact of social care cuts on women's employment

One in four women aged 50-59 is a carer (compared with 18% of men).⁴⁸ Many of these women are combining caring responsibilities with paid work. As cuts to health and adult social care services take effect (see Chapters 2 and 3 on Health and Social Care) these women face increasing pressures that may make it hard for them to stay in paid work.

Steve McIntosh of Carers UK reports that they are seeing an increasing number of people nationally having to give up work because the costs of care for elderly relatives are too high.

We are seeing people who are juggling work and care who were just about able to manage, but as councils are charging more for care services these costs are going up faster than pay or benefits. People are looking at their budgets and realising they can't afford to manage to pay for that level of support, so they are feeling more pressure to give up work. Steve McIntosh, Carers UK⁴⁹

The Coventry Carers Centre also reports seeing carers having to leave work because of their caring responsibilities.

Around 30% of contact we have with carers relates to financial issues. We see quite a high level of issues with benefits, quite a lot of people have to quit work because of their caring responsibilities. The problems for BAME carers are worse. Pauline Dye, Coventry Carers⁵⁰

6.3.7 Cuts to childcare

Large numbers of older women provide childcare for their grandchildren. One in three working mothers in the UK rely on grandparents for some childcare and over 40% of children under 10 are looked after by grandparents.⁵¹

Cuts to childcare tax credit have increased the costs of childcare for working parents. At the same time there have been cuts to both private and public nursery provision.⁵² A survey by Grandparents Plus showed that 4 out of 10 parents say they are more likely to turn to grandparents for extra help with childcare during the recession.⁵³

For some of the women interviewed for this report providing childcare for grandchildren affected the work that they were able to do:

I look after my grandson in the school holidays. My daughter can't afford childcare and I work term time only. But if I can't work term time only I would have to take time off to look after him.⁵⁴

Balancing paid work and childcare for grandchildren is more likely to be an issue for working class women who are more than twice as likely to become a grandmother before their 60th birthday (56% for working class women compared to 26% for middle class women).⁵⁵

6.3.8 Impact of benefit cuts on women's employment

Cuts to some benefits for disabled people (see Incomes and Poverty Chapter) may have an impact on their ability to stay in paid work. For some disabled older women Disability Living Allowance provides vital help to enable them to continue working. One woman we interviewed said:

I am very frightened of cuts to DLA. If I lose my vehicle I would become housebound and would have to give up my job because it involves travel.⁵⁶

6.3.9 Regional pay rates

The Chancellor has proposed introducing 'regional pay' in the public sector to reduce the gap between earnings in the public sector and the private sector. The Women's Budget Group has argued that lower income women such as home helps and dinner ladies will be disproportionately affected by a move to regional pay.⁵⁷

6.4 What are the human rights and equalities impacts?

Women in Coventry are less likely than the national average to be in paid work and this is particularly true for older women. If public sector cuts lead to disproportionate job losses among older women in Coventry it will exacerbate overall inequality between women and men in Coventry. Public sector pay freezes and cuts in hours may also aggravate this situation. At the same time, women face disproportionate impacts of cuts to social care, cuts to childcare and cuts to disability benefits.

There is also a danger that individual women will be particularly severely affected. Losing a job can have a devastating impact on older women, particularly when they are facing other pressures such as caring. June Toulson from the GMB described the experience of one woman:

One case that sticks in my mind was a woman who was a lunch time and afterschool supervisor – she had two part time jobs. The afterschool club closed, that was her main income. She needed to work, her husband was disabled, and he had a small pension. She didn't drive and needed to work close to home so she could get back to care for him. It was really difficult for her, she didn't have many qualifications, hadn't been to a job interview for over twenty years. You can see the pressure on someone in that situation, a carer, no access to transport, not many qualifications. She really needed to work. June Toulson, GMB⁵⁸

Women who lose their jobs, or face a cut in hours may be pushed into poverty and face an increased risk of poverty in old age. Where this is combined with tough caring roles, the problems are likely to be exacerbated. This could impact on their right to health.⁵⁹

6.5 Monitoring Required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described in this report are set out in Chapter 8 – Conclusions and Action Required. Here we focus on setting out the specific monitoring required with regard to women's employment.

In order to assess the on-going human rights and equality impacts on older women's employment of the issues catalogued above, the following areas should be carefully monitored in Coventry:

- The level of job losses among older women compared with other groups.
- The numbers of women being dismissed as

- a result of gross misconduct, competency and ill health as opposed to other groups.
- The pay gap between older men and older women.
 - The numbers of older women providing paid and unpaid care and their ability to combine this with paid work.
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7. Voluntary and Advice Services

7.1 Overview

Voluntary organisations providing services to older women in Coventry have already experienced a drop in income as a result of cuts to grants and funding of public services provided by the voluntary sector. In addition cuts to Legal Aid are starting to affect voluntary organisations providing legal advice and other advice services which refer to legal specialists. At the same time voluntary organisations in Coventry are seeing increased demand for their services because of cuts to benefits and public services and the on-going impact of the recession.

These cuts will affect older women in Coventry who rely on voluntary organisations for advice, support and local services. A reduction in advice and support services is likely to exacerbate the impact of cuts in other areas, as older women facing loss of services or increased poverty, find it harder to gain support to challenge these cuts or to mitigate their impact. These cuts therefore pose a risk to a range of older women's rights including their right to health, right to family and private life and, in the case of cuts legal advice services, their right to fair trial.

7.2 What cuts are happening?

7.2.1 Voluntary sector

The exact impact of the cuts on the UK voluntary sector is hard to estimate with precision.

The National Council for Voluntary Organisations (NCVO) forecasts that:

- The UK voluntary and community sector (VCS) will lose around £911 million in public funding a year by 2015-16.
- The sector stands to lose £2.8 billion (this includes contracts to deliver public services as well as grants) over the spending review period (2011- 2016).¹

New Philanthropy Capital predicts that the voluntary sector's income will drop by between £3.2bn and £5.1bn as a result of public sector spending cuts.²

Voluntary organisations in Coventry are facing a series of financial cuts:

- A number of funding streams from central Government for voluntary organisations have ended.
- Cuts to health spending has led to the Primary Care Trust cutting grants to a number of voluntary organisations.
- There has been a drop in charitable giving

from individuals.

- Many charitable and non-charitable organisations are receiving an increasing level of grant applications which means that the success rate for applications is falling.
- Coventry City Council is reviewing its funding of the voluntary sector and is forecasting a saving of £100,000 in 2012/13 and £200,000 in 2013/14. The Council reversed an earlier decision to top slice 3% off all voluntary sector grants but some grants have been reduced or stopped.³
- Voluntary organisations that have local or national contracts to deliver public services are being affected by cuts to spending on public services including the ending of contracts and contracts being put out to tender with an unrealistic guide price.
- There have been significant cuts to Legal Aid which will affect organisations providing specialist legal advice services and organisations providing more general advice services that refer on to legal specialists.

7.2.2 Legal Aid

Legal Aid changes affect both law firms and other agencies including voluntary organisations providing legal advice. Legal advice is very expensive unless it is publicly funded through legal aid or other public funding. The Legal Aid, Sentencing and Punishment of Offenders Act 2012 makes a number of cuts and changes to funding for legal advice services. Many serious issues that older women face will no longer be funded by Legal Aid including:

- Employment issues.
- Housing matters, except those where the home is at immediate risk.
- Welfare benefits except for a limited number of appeals in higher courts.
- Debt, except where there is an immediate risk to the home.

Overall, more women than men apply for civil legal aid – 62.2% of applications for civil legal aid are made by women so these changes will have a disproportionate impact on women.⁴ Only 5% of those who will be affected by Legal Aid cuts are over 65,⁵ so older people are less likely to be affected than people under 65. However those that are affected will be among the poorest and most vulnerable people. 54% of those who will be affected by loss of Legal Aid for welfare benefits cases will be sick and disabled.⁶ Loss of Legal Aid for these cases will affect disabled older women and older women who are carers.

In Coventry 48% of Coventry Law Centre's clients are women (this rises to 52% without immigration clients). 25% of all clients are over 50, rising to 32% if immigration cases are removed. Approximately 30% of the population of Coventry is over 50. 48% of all

Here 2 Help

The Here 2 Help Consortium, owned and run by local voluntary organisations, was founded by 12 local charities, launched on 21st February 2011 and now has over 30 members.

The consortium will provide a new way for local voluntary organisations to work with the Council and other statutory agencies to deliver cost-effective services for the people of Coventry. The consortium will enable smaller local voluntary organisations to work collaboratively and tender together to compete more effectively against larger, national commercial organisations.

To save on their commissioning costs, funders may have fewer but larger contracts, forcing smaller providers to have to bid jointly to win these. Here 2 Help provides a way for smaller voluntary organisations to bid jointly to win these contracts⁹

the Law Centre's welfare benefits clients are over 50, as are 31% of all debt clients.⁷ Other chapters of this report have identified evidence of older women facing increased levels of discrimination at work (see employment chapter) and facing a range of cuts and changes to disability, housing and other benefits (see incomes and poverty and social care chapters). Therefore there is likely to be an increased demand for advice and support in relation to these types of issues.

I am horrified about the suggestion about legal aid going for benefits claims because we refer a lot of them on and I don't know what we are going to do, because a lot of them are clearly wrong. Particularly the decisions on attendance allowance. It is a really important benefit. You have to persuade people to apply, and to appeal. Moira Pendlebury, Age UK Coventry⁸

7.3 Impact of the cuts on voluntary organisations in Coventry

Voluntary organisations interviewed for this

report detailed a number of impacts on their services as a result of the spending cuts. These included:

- Having to cut services altogether.
- Having to reduce the level of service offered or increase waiting times.
- Having to introduce charges for services, or planning to introduce charges in the future.
- Pressure to cut costs in a way that would impact on the quality of the service offered.
- Closure of the organisation.

Some organisations said that they had been relatively lucky and had not been badly affected by the cuts but even these described pressure to significantly reduce costs.

As with our previous report not all the organisations we spoke to wanted to be quoted because of fears that this would affect future funding or would worry users about potential cuts that they might be able to avoid. We have therefore focussed here on three case studies to give an example of the ways in which voluntary organisations can be affected by the cuts. Additional examples can be found in Chapters 3 and 4 on Transport and Social Care.

7.4 Case studies

Shanti Bhavan Ladies Group

Shanti Bhavan Ladies Group was a group of about 50 Asian mainly older women who met once a week in Foleshill. It has recently closed down due to losing its funding.

The group started 18 years ago with funding from Diabetes UK as a health initiative aimed at South Asian people. The group became women only to discuss health issues that women did not want to discuss with men including depression, isolation, mental health problems and physical health problems.

The group was funded by Coventry and Warwickshire Partnership NHS Trust. The funding for the group ended in April 2012.

The group provided advice and support on health issues and access to services. For many of the women attending it was also a vital source of social support, reducing isolation and loneliness. There is often an expectation that older Asian women will be cared for by their extended family, but changing economic situations and family structures mean this is no longer the case for many older Asian women (see Chapter 3, Social Care).

When members of the group were interviewed for this report, shortly before the group was closed they were extremely distressed about the fact that the group was to close. One woman said:

This group has been an outlet for so many women who have been coming for years. If it comes to an end they have no-where to go to and they are alone. Their husbands have died. Their children are away, they live alone. Without this group they have no one at home. This is a place where they can meet once a week and share concerns and be a support to each other.¹⁰

Members of the group and the support worker were able to provide informal support to each other to deal with things like filling in forms and attending appointments. Some of the women in the group had limited spoken or written English and other group members helped them translate official letters and forms. Without this informal peer support some of the women in the group may find it difficult to navigate their way around the benefits and social services system, particularly when there are cuts to other forms of advice and support happening at the same time.

Legal Advice Services

Coventry Law Centre and the Citizen's Advice Bureau are particularly important for vulnerable and otherwise disadvantaged people in Coventry. Between them, they currently offer free legal and related advice in many areas including housing, debt, employment, discrimination, community care and welfare benefits.

They are part of a network of advisors in the local community called Advice Services Coventry. Advice Services Coventry assisted with 36,882 cases last year.¹¹ The cuts to legal aid, combined with other cuts to funding from other sources, are likely to have significant impact on their ability to provide advice and assistance to some of the most vulnerable and disadvantaged people in Coventry, including older women who are in need of assistance.

The proposed cuts to legal aid will mean we will be unable to provide assistance to some of the poorest and most disadvantaged people in Coventry. 32% of the people we assist on social welfare law matters are over 50 and over half of our clients are women. Older women will be particularly badly affected by the withdrawal of legal aid for welfare benefits casework: 48% of the clients we assist to appeal benefits decisions are over 50. The long term costs to the state of the loss of this support will be significant. The Government wants to promote positive health outcomes by promoting independence amongst older people: it is these benefits that allow older people to live independently and to pay for the help that allows them to do this Sue Bent, Director, Coventry Law Centre.¹²

Coventry Carers Centre

Coventry Carers Centre offers a free and confidential information, advice and support service to meet the needs of Coventry Carers. In 2010/11 the City Council accounted for 46% of its funding and the NHS for 20%.

Coventry Carers Centre says the Council deserves credit for always spending the money provided for carers on carers' services even when that money stopped being ring-fenced. In contrast they complain that 'successive Governments have allocated significant sums of money to the NHS for Carers' Support, amounting to about £660,000 in Coventry last year, which is not being spent.'¹³

However, in 2011/12 the Centre lost about 20% of the funds it received from the Council. Two funding streams, training for carers and carers' assessments were cut. The centre also lost the learning disabilities development fund, including a specific project to support BAME carers of people with learning disabilities. The Centre has never seen an Equality Impact Assessment of these decisions.

The Council was proposing a top slicing of all grants to the voluntary sector, including Coventry Carers Centre. This has been reversed but there is a review of support for carers and the Centre has been told to expect cuts. It is not clear what form support for carers will take in future. Pauline Dye of Coventry Carers Centre said:

At the moment the whole care grant is up for grabs. We have taken steps to make sure we are lean and trim. We are a model that people look to. People come to see us from across the country. But the Council may go for the lowest cost offer, which might be just a telephone help line (about half of our help is face to face). We see people at all stages from those just needing a leaflet to those who are in severe crisis.¹⁴

7.5 The importance of the voluntary sector for older women

Between them voluntary organisations in Coventry provide information, advice, support and services for older women in Coventry (see chapters on Transport and Social Care for examples of voluntary organisations work). Support groups such as Shanti Bhavan (see below) offered older women opportunities to meet together socially, reducing isolation and improving mental health.

Voluntary organisations like Coventry Age UK and Coventry Carers Centre that advise older

people on their benefit entitlements play a significant role in tackling low take up of benefits. This is a major issue for older people. According to the UK Poverty Site:

- Around two-fifths of pensioner households entitled to Council Tax Benefit - and a third of those entitled to Pension Credit - are not claiming them. These are much higher proportions than a decade ago.
- Of the estimated £4½ billion of unclaimed income-related benefits to which pensioners were entitled in 2008/09, Pensioner Credit accounted for half while Council Tax Benefit accounted for a third.
- Half of the owner occupiers entitled to Pension

- Credit are not claiming it, a much higher proportion than for those in other tenures.
- The proportion of pensioner households entitled to, but not claiming, Pension Credit is somewhat higher for pensioner couples than for single pensioners.¹⁵

Research for the Joseph Rowntree Foundation has highlighted the importance of support for older people in claiming the benefits to which they are entitled:

Older people require multi-level support in accessing and claiming benefits to help them feel more confident and able to approach and fully engage with the benefit system. This includes: raising awareness that a benefit even exists, providing information about entitlement to get the message across that it might apply to them, support in making an application – both practically with filling in forms, but also through reassurance and encouragement to see an application through. Furthermore there is a need for support beyond just the application – this should include provision of information to help people understand the process, the sequence of events and the implication of receiving any benefit.¹⁶

However as a result of an increase in demand for advice, and cuts to funding for advice services many voluntary organisations providing advice to older women in Coventry reported being very over-stretched:

So many people now need advice, often about financial difficulty, you need free advice. CAB are over-run, we are over-run, the advice agencies aren't able to cope with the level of demand. And with the cuts it is a double whammy isn't it. Funding has been reduced. We are going to see cuts to Legal Aid which will make it worse. It is really difficult to get through the door to say I need help and then to be told you have to wait for six months. I think that people will stop asking for advice. We have had to reduce our service a little; we are having to spend longer with people because the cases we are seeing are getting more complicated. We are doing things like trying to recruit volunteers. My colleagues are working to develop a triage system to reduce the load. But everyone is over-run with enquires of a financial nature. Age UK Coventry¹⁷

In addition voluntary advice services can act as an early warning system for the actual impact of the cuts on older women. For example front line workers at Age UK Coventry noted:

We've seen an increase in demand for referrals for the food bank. We are getting more and more clients coming in for that service. We only see over 50s. but there are in that a lot of 50-65 age group coming in for many reasons. I've seen 5 or 6 this week; it used to be once in a blue moon. Age UK Coventry¹⁸

Another staff member at Age UK Coventry reported an increase in cases of financial abuse of older women:

We are definitely seeing more abuse. We have had a number of cases where sons, and it is usually sons, split up with their partner and move back in with mum. Mum is subsidising him, supporting him. He is not working, but he is not claiming benefits either. So in one case, the mother lost her council tax reduction of 25% because the house was no longer in single occupancy but he was not paying anything to help her, and was refusing to claim benefits. We have seen cases like that increase. Age UK¹⁹

Without voluntary organisations to record these impacts it will become harder to monitor what is happening to women in practice.

7.6 What are the human rights and equalities impacts?

Voluntary organisations in Coventry between them are playing many vital roles in reducing inequality for older women, tackling discrimination and improving women's human rights.

A number of these organisations are being forced to cut services or in some cases close altogether. Increased demand for services is also leading to capacity problems and delays in accessing services for some older women. These problems are likely to increase in the future as funding is reduced (e.g. for Legal Aid). At the same time, the issues faced by older women identified throughout this report as a result of cuts to benefits and services are likely to increase.

If specialist providers lose contracts, decide not to bid for contracts, and/or advice workers are replaced by volunteers, this is also likely to lead to reductions in levels of services to older women, or a reduction in the quality of those services.

These cuts and changes to current levels of support and advice give rise to a number of risks to the health, well-being and human rights protection of older women including:

- **Increased loneliness and isolation particularly for older women living alone with serious implications for their mental health.** This could lead to violations of some older women's human rights including their right to health and right to private and family life.²⁰
- **Reduced levels of advice and support to enable women to claim the benefits and services to which they are entitled and to help protect them against discrimination.** Lack of legal issues for complex legal problems could amount to a breach of the right to fair trial. If it leads

to homelessness or destitution it may even constitute inhuman and degrading treatment.²¹

- **Increased levels of hardship, suffering and poverty** which could have a significant impact on their right to health or even life as there are strong links between poverty and ill-health and poverty and life expectancy.²²

In addition, the closure and reduction of advice and support services is likely to lead to increased difficulty in monitoring the on-going impacts of the public spending cuts on older women. This increases the obligations on public authorities to monitor the impacts identified below and throughout this report. Chapter 8 - Conclusions and Action Required - discusses what these obligations entail.

7.7 Monitoring required

The main mechanisms through which action can and should be taken to deal with the equality and human rights issues described in this report are set out in Chapter 8. Here we focus on setting out the specific monitoring required with regard to women's voluntary and advice services.

In order to assess the on-going human rights and equality impacts of cuts and changes to women's advice services catalogued above, the following areas should be carefully monitored in Coventry:

- The level of reduction in funding for women's organisations and organisations providing services to older women particularly as compared with other voluntary organisations in Coventry.
- The impact of any reduction in funding on these organisations and their ability to provide services to older women.
- The availability of legal advice for older women seeking assistance.
- Any decreases (in type or number) of cases brought where Legal Aid is no longer available, particularly in complex welfare benefits, debt or employment cases.
- The outcomes of cases where women who would have received legal aid in the past, and are no longer eligible.
- The impact on older women who have lost access to services or had services reduced.

- 1 Kane, D, and J. Allen (2011) "Counting the Cuts: The impact of spending cuts on the UK voluntary and community sector." National Council for Voluntary Organisations (NCVO) Available online at http://www.ncvo-vol.org.uk/sites/default/files/counting_the_cuts.pdf
- 2 Joy, I. (2010) "NPC perspectives: Preparing for cuts, how funders should support charities in a world of government cuts and changing funding structures." Philanthropy Capital. Available online from http://www.philanthropycapital.org/publications/improving_the_sector/grantmaking/preparing_for_cuts.aspx
- 3 Coventry City Council (2011) "Pre-budget report 2012/13." Available online at <http://cmis.coventry.gov.uk/CMISWebPublic/Binary.aspx?Document=20213>
- 4 Rights of Women (2010) "Briefing on the Ministry of Justice proposed changes to legal aid." Available online at http://www.row.org.uk/pdfs/Policy/Rights_of_Women_briefing_on_Ministry_of_Justice_proposed_changes_to_legal_aid.pdf p.1
- 5 Ministry of Justice (2011) "Reform of Legal Aid in England and Wales: Equality Impact Assessment (EIA)" Available online at <http://www.justice.gov.uk/downloads/consultations/legal-aid-reform-eia.pdf>
- 6 *Ibid.*
- 7 Figures provided by Coventry Law Centre, 12 June 2012
- 8 Interview with author, February 2011
- 9 Voluntary Action Coventry, Here 2 Help consortium. <http://www.vacoventry.org.uk/here-2-help-consortium>
- 10 Discussion group with author, February 2012
- 11 Advice Services Coventry (2011) "A Description of our Current Work and Achievements and how this will be Affected by Proposals to cut Legal Aid." Copy on file with authors.
- 12 Personal correspondence with author, June 2012
- 13 Dye, P. Personal correspondence with author, June 2012
- 14 Interview with author, February 2012
- 15 The Poverty Site. "What the indicators show: older people." <http://www.poverty.org.uk/summary/older.htm> (accessed 25 June 2012)
- 16 Centre for Research in Social Policy (2010) "Managing Finances in later life." Joseph Rowntree Foundation. Available from http://www.crsp.ac.uk/downloads/publications/rill/Managing_Finances_in_Later_Life_Sept_2010.pdf
- 17 Age UK Coventry, interview with author, March 2012
- 18 Age UK Coventry, interview with author, March 2012
- 19 Age UK Coventry, interview with author, February 2012
- 20 Equality and Human Rights Commission (2011) "Close to home: An inquiry into older people and human rights in home care." P.39-40. Available online at <http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-home-care-of-older-people/close-to-home-report/>
- 21 On the right to fair trial, see *Airey v Ireland* 32 Eur Ct HR Ser A (1979): [1979] 2 E.H.R.R. 305. Lack of legal advice could also amount to a violation of Article 6 of the European Convention on Human Rights (right to fair trial) where "... such assistance proves indispensable... by reason of the complexity of the procedure or of the case." On human and degrading treatment, see case of *R (ex parte Adam) v Secretary of State for the Home Department* [2005] UKHL 66 Lord Bingham (para 7) "... the threshold [for a breach of Article 3] may be crossed if a late applicant with no means and no alternative sources of support, unable to support himself, is, by deliberate action of the state, denied shelter, food or the most basic necessities of life ..." Baroness Hale commented that to have to endure the indefinite prospect of rooflessness and cashlessness in a country where it was not possible to live off the land, was inhuman and degrading (para 78).
- 22 See, for instance, the work of the British Institute for Human Rights on the connections between poverty and human rights in the UK context at <http://www.bihhr.org.uk/projects/poverty>

8. Conclusions and Action Required

8.1 Overview

The public sector spending cuts will have a significant negative impact on older women in Coventry, which is likely to exacerbate existing inequalities between older women and other groups. For some vulnerable groups of older women cuts to benefits and services, particularly when taken together, will have a negative impact on their human rights.

Public authorities have obligations to monitor and address this situation. Other groups can also take action to help identify and reduce negative impacts.

8.2 Overall impact of the Cuts on Older Women

Each chapter of this report has examined the impact of cuts in a particular area. However to gain a full picture of the human rights and equality impact of the cuts on older women, these cuts and changes need to be considered together. Very many older women in Coventry will experience a series of cuts at the same time and it is the cumulative impact of these cuts which will have some of the most serious impacts.

This report has identified that cuts to public services in health, social care, and public transport will have a disproportionate and significant impact on older women (Chapters 2-4). Older women's incomes will also be disproportionately affected by cuts and changes to benefits, compared to older men (Chapter 5). Older women in their 50s and 60s will also be disproportionately impacted by public sector job cuts, pay freezes and other impacts on their employment (Chapter 6). Finally, a reduction in the advice and support services available to older women is likely to exacerbate the impact of all these cuts in other areas (Chapter 7). Overall, the combined impact of these cuts is likely to exacerbate existing inequalities between older women and other groups

The cuts also pose a serious risk to some older women's human rights, as catalogued at the end of individual chapters of this report. The majority of the rights that are discussed in the report are protected in UK law by the Human Rights Act. Public authorities have direct legal obligations in UK law to protect these rights.

So, cuts to spending on health (Chapter 2) may lead to patients suffering for longer and being treated inadequately. This could lead to violations of the right to private life. In

extreme circumstances, patient's suffering could constitute a violation of the prohibition on inhuman and degrading treatment or threaten violation of the right to life. Cuts to spending on social care (Chapter 3) may also undermine older women's right to private life. In extreme situations, they could again violate the prohibition on inhuman and degrading treatment or threaten to violate their right to life. Cuts to welfare benefits (Chapter 5) and increased unemployment as a result of public sector job losses (Chapter 6) may increase the numbers of women living in poverty. Extreme poverty, combined with a lack of support from social services, may reach a stage where it constitutes inhuman and degrading treatment and leads to a loss of human dignity. A reduction in advice and support services (Chapter 6) may lead to violations of the right to a private life and/or right to a fair trial.

This report has also identified concerns that the cumulative impact of the cuts to benefits and services may pose a particularly serious risk to the health of many older women. These cumulative impacts could together amount to violations of a number of the human rights protected by the Human Rights Act and set out above. But it makes most sense to view these risks in terms of the right to health.¹ The right to health is contained in the International Covenant on Economic, Social and Cultural Rights, to which the UK Government is a signatory. The right to health creates obligations with regard to the availability, accessibility, acceptability and quality of health care services. It also creates obligations with regard to the underlying determinants of health (i.e. social conditions that will lead to deteriorations in health outcomes).

This report identifies how the right to health for older women will be affected in the following ways:

- Cuts to health and social care services risk reducing the level and *quality* of care available to older women. This, combined with the additional stress caused by cancellation of appointments, increased waiting times and additional caring responsibilities risks damaging the physical and mental health of many older women.
- Cuts to public transport services will make it harder for women to *access* vital health services. They may also increase isolation among some older women with a subsequent negative impact on their mental health.
- Cuts to some welfare benefits and the move to link others to the Consumer Prices Index, combined with the increased cost of food and fuel and additional costs because of cuts to transport and social care services will push more older people into poverty. There is a strong link between poverty and ill-health.

- Cuts to advice and support services will increase social isolation. In addition legal aid cuts will reduce the ability of women to secure the benefits and services they need in order to realise their right to health. This will have an impact on health outcomes.

Among older women, there are also particular groups whose human rights are likely to be particularly badly affected. These include disabled women, carers and BAME women. Each of these groups is discussed below.

8.3 Disabled Older Women

Disabled women under 65 may be affected by the change from Disability Living Allowance to Personal Independence Payment and from Incapacity Benefit to Employment Support Allowance. There have also been serious questions raised about the quality of assessments used for ESA (see Chapter 5, Incomes and Poverty). The assessment process itself is stressful and people denied ESA or PIP are likely to see a significant drop in their income. For some women a loss of Disability Living Allowance may mean that they are no longer able to work because their DLA met additional transport costs. Disabled women in this group may also be affected by housing benefit changes and cuts to Council Tax Credit.

Disabled women over 65 will not have to move from DLA to PIP at present, although there are concerns among older women about what might happen in the future. However they may face a decline in the value of their pension in real terms as a result of the move from the Retail Price Index to the Consumer Prices Index.

Disabled women face additional costs including special dietary needs, additional transport costs, the need for aids and adaptations and the need to heat homes all day and at a higher heat. They may also need to pay for additional social care support if the level of care on offer is not sufficient to their needs or if they are not eligible for free support. Increased poverty may lead some disabled women to go without adequate food or heating and have a severe impact on their physical and mental health.

Disabled women are more likely to use health services and will therefore be affected by the increased waiting times, increased cancellation of appointments and reduction in healthcare staff. There is already national evidence of poor treatment of some particularly frail older women including failure to provide proper nutrition and failure to respect basic human dignity. Further cuts to health spending which reduce levels of staffing and staff training make these abuses more likely. Last minute cancellation of appointments can cause

practical and financial problems for disabled women who may have had to organise transport and pay parking or taxi charges.

Cuts to social care support and increased charges will particularly affect disabled older women. There is already national evidence of extremely poor levels of care in some areas as the time allowed for home visits is cut. Disabled older women have not been given vital medicines and have been left without food or access to water and in soiled sheets.

Changes to bus routes may cause problems for disabled older women who were previously able to use public transport but cannot walk to a new bus stop, particularly in bad weather or with shopping. Disabled women who do not automatically qualify for Ring and Ride services may nevertheless find it impossible to use public transport and will therefore face increased cost of taxis and/or increased isolation leading to increased mental health problems. Without access to transport disabled women may find it harder to access health services, shops and social activities.

Cuts to legal aid and advice services will make it harder for disabled women to challenge what is happening to them and to secure the services or benefits to which they are entitled. Cuts to support groups will mean disabled women are less able to access informal mutual support leading to further isolation and health problems.

Taken together the combined impact of the cuts may impact on disabled women's right to private life, right to health, right to be free from inhuman and degrading treatment and even right to life.²

8.4 Family carers

Carers already experience negative impacts on their health, financial situation, employment, relationships and social life as a result of caring.³

Carers may be affected by cuts to the disability benefits of the person they care for either because their household income goes down, or if they are caring for someone who lives elsewhere because they have to provide additional financial support to make up for the loss in benefits. Carers may also be affected by housing benefit cuts and cuts to Council Tax Credit, as well as facing additional costs for special diet, adaptations, heating and transport. Cuts to their income will push more carers into poverty and may have an impact on their own health.

Cuts to public sector jobs will affect some family carers who may find that private sector jobs don't offer the flexibility they need to

combine caring with paid employment. Family carers may also face pressure to give up work if the person they care for does not get the social care support they need.

Cuts to health spending will affect family carers who may have to make additional trips to the hospital if appointments are cancelled at short notice. More significantly if people are discharged from hospital early and without an adequate care plan in place this will significantly increase the pressure on family carers.

Family carers will be affected by cuts to social care services if they have to provide additional care. This may increase stress and related health problems and make it harder for working age carers to combine caring with paid work.

Transport cuts will increase pressure on carers who may have to provide, organise and/or pay for transport for the person they care for. They may have to take on additional tasks such as shopping if the person they care for can no longer use public transport services to do this for themselves.

Cuts to advice and voluntary services for carers may mean that they cannot get the support they need. This may mean increased stress and physical and mental health problems. It may also mean that carers are not able to get the benefits or support services to which they are the person they care for are entitled.

Taken together these cuts may have an impact on the right to health of some carers.

8.5 Black, Asian and Minority Ethnic older women

BAME older women are already more likely to be living in poverty than their white counterparts. The increased cost of living, particularly food and fuel prices, combined with cuts to Council Tax and Housing Benefit and the move to link pensions to the Consumer Prices Index rather than the Retail Prices Index may push more BAME older women into poverty.

BAME older women who are disabled or carers will face the same negative impacts as other older disabled women or carers. However these impacts may be exacerbated by the loss of support networks and advice services which provide help for older BAME women who have limited English. BAME women carers have also lost specialist support services. Mainstream services may not provide the language support or cultural sensitivity to meet the needs of BAME women. The loss of voluntary support groups for BAME older women will increase isolation and may lead to increased mental health problems.

The assumption that many BAME women will be receiving support from an extended family (which interviewees for our report argued was often no longer the case) may mean that BAME women are not offered the support they need or their isolation is un-recognised.

Changes to arrangements for accessing Ring and Ride services will affect BAME women who need to use the service but have problems filling in the application form. Again loss of voluntary support groups and advice services will exacerbate this problem as women in this situation will have fewer sources of support.

BAME women are disproportionately likely to be working for the NHS so are more likely to be affected by cuts to health service jobs.

Cuts to Legal Aid will disproportionately affect BAME women and will leave them unable to secure access to the benefits and services to which they are entitled.

Taken together these cuts may increase the number of BAME women living in poverty with negative impacts on their right to health. Disabled BAME women may suffer impacts to their right to health, and in extreme situation, even suffer inhuman and degrading treatment or violations of the right to life.⁴

8.6 Action required

Throughout this report we have detailed the actions required to ensure the equality and human rights impacts of these cuts are properly monitored.

Recommendations about specific cuts that should or should not be made or specific policies that should or should not be undertaken are outside the scope of this report. We recognise that there are often multiple different authorities that could take action (local government, national government, primary care trusts etc.). In addition there are often multiple courses of action that could be taken to deal with human rights and equalities issues identified above.

The authors of this report welcome any opportunity to discuss with policy-makers at the local or national level the *specific* measures that they could be taken in order to deal with particular human rights and equality issues identified in the report.

We focus here on highlighting the obligations on public authorities to address these issues and describing the key mechanisms through which public authorities can be held to account for their actions.

8.7 Actions of Public Authorities

8.7.1 Policy Making

Public authorities are under a legal obligation to promote equality and not to violate human rights.

- **Equality Duty** - Under the Equality Act 2010, public authorities must have due regard to the need to eliminate discrimination, and advance equality (including between women and men) in the course of developing policies and delivering services. A number of public authorities have been challenged in the UK Courts for failures to have due regard to equality in the context of making spending cuts in relation to e.g. social care and voluntary services.⁵
- **Human Rights Act Obligations** – Under the Human Rights Act 1998, it is unlawful for a public authority to act in a way that violates the rights of individuals which are protected by the key articles of the European Convention on Human Rights. Public authorities can be sued in the UK Courts for violations of any of these rights.
- **Other UK Human Rights Obligations** - The United Kingdom has also signed up to a number of other international human rights obligations including the Convention on the Elimination of Discrimination Against Women and the International Covenant on Economic, Social and Cultural Rights, which includes the right to health.⁶ These rights are not actionable by individuals in the UK Courts, but they are important legal obligations which the UK has agreed to, and has to report on. The right to health is also seen as one of the most important human rights by people in the UK.⁷

Therefore, all public authorities who are involved in budget cutting measures should be making sure they respect their human rights and equality obligations in taking these decisions.

This report has also highlighted the importance of thinking about equality and human rights impacts cumulatively. In particular, this report has identified:

- A number of areas where there are cumulative impacts that together will lead to increased inequality between older women and other groups.
- How cuts and changes in a number of policy areas may collectively impact on particular groups of older women and threaten their human rights.

Public authorities should make sure that they create coherent and collective strategies for

dealing with such issues. This will include:

- Ensuring that they co-ordinate their policies and practices where multiple agencies have an impact on a particular issue (e.g. health authorities, the City Council, transport authorities, voluntary services).
- Ensuring that policies and practices are not seen in isolation from another in any individual agency.

8.7.2 Funding for women's organisations and voluntary organisations providing services to women

Public authorities should also recognise the important role played by women's organisations and other voluntary organisations providing services to older women in tackling discrimination and in promoting older women's human rights. In particular, they should make any decisions about funding for these organisations in light of the current threats to equality and older women's human rights in many of the areas where these organisations work.

8.7.3 Monitoring of Impacts

In each of the individual chapters of this report, recommendations were made about the further monitoring of the equality and human rights impacts of the public sector spending cuts that is required.

The primary responsibility for undertaking this monitoring should fall on public authorities. A lot of monitoring is already done by public authorities (some of this is required by law, some of it is not).

The Government's Specific Duties under the Equality Act suggest a weakening of the obligations that previous equality legislation placed on public authorities to assess and monitor policies for their equality impact. In the words of the Equality and Diversity forum this may give 'public bodies the inaccurate impression that they do not have to do much in order to comply with the statutory equality duty'⁸.

However it is difficult to see how public bodies can meet their obligations under the general duties of the Equality Act without undertaking some monitoring of impacts. The Government's consultation paper on the specific duties states:

Under the requirements of the general duty to have "due regard" to the matters set out in the Act, public bodies will need to understand the effect of their policies and practices on equality – this will involve looking at evidence, engaging with people, staff, service users and others and considering the effect of what they do on the whole community.⁹

These processes are the main elements of a

good Equality Impact Assessment, suggesting that EIAs should remain an important tool for public authorities to ensure they are meeting their legal obligations under the Equality Act.

The approach of the Courts to assessing equality duties of public authorities also supports this. A series of cases in relation to the equalities duties under previous equalities legislation made it clear that, whatever their *specific* duties, public bodies' *general* duties to pay 'due regard' to promoting equality between different groups entails undertaking a process that looks very much like a good impact assessment process when they undertake budget-cutting measures – including consultation, evidence-gathering and analysis of impacts.¹⁰ Similar principles have now been confirmed with regard to the new s.149 duty under the Equality Act.¹¹

The Centre for Human Rights in Practice has reviewed a great deal of EIA practice as part of a wider project on Impact Assessments. We have generally found it to be of very poor quality. Public authorities generally need to improve this practice or find other ways of monitoring impacts if they are to be seen as taking their responsibilities seriously.

8.8 Actions by Other Actors

All actors who are concerned about the human rights and equality impacts of the spending cuts on older women need to continue to take action to reduce and eliminate negative impacts. Actions include:

- **Monitoring** – central government is currently moving to a different model of equality monitoring where "challenge from the public will be the key means of holding public bodies to account for their performance on equality."¹² The voluntary sector, trade unions, academic institutions and other bodies have an important role to play in monitoring the impact of policies on the people in their communities. This is particularly true when so many Equality Impact Assessments currently undertaken by public bodies are so weak.
- **Campaigning and advocacy** – Voluntary and community groups can use the evidence of impact they gather through their work, and research projects such as this to increase public pressure for action to be taken to combat human rights and equality issues.
- **Legal Action** – Where violations of equality duties and human rights obligations are identified, then cases can be brought to the courts in order to enforce obligations. There have already been successful challenges through the courts to the public sector spending cuts.¹³

8.9 Next steps for this project

We hope that this will be the second in a series of reports which will examine the impact of the public spending cuts on different groups of women in Coventry. Funding is actively being sought for more work in this area.

- 1 To give the right its full name, it is known as, 'The right to the enjoyment of the highest attainable standard of physical and mental health'.
- 2 See the "What are the Human Rights and Equality Impacts?" sections at the end of each chapter of this report for a range of references to different human rights issues which are relevant to the analysis here.
- 3 NHS Information Centre (2010) Survey of Carers in Households - 2009/10 England. Available online at <http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/survey-of-carers-in-households--2009-10-england>; Carers UK (2009) "Facts About Carers." Available online at http://www.carersuk.org/media/k2/attachments/Facts_about_Carers_2009.pdf.
- 4 See the "What are the Human Rights and Equality Impacts?" sections at the end of each chapter of this report for a range of references to different human rights issues which are relevant to the analysis here.
- 5 E.g. e.g. *R (on the application of W) v Birmingham City Council* [2011] EWHC 1147 (Admin); *R v London Councils (ex parte Hajrula and Hamza)* [2011] EWHC 151; *R v Birmingham City Council (ex parte Rotao Rahman)* [2011] EWHC 944 (Admin).
- 6 United Nations (1966) International Covenant on Economic Social and Cultural Rights, Status of Treaties. http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-3&chapter=4&lang=en
- 7 Kaur-Ballagan, Castell, Brough and Friemert, *Public perceptions of human rights* (2009, Ipsos MORI Social Research Institute) at p.iii. Available at http://www.equalityhumanrights.com/uploaded_files/public_perceptions_of_human_rights_ipos_mori.pdf
- 8 Equality and Diversity Forum (2011) "Submission in response to the Public Sector Equality Duty: Reducing Bureaucracy." Available online at <http://www.edf.org.uk/blog/?p=11010>
- 9 Home Office (2010) "Equality Act 2010: The public sector Equality Duty: reducing bureaucracy." p.4 Available online at <http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/policy-review?view=Standard&pubID=904215>
- 10 See e.g., *R (on the application of W) v Birmingham City Council* [2011] EWHC 1147 (Admin); *R v London Councils (ex parte Hajrula and Hamza)* [2011] EWHC 151; *R v Birmingham City Council (ex parte Rotao Rahman)* [2011] EWHC 944 (Admin).
- 11 *R (on the application of Kirsty Green) v Gloucestershire County Council* [2011] EWHC 2687 (Admin). See in particular paras 118-131.
- 12 *Ibid.* p.4
- 13 E.g. Birmingham City Council's plans to limit social care for disabled people were ruled unlawful. See, Dale, P. "Birmingham City Council social care cuts ruled unlawful by High Court." Birmingham City Post, 20 April 2011. <http://www.birminghampost.net/news/west-midlands-news/2011/04/20/birmingham-city-council-social-care-cuts-ruled-unlawful-by-high-court-65233-28557053/#ixzz1L6tNhiPx> (accessed 25 June 2012)

Appendix 1: Methodology

What is a human rights and equality impact assessment (HREIA) and why were CWV and CHRP interested in undertaking one?

A Human Rights and Equality Impact Assessment is a process for ensuring that the human rights and equality implications of a policy are taken into account in the development and/or revision of that policy. It is based on legal principles. In our case, because the HREIA is taking place in the UK, the primary legal principles are the equality duties set out in the Equality Act 2010 and the human rights obligations protected by the Human Rights Act 1998 as well as the UK's other international human rights obligations.¹

The assessment also identified that some of the most significant human rights impacts of the public sector spending cuts on women in Coventry were in relation to the right to health. The right to health is not contained in the Human Rights Act, but is contained in the International Covenant on Economic, Social and Cultural Rights, which the UK has signed up to.² This assessment seeks to identify what will be the impact of the public spending cuts on these legally protected equality and human rights obligations.

The HREIA that we are describing here assesses the potential impacts of the budget public spending cuts on women in Coventry. It involves eight core elements or steps which are explained in more detail below. Coventry Women's Voices and the Centre for Human Rights in Practice both had specific reasons for wishing to undertake an equality and human rights impact assessment:

- **Coventry Women's Voices** wanted evidence of the impact of the cuts on older women to support their work with women and women's organisations in Coventry.
- **The Centre for Human Rights in Practice** has developed significant international expertise over a number of years in designing methodologies for undertaking equality and human rights impact assessments.³ CHRP wanted to utilise this expertise in order to work with a local group to undertake a model HREIA process that could become a blueprint methodology that could be more widely utilised.

The Specific Duties on public authorities under the Equality Act in England do not specify the same level of monitoring and assessment required under earlier equality legislation. However we believe it will be difficult for

public bodies to meet their general duty to eliminate discrimination and promote equality if they do not monitor potential and actual equality impact and consult with affected groups. Public authorities also need to ensure that they do not violate human rights. Equality and Human Rights Impact Assessments are a potentially important tool in this endeavour. However CHRP had become increasingly aware of poor quality human rights and equality analysis that have been produced by public authorities in relation to various budget cutting processes. Such assessments tend to be inadequate for a number of reasons, including that they:

- Are often poorly resourced and clearly lack sufficient analysis
- Can appear to be a justification for a decision that has already been made rather than an assessment of the full impact of that decision.
- Frequently ignore earlier assessments or other relevant data that don't suit the needs of the current analysis
- Can take a narrow or misguided view about the key human rights and equality principles behind the assessment

CWV and CHRP therefore wanted to undertake a robust and meaningful assessment that would explore what the potential human rights and equality impacts of the cuts would be and whether they would exacerbate the patterns of inequality already existing in Coventry.

Eight Key Elements in the HRIA Process

The EHRIA process adopted by CHRP and CWV included eight key elements. CHRP has already developed these eight elements in previous work on HRIA methodologies.⁴ Here, we explain what each of these elements entailed to give readers an insight into what the HRIA process involved:

1. Screening - It was at this stage that we decided which aspects of the impacts of the cuts on women we would focus upon. As a result of extensive consultation with the groups and individuals who make up Coventry Women's Voices, we decided to focus upon the following priority areas. Each of these areas makes up a chapter of the report:

- Social Care
- Health
- Transport
- Incomes and Poverty
- Employment
- Voluntary Advice and Services

2. Scoping - For each of the above areas, we then asked the following key questions to

inform our assessment before taking any further action:

- Who did we need to consult with in Coventry?
- What other evidence did we require in order to inform our analysis of the issue?
- What were the human rights and equality issues that potentially arose from public spending cuts in each of these areas? – Our whole study was therefore framed by an equality and human rights perspective:
 - **The equality perspective** meant that we were specifically focusing on ways in which the public sector spending cuts might disproportionately affect older women (as well as particular groups of older women – e.g. Carers, Disabled women, BME older women etc.)
 - **The human rights perspective** meant that we were specifically focusing on ways in which the public sector spending cuts might have the most severe impacts on older women.

3. Consultation – we conducted semi-structured interviews with organisations and individuals in Coventry as well as relevant national organisations. This was undertaken in order to

- Better understand what the impacts of the public spending cuts were in Coventry at the local level
- Ensure that the voices of those likely to be affected by the policy were heard and taken into account in the HRIA process.

The groups we consulted and/or that helped organise interviews or group discussions with their clients, users or members included:

- Age UK Coventry
- Carers UK
- Council of Disabled People (Coventry and Warwickshire)
- Coventry and Warwickshire Primary Care Trust
- Coventry Carers Centre
- Coventry City Council
- Coventry Cross Roads
- Coventry Ethnic Minority Action Partnership
- Coventry Law Centre
- Coventry Pensioners
- Coventry Primary Care Trust
- Coventry Trades Council
- Coventry and Warwickshire University Hospitals
- George Elliot Hospital
- GMB
- Orbit Housing
- Shanti Bhavan Ladies Group
- Trades Union Congress
- Unison
- Unite the Union
- Voluntary Action Coventry

- West Midlands Special Needs Transport

In addition to the organisations listed we spoke to over 50 women in small groups, face to face interviews and over the telephone and around 30 older women (as part of a larger mixed age group) filled in cards about the issues concerning them for our street survey for International Women's Day.

4. Evidence gathering – we collected information from a variety of different sources to inform analysis of the policy. The consultations we conducted with local groups provided vital information. This was supplemented by other information which included:

- National level analysis of the impact of the public spending cuts on older women and particular groups of older women (e.g. by the National Health Service Information Centre, Women's Budget Group, Disability Alliance, Carers UK etc.)
- Coventry specific data on the numbers of women or particular groups of women (for example carers) who would be impacted by the cuts (from relevant Government departments, the Office of National Statistics, Coventry City Council and so on.)
- Where we could not find Coventry-specific data we used national level data to give an indication of the scale of the issue.

5. Analysis – We then analysed the policy area in question utilising principles and standards from relevant human rights and equality legislation including:

- The human rights contained in the European Convention on Human Rights and protected in the UK by the Human Rights Act
- The UK's other international human rights obligations and in particular the Right to Health contained in the International Covenant on Economic Social and Cultural Rights. We utilised the framework of 'Availability, Accessibility, Acceptability and Quality' contained in the General Comment of the UN Committee on Economic Social and Cultural Rights as the basis for our analysis.⁵
- The equality duties set out in the Equality Act 2010.

6. Conclusions and Recommendations –

Based on the preceding analysis, we then identified what the main human rights and equalities impacts were for each area of the study and made recommendations for what action was required.

The recommendations that are made are limited to highlighting the obligations on public authorities and the further monitoring of the cuts that is required. Recommendations do not specify cuts that should or should not be made or specific policies that should or should not be undertaken. This is because it is recognised that:

- There are often multiple different authorities that could take action (local government, national government, primary care trusts etc.)
- There are often multiple courses of action that could be taken to deal with human rights and equalities issues identified.
- Some of the policies analysed are only proposals and are not yet in force.

It should be noted that a public authority carrying out an HREIA would have an obligation to create much more definite and precise conclusions and recommendations in relation to the actions that they (and other authorities) were going to take to deal with impacts identified.

7. Publication – This report represents the publication of the results of the process we have undertaken. A chapter is devoted to each area of assessment which sets out:

- What has changed as a result of the public sector spending cuts
- Who will be affected by those changes
- What the human rights and equalities impacts are
- What monitoring is required as a result

A final chapter sets out the action required by public authorities and other actors

8. Monitoring – The report also includes recommendations for the further monitoring that is required in order to assess what the actual impact of the cuts will be on women in Coventry over the next few years.

- 1 The Equality Act 2010, along with news and guidance about the Act can be found online at http://www.equalities.gov.uk/equality_act_2010.aspx. The Human Rights Act and guidance on the Act can be found online at <http://www.equalityhumanrights.com/human-rights/what-are-human-rights/the-human-rights-act/>. The UK has signed up to a number of other international human rights treaties. The main treaties are listed on the Equality and Human Rights Commission's website at <http://www.equalityhumanrights.com/human-rights/international-framework/>
- 2 See the UN Office of the High Commissioner for Human Rights website at <http://www2.ohchr.org/english/law/cesocr.htm>.
- 3 See Centre for Human Rights in Practice website for more details at <http://www2.warwick.ac.uk/fac/soc/law/chrp/projects/humanrightsimpactassessments/>
- 4 See Harrison, J. (2011) "Human Rights Measurement: Reflections on the Current Practice and Future Potential of Human Rights Impact Assessment." *Journal for Human Rights Practice* Vol.3 (2), pp. 162 – 187. See also, a summary of CHRP's work on impact assessments online at <http://www2.warwick.ac.uk/fac/soc/law/chrp/projects/humanrightsimpactassessments/>.
- 5 See, UN Committee on Economic, Social and Cultural Rights, *General Comment No. 14 on The right to the highest attainable standard of health*, E/C.12/2000/4 (11 August 2000) available at [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En)

