



CALOUSTE GULBENKIAN
FOUNDATION
UK BRANCH

RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

That Age Old Question



HOW ATTITUDES TO AGEING AFFECT OUR
HEALTH AND WELLBEING

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Foreword



Shirley Cramer CBE
Chief Executive,
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We're all ageing. Yet ageism is the most commonly experienced form of prejudice and discrimination, both in the UK and across Europe. Other forms of discrimination, such as racism and sexism, are rightly regarded as unacceptable, yet ageist assumptions and attitudes often go unchallenged. Negative stereotypes of older people as lonely, vulnerable, in poor mental and physical health, and an economic burden are sadly all too familiar.

The Royal Society for Public Health's (RSPH's) vision is that everyone should have the opportunity to optimise their health and wellbeing at every stage of life. The UK Branch of the Calouste Gulbenkian Foundation has worked in the ageing field for a decade now; firstly as the convenor and founder-funder of the Campaign to End Loneliness and now with its Transitions in Later Life programme investigating ways workplaces can help people in mid-life become more resilient and better supported to respond positively to change.

Both of our organisations know that ageist attitudes mean people are often unable or unwilling to access support which could help them in later life. This makes ageism a barrier to the appropriate services being provided. People with a more negative view of ageing are also less likely to plan for later life or engage in activities to support their health and wellbeing.



Andrew Barnett
Director of the Calouste
Gulbenkian Foundation
(UK Branch)

To remove the barriers people experience in accessing appropriate support, it is crucial to understand attitudes to ageing across generations. *That Age Old Question* examines prejudicial attitudes towards older people, old age and the ageing process. The findings reveal that ageist views are held across generations, and that an ageing society is viewed by many as a challenge rather than an opportunity. Tackling this issue will require a multifaceted approach and that's why we have made a number of recommendations for tackling ageism aimed at a range of stakeholders, including national and local government, employers, the media, and the voluntary and community sectors.

While the findings of *That Age Old Question* show that we as a society have much to work on, the report did uncover one reason in particular to be positive. More than two thirds of survey respondents agreed that "fundamentally, older people are really no different from people of other ages". The potential for deconstructing harmful ageist stereotypes is within us. We must now set this into motion.

Key points

Ageism harms the public's health

- Negative attitudes about age can begin to form among children as young as six years old.
- These attitudes can be generated and reinforced in a number of ways, including:
 - negatively framed headlines in the media;
 - pressure from the beauty industry to use “anti-ageing” products;
 - lack of regular contact between older and younger generations;
 - age-based prejudice in the workplace.

As a result, ageist attitudes solidify as we grow older, into a set of stereotypes about older people and the ageing process which can be hard to unseat.

- Ageist attitudes harm older people as they lead to direct age-based discrimination – which can promote social exclusion, impact on mental health, and affect wider determinants of health like employment.
- Ageist attitudes also harm individuals who, as they grow older, begin to apply negative age stereotypes to themselves. Previous research has shown that those with more negative attitudes to ageing live on average 7.5 years less than those with more positive attitudes to ageing.¹
- There is now a growing body of research evidencing the real-life consequences that negative attitudes to ageing have on individual health outcomes such as memory loss, physical function, and ability to recover from illness. This provides a compelling case for a public health campaign and policy interventions aimed at deconstructing societal drivers of ageism.



Findings

- Our research identified a range of ageist attitudes that broke down into 12 main categories. Survey respondents¹ viewed getting older most negatively when thinking about:
 1. participation in activities;
 2. memory loss;
 3. appearance.
- Overall, millennials (aged 18-34) were found to have the most negative attitudes to ageing and older people, compared to other age groups:
 - Two in five 18-24 year olds (40%) believe “*there isn’t any way to escape getting dementia as you age.*”
 - One in four 18-34 year olds (25%) believe “*it is normal to be unhappy and depressed when you are old.*”
 - One in four 18-34 year olds (24%) think “*older people can never really be thought of as attractive.*”
- Nearly two in three of the public (64%) don’t have a single friendship with an age gap of 30 years or more.
- Cultural and ethnic backgrounds play a significant role in shaping perceptions of older people. Among those who identify as from a black ethnic background, attitudes to ageing and older people were overwhelmingly more positive.

Calls to action

Ageing across our lives

- Bringing services such as nurseries, youth clubs, and care homes under the same roof.
- Positive ageing to be addressed within schools.
- Employers and government to support employee wellbeing and resilience in preparation for later life.
- Employers and government to promote age diversity in workplaces.
- Healthcare professionals to be trained on the effects of ageism in clinical and care settings.

Ageing and ageism in wider society

- An independent review of the representation of older people in the media.
- The Independent Press Standards Organisation (IPSO) to include “age” in the Editors’ Code of Practice as a characteristic by which journalists must not discriminate.
- Facebook to include “age” as a protected characteristic in its community standards on hate speech.
- An end to the use of the term “anti-ageing” in the cosmetics and beauty industries.

¹ A national survey assessed attitudes to ageing and older people, over a representative sample of 2,000 UK residents aged 18+.



1.

Ageism: the last acceptable prejudice?

The British public is routinely exposed to crude and frequently inaccurate stereotypes about what it means to be 'old', and how the ageing process will affect them. These stereotypes pervade society: they inform our political choices, provide the punchline to many a joke, and may even drive the anxieties that help sell anti-wrinkle creams and hair dye.

“As you get older three things happen. The first is your memory goes, and I can't remember the other two.”

Norman Wisdom

Although few people would think of themselves as “ageist”, socially ingrained ageist attitudes and behaviours are often openly expressed and displayed within mainstream culture without challenge. It has been argued that taboos around the open expression of ageist stereotypes, although real, are far weaker than in other areas. Explicit racism or sexism is nowadays rightly met with moral outrage, whereas overtly ageist insults and assumptions typically go unopposed and unscrutinised. And yet, given the significant and detrimental effects that the embedding of these stereotypes has on the wellbeing of many in society – particularly those in later life – ageism is a problem we can ill afford to trivialise.

This report explores UK attitudes towards older people and the ageing process, taking into account the perspectives of all generations. Section one reviews the national data and academic literature around ageism, and the extensive research base on the worrying pathway between ageist attitudes and deteriorating wellbeing among older adults. We focus primarily on prejudicial attitudes towards ageing that are often held by older adults themselves, and the psychological and emotional pathways by which they are affected. Research indicates that these effects are considerable: people with positive age beliefs live seven and a half years longer on average, and recent studies suggest they are less likely to develop dementia.^{2,3} This research was contributed to and supported by consultation with Guy Robertson, of Positive Ageing Associates.

The overall aim of our research is to assess, analyse, and understand the ageist attitudes that undermine the wellbeing of older people nationwide. The research processes and our findings, developed in collaboration with Guy Robertson, are presented in section two.

Finally, with an understanding of how elements in society shape ageism and ultimately harm the public's health, in section three we make a set of recommendations aimed at addressing some of the key drivers and negative consequences of societal ageism. Influencing such a complex and deep-set issue is a difficult task, but the recommendations presented here are important first steps towards the end goal.

1.1 Ageism in society: attitudes to older people and ageing

The Equality Act of 2010 means that it is now against the law to discriminate unfairly on the basis of age in all cases.⁴ However, to many it will not come as a surprise that ageism is the most commonly experienced form of prejudice and discrimination both in the UK and across Europe. Survey research conducted in 2011 across all UK age groups found that nearly two thirds of people (64%) report age discrimination as a very or quite serious problem.⁵

Age-based discrimination acts not just as a barrier to the fuller participation of older people in society, but also affects all of us through fuelling inequality, social exclusion, and reducing social cohesion.^{6,7,8} In this context alone, ageist attitudes matter. A 2004 report by Age Concern, *How Ageist is Britain?*, revealed some shockingly prevalent attitudes towards older people, for example one in three people surveyed thought the “old” are “incompetent and incapable”.⁹ It is not hard to see how holding such convictions could lead one to exclude, ignore, and ultimately disadvantage older individuals, barring them from achieving their potential.

However, the negative effects of ageism are not limited to direct age-based discrimination. Faced with overwhelming negative attitudes about ageing in day to day life, it is perhaps no surprise that older people themselves can come to hold ageist attitudes about other older people, and indeed themselves. This point was understood by physician and author Robert Butler who, when coining the term “ageism” in 1969, described it as having three distinct but interrelated aspects:¹⁰

1. Prejudicial attitudes towards older people; old age and the ageing process, which includes attitudes held by older adults themselves
2. Discriminatory practices against older people
3. Institutional practices and policies that perpetuate stereotypes about older adults, reduce their opportunity for life satisfaction and undermine their personal dignity

This report focuses primarily on the prejudicial attitudes within the first strand of ageism, and the psychological and emotional pathways by which older adults are affected by them.

1.2 What affects our attitudes to ageing?

There are many ways in which the public are exposed to, absorb, and perpetuate stereotypes about older people and how one *ought* to age. Here we have identified some of the major channels through which the public’s attitudes to ageing are formed and reinforced. It is crucial that, in these contexts in particular, ageing is framed in a more positive light, in order to move public attitudes away from the negative and inaccurate age stereotypes that ultimately harm people’s wellbeing.

“Aw Dad, you’ve done a lot of great things. But you’re a very old man now, and old people are useless.”

Homer Simpson, to Abe Simpson

“Though I look old, yet I am strong and lusty.”

William Shakespeare, As You Like It

Media

The print and broadcast media help to drive national discourse and therefore have a significant role in both setting and changing attitudes to ageing. A 2011 report by NatCen and the BBC revealed that people among the viewing public and industry alike had strong opinions about representation of different age groups on TV, both in terms of portrayal and the amount of coverage of certain age groups.¹¹ The perceived lack of older women on television, for example, was a key concern across all age groups.

The media plays an active role both in mirroring and informing the presence of stereotypes among the public, with one study positively linking increased exposure to negative age portrayals on TV to more negative perceptions of ageing.¹² Negative representations in the media can trigger and to an extent normalise ageist behaviour, not only feeding into the wider backdrop of discrimination faced by older people, but increasing the social distance between people of different generations.¹³

Negative coverage in the media comes in many forms, including the obvious demonising examples such as the scapegoating around “bed-blocking”. Negative representations could also include the trivialising of the wants and concerns of older people, for example, using the sexual and romantic interests of older people as the punchline to a joke.

However, as demonstrated by research from the Frameworks Institute,¹⁴ there are other narratives around ageing that can also be detrimental to the wider cause, even though they appear to be advancing awareness of the problems associated with older generations. One way in which this happens is through excessively fear-based messages, such as older - and narratives around a disease-riddled ageing population whose healthcare costs more and more by the year. Though such issues clearly merit public debate and awareness, framing them with catastrophe language has been found to discourage public engagement over extended periods of time.

Examples of typical headlines regarding issues concerning older people*

Too often the dominant narrative frames older people in a negative light, rather than addressing the root causes of an issue. For example, the common media portrayal of older people blocking beds could be framed instead as ‘older people trapped in hospital because they can’t afford the care they need when they go home’.

Increasing awareness of common forms of dementia such as Alzheimer’s disease has been a positive development in recent years. Yet, many headlines indulge in scaremongering around the condition and feeding common public misconceptions, such as the conflation of memory loss with the onset of dementia.

Britain’s ageing time bomb: Family doctors ‘will struggle to meet needs’

Daily Express, Wed, Feb 28, 2018

Britain’s braced for explosion in OAP numbers

Daily Express, Wed, May 25, 2016

Bed-blocking ‘is causing 8,000 deaths every year’: Cancelled operations due to ‘delayed discharges’ thought to cause thousands of deaths each year

Bed-blocking fines could hit elderly

Dementia symptoms: Eating THIS for lunch everyday could STOP memory loss

Struggling to hear in your old age? It could be a sign of dementia, study suggests – as experts say a hearing aid could develop cognitive decline

* Headlines taken from (top to bottom): Daily Express 2018, Daily Express 2016, Daily Mail 2017, Daily Express 2017, Daily Mail 2016, Daily Mail 2017.

In addition to the negative media portrayals of ageing, ostensibly positive coverage of superhero nonagenarians running marathons and climbing Everest are often counterproductive.¹⁵ This is because they are not generally received as realistic depictions of how one's life could be. Providing such "living proof" counterexamples may seem sensible, but often they are viewed merely as exceptions that prove the rule, and therefore may reinforce already held negative attitudes.

However, none of the above means that positive or indeed negative images of older individuals should be avoided in the media; rather, we need realistic portrayals of ageing that overall reflect both the challenges and opportunities in later life, without ignoring the social context which shapes them.

Schooling and early life

A key feature of ageism is that it starts young. Children as young as six years old can show an awareness of ageist stereotypes,¹⁶ and the majority of children display overwhelmingly negative attitudes to the notion of getting older. But negative attitudes to ageing are by no means limited to childhood years, and when held by older adults they can be very detrimental to individual wellbeing.

As such, ageism is not restricted to the harbouring of negative attitudes towards certain age groups, but also is exhibited through negative attitudes towards the ageing process itself. For many people, it is during the earlier years of life that a negative outlook on the ageing process is embedded, but only in later life will the negative effects of self-stereotyping be realised.

Childhood years are impressionable ones, but if it starts early, good schooling has the potential to address this. It is crucial to help our young people take forward positive and well-informed notions about what it will mean for them to grow old, instead of the harmful and often inaccurate stereotypes that often take root.

💬 Some people are old at 18 and some are young at 90. Time is a concept that humans created. 💬 **Yoko Ono**

The generation gap: segregation vs integration

Young and old have more in common than that which divides them – this much is made clear through recent research by The Age of No Retirement, summarised in their report *Age Does Not Define Us*.¹⁷ Any narrative which focuses solely on tensions between the generations, or pitting one against the other, is symptomatic of a harmful underlying mindset that frames ageing as a problem.

There is now an emerging and convincing evidence base speaking to the positive power of intergenerational contact. A 2017 review¹⁸ of 31 intergenerational contact programmes and 48 studies found that intergenerational contact successfully reduces ageism towards older adults, an effect which is consistently underlined in the European Social Survey data.¹⁹ Everyday contact between "young" and "old" helps temper the ageist attitudes held by young people. It is strongly linked with reducing ageist behaviours (a direct consequence of ageist attitudes), and also works to reduce young people's anxiety about their own ageing. The most important and consistent finding in the literature is that friendships are the most effective and reliable form of contact for reducing ageism. A holistic framework for addressing ageism in society has to look at how we can build settings that foster friendships across the generations.

Almost 2 in 3 (64%) of the public don't have a single friend who are 30 or more years older or younger than them. ¹⁹

Even *indirect* intergenerational contact, such as a person being aware of their friend's intergenerational contact experiences, is known to effectively work against the barriers of ageism. ²⁰ This form of “extended contact” works on a number of levels, such as:

- making intergenerational friendships appear more acceptable and widespread;
- protecting older people against the negative effects of stereotypes on cognitive performance;
- reducing young people's anxiety about interacting with older people and about their own ageing.

However, it is clear from existing research that bringing generations together will not automatically achieve the desired goals of reducing attitudinal and behavioural ageism. If delivered without proper thought, they can sometimes embed ageist attitudes instead. A review of intergenerational contact programmes ²¹ indicated that, if integration of the generations is to be successful at reducing ageism, there needs to be:

- frequent contact between younger and older people;
- a neutral environment for interaction to take place;
- a setting which promotes an equal status between the groups, including non-patronising communication.

Many programmes that did not exhibit these features (for example, young people visiting nursing homes, or school visits by older adults) have been ineffective and sometimes actively detrimental to attitudes to ageing.



1.3 From attitudes to outcomes

The ageing process affects us all. We acquire and absorb an array of negative stereotypes at a relatively young age, and although they may have little influence over us at that stage, they begin to affect us as we get older. For example, we may convince ourselves from a young age that mental and physical decline are inevitable as we become 'old'. Once we reach what we perceive as old age, we then begin to apply the ageist convictions we hold about mental and physical ability to ourselves.

It is this peculiar characteristic of age-based discrimination – where membership of the stereotyped group is not fixed but acquired over time – that makes it distinct from other forms. As younger people we spend decades absorbing and normalising prejudices about our future selves before we become 'old'. This leaves our future selves poorly equipped, psychologically, to deal with the effects of ageist stereotyping when experienced first-hand. In other words – as Levy explains – “when negative age stereotypes are encountered by individuals before they are directed at themselves, there is unlikely to be a felt need to mount defences against them; hence, susceptibility is maximised.”²² Evidence suggests that those with a negative attitude towards ageing tend to have worse health outcomes and live a shocking seven and a half years fewer on average, even after taking into account other health factors.²³

A consequence of this is that the research in this area must understand the views of young people as much as those of older people. If negative stereotypes are both learnt from a young age and embodied in later life, then it is crucial to understand those stereotypes of the people who will one day be susceptible to them.

Stereotype embodiment and stereotype threat

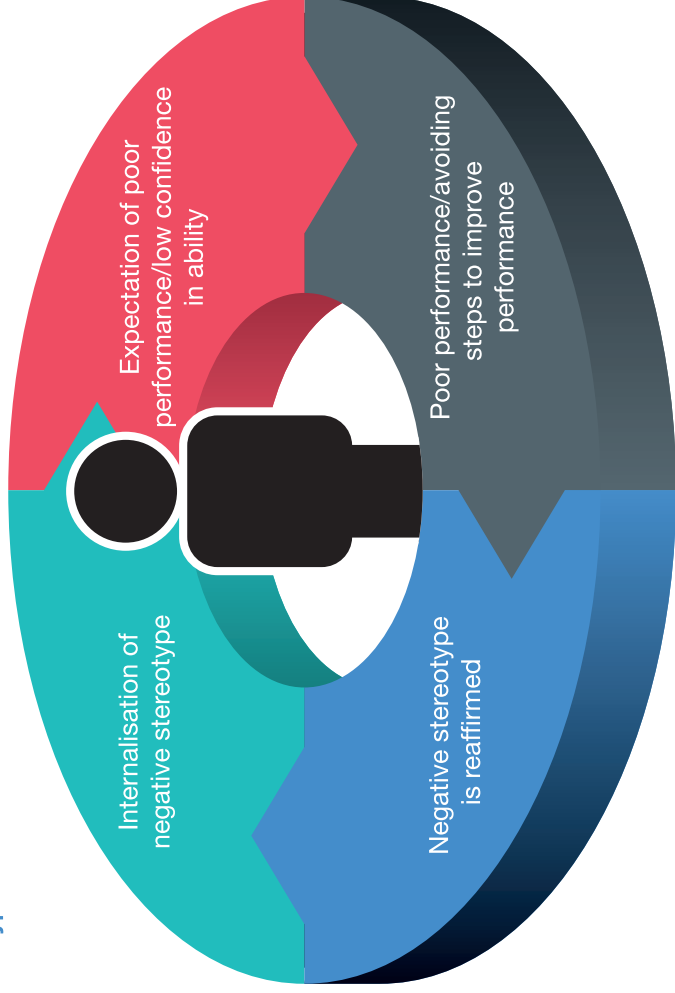
In later life ageist attitudes begin to bear influence over people's emotions, plans and behaviours, often in a self-perpetuating cycle. This overall process has become known as “stereotype embodiment”.²⁴ There are several ways it has been suggested that this might occur.²⁵

- **Psychological:** lowering people's expectations. If an older person internalises a negative stereotype (e.g. that older people are slow), they come to expect they will perform badly on some relevant measure (e.g. when competing to be the fastest). This expectation leads to low confidence, and underperformance (e.g. slower time). The self-stereotype is then reinforced, as it can be used to legitimate their poor performance.
- **Behavioural:** reducing people's health-maintaining behaviours. Negative perceptions about cognitive or physical decline with age appear to reinforce the incorrect belief that taking steps to maintain one's health is futile. This is then a disincentive to act in ways that would maintain or improve one's health.

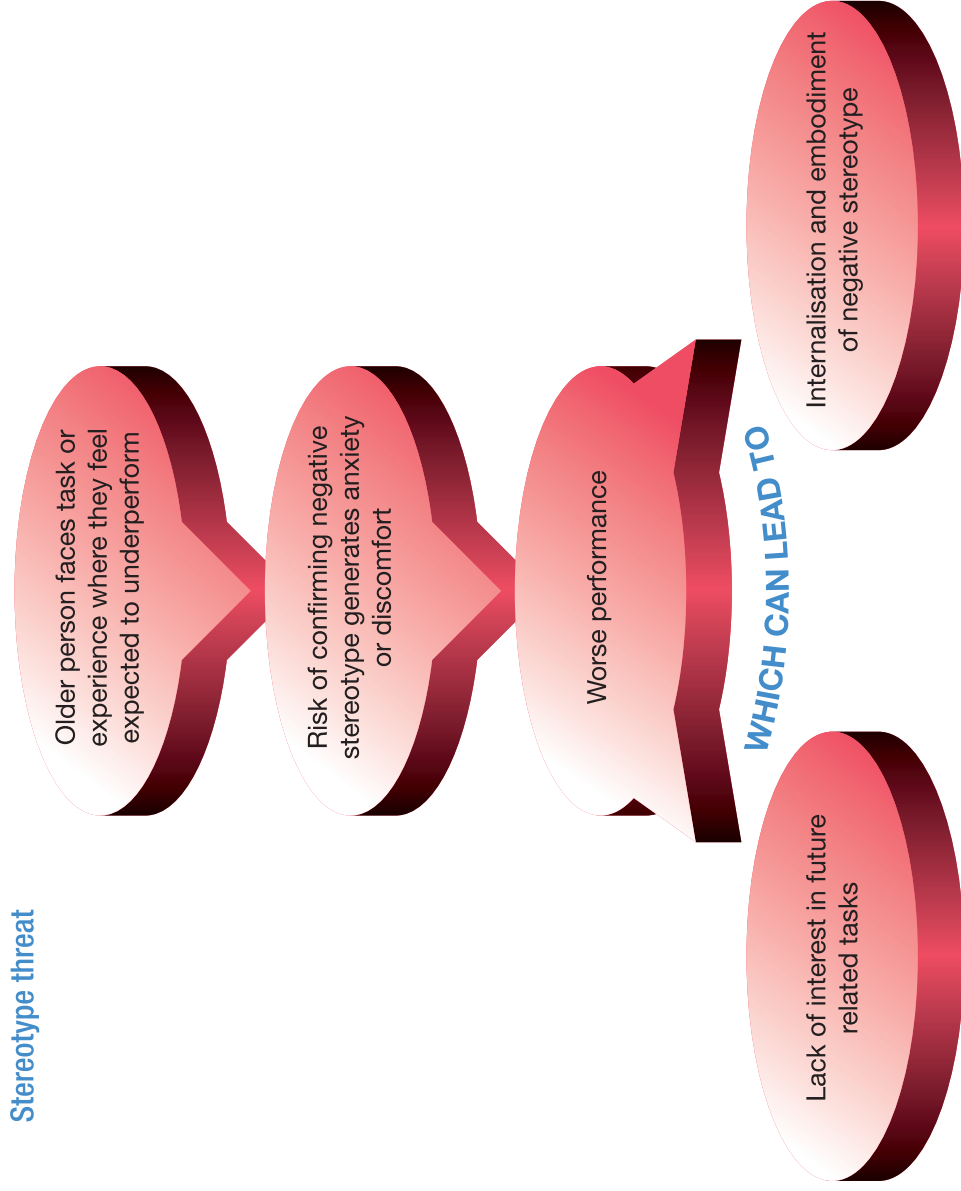
Another theoretical framework describing how ageist attitudes can impact on performance on tasks that require physical or cognitive ability is known as “*stereotype threat*”.²⁶ This occurs when an older person faces a task – such as memorising a phone number – where failure to succeed would risk confirming a negative stereotype about themselves as an older person. Some research suggests that this threat generates anxiety for the older person, which then leads them to perform worse at that task than they would have in the absence of such negative stereotypes. Once again, this can lead to a loss of confidence and disengagement from future tasks or contexts that are perceived to be *threatening*, generating a cycle of decline in performance.

These two pathways by which stereotypes can impact on people as they age, shown in the flow charts below, can also feed into and reinforce one another. However, one key difference is that an older individual need not harbour any stereotype in order for stereotype threat to function; all that is needed is that they consciously perceive that others hold negative stereotypes against them.

Stereotype embodiment



Stereotype threat



1.4 Impact on health and wellbeing

Most people's expectation of ageing is of steady biological decline. While biological processes are part of the explanation for the changes we associate with ageing, there is now an expanding body of research providing evidence that psychological and emotional factors also have a significant impact.

In fact, a person's outlook on their future ageing process and various age stereotypes is now thought to have an impact on a range of individual health outcomes. There are many examples of health metrics whose deterioration with time is found to be very well predicted by negative self-perceptions in the relevant area (see below). These effects are often substantial, and are typically still seen even after controlling for other initial health factors.

It should be noted that ageist stereotypes can of course lead to direct age-based discrimination, which can also harm wellbeing in many ways. Age-based discrimination can, for example, be a form of social exclusion, affect an individual's mental health, and affect wider determinants of health such as employment. However, here we focus on the ageist stereotypes themselves, and how they can affect the wellbeing of older adults.

The health impact of ageist stereotypes on older adults

Life expectancy



The starkest example of the power of negative self-perceptions comes from a study which found that those with more positive self-perceptions of ageing live on average 7.5 years longer than those with less positive self-perceptions of ageing.²⁷ Since then, the research base on the impact of age stereotyping on length of life has grown considerably.²⁸

Dementia



A study involving nearly 5,000 older people found that positive, culturally acquired age beliefs are associated with a lower risk of developing dementia. This was true even for individuals in the study who carried high-risk genetic factors for dementia, among whom those with positive age beliefs were around half as likely to develop dementia as those with negative age beliefs.²⁹

Memory



Memory loss is generally perceived to be an unavoidable consequence of getting older, and decline does take place as a result of biological processes. However, a number of studies have indicated that the effects of negative stereotypes on worse memory performance are substantial.³⁰

Healthy behaviours



Negative self-perceptions of ageing have been shown to be associated with lower rates of engagement in healthy behaviours.³¹ Similarly, preventive health behaviours such as eating a balanced diet, exercising, and following prescription courses correctly, are all practised more frequently by older adults with positive self-perceptions of ageing than those with negative self-perceptions.³² It is possible that this is due to individuals with negative attitudes believing that declining health is inevitable and therefore that proactive or preventative behaviours are futile.

Recovery



For older adults recovering from conditions of poor health, negative attitudes to ageing can impair recovery to good health. A 2006 study found that, among adults aged 50 to 96, physical recovery after an acute cardiovascular event is linked to the presence of positive age stereotypes, even after controlling for other potentially relevant health factors.^{33,34} Other research involving adults who have become newly disabled in old age has shown that those with positive attitudes to ageing are more likely to recover from this disability than those with negative attitudes.³⁵

Mental health



Research has shown that negative age-based stereotypes can also have destructive effects on an individual's mental health. A 2014 study showed that negative self-perceptions of ageing were associated not only with poorer physical health outcomes but also more severe depressive symptoms. This is supported by findings from the Irish Longitudinal Study on Ageing, which showed a higher risk of onset of depression and anxiety among those with negative ageing perceptions. Finally, several other studies have found that negative age beliefs can exacerbate stress.^{36,37}

Physical health and activity



Physical decline is often considered a natural consequence of ageing, although a person's psychological state also has a part to play.³⁸ Walking speed is an indicator of physical function in the ageing population, and older adults have been shown to walk more slowly when primed with negative stereotypes about ageing.³⁹ Moreover, studies suggest this association between negative perceptions of ageing and slower walking speeds is sustained for years.⁴⁰

Body image



Although most of the discourse around body image issues focus on younger people, recent studies have highlighted just how harmful anti-ageing narratives can be for older women, many of whom experience high levels of body dissatisfaction as a result of unrealistic beauty standards.⁴¹ Shockingly, only 12% of older women are satisfied with their body size.⁴² There is great pressure on older women to use anti-ageing products and technologies, which could exploit and reinforce ageist attitudes, encouraging older women to fight to maintain their youth and hide their age. This can lead to poor body image in many older women, which can impact on their health behaviours. Body dissatisfaction in older women has also been shown to impact negatively on self-esteem and mental health.⁴³

Half of women (49%) and a quarter of men (23%) say they feel pressured to stay looking young.⁴⁴

“Men don't age better than women, they're just allowed to.”
Carrie Fisher



2.

Attitudes to ageing in the UK

2.1 Attitudes towards ageing and older people

From the evidence presented in section one, we need to recognise that the presence of ageist stereotypes in our society can create harm. Our research set out to investigate this landscape through a 2,000-strong survey looking at measuring and evaluating national trends in ageist attitudes, and qualitative research which would both inform this survey and provide insight into key themes.

Focus groups

Three focus groups were conducted in September 2017, with a younger age group (18-24), an older age group (65+) and a mixed age group. In these sessions we explored in detail people's attitudes to ageing, which also informed our national survey.

Some key themes that emerged are explored below:

Independence and freedom

- Both younger and older groups thought independently that, compared to other stages of life, they were the ones with more freedom and independence in their lives. The key difference between the groups was that they conceived of that freedom in different ways. Those in the younger group emphasised their freedom and ability to define themselves, and their years ahead to become the best they can be in whatever they choose. They felt free to make mistakes, change life course, and move geographically, all with relative ease. Those in the older group instead emphasised that at this point in their lives, many have fewer obligations to children, a mortgage, their job, and much more - pointing out that the young have all this ahead of them. When discussing as a mixed group, many participants conjectured that it is those at an interim life stage, or 'middle-age', who have the least independence and freedom.
- Many older participants felt strongly that a really important element to maintaining a positive attitude to ageing is having control over one's life.

Gender

- There was a general perception that women faced more barriers growing older than men. People thought that physical attractiveness is a quality which on the whole is perceived to deteriorate more for women than men with age – a so-called 'George Clooney effect.'
- Several older participants thought that "women are far better at forming networks, keeping friendships, getting out and doing things", and that this would stand them in better stead for avoiding isolation in 'old' age.

Intergenerational similarities and interactions

- Participants of all ages agreed that intergenerational interaction was not very common at all, with nearly all occurring either with or through grandchildren/grandparents.
- The younger participants identified, as a key similarity between the generations, that both worry about the future a lot.
- It was strongly felt that the 'ghettoisation' of neighbourhoods into 'young' and 'old' communities was a harmful step, and that older people should be thoroughly integrated throughout towns. Many suggested that fostering a connection between generations was seen as the answer to addressing prevalence of negative stereotypes.

“ I think the whole thing is about trust and experience – rather than being brainwashed and pushed into stereotypes, just connect. Connect with each other and connect with all ages, that is connection and then you can blow out these bloody stereotypes... And then we don't see so much difference, we are closer than we think we are. ”

Importance of cultural and family background

- Several participants of black ethnic background brought up the issue of cultural background and how it influences their attitudes to ageing, in positive ways. Some also emphasised the importance of individual family figures, and how they shape perceptions as one grows through life.

“ So old people in the Caribbean aren't viewed as old in any way because they're still very active in our culture. And I think maybe because of the weather or the sun and you can actually have a bit more freedom like that. So I think culture plays a big part. ”

“ I don't become an adult until I'm 87-and-a-half. I've chosen this age... my family all live to very old ages... this is the age I can go and sit in her rocking chair with her cigar. ”

Negative expectations

- Younger people highlighted loneliness and bereavement as key issues they perceived for older people.
- Both groups said they experienced plenty of ageist practices, adding that this was not limited to older people but applied to the young as well. This included unpaid or underpaid work, and patronising comments in workplace. They also identified structural ageism towards the young: for example, minimum wage discriminating by age; and the voting age barrier.
- One younger person felt that when you become older, your life becomes less about you and more about other people, such as what you can leave behind for your loved ones.
- One key negative aspect of ageing identified by younger people was the mere fact that, as an older person, one will likely experience ageist behaviour and attitudes from others.

National survey of attitudes towards ageing and older people

Signs of our times

Our research identifies ageist attitudes across 12 different areas of our lives. These 12 areas, informed by expert review and qualitative feedback, provide a framework for understanding a more detailed picture of how ageism functions in the UK, via the survey.

1. General impression of ageing ⁱⁱ
2. Physical health
3. Wisdom
4. Participation in activities
5. Happiness and emotional stability
6. Social connections
7. Memory ⁱⁱⁱ
8. Role in society
9. Appearance
10. Independence and control
11. Personality
12. Personal growth

Based on these 12 areas we developed a national survey to measure the public's attitudes to ageing and older people. This survey was then completed by a 2,000-strong sample, representative across the UK. ^{iv} Based on the responses, each respondent was given a score between -2 and +2 in each domain, reflecting how negatively or positively they viewed that aspect of life, with relation to growing older. The scores for each domain were also summed, with each domain weighted equally, to provide a general indicator of an individual's overall attitude to ageing. ^v

In the following section, an overview of national attitudes to ageing is presented, based on the attitudes to ageing measure. Key themes emerging from this picture are presented, and highlighted with various findings from the survey responses. Following this, the results are then further broken down by age group and by culture/ethnicity.

A quarter of 18-34 year olds think

“older people can never really be thought of as attractive.”

ⁱⁱ A less precisely defined category, but important in obtaining an idea of how people view ageing in general terms

ⁱⁱⁱ This area examined perceptions of cognitive ability, focusing mostly on memory function

^{iv} The taxonomy of the 12 areas in which ageism occurs, survey tool, and elements of the qualitative research were proposed by and developed in collaboration with Guy Robertson (of Positive Ageing Associates).

^v For a fuller explanation of the survey tool construction and limitations, and survey in full, see the appendix.

Key findings

Memory

- Respondents revealed a significantly negative outlook on the cognitive ability of older people, with almost half of respondents (47%) agreeing that older people find it a lot more difficult to learn new skills.
- Overwhelmingly, respondents were pessimistic about memory loss as they get older. Nearly two in three respondents (64%) agreed that “forgetfulness is a natural part of growing older”, with more than half (51%) expecting to become “significantly more forgetful” as they age.

Dementia

- There were worrying misconceptions about the prevalence of dementia, with two out of five (40%) young people (18-24) believing “there isn’t any way to escape getting dementia as you age”. This is an issue that clearly needs redressing in media coverage of dementia, as it reveals a serious disconnect between people’s expectations and the reality that just 7% of over 65s have dementia.⁴⁵ In this context it is perhaps unsurprising, though nevertheless concerning, that recent consumer research found dementia to be the leading fear about ageing among British people aged 55 and older.⁴⁶

Happiness and emotional stability

- One in four (25%) 18-34 year olds believe “it is normal to be unhappy and depressed when you are old”. The population rate of agreement with this statement was 15%, but worryingly, among non-white ethnicities the figures rise to 34%. This was most pronounced among the Asian ethnic group, of whom almost half agreed with the statement (46%). These are worrying findings in light of recent research through Age UK and NHS England, which shows that rates of depression are particularly high among older people and that they are far less likely to seek help for mental wellbeing issues.
- Many of the negative attitudes revealed in the survey responses were accentuated among respondents who have a longstanding mental condition, compared to those with none. For example, compared to those with no conditions, respondents with a mental health condition were:
 - half as likely to believe they will be as happy as they were when they were younger (21% compared to 40%);
 - half as likely to believe they will be happy with the number and quality of relationships they have in older age (36% compared to 69%);
 - more likely to anticipate losing their independence with age (37% compared to 24%), and to have little control over how their lives turn out in older age (37% compared to 28%).Almost one in two (48%) expected that they “won’t be able to put many of my plans or ideas into action”, compared to 30% of those with no conditions.

Social connections

- Half of respondents said that they enjoy their friends more as they get older. This was reflected across all age groups, with only 10% disagreeing with the statement.
- However, as many as one in four believe they will become lonely most or all of the time as they age. Unfortunately, a significant proportion of respondents appear resigned to this eventuality, with 30% believing that “being lonely is just something that happens when people get old”. In comparison, current estimates by the Campaign to End Loneliness are that 10% of the UK population aged over 65 is lonely all or most of the time.⁴⁷
- Respondents who have no children displayed more negative attitudes to ageing than respondents who have children. Of particular note are the attitudes towards future social connections, which were substantially more positive among those ageing with children. This issue may be particularly pertinent for the LGBT community and for disabled people, of whom 90% and 85% respectively are estimated to be ageing without children.^{48,49}

Physical health

- Over one in three respondents believe that having a long term illness is just an accepted part of getting “old” – a view that remains just as common from young through to older age groups.
- Overall, three quarters of respondents believed that as they aged, problems with their physical health would significantly hold them back from doing what they want to do most of the time.

Appearance

- Three in five respondents (58%) believed that they will become less attractive as they get older.
- One in four 18-34 year olds (24%) agreed “older people can never really be thought of as attractive”. Among respondents over 65, this figure fell to one in seven.

Wisdom

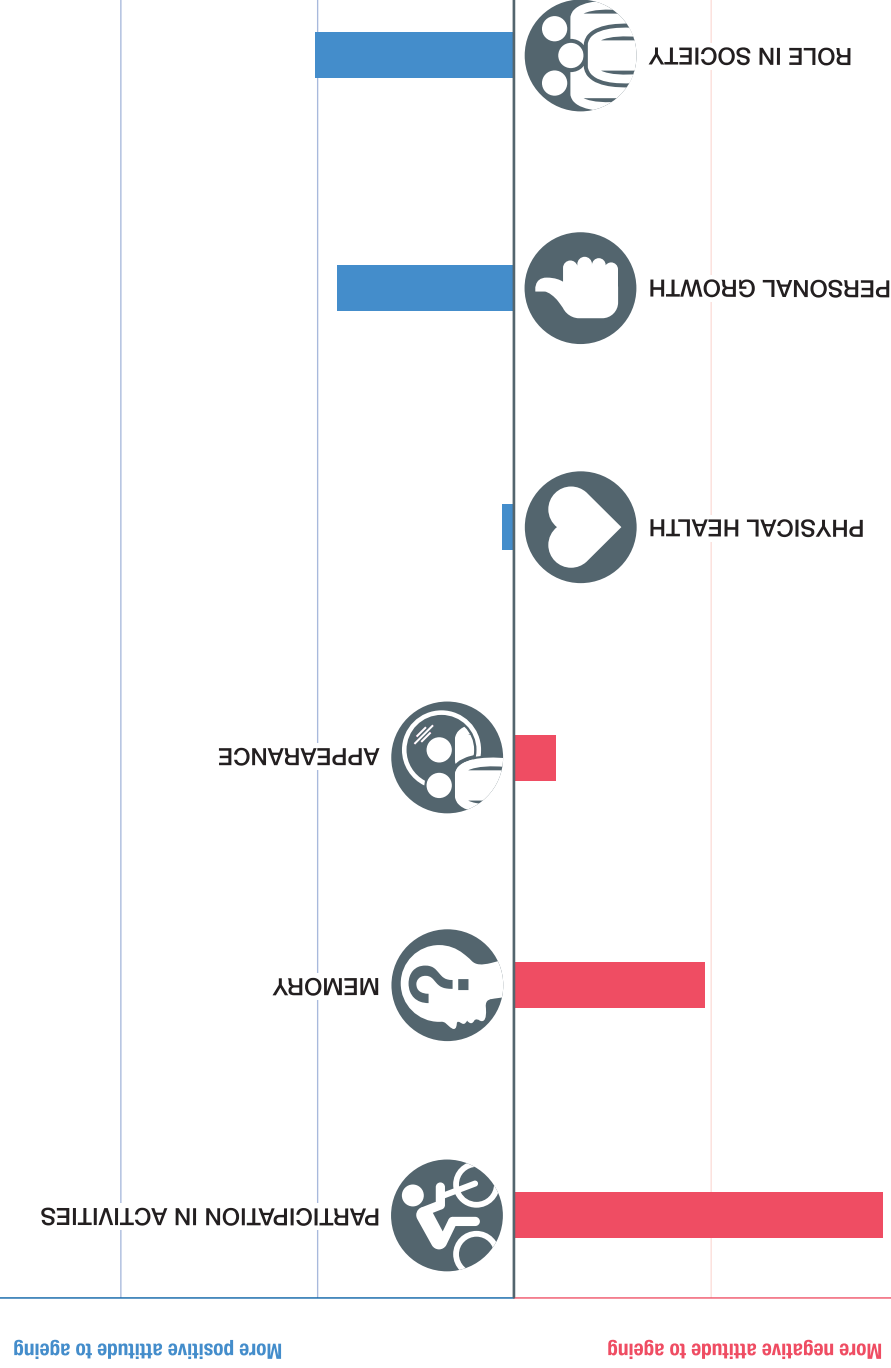
- All groups had generally favourable associations of wisdom with age, with more than half of respondents expecting to become wiser as an older person.
- However, attitudes in this area showed substantial variation according to ethnic background; for example, more than three quarters (76%) of black survey respondents expected they would become wiser as an older person, compared to only 54% of white respondents.

Role in society

- Forty-four percent of 18-24 year olds agreed that “in elections, most older people just vote for their own selfish interests rather than the wellbeing of the younger generation and society as a whole”. For over 65s, this figure was just 14%.
- Reassuringly, more than two thirds of respondents agreed that “fundamentally, older people are really no different from people of other ages”. One in 10 disagreed with this statement. This demonstrates that the potential for breaking down superficial stereotypes does indeed exist.

The public's attitudes to ageing and older people

The chart below shows which areas of life the UK public is most ageist about. A more negative score indicates more negative attitudes to ageing in that area. For example, getting older is viewed most negatively when thinking about appearance, memory, participation in activities, and physical health, but much more positively with regards to wisdom and independence.

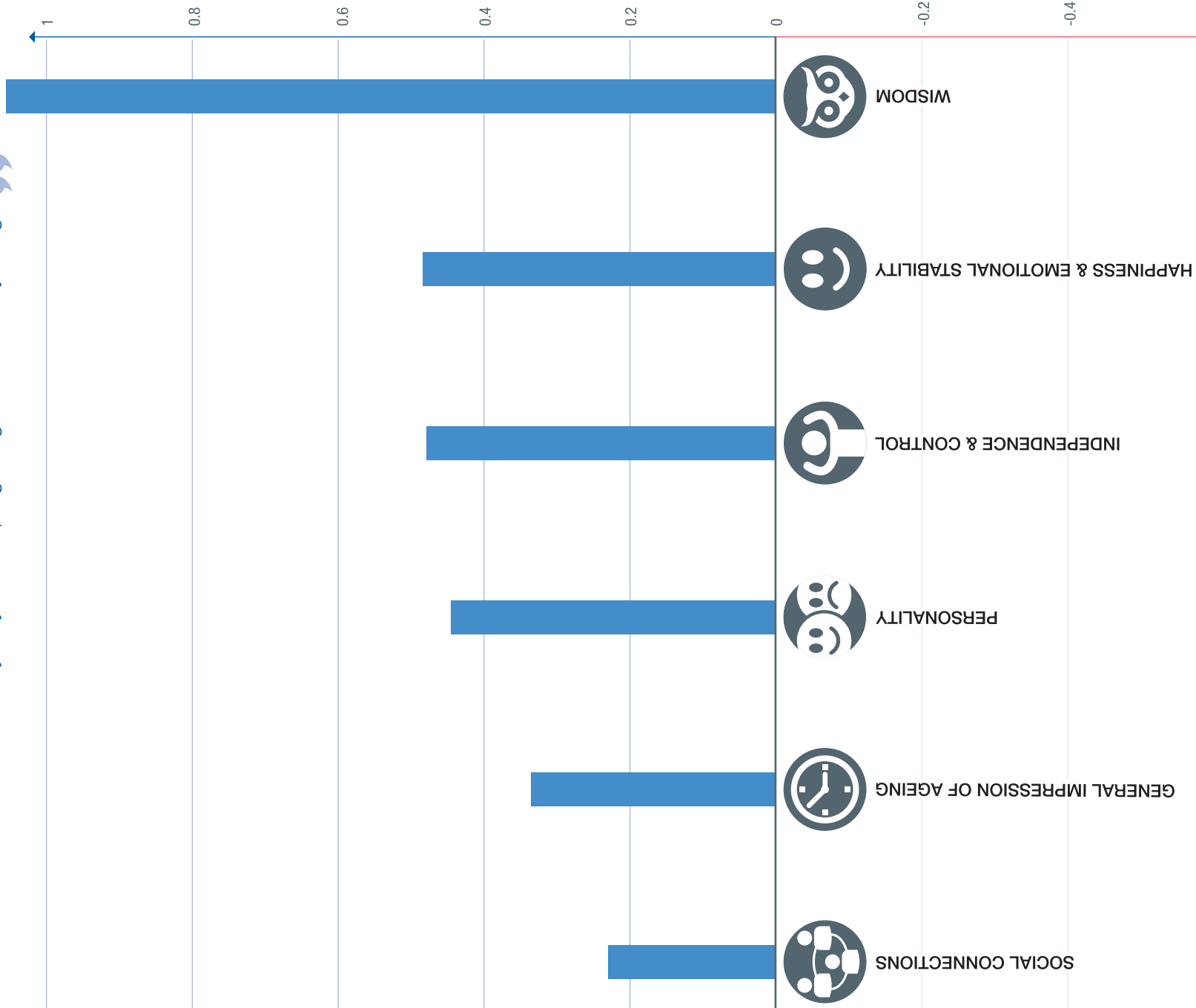


One in four 18-34 year olds believe

“it is normal to be unhappy and depressed when you are old.”

Two out of five young people (18-24) believe

“there isn't any way to escape getting dementia as you age.”



Optimism

- On our optimism measure, the over 65 age group was significantly more optimistic than all other age groups.
- Among over 65s, almost three quarters (72%) agreed they are “always optimistic about [their] future”, and 70% “expect more good things to happen to [them] than bad”. For all other age groups, agreement with these same statements was at under 50%.

When does ‘old’ age begin?

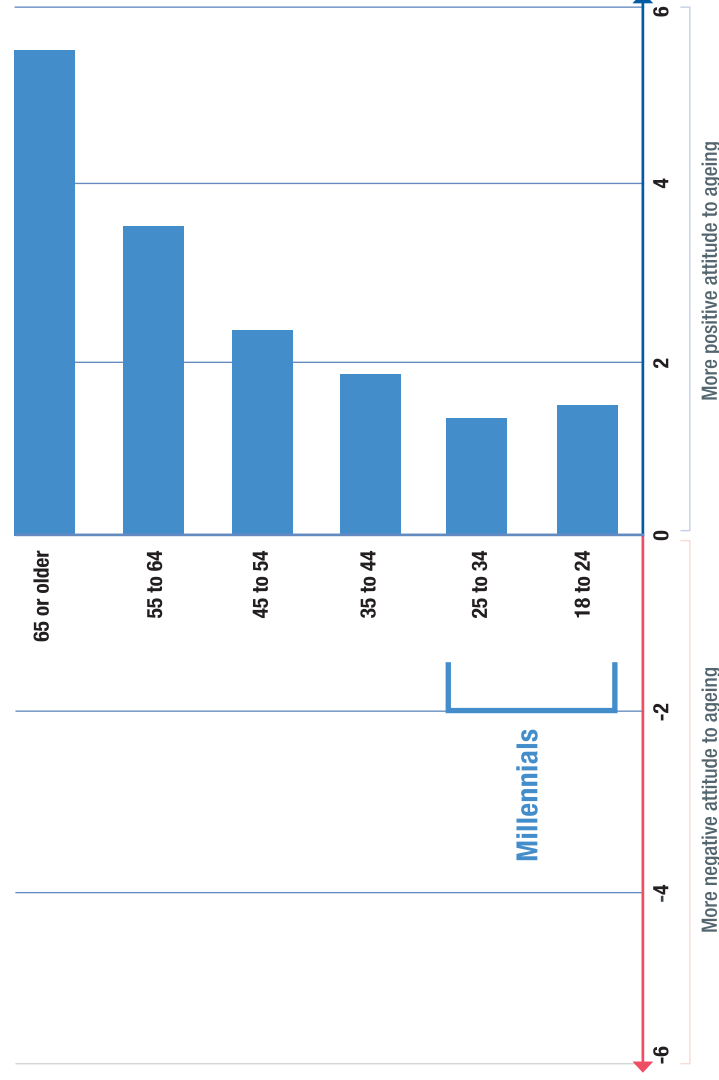
- The onset of ‘old’ age was perceived to be an average of three years later by women (whose mean response was just under 60 years) than by men (whose mean response was just under 57). From the data available it cannot be concluded exactly why this discrepancy exists, although the finding is consistent with those of the European Social Survey.⁵⁰
- The findings also indicated that as people age, perceived ‘old age’ moves back. Those aged 18-34 perceived ‘old age’ to begin at 53 on average, compared to those over 65 whose mean response was 64 years.

Further findings

How do attitudes vary across the generations?

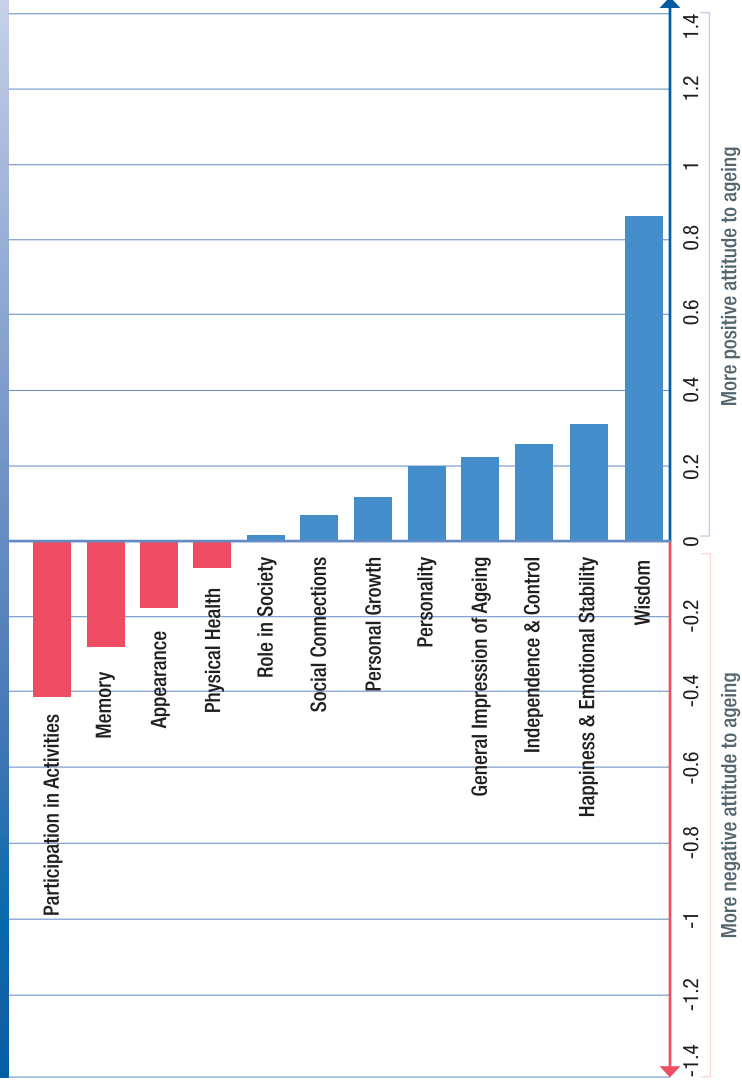
We also analysed the results from our national survey to see how attitudes to ageing varied between different age groups. Overall, the most negative attitudes are held by those aged between 18 and 34, who are otherwise known as the ‘millennial generation’. Due to polling constraints, we were unable to extend the research to include respondents as young as school age. Given how young it is that people absorb stereotypes, this is certainly an aspect of public attitudes to ageing that merits further research.

Attitude to ageing: average score by age group

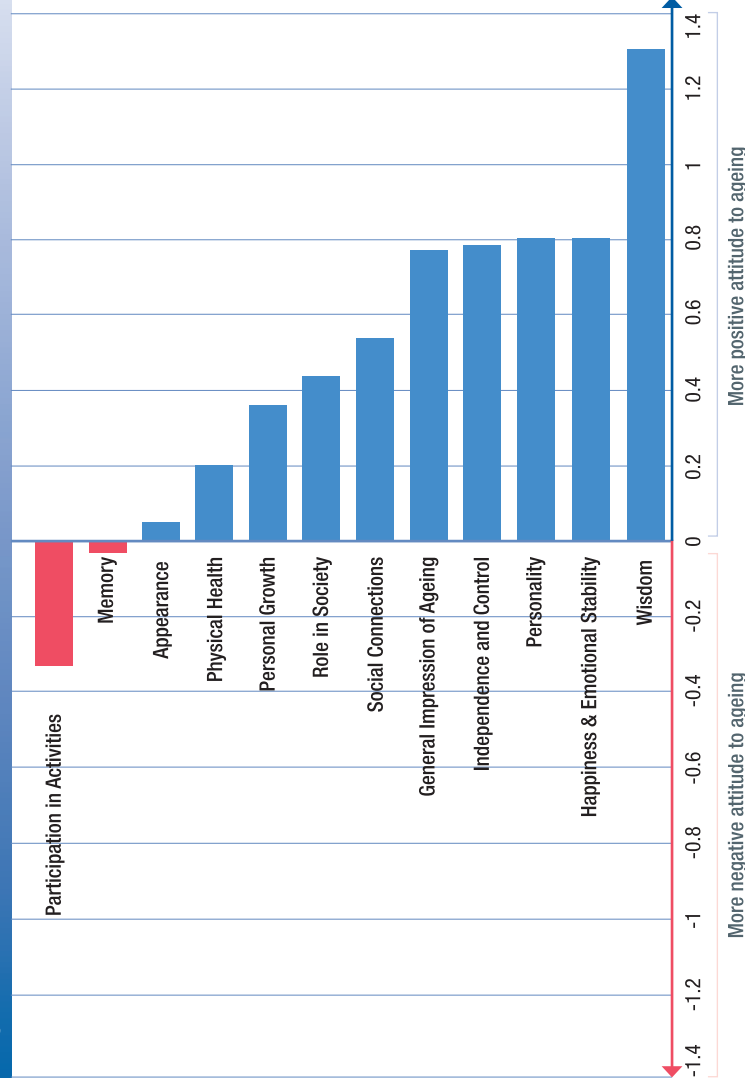


Attitudes to ageing generally became more positive as the age of respondent increased. By far the most positive age group with respect to attitudes to ageing was those aged 65 and older, as demonstrated by the two charts below. It is not possible to infer to what extent these patterns are representative of a general trend in how one's perspective shifts through life, or of contrasting cultural norms and experiences specific to each age group. Notwithstanding this limitation, it is clear that it is among younger generations where there is the greatest need for and potential benefit from promoting a more positive culture around ageing.

Aged 18 to 34 / millennials

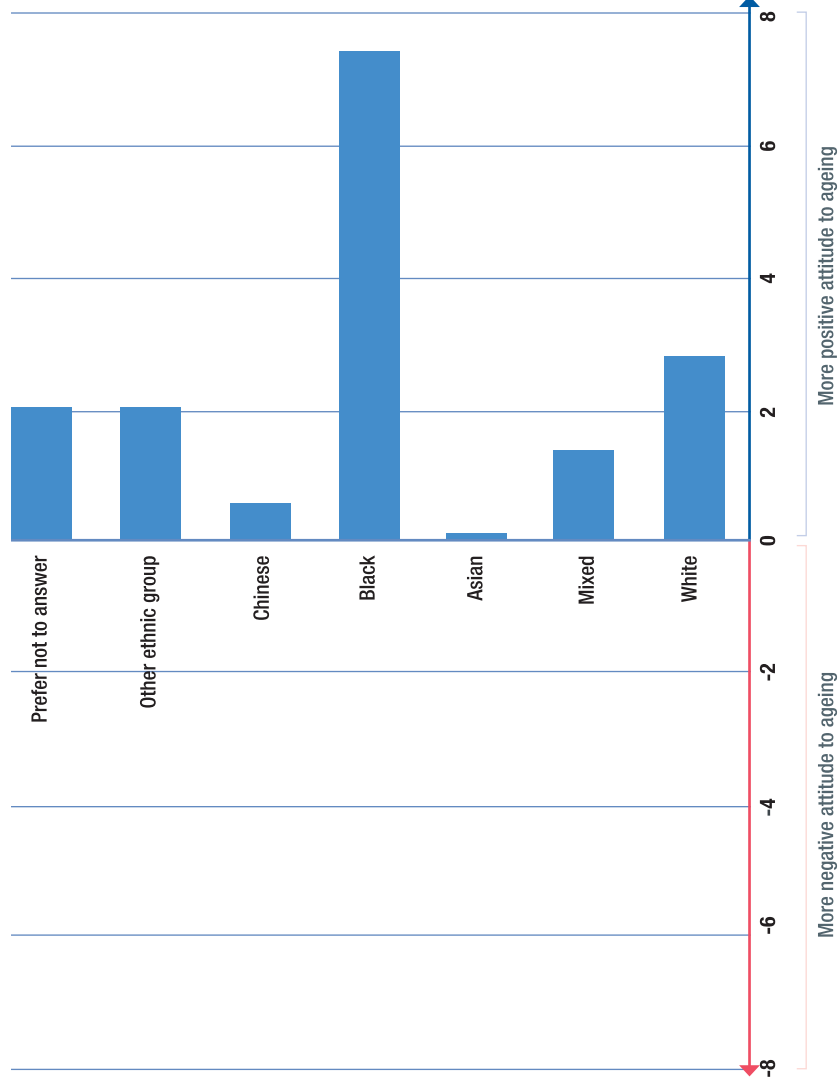


Aged 65 or older



What is the impact of culture and ethnicity on a person's attitude to ageing?

Attitude to ageing: average score by ethnicity



One of the main insights from the focus groups was that cultural and ethnic backgrounds would be significant determining factors in one's perception of ageing. The above graph demonstrates how, among people who identify as ethnically black, attitudes towards ageing and older people are overwhelmingly more positive, an effect that proved statistically significant ($F(1,2082)=13.731; p<0.001$). Though this group is not culturally homogenous, in the focus groups there were several individuals of black ethnicity who emphasised that they did not recognise within their own culture the negative age stereotypes being reported by many others. These individuals also had, on balance, the most optimistic expectations of older age by some distance. This suggests that when people are empowered to role model positive traits as a result of their culture, young people can learn from this and ultimately expect their own ageing to be positive as well.

2.2 Testing the impacts of attitudes

Perceptions about ageing are imbued with ageist stereotypes across all levels of society, and there is much research indicating that such attitudes can affect a wide range of health and wellbeing outcomes.⁵¹ One of our key findings from the survey was that people hold particularly strong beliefs about the inevitability of the degeneration of memory with time. We conducted a small scale study in order to provide a case study of the harms of ageism. We found that the memory of older adults improved substantially when they were primed with positive attitudes to ageing, whereas the memories of those primed with negative attitudes to ageing became substantially worse.

The 34 older adults involved in the study were first split into two groups. Both groups were primed with certain perceptions and expectations of older people and their memory ability – one with positive stereotypes and the other with negative stereotypes. Both groups also took a short term recall task before and after the priming, in order to see whether one group performs worse when primed with negative as opposed to positive age stereotypes. We found that the priming intervention had a substantial and statistically significant impact on the scores. Those primed with negative perceptions of older people's memories saw their scores on the recall test fall, whereas those primed with positive perceptions saw their scores improve.

	Mean Score at Baseline	Mean Score at Follow-up	Change
Positively Primed Group	55.1%	62.2%	+7.0%
Negatively Primed Group	57.5%	54.1%	-3.4%

The interaction between priming and memory scores was found to be significant ($F(1,32)=14.632$; $p=0.001$); that is, priming older adults with negative rather than positive age stereotypes has a statistically significant impact on their memory scores.

Stereotype threat and stereotype embodiment (as discussed in section 1.3) affecting the individuals in the study are the most plausible explanations for these effects. The findings demonstrate the impact of ageist attitudes on memory, which is one of the key areas associated with self-perceptions of ageing (as discussed in section 2.1). The practical significance of this is that, given the widespread nature of negative age stereotypes, these effects are likely to be a real experience in everyday life for many older adults.

More generally, the findings are consistent with the broader research base indicating that the consequences that result from age-based stereotyping in society are not abstract but real. The presence of such attitudes can, and often do, have visible and perhaps more obvious repercussions for older people when they become the targets of age-based discrimination, both direct and institutional. However, as highlighted by these results, there also exist more hidden but equally stubborn pathways by which stereotyping acts as a barrier to individuals flourishing in all walks of life as they age.

In section 2.1 an overview of the public's attitudes to ageing was presented, revealing the many and varied ways in which older people are viewed negatively, and in section 2.2 the real-life consequence of some of these attitudes has been demonstrated. Taken in the context of a growing evidence base on the health impacts of age-based stereotyping, this provides a compelling motivation for policy interventions targeted at deconstructing societal sources of ageism, and neutralising its harmful effects.

2.3 Consultation

A third complementary strand to the research process was extensive consultation with experts in the field to help identify the sources of ageism that exist, the changes that are required, and how best to achieve them.

The overall consultation process was, in combination with the findings from our research outlined above, invaluable in developing and refining the set of recommendations outlined in section three. Societal ageism is a huge and complex problem – and there is no ‘silver bullet’. The following package of recommendations is not pitched as a set of comprehensive solutions to the challenges faced, but will go some way to addressing some of the key drivers and negative consequences of ageism that have been set out in previous sections. The consultation process stretched across different relevant disciplines: it chiefly included positive ageing experts and voices from ageing sector, but also incorporated academic researchers of ageism, gerontologists, and those experienced in employment policy and education policy.^{vi} This led to a multi-disciplinary approach in developing the methodology and the policy recommendations.

Among those consulted were the group of organisations who are working on the front-line delivery of projects under the Calouste Gulbenkian Foundation’s Transitions in Later Life (TILL) programme. These projects aim to better support those in mid to later life to plan emotionally and psychologically for their later years. This work recognises that many people struggle with major changes such as retirement and caring in later adulthood and that there is a need to support people to develop their resilience before meeting these transitions, just as some young people are supported to do so in preparation for the transition into adulthood.

Many of these have been delivered through employers, including NHS Trusts and local Councils. Early findings suggest that these courses lead people with a negative view of later life to have increased optimism, and greater resilience to deal with the emotional problems that later life can bring.⁵²

^{vi} See acknowledgements

3.

Policy recommendations

Combatting the negative impact of ageist attitudes on older people in the UK.

3.1 Ageing across our lives

A key theme that emerged throughout the research was that addressing the negative attitudes to ageing and their consequences would require action at all ages and across a variety of settings, not just those traditionally associated with older people. Because ageing is a natural state which everyone experiences, a sustainable solution to the ageist society needs to concentrate on ‘younger’ people as well as ‘older’ people. Changing public attitudes will be an uphill struggle, requiring long term planning and a holistic treatment of the issue that engages with groups at all stages of the ageing process. The following recommendations have this goal in mind, and are informed by the results of consultation with experts and the quantitative and qualitative research presented in this report.

1: Integrating the generations

There is much evidence pointing to the capacity of positive intergenerational contact to drive down ageism – especially when this occurs in settings that foster genuine friendships across generations. RSPH is calling for investment in long term plans to promote positive inter-generational interaction, which learn from international precedent, including:

Bringing services such as nurseries, youth clubs, and care homes under the same roof.

RSPH believes local authorities, voluntary care providers, and private care providers should look to move towards co-locating nursery services and older person care. The concept of inter-generational care has existed for more than 40 years⁵³, and has now been implemented to various degrees in Australia, Singapore, Japan, the USA, and several European countries including Germany. In the UK the first nursery within a care home emerged in late 2017 in south London, and this is an approach we would like to see emulated across the country.⁵⁴ Such schemes also have public support, with two out of three (67%) in favour of more being implemented across the country.⁵⁵

The most important and consistent finding in the literature is that friendships are the most effective and reliable form of contact, and so this should be the central aim of a multi-generation home, and indeed any other intergenerational contact programmes. Although we acknowledge that only a small proportion of older adults live in a care home (15% of adults aged 85+),⁵⁶ it should be remembered that this recommendation also stands to benefit the younger people involved, both through positive sharing of experience, and healthier attitudes to ageing. In the context of multi-generational care homes, it is vital that older individuals are not cast as beneficiaries in the relationship, and also that programmes cater for the needs of those individuals who do not want or benefit from forced interaction with young children every day.

The Institute for Public Policy Research (IPPR) have argued in favour of the German model of *Mehrgenerationenhaus*: housing public services for different age groups under one roof, as part of an effort to find innovative ways to address the ever-growing social care gap in the UK.⁵⁷ These centres could provide valuable community services, such as youth groups, support groups for young mothers and activity hubs, sensitive to the strengths and needs of the local area.



There are many examples of community projects bringing the generations together over different activities, for example the Welcome In Community Centre in Leeds, where young and old regularly come together as part of a table tennis club.⁵⁸ RSPH supports schemes like this being explored further, providing they are run such that there is:

- frequent contact between younger and older people;
- a neutral environment for interaction to take place;
- a setting which promotes an equal status between the groups, including non-patronising communication.

Intergenerational contact and care offer offers huge benefits for the groups involved, but also to the facilities operators. For local authorities, they would offer great opportunities to improve integration within the community, combat loneliness among older residents, address the shortfall in nursery provision, and ultimately save costs through consolidating provision. For private care home operators, there is an opportunity to diversify their product to include nursery care which could maximise profitability through increased efficiency, as well as offering genuine wellbeing benefits to “young” and “old” customers alike.

2: Educating young people

It is clear from our research that ageism affects us all. It is during childhood that people are often highly susceptible to absorption of prejudice, and so a better understanding of older people and the ageing process among younger demographics is important for stimulating long term integration across the generations. Our research (although not including respondents of school age) showed that younger generations hold more negative attitudes towards ageing and older people, and we recommend that schools provide PSHE (Personal, Social, Health and Economic) education opportunities to address this gap. The idea for this recommendation, which is backed by more than three quarters of the public (77%)⁵⁹, stems from and was supported by participants’ comments from a focus group of mixed ‘old’ and ‘young’ age groups.

Positive ageing to be addressed within schools

Educating younger people in positive ageing would be a crucial step in directly targeting a reduction in ageism in society. This would involve young people developing notions of interdependence between generations, understanding the biological and psychological realities of the ageing process, and understanding the wider effects of negative age stereotypes. We believe there should be up-to-date and relevant guidance and teaching materials to support schools to factor these learning outcomes into their PSHE education provision.

3: The workplace

Employers to support wellbeing and resilience, in preparation for later life

The Cridland review of state pension age in 2017 recommended that the government should develop a Mid-Life MOT, emphasising the need to provide workers with holistic advice about work, health, learning/skills and retirement.⁶⁰ The Department for Work and Pensions (DWP) has since committed to designing and piloting a Mid-Life MOT with employers in 2018.

For government:

The government's plans to develop and roll out a Mid-Life MOT signals an encouraging forward step in preparing employees from mid-life for making judicious and informed choices around retirement and their pension. However, it is recommended that the Mid-Life MOT is not restricted to a financial and careers stock-take.

We propose that the government should include in its valuable work on the Mid-Life MOT elements of the offer which allow for a more holistic focus on the wellbeing and resilience of the individuals from mid-life, incorporating the learnings from the Transitions in Later Life (TILL) programme (see section 2.3). This would complement those elements from the recommendations in the Cridland review around work, health, learning, skills and retirement.⁶¹

For employers:

Employers need to adapt to the significant and ongoing demographic changes in our society, and consider how they support their employees from mid-life to plan for later life. They should use the evidence that comes from the Transitions in Later Life and Mid-Life MOT pilots, to consider a set of more holistic offers for people of all ages in their workforce, either by developing a new programme or augmenting their current offer. This includes support that prioritises psychological and emotional wellbeing in later life, as an addition to approaches that focus merely on the financial. By adapting and providing more ageing-friendly support, employers will be in a better place to engage, retain and support workers valuable to their own business and the whole economy.

These recommendations are supported by the public, 69% of whom agree that employers should offer their staff training and support in the years prior to their retirement to help with planning and transitions in later life.⁶² In line with the calls made in the Cridland review, we recommend that the above initiatives are targeted primarily at employees from mid-life (40s/50s). However, it is acknowledged that support of this kind may also be beneficial to employees of all ages.



Promote age diversity in the workplace

Many countries, including the UK, legislate against discrimination on the basis of age in the workplace, and yet there is evidence that ageist attitudes still systematically disadvantage older adults in important ways. Several studies have shown how younger stereotype profiles are preferred over older stereotype profiles, in a variety of different situations.⁶³

This recruitment bias and the consequent exclusion from the labour market has serious consequences for individuals. In addition to the obvious benefits derived through financial stability, there are often positive consequences for older people who remain in work as they often stay physically, socially and mentally active for longer.^{64, 65} Aside from this, employers themselves are losing out from this state of affairs, since they may be overlooking the best candidates for a role as a result of unacknowledged age biases. Others still are being pushed out of work prematurely because of a need to balance work and care for an older relative. In total, it is estimated that if just half of the one million older adults currently out of work but keen and able were to move into employment, this would raise Gross Domestic Product (GDP) by up to £25 billion a year.⁶⁶

Because of this serious issue we propose consideration of a range of measures to improve age diversity and the culture around ageing in the workplace:

For government:

We propose that government should introduce a statutory carers' leave for those employees with caring responsibilities. With an ageing population and a correspondingly ageing workforce, system change is required in order to mitigate against a care-giving penalty in the workplace. The majority of carers are towards the older end of the workforce age spectrum, with almost half of carers aged over 50;⁶⁷ however, this proposal would benefit workers of all ages by helping them take on caring responsibilities without being forced into leaving the workforce. This is in line with the motivations that led to the introduction of statutory parental leave, an acknowledgement of the extra burden placed on employees with childcare responsibilities.

State provision could begin with, but not be limited to, a statutory entitlement of five days' paid leave (as Carers UK⁶⁸ and the Cridland review have proposed⁶⁹) which would allow carers to deal with emergency situations without being penalised in the workplace. In implementing this proposal, which RSPH polling revealed is backed by 85% of the public,⁷⁰ it is important that the differing situations of those who are self-employed should also be taken into account.

For employers:

Employers should follow the letter and spirit of Retain, Retrain, and Recruit (the '3 Rs'), a framework pioneered by Business in the Community.⁷¹ Most importantly, this includes:

- a public commitment to tackle age bias within the organisation, both through training the workforce about the effects of ageism in the workplace, and mandating age-neutral language within the recruitment process that mitigates against implicit biases;
- ensuring that flexible working is available to employees wherever possible, including through remote working and variable hours. It is important that employers are flexible over job roles as well as simply which hours of the day are worked.

It is important that the correct sequencing of the '3 Rs' is followed, with retention being tackled first. The complexities of different companies will be highly individual and ultimately require tailored solutions, but the first step always involves forward-thinking executive leadership: this makes discussions around ageing and retirement possible and open within the workplace.

4: Health and care settings

Given how rife age discrimination is in society, it is to be expected that ageism towards older adults can appear in health and care settings. There is a building evidence base, as outlined in a 2016 review by the British Medical Association (BMA)⁷², supporting the claim that negative attitudes towards older adults – whether explicit or implicit – play a role in mediating both the quality and availability of care.

In a recent study where physicians were presented with two case studies of individuals presenting for depression – identical in all but age – the older cases (81 years) were diagnosed with dementia or physical illness while the younger cases (39 years) were more likely to be correctly diagnosed as depressed.⁷³ The study suggested that the physicians were guided by their perceptions of ageing, ultimately leading to older adults being less likely to receive the right diagnosis and the right treatment.

Other research has shown that ageism can lead to a poorer quality of care interactions between older adults and social care workers, as a result of negative attitudes to ageing.⁷⁴ Overall, health professionals make decisions about and interact with older adults every day, and when they are not aware of how these decisions are infected by implicit age biases, the harmful effects for those older adults will go unrecognised.

Finally, as Swift et al. argue, older adults themselves are vulnerable to the existence of ageist attitudes in a healthcare setting, both through self-stereotyping and as a result of stereotype threat.⁷⁵ This is of special concern when thinking about mental wellbeing, given the high rates of mental health problems among the older population, as well as the fact that older adults are far less likely to seek out help for mental health issues in the first place.⁷⁶ In this context it is also concerning that, as our research showed, one in four young people (18-34) now agree that "it is normal to be unhappy and depressed when you are old".

As attested to by the large evidence base on the health impact of internalised stereotyping (see 1.4), this could have consequences for how older individuals rehabilitate in care settings, perform on physical and cognitive tasks, and even their propensity for behaviour change.

In line with Swift et al, we are therefore calling for:

Training for healthcare professionals on the effects of ageism in clinical and care settings

This should apply to all professionals routinely interacting with older individuals in health and care settings, and will:

1. make healthcare professionals aware of the different ways that ageism can take root in healthcare settings, and how it can affect patient-carer interactions negatively through ageist language and patronising communication;
2. make healthcare professionals aware of how implicitly held negative age stereotypes can affect diagnosis and treatment of older patients, and understand how to avoid this so as to ensure fair access to treatment;
3. train healthcare professionals so they are aware of the ways in which self-stereotyping and stereotype threat can impact on the behaviours, rehabilitation, and physical and cognitive performances of older patients.

These targets should be taken up principally by Health Education England (HEE), as the body providing national leadership and coordination for the training of the NHS workforce within England. In Scotland, Northern Ireland and Wales respectively, the relevant bodies are: NHS Education for Scotland (NES); the Northern Ireland Medical and Dental Training Agency (NIMDTA); and Health Education and Improvement Wales (HEIW, a new body which will gain training responsibilities from October 2018).

3.2: Ageing and ageism in wider society

1: Media representation of older people

As explored in section 1.2, the representation of older adults in the print and broadcast media has major potential to shape the public's perception of ageing.^{vii} The framing of older people and the ageing process within the media is not homogenous, and there are of course also instances of positive and well-presented coverage of older people. Yet, an overarching and up-to-date analysis of the balance of representation across the UK media landscape does not exist.

We are therefore calling for:

An independent and comprehensive review of the media representation of ageing and older people

This should build on the 2011 NatCen review,⁷⁷ but looking at the real balance of representation of older people as opposed to perceived levels. It is a welcome recent development that the media regulator, Ofcom, is currently undergoing the first official attempt to evaluate the BBC's on-screen diversity, recording the proportion of appearances from people across all inclusivity characteristics, including age.⁷⁸ Other broadcasters, including ITV, Sky and Channel 5, are also working on independent plans to record their output.⁷⁹ The proposed review would involve a systematic overview of UK coverage, which analyses both the framing and language around ageing, and integrates this with the raw levels of representation of older people.

^{vii} The contribution of Dr Hannah Swift was crucial in formulating our recommendations in this area.

Such a review should be carried out by an independent body, and focus on two central ways in which ageism manifests in the media:

1) Under-representation

To what extent are older people under-represented in different parts of the media?

2) Misrepresentation

Media professionals have a choice of whether to present issues that concern older people and the ageing process with a negative or positive frame. This would include practices such as the homogenisation of certain age categories, leading to the 'othering' of older people and encouragement of an 'us and them' mind-set.

In order to provide the most comprehensive perspective of the media landscape, this analysis should apply to both broadcast and print media.

The Independent Press Standards Organisation (IPSO) to include "age" in the Editors' Code of Practice as a characteristic by which journalists must not discriminate

Clause 12 of the Editors' Code of Practice, compiled by IPSO, which regulates the print media, states that:⁸⁰

- i) The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, sex, gender identity, sexual orientation or to any physical or mental illness or disability.
- ii) Details of an individual's race, colour, religion sex, gender identity, sexual orientation, physical or mental illness or disability must be avoided unless genuinely relevant to the story.



Given the wealth of evidence on the harms of ageism, and its status as the most commonly experienced form of discrimination, it is unacceptable that a person's age continues to go missing from this list. There would be strong public support for correcting this, four in five (80%) agreeing that journalists should not be allowed to discriminate on the basis of age.⁸¹ This change would constitute an important symbolic step towards recognising the status of ageism as a real and damaging prejudice, and acting as a sorely needed standard by which thoughtless, harmful journalism can be held to account.

Facebook to include “age” as a protected characteristic in its community standards on hate speech

The same is true for Facebook's policy on hate speech,⁸² which provides the basis for them removing harmful content posted by Facebook users, either when reported by other users or picked up automatically. These community standards provide for the protection of most discriminated against groups through the removal of harmful content, but does not list age as a protected characteristic.

2: Anti-ageing' in the beauty industry

We have seen just how valuable a positive and optimistic outlook on ageing can be to personal health and wellbeing, and yet many everyday conversations, informed by the media, are rife with examples of language that either trivialise, vilify, or catastrophise the ageing process. Chief among these is the persistent use of the term 'anti-ageing' within the cosmetics and beauty industry.

An end to the use of the term 'anti-ageing' in the cosmetics and beauty industry

As early as 1991 in her book *The Beauty Myth*, Naomi Wolf called out the insult-ridden advertisements for anti-ageing creams, and how they shaped the way women in particular visualised the experience of getting older. The gendered nature of the fears surrounding growing 'old' was reflected in our research – both anecdotally within focus groups, but also with the survey finding that perceptions of when 'old age' begins are significantly higher among women than men, suggesting that women feel more pressure to stay 'young' for longer. Further, it has been argued in recent studies that anti-ageing narratives are pushing unrealistic body norms and poor body image, ultimately affecting women's health behaviours.⁸³

However, the narrative pushed by 'anti-ageing' terminology and products is one that pervades society and has relevance to us all. All human beings – at all stages of life – are ageing in their own way, as a natural consequence of being alive. Hence, the explicit presumption that ageing is something undesirable and to be battled at every turn is as nonsensical as it is dangerous. To be 'anti-ageing' makes no more sense than being 'anti-life'.

We call on major outlets such as Boots and Superdrug, and beauty industry magazines, to follow the lead of Allure magazine⁸⁴ and ban the use of the term 'anti-ageing', and to re-focus their ageing narrative on opportunities to be embraced rather than processes to be resisted.^{viii}

^{viii} In 2008 the Advertising Standards Authority first ruled against anti-ageing products, due to misleading claims (see <https://www.telegraph.co.uk/news/uknews/2974064/Anti-wrinkle-cream-advert-banned-for-misleading-public.html>, last accessed 06/04/18). There have been many similar rulings since, but the term 'anti-ageing' still regularly appears in promotional material, on websites, in magazines, and of course everyday conversations.

References

1. Levy, B., Slade, Martin D., Kasl, S. V., Kunkel, S. R., (2002), *Longevity increased by positive self-perceptions of ageing*, Journal of Personality and Social Psychology, 83, no.2, 261-270
2. Levy, B., (1996). *Improving memory in old age by implicit self stereotyping*. Journal of Personality and Social Psychology, 71, 1092-1107.
3. Levy, B., Slade, Martin D., Pietrzak, Robert H., Ferrucci, Luigi, (2018) *Positive age beliefs protect against dementia even among elders with high-risk gene*, PLoS ONE 13(2): e0191004. <https://doi.org/10.1371/journal.pone.0191004>.
4. *Equality Act 2010*: guidance. Available at <https://www.gov.uk/guidance/equality-act-2010-guidance> (last accessed 10/05/2018)
5. Abrams, D., Russell, P. S., Vauclair, C., Swift, H. (2011). *A snapshot of Ageism in the UK and across Europe*.
6. Abrams, D. and Swift, H. J. (2012). *Experiences and Expressions of Ageism: Topline Results* (UK) from Round 4 of the European Social Survey.
7. Stuckelberger, A., Abrams, D. and Chastonay, P. (2012) *Age discrimination as a source of exclusion in Europe: The need for a human rights plan for older persons*. In Scharf, T. and Keating, N. (eds), *From Exclusion to Inclusion in Old Age – A Global Challenge*. Policy Press: Bristol, 8.
8. Swift, H. J., Lamont, R. A. and Abrams, D. (2012). *Are they half as strong as they used to be? An experiment testing whether age-related social comparisons impair older people's hand grip strength and persistence*. BMJ Open 2(3), 1–6.
9. Age Concern, *How ageist is Britain?* (2005)
10. Nelson T D (ed) (2002) *Ageism: stereotyping and prejudice against older persons*, Cambridge, MA: MIT Press
11. BBC, NatCen, Creative Diversity Network (2011), *Serving All Ages: The views of the audience and experts*,
12. Margie M. Donlon, Ori Ashman, Becca R. Levy, (2005), *Re-vision of Older Television Characters: A Stereotype-Awareness Intervention*, Journal of Social Issues, p.307-319, 61., 2.
13. Robert McCann, René Dailey, Howard Giles, Hiroshi Ota, (2006) *Beliefs about intergenerational communication across the lifespan: middle age and the roles of age stereotyping and respect norms*, Journal of Communication Studies, 56.
14. Sweetland, J., Volmert, A., & O'Neil, M. (2017). *Finding the frame: An empirical approach to reframing aging and ageism*. Washington, DC: FrameWorks Institute.
15. Isaacs, L. W & Bearison, D. J. (1986) *The development of children's prejudice against the aged*. Int J Aging Hum Dec, 23(3), 175-194
16. *Age does not define us. The Intergenerational Design Principles – A research report from The Age of No Retirement*. 2018. Available at <https://www.ageofnoreirement.org/research> (last accessed 09/05/2018)
17. Drury, L., Abrams, D., & Swift, H. J., (2017). *Making intergenerational connections: What are they, why do they matter, and how to make more of them*. London: Age UK
18. See <http://www.europeansocialsurvey.org/data/themes.html?l=ageism>
19. UK-representative polling, Populus (commissioned by RSPH, May 2018)
20. Drury, L., Abrams, D., & Swift, H. J., (2017). *Making intergenerational connections: What are they, why do they matter, and how to make more of them*. London: Age UK
22. Levy, B., *Stereotype Embodiment: A psychosocial approach to ageing*. Curr Dir Psychol Sci, 2009, 18(6): p. 332-336
23. Levy, B., Slade, Martin D., Kasl, S. V., Kunkel, S. R., (2002), *Longevity increased by positive self-perceptions of ageing*, Journal of Personality and Social Psychology, 83, no.2, 261-270
24. Levy, B., (2009) *Stereotype Embodiment: A psychosocial approach to ageing*. Curr Dir Psychol Sci, . 18(6): p. 332-336
25. For an overview, see Guy Robertson, (2017), *Ageing and Ageism: the impact of stereotypical attitudes on personal health and wellbeing outcomes and possible personal compensation strategies*. (available on request)
26. Swift, H., Abrams, D., Lamont, R.A., Drury, L. (2017) *The Risks of Ageism Model: How ageism and negative attitudes toward age can be a barrier to active aging*, Social Issues and Policy Review, 11, p.195-231
27. Levy, B., Slade, Martin D., Kasl, S. V., Kunkel, S. R., (2002), *Longevity increased by positive self-perceptions of ageing*, Journal of Personality and Social Psychology, 83, no.2, 261-270
28. see Robertson, 2017, *Ageing and Ageism*
29. Levy, B., Slade, Martin D., Pietrzak, Robert H., Ferrucci, Luigi, *Positive age beliefs protect against dementia even among elders with high-risk gene*, PLoS ONE 13(2): e0191004. <https://doi.org/10.1371/journal.pone.0191004>, 2018
30. Levy, B. (1996). *Improving memory in old age by implicit self stereotyping*. Journal of Personality and Social Psychology, 71, 1092-1107.
31. Wurm, S., Warner, L. M., Ziegelmann, J. P., Wolff, J. K., & Schuz, B. (2013). *How do negative self-perceptions of ageing become a self fulfilling prophecy?* Psychol Aging, 28(4), 1088-1097.
32. Becca R. Levy, L. Meyers, (2004) *Preventive health behaviours influenced by self-perceptions of aging*, Preventive Medicine, 39(3):625-9
33. B. R. Levy, M. D. Slade, J. May, and E.A. Caracciolo (2006). *Physical recovery after acute myocardial infarction: positive age self-stereotypes as a resource*. International Journal of Aging and Human Development, vol. 62, no. 4, pp. 285–301
34. Wurm, S., Warner, L. M., Ziegelmann, J. P., Wolff, J. K., & Schuz, B. (2013). *How do negative self-perceptions of ageing become a self fulfilling prophecy?* Psychol Aging, 28(4), 1088-1097.
35. Becca Levy, Martin D. Slade, Terrence E. Murphy, et al. JAMA. (2012). *Association between positive age stereotypes and recovery from disability in older persons*, 308(19):1972-1973. doi:10.1001/jama.2012.14541
36. B. Levy, J M Hausdorff, R Hencke, J Y Wei, (2000). *Reducing cardiovascular stress with positive self-stereotypes of aging*. J Gerontol B Psychol Sci Soc. 55:205-213
37. B. Levy, S Moffat, S M Resnick, M D Slade, L Ferrucci. (2016). *Buffer against cumulative stress: Positive age stereotypes predict lower cortisol across 30 years*. Geropsych, 29:141-146.
38. Sargent-Cox, Kerry A., Anstey, Kaarin J., Luszcz, Mary A. (2012). *The relationship between change in self-perceptions of aging and physical functioning in older adults*. Psychology and Aging, 27 (3), 750-760
39. Robertson, D. A., Sawva, G. M., King-Kallimanis, B. L., & Kenny, R. A. (2015). *Negative perceptions of aging and decline in walking speed: a self fulfilling prophecy*. PLOS One, 10(4), e0123260. doi:10.1371/journal.pone.0123260
40. Robertson, D. A., Sawva, G. M., King-Kallimanis, B. L., & Kenny, R. A. (2015). *Negative perceptions of aging and decline in walking speed: a self fulfilling prophecy*. PLOS One, 10(4), e0123260. doi:10.1371/journal.pone.0123260
41. E Cameron, P Ward, S A Mandville-Anstey, A Coombs, (2018). *The female aging body: A systematic review of female perspectives on aging, health, and body image*. Journal of Women and Aging, March
42. Cristin D. Runfola, Ann Von Holle, Christine M. Peat, Danielle A. Gagne, Kimberly A. Brownley, Sara M. Hofmeier, Cynthia M. Bulik. (2013). *Characteristics of women with body size satisfaction at midlife: results of the gender and body image (GABI) study*, Journal of Women & Aging, 25(4), 287-304
43. C. M. Peat, N. L. Peyter, J. J. Muehlenkamp. (2008) *Body image and eating disorders in older adults: a review*. The Journal of general Psychology, 135(4), 343-358

44. UK-representative polling, Populus (commissioned by RSPH, May 2018)
45. The Alzheimer's Society fact sheet 400, https://www.alzheimers.org.uk/download/downloads/id/3416/what_is_dementia.pdf accessed 09/04/18
46. *Dementia is the leading age concern for Brits aged 55+*; Mintel Consumer Analysts, 16 August 2017, available at <http://www.mintel.com/press-centre/social-and-lifestyle/dementia-is-the-leading-age-concern-for-brits-aged-55> (last accessed 09/04/18)
47. Calouste Gulbenkian Foundation, Campaign to End Loneliness Robertson, G. *Loneliness – the state we're in* (2012) Age UK, *Ageing and ageism: the impact of stereotypical attitudes on personal health and well-being outcomes and possible personal compensation strategies*. Self & Society, 2017. 45(2); p. 149-159.
- Rylee A. Dionigi, (2015) *Stereotypes of Aging: Their Effects on the Health of Older Adults*, Journal of Geriatrics, vol. 2015, Article ID 954027, 9 pages, doi:10.1155/2015/954027
48. *Older Gay, Lesbian and Bisexual people in the UK: A policy brief*; Primrose Musingarimi, Nov 2008, International Longevity Centre
49. *Ageing without children – why does it matter?* Ageing Without Children, available at https://awoc.org/definition-of-ageing-without-children/#_ftn14 (last accessed 09/04/18)
50. See <http://www.europeansocialsurvey.org/data/themes.html?l=ageism>
51. For example, B. Levy et al. (2002) *Longevity increase by Positive Self-Perceptions of Aging* (Journal of Personality and Social Psychology); Wurm et al. (2014) *Optimism buffers the detrimental effect of negative self-perceptions of ageing on physical and mental health* (Psychol Health). For overview, see Robertson (2017) *Ageing and Ageism: the impact of stereotypical attitudes on personal health and wellbeing*
52. *Evaluation of Transitions in Later Life Pilot Projects*, (2017), Calouste Gulbenkian Foundation, Centre for Ageing Better
53. <https://www.japantimes.co.jp/opinion/2016/03/13/commentary/japan-commentary/interaction-benefits-toddlers-elderly- alike/#.WpdK2rFJD8>
54. <http://www.bbc.co.uk/programmes/articles/4PK718CZkzLrGL5N0FQ7d3/the-unexpected-benefits-of-bringing-care-homes-and-nurses-together>
55. UK-representative polling, Populus (commissioned by RSPH, May 2018)
56. Care of Older People UK Market Report, Laing and Buisson, 2017
57. *The Generation Strain: Collective solutions to care in an ageing society*, IPPR (2014)
58. See <https://www.theguardian.com/social-care-network/2018/apr/04/table-tennis-united-generations-leads> (last accessed 08/05/2018)
59. UK-representative polling, Populus (commissioned by RSPH, May 2018)
60. *Smoothing the Transition; and Independent review of the state pension age*. John Cridland, March 2017, available at <https://www.gov.uk/government/publications/state-pensionage-independent-review-final-report> (last accessed 18/05/2018)
61. *Smoothing the Transition; and Independent review of the state pension age*. John Cridland, March 2017, available at <https://www.gov.uk/government/publications/state-pensionage-independent-review-final-report> (last accessed 18/05/2018)
62. UK-representative polling, Populus (commissioned by RSPH, May 2018)
63. Dominic Abrams, Hannah Swift, Lisbeth Drury, Journal of Social Issues (2016) *Old and Unemployable? How age-based stereotypes affect willingness to hire job candidates*. vol. 72.
64. Schooler, C., Muliatu, M. S., & Oates, G. (1999). *The continuing effects of substantively complex work on the intellectual functioning of older workers*. Psychology and Aging, 14, 483-506. doi: 10.1037/0882-7974.14.3.483
65. Prof Dame Sally C Davies (2015) Annual Report of the Chief Medical Officer on the State of the Public's Health – *Baby Boomers: Fit For the Future*
66. *Age in the Workplace: Retain, Retrain, Recruit. Business in the Community* https://age-bitc.org.uk/system/files/research/bitc-age_in_the_workplace-summary.pdf
67. Age UK, Policy Position Paper, Carers; (March 2016), available at https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/health-and-wellbeing/ppp_carers_england.pdf (last accessed 18/05/2018)
68. Carers UK (2013) *The case for care leave: Families, work, and the ageing population*, https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=218
69. John Cridland, (March 2017), P. 98. *Smoothing the Transition; and Independent review of the state pension age*. available at <https://www.gov.uk/government/publications/state-pensionage-independent-review-final-report> (last accessed 18/05/2018)
70. UK-representative polling, Populus (commissioned by RSPH, May 2018)
71. *Age in the Workplace: Retain, Retrain, Recruit*. Business in the Community
72. Dr Hannah Swift, Prof Dominic Abrams, Lisbeth Drury, Dr Ruth A Lamont (2016) *The perception of ageing and age discrimination*, British Medical Association.
73. M. Linden, G. Kurtz, (2010), *A randomised controlled experimental study on the influence of patient age on medical decisions in respect to the diagnosis and treatment of depression in the elderly*. Current Gerontology and Geriatrics Research
74. L. Drury, D. Abrams, H. J. Swift, R. A. Lamont, K. Gerocova, (2016) *Can caring create prejudice? The generalisation of negative intergenerational contact*.
75. Swift et al. *Perception of ageing* (2016), p.8
76. Age UK, <https://www.england.nhs.uk/2017/10/half-of-adults-aged-55-and-over-have-experienced-common-mental-health-problems-say-age-uk/>
77. BBC, NatCen, Creative Diversity Network (2011). *Serving All Ages: The views of the audience and experts*
78. Ofcom's *diversity and inclusion programme 2018-2022*, available at https://www.ofcom.org.uk__data/assets/pdf_file/0009/112500/dip-statement.pdf (last accessed 09/05/2018)
79. *BBC audit to ensure gay and black screen talent*; The Times, March 1 2018, Neil Hall; available at <https://www.thetimes.co.uk/article/bbc-audit-to-ensure-gay-and-black-screen-talent-t23ovrj09> (last accessed 09/05/2018)
80. *Editors' Code of Practice*, Independent Press Standards Organisation, in effect as of Jan 2018. Available at <https://www.ipso.co.uk/editors-code-of-practice/#Discrimination>
81. UK-representative polling, Populus (commissioned by RSPH, May 2018)
82. *Facebook community standards on hate speech*, available https://www.facebook.com/communitystandards/objectionable_content/hate_speech (last accessed 09/05/2018)
83. E Cameron, P Ward, S A Mandville-Anstey, A Coombs, Journal of Women and Aging, (2018 March) *The female aging body: A systematic review of female perspectives on aging, health, and body image*.
84. Allure Magazine Will No Longer Use the Term "Anti-Aging", August 2017, available at <https://www.allure.com/story/allure-magazine-phasing-out-the-word-anti-aging> (last accessed 06/04/18)

5.

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Please follow this link to see the full appendix, including research methodologies and full survey questionnaire



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