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# **The barriers to and enablers of positive attitudes to ageing and older people, at the societal and individual level**

**Future of an Ageing Population: Evidence Review**

Foresight, Government Office for Science

# **The barriers to and enablers of positive attitudes to ageing and older people, at the societal and individual level**

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# Executive summary

In the light of social and economic challenges posed by rapid population ageing there is an increased need to understand ageism – how it is expressed and experienced, its consequences and the circumstances that contribute to more or less negative attitudes to age.

Ageism is the most prevalent form of discrimination in the UK (Abrams *et al.*, 2011a), estimated to cost the economy £31 billion per year (Citizens Advice, 2007). It restricts employment opportunities, and reduces workplace productivity and innovation (Swift *et al.*, 2013). Ageism also results in inequality and social exclusion, reducing social cohesion and well-being (Abrams and Swift, 2012; Stuckelberger *et al.*, 2012; Swift *et al.*, 2012). Not only is ageism a barrier to the inclusion and full participation of older people in society, but it also affects everyone by obscuring our understanding of the ageing process. Moreover, by reinforcing negative stereotypes, ageism can even shape patterns of behaviour that are potentially detrimental to people's self-interest (Lamont *et al.*, 2015).

Here we review national and some international research from the last 25 years to reveal what our core attitudes to ageing are and how they result in discrimination and other damaging consequences. We outline the prevalence of perceived age-based discrimination and its consequences for individuals and society, and then explore the individual and societal factors that contribute to more positive or negative attitudes to age and their application to reducing experiences of ageism. We conclude by considering areas that are likely to be key for policy, research and practice.

# I. Introduction and background

The backdrop to this Evidence Review is a 25-year period that has seen significant demographic changes, the implementation of age-equality legislation, and other policy responses to population ageing. In 2012, in the UK, women lived on average to 83 years and men to 79 years. This is four years longer for women and six years longer for men than in 1990 (World Health Organization, 2014), but an astonishing 34 years longer for both women and men than in 1901 (Hicks and Allen, 1999). Additionally, it is estimated that one in three children born today will live to 100 years (Department for Work and Pensions, 2014).

The last 25 years have also been a time of ‘growing activity’ and political interest in population ageing (Macnicol, 2006). In the 1990s the Government campaigned to educate employers about the benefits of having an age-diverse workforce, alongside campaigns by pressure groups such as Age Concern. However, it was not until 1999 that a voluntary code of practice was drafted that committed employers to removing age limits in job advertisements and also suggested that interview panels should include people of varying ages. Through growing pressure, a European Employment Directive on Equal Treatment (Directive 2000/78/EC) was established in 2000, which stated that “any direct or indirect discrimination based on religion or belief, disability, age or sexual orientation as regards the areas covered by this Directive should be prohibited throughout the Community” (EUR-Lex, 2000: 2). In 2006 the UK officially endorsed the European Directive by introducing the Employment Equality (Age) Regulations 2006, which formally prohibited employers from discriminating based on age. The Equality Act 2010 then consolidated laws on discrimination in employment, education and training for people with ‘protected characteristics’, e.g. disabilities, religious beliefs, race. In 2011 the ‘default retirement age’ was abolished, which previously had given employers the right to terminate employment on the basis that an employee was over the age of 65.

A key policy change in this 25-year period was to pensions. The state pension age (SPA) was 65 years for men and 60 for women. In 2010 it started to increase from 60 to 65 for women, and will be equal to that for men by November 2018, after which the SPA for all is projected to increase to 66 by 2020. The Government has recently proposed further increases from 2020 to 2028, suggesting potential increases beyond the age of 67 years. These and other social policy and demographic changes provide an important backdrop to changing attitudes to age.

## I.1 Defining ageism

Robert N. Butler introduced the term ‘ageism’ to describe unjustifiable prejudice and discrimination towards older people (Butler, 1969). It is a collective term used interchangeably to describe (a) how we *feel* about different age groups (prejudice), (b) what we *think* about different age groups, i.e. the stereotypes and beliefs held about them, and (c) how we *behave* towards different age groups, i.e. discrimination, which is the behavioural manifestation of a negative attitude or judgement (Nelson, 2002; Palmore *et al.*, 2005; Ray *et al.*, 2006; Pascoe and Smart-Richman, 2009).

## 1.2 Perspectives on ageism

Prejudices against older people, just like other prejudices, are constructed at micro, meso and macro levels. At the micro or individual level, ageism is considered a product of social psychological processes that inform how we perceive the social world around us. At the meso level, ageism can manifest via organisations and institutions that operate within society. Here, researchers are interested in how organisations and institutions create or manifest age differentials through their practices. At the macro or societal level, ageism is investigated in relation to the social context and seeks to understand experiences of older people and how attitudes are shaped by major structural factors, such as class, gender and ethnicity. At this level of analysis, research has focused on the societal response to demographic changes. For instance, the completion of formal education for most people is now between 18 and 25 years, which is much later than 10 or 20 years ago. In 2010, 46% of 25 to 34 year olds had completed tertiary education compared to 30% of 55 to 64 year olds (OECD, 2012). This delays entry into the labour market, and changes norms and options for establishing independence from parents and starting a new family. Such changes also may affect perceptions of when youth ends, or old age starts.

In reality the distinction between these levels is much less clear-cut than described here, and all three levels work together, such that an individual's attitudes are likely to be informed by both psychological and sociological processes at all levels. In addition, some researchers do not differentiate between the meso and micro levels and thus only consider two levels of investigation. The challenge for gerontology is how to integrate insights from these different levels of analysis, as well as different theories and methods of research, to understand ageism.

In the following review we have identified three recurring themes that appear in the psychological and sociological literatures on attitudes to age. These are (i) categorisation, (ii) stereotypes and expectations, and (iii) intergenerational conflict. We explore each in turn, drawing parallels between the disciplines and providing a review of available survey evidence that captures and measures attitudes to age and older people. We then explore a multilevel approach to attitudes to age, providing a review of research from the European Social Survey (ESS) 2008 data, which was among the first to attempt to investigate how both differences between individuals and structural differences between countries are related to attitudes to age. We then discuss broader issues relating to research on attitudes to age and implications for policy and practice.

## 2. Overview of the scope and methodology for this Evidence Review

For the purposes of this review we conducted a detailed search of articles from 1979 to the present, using Google Scholar. Key terms searched for in the title of articles included ‘attitudes/perceptions/views to age/ageing/older/elderly’, ‘age stereotypes’ (and variations of this) and ‘ageism’. Overall, 1552 Google Scholar results were produced, yielding 738 relevant research articles. We then focused primarily on articles and studies of specific relevance within the UK (160 of the articles originated in the UK, or internationally including the UK). We further reviewed the relevance of over 14 national/international surveys and contacted key research funders and individuals for their support in identifying relevant research,<sup>1</sup> resulting in a further 30 relevant UK articles.

There was a notable increase in volume of research on ageism compared with similar areas. The term ‘ageism’ in the title of Google Scholar literature produced just 154 hits for the period 1980–89, 350 for the period 1990–99, and 711 results for the period 2000–09. Since 2010 there were a further 389 hits. Thus the volume of publications produced increased by 103% from the 1990s to the 2000s, and by a further 10% from the 2000 level by 2014 (or 20% pro rata to 2019).

By comparison, during the same periods, hits for the term ‘sexism’ were numerically much higher but showed a slower rate of increase (9%, 35% pro rata) and those for ‘racism’ even showed some decline (26%, minus 17% pro rata).<sup>2</sup> This shows that interest in ageism research has gathered pace relative to more established areas of prejudice research over the past 25 years, although it still lags behind in absolute volume.

We also observed changes in the focus of research across this period. National research from as early as the 1980s focused on relations between ‘young’ and ‘old’ (British Social Attitudes Survey, 1983; International Social Survey, 1989), focusing particularly on attitudes to age within the work context. National/international surveys from the 1980s revealed that negative attitudes towards older workers were perceived as affecting their opportunities both in recruitment and then within the workplace (Social Change and Economic Life Initiative Survey, 1986). National research from the 1990s explored attitudes to age more broadly, demonstrating increasing pessimism in the general population’s expectations of retirement, and Government support in later life (Walker, 1999). However, contrasting findings from the 1992 Eurobarometer survey suggested that older adults’ reflections on their experiences of later life were largely positive (Walker, 1999). This finding has been repeated in more recent research (Demakakos *et al.*, 2006).

The 1990s and 2000s introduced more extensive research into attitudes to age and age discrimination in health/social care settings (e.g. Deary *et al.*, 1993; Centre for Policy on Ageing, 2009a,b) as well as continued examination of ageism in the workplace, particularly in relation to changes in the Employment Equality (Age) Regulations 2006 (Taylor and Walker, 1998; Metcalf and Meadows, 2010). Research in this period also considered media

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<sup>1</sup> Because some important UK work may exist in forms such as government or research council reports, chapters and working papers, we investigated archives or other repositories that might contain useful evidence. Therefore, the second strategy was to contact key UK organisations and researchers (e.g. via DWP, ESRC, Joseph Rowntree Foundation, Age UK) who have historically been involved in this area of study.

<sup>2</sup> Sexism showed 934 hits from 1980 to 1989, 957 hits from 1990 to 1999, and 1,040 from 2000 to 2009, and 702 hits from 2010 to 2014, showing percentage changes of 9% (from 1990s to 2000s), and 35% (pro rata from 2000 to 2014). Racism showed 2,470 hits from 1980 to 1989, 6,610 from 1990 to 1999, 8,300 from 2000 to 2009, and 3,460 from 2010 to 2014, with percentage changes of 26% (from 1990s to 2000s) and –17% (pro rata from 2000 to 2014).

portrayals of older adults and population ageing (e.g. Martin *et al.*, 2009; White *et al.*, 2012), the gendered nature of attitudes to age (e.g. Grant *et al.*, 2006; Walker *et al.*, 2007) and the implications of attitudes to age for the behaviours, health and well-being of older adults themselves (Levy *et al.*, 2009; Meisner, 2012; Lamont *et al.*, 2015).

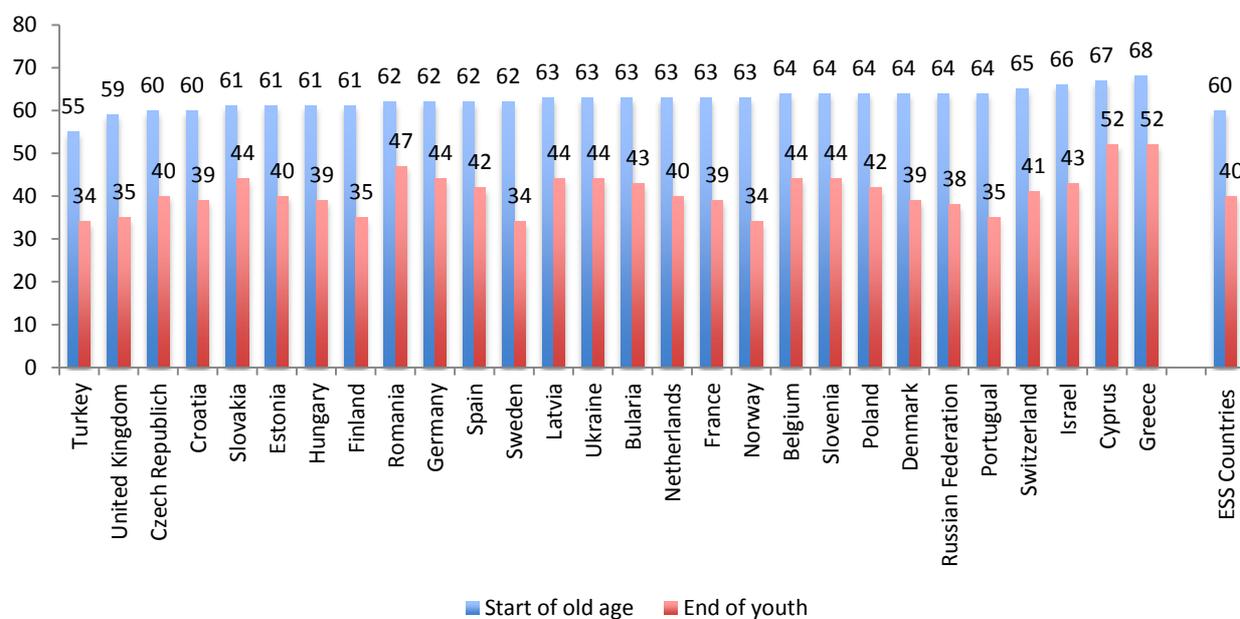
An increase in the number of national surveys covering age-related issues after 2000 provided deeper exploration of attitudes to age (Demakakos *et al.*, 2006), including examinations of how older adults are stereotyped, people's personal definitions of 'age' (Age Concern, 2005) and life-course predictors of attitudes to ageing (Shenkin *et al.*, 2014). A relatively comprehensive examination of attitudes to age was developed for the ESS (Abrams *et al.*, 2011a), which provides much of the key evidence for this review. Drawing upon this research in more depth, we now discuss themes of categorisation, stereotypes and expectations, and intergenerational conflict.

## 2.1 Categorisation

Psychologically, prejudices arise from the process of categorisation. Age, gender and race/ethnicity are three 'automatic categories' that people use in everyday life (Brewer, 1988). Categorisation immediately creates the potential for generalisation, i.e. stereotyping about members of a group. These generalisations are often functional and indeed essential for navigating our lives and successfully interacting with one another (McGarty, 2001). However, assumptions and judgements based on categorisation and the subsequent application of stereotypes can often be erroneous and damaging and contribute to the high potential for categorising people's age 'inappropriately'.

Both psychological and sociological approaches to ageism recognise the high potential for categorising people's age 'inappropriately'. This potential arises because unlike other social groups (e.g. gender or race) there are many different possible boundary points that define 'old' and 'young' ages. This is because the meaning of age is socially constructed. Age is used to allocate roles and determine entry into specific activities (e.g. most countries have laws regarding age of entry into formal education, driving and voting). Thus age categorisation is an important marker and organising factor within society. Formal age-related roles are supplemented by a series of fluid informal social roles and expectations. According to social gerontologist Bernice Neugarten, societies divide the lifetime into socially relevant units, and thus transform biological or chronological time into social time. However, these 'units' will vary between generations and by societies (Neugarten, 1974). Thus the rights, rewards and responsibilities are differentially distributed not only by age, but also by national and cultural context.

Research in the UK has been the first to explore people's definitions of age. The English Longitudinal Study of Ageing (ELSA) (Demakakos *et al.*, 2006) revealed that most respondents' subjective age (i.e. self-perceived age) was younger than their actual chronological age. ELSA and Age Concern's earlier surveys (Age Concern, 2005) both revealed that the estimated age at which respondents perceived people to get 'old' increased in line with the respondent's age. Age Concern's survey also established that older and young people have quite divergent views about when youth ends and when old age begins. Data from the ESS (Abrams *et al.*, 2001a) not only echoes these differences but also shows there are substantial national differences in the perceived onset of old age, as shown in Figure 1. For instance, in the UK a person is likely to be regarded as old when they reach 59 years of age, but in Greece a person would typically not be considered old until they were 68.



**Figure 1: The perceived onset of old age and end of youth**

Categorisation also has the potential to influence our attitudes to age via the development of social policies that segregate old age and separate it from earlier phases in the life course. In the UK many services for older people are often discrete or separate, in line with the argument that specialist services offer better services. Yet social policies based on age have limitations, often resulting in a distorted view of older people. For instance, there is likely to be a tendency to view people of a ‘certain age’ only in terms of their probable diseases or disabilities. Separating people for particular treatments also reinforces category boundaries that include or exclude them, as well as creating segregation in physical and social terms that reinforces differentiation between age groups. These boundaries may also highlight age inequalities in distribution of resources and create unintended stimuli for intergenerational conflict.

## 2.2 Mixed age stereotypes and expectations

Stereotypes are commonly held beliefs about the characteristics of people based on their group membership. Stereotypes tend to exaggerate and homogenise traits that are seen as characteristic of a social group. Moreover, there is a tendency for individuals to erroneously perceive members of *other* social groups as ‘all the same’, but perceive diversity among members of their own social groups (Haslam *et al.*, 1996; Rubin and Badea, 2012).

Research shows that stereotypes held about older adults reflect both desirable and undesirable features. The most-common stereotypes relate to older adults’ competence, whereby their physical and cognitive functioning is assumed to decline with age. Other commonly held perceptions are that older people lack creativity, they are unable to learn new skills, are unproductive, a burden on family and society, and they are ill, frail, dependent, asexual, lonely and socially isolated (Hummert *et al.*, 1994; Swift *et al.*, 2013). Undesirable characteristics are also attributed specifically to older workers, including inflexibility, poor adaptability, resistance to change, cautiousness, low trainability and poor computing skills (Chiu *et al.*, 2001; Magd, 2003; Abrams and Houston, 2006; see Taylor and Walker, 2003, for a review of UK stereotypes of older workers). However, there are also positive stereotypes that define older people as wise, generous, friendly, moral, experienced, loyal and reliable (Hummert *et al.*, 1994; Swift *et al.*, 2013). One approach to

conceptualising these variations is to understand that these differences represent subtypes of older adults some of which are positive (e.g. the grandparent) and some are negative (e.g. the recluse) (Hummert *et al.*, 1994). However, even these subtypes are likely to include both favourable and unfavourable features.

Fiske *et al.*'s (2002) Stereotype Content Model (SCM) provides an overarching framework that explains these mixed evaluations of older people and the type of prejudice that results from these evaluations. According to the SCM, all prejudices are determined and characterised by the perceived *competence* and *warmth* of the social group. Research with North American convenience samples showed that compared with younger adults, older people are judged as being less competent but also as warmer and friendlier (Cuddy and Fiske, 2002; Cuddy *et al.*, 2005). This pattern has consistently been obtained in representative samples in the UK and internationally (Abrams *et al.*, 2009, 2011a). For instance, the Equalities Review's nationally representative survey of 2,895 UK adults aged 16+ found that adults over 70 were stereotyped as less capable but friendlier than a number of other social groups (Abrams and Houston, 2006). This 'mixed' stereotype results in 'benevolent' or paternalistic prejudice characterised by patronising feelings of pity and sympathy (Cuddy and Fiske, 2002; Fiske *et al.*, 2002).

Examining benevolent prejudice is particularly important because direct attitudinal measure might easily convey a picture that misses this root of discrimination. For example, in the ESS and other national surveys, people on average tend to state that they feel more positive towards those aged 70 and over, than towards younger people in their 20s (Abrams *et al.*, 2011a). This could lead to the erroneous conclusion that there is little age prejudice against older people. However, this positivity is entirely consistent with benevolent prejudice towards older people characterised by feelings of pity and sympathy rather than admiration and esteem. Such views can result in a common tendency to 'over-help' (Hagestad and Uhlenberg, 2005), but also ignore and exclude older adults from activities that are considered beyond their competencies (Cuddy *et al.*, 2005). The beneficiaries of such efforts may easily feel disrespected, helpless and patronised (Avorn and Langer, 1982). This makes ageism a subtle form of prejudice that requires multiple modes of detection, and which may be more readily sensed by the target than the source of the prejudice.<sup>3</sup>

Although both older men and women are viewed as less competent compared to younger people, older males are generally attributed with more competence than older women. Thus, older women are viewed more benevolently than older men. In a survey, 420 young adults (18 to 24 year olds) rated older men as wise, but older women as kind, trustworthy, neat and good (Hawkins, 1996). This is in line with gender stereotypes in which men are perceived as having higher status and being more competent than women (Fiske *et al.*, 2002). Consistent with this notion that older women are disadvantaged by both ageism and sexism, or gendered ageism, qualitative sociological research highlighted older women's disadvantages in relation to pension provision, health and social care (Arber and Ginn, 1991).

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<sup>3</sup> The types of explicit measures used in surveys reflect deliberative, conscious and controlled judgements. Therefore they do not necessarily provide a full picture of ageism because they may miss indirect or implicit forms (such as automatic, unconscious and uncontrollable reactions). For instance, using a measure known as the Implicit Association Test, both older and younger participants tend to show more negative responses toward the concept of older adults than to the concept of younger adults. These same biases were not revealed by more direct explicit measures (Dasgupta and Greenwald, 2001). Thus, conclusions made based on responses to explicit measures alone will not necessarily provide a complete picture of the prevalence of prejudice towards older people. One limitation of the present review is that almost all of the evidence is based on explicit quantitative measurement.

At the macro level, the social problem-focused approach to ageing has contributed to the perpetuation of 'benevolent' prejudices towards older people. A focus on the problematic nature of ageing, both for individuals and societies, has influenced the approach researchers have taken and the types of evidence sought. Thane (2000) suggests this 'problem-focused' orientation to population ageing has arisen from three interrelated factors: a growing awareness of the complexity of the causes of poverty, the difficulties of older workers remaining in employment, and the concentrations of older people, especially in rural areas.

This tradition focuses on the problems that old age by implication *inevitably* bring (Victor, 2004). For instance, old age is implicitly associated with decline in physical, mental and social functioning, as opposed to a time of new opportunities and challenges. This reinforces the notion that old age is a burden for society, especially for those people who are in employment and who, therefore, will have to shoulder the economic and social burden of supporting older people. Very low fertility rates suggest that there will be insufficient numbers of young people entering the workforce to provide for older people – a prospect often referred to as the demographic time bomb (Victor, 2004). It emphasises older people as a burden society can ill afford and gives little recognition to their past contributions to society, or indeed awareness of current contributions, particularly in relation to informal care.

Expectations surrounding ageing and later life are also mixed. An important examination of attitudes towards ageing among the general population (c. 1,000 UK respondents aged 15+) was conducted across two of the early Eurobarometer surveys in 1992 and 1999. Questions were asked about the future of pensions and retirement in Europe, views on laws to prevent age discrimination, and positivity towards retirement (see Walker, 1999). Between these surveys UK respondents showed increasing pessimism about the situation of older adults, including a 19% increase in agreement that in the future people will get "less pension for their contributions" (49% to 68.1%), a 7% increase in agreement that "in the future people will have to retire later" (24.8% to 31.8%), a 22% decrease in agreement that "the welfare state will continue to grow and retired people will be better off" (37.5% to 15.6%), and a 7% decrease in those who "look forward to retirement" (51.5% to 44.2%) (Walker, 1999). However, these responses from the general population contrast with the largely positive reports of older adults about their actual experiences of later life. For instance, the second wave (2004) of the national ELSA found that only 1 in 12 respondents reported ageing to be a negative experience (Demakakos *et al.*, 2006).

Boaz *et al.* (1999) reviewed 68 papers exploring the attitudes and aspirations of older adults. Their review revealed people's mixed expectations about later life. Concerns were expressed about workplace discrimination, declining health and provision of health and social care, but enthusiasm was expressed for the opportunities available in later life, including more time for social and leisure, joining clubs and volunteering, and also grandparenting. These expectations varied depending on whether individuals had financially prepared for retirement, their gender, health and marital status.

### 2.2.1 Consequences of age stereotypes

An important consequence of ageing is that age stereotypes that originate as being about 'others' ultimately become stereotypes that apply to the self. This so-called 'self-stereotyping' causes people to restrict their horizons because they see themselves as 'too young' or 'too old' to pursue certain activities or roles. They can also have a detrimental impact on an individual's self-image, confidence, self-esteem and abilities (Palmore, 1999). Many people also fear being judged unfairly by others because of their age. The idea that people can be threatened by negative stereotypes that apply to them is a well-researched

phenomenon in social psychology known as stereotype threat (Steele and Aronson, 1995; Steele, 2010).

Stereotype threat arises when an individual faces a situation that puts them at risk of confirming a negative stereotype about their group. More than a decade of research has confirmed that older adults may be vulnerable to stereotype threat when they perform memory, cognitive or physical tasks, which can lead older people to underperform on these tasks, for example a memory test (e.g. Hess *et al.*, 2003). For instance, the mere act of telling older people (sample aged 67 and over) that they are being compared to younger people can even reduce their physical capability, reducing grip strength by as much as 50% (Swift *et al.*, 2012). A recent meta-analysis of 22 published and 10 unpublished articles revealed that the effect of stereotype threat on older adults' performance is reliable and robust. It also revealed that stereotype threat effects are greater when older adults thought performance may be judged based on age stereotypes, than when telling them 'facts' about age-related decline (Lamont *et al.*, 2015). These findings confirm the detrimental impact that even the subtlest cues to age stereotypes might have.

In the UK, longitudinal research has yet to explore the impacts of attitudes to age. However, longitudinal research conducted in the USA by Rebecca Levy and colleagues shows that individuals' attitudes to ageing can predict health outcomes in later life. One study involving 386 adults (aged 18 to 49) revealed that those who held negative age stereotypes were more likely to experience a cardiovascular event over the next 38 years of measurement (Levy *et al.*, 2009). Additionally, more positive attitudes towards ageing have been found to predict preventative health behaviours (Levy and Myers, 2004), better functional health (Levy *et al.*, 2002a) and longevity (Levy *et al.*, 2002b).

### 2.3 Intergenerational conflict

Sometimes ageism can be expressed in directly negative or hostile forms. Hostile ageism is characterised by beliefs that older people are overstepping societal boundaries by not stepping aside and making way for young people (e.g. if they postpone retirement) or that they obtain benefits or resources that are disproportionate. Research from the USA has identified three potential sources of intergenerational conflict that are based on prescriptive stereotypes, i.e. beliefs about what older adults *should* do and how they *should* behave in society. These sources are (i) succession-based, which are derived from expectations surrounding enviable resources and societal positions; (ii) consumption-based, which centre on the depletion of currently shared resources; and (iii) identity-based, which involve the violation of symbolic prescriptions that limit older people's participation in activities usually reserved for younger people (North and Fiske, 2012, 2013). Although these sources of conflict are yet to be empirically examined in the UK, such succession and consumption beliefs are reflected in UK media when describing older people with terms such as 'bed blockers', 'job blockers', and so on (cf. Willetts, 2010).

Moreover, these sources of intergenerational conflict and tension are noted in many sociological theories of ageing, e.g. disengagement theory (Cumming and Henry, 1961) and modernisation theory (Cowgill and Holmes, 1972). Perhaps the most pertinent is the structured dependency and the political economy approach to studying ageing (Estes, 1979; Walker, 1980, 1981; Townsend, 1981; Myles, 1984; Pampel, 1998). These theorists are concerned with the interaction between the state, the economy and various socially defined groups. They are concerned with the way shared resources are distributed and how they are allocated, which creates potential conflict between social groups who are conceptualised as having opposing views and are in conflict over control and access to resources.

The theme of intergenerational conflict is reflected in some early national surveys. The first European Values Survey in 1981, administered to 1,200 respondents in the UK, included the questions “How much trust do you think younger people have in older people?”, and “How much trust do you think older people have in the young?”. This appears to be one of the earliest attempts to examine age prejudice at a national level (Abrams *et al.*, 1985). We retrieved this dataset<sup>4</sup> and examined the age differences in intergenerational trust. At that time, older people believed that they would be trusted by younger people, and they themselves trusted younger people quite highly. Strikingly, younger people believed they were not trusted by older people, even though they themselves trusted older people. Thus, if anything, it may have been younger, rather than older, people who most feared or experienced ageism.

The International Social Survey (1989) Social Inequality module examined the extent to which respondents perceived conflict between younger and older people at three time points (1987, 1992, 1999; unfortunately the item was removed from the fourth survey in 2009). The data reveal relative stability in perceived tensions between young and old over the period of 12 years (see Table 1).

**Table 1: Perceptions of intergenerational conflict across three time points in the ISS**

	<i>N.</i>	<i>Age M (SD)</i>	<i>Very strong conflicts</i>	<i>Strong conflicts</i>	<i>Not very strong conflicts</i>	<i>There are no conflicts</i>	<i>Can't choose/no response</i>
1987	1212	45.43 (16.85)	85 (7.5%)	352 (31.1%)	521 (46.1%)	173 (15.3%)	81
1992	1066	48.48 (16.81)	83 (8.2%)	307 (30.5%)	489 (48.6%)	128 (12.7%)	59
1999	804	50.18 (17.83)	39 (5.3%)	219 (29.5%)	403 (54.3%)	81 (10.9%)	62

Note: M = mean; SD = standard deviation. Percentages are given based on the percentage of those that responded, i.e. excluding non-response. Question was “In all countries there are differences or even conflicts between different social groups. In your opinion, in [respondent’s country] how much conflict is there between young people and older people?”

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<sup>4</sup> We are grateful to John Hall for helping us locate the data and with some analysis of the relevant variables.

### 3. The prevalence of ageism

National and international survey research conducted for Age UK (Age Concern, 2005; Ray *et al.*, 2006), the Equality and Human Rights Commission (EHRC) (Abrams and Houston, 2006), the Department for Work and Pensions (DWP) (Abrams *et al.*, 2009, 2011b; Sweiry and Willitts, 2012) and the ESS (Abrams *et al.*, 2011a) has shown consistently that ageism is the most commonly experienced form of prejudice and discrimination in the UK. This was also true for 27 countries in the European region that participated in the ESS. The ESS, which provides the most recent comprehensive data from over 54,000 people, shows that 35% of respondents had experienced unfair treatment in the last year because of their age, compared to 25% because of their gender, and 17% because of their race (Abrams *et al.*, 2011a). The 2008 ESS also asked people to indicate their perception of the severity of age discrimination. Across ESS countries 44% of respondents indicated that age discrimination was a serious problem. The UK had the second highest of all countries in the percentage of respondents that perceived age discrimination as a very or quite serious problem (64%) (Abrams *et al.*, 2011a).

In the 1992 Eurobarometer survey, 34% of UK respondents aged 60 years and over said they were treated with more respect and 25% with less respect after they reached old age. However, the ESS included additional measures of perceived prejudice in order to understand the exact nature of age prejudice. Using the ESS data it was confirmed that ageism was experienced in both 'hostile' (perceived ill treatment, e.g. insulted and abused) and 'benevolent' (perceived lack of respect, e.g. being ignored or patronised) manifestations. However, people were more likely to feel that they had been ignored and patronised (39% across ESS countries) in comparison to being insulted, abused or denied services (29% across ESS countries). The combination of benevolent and hostile ageism translates to 'ambivalent ageism', which reinforces social structures that perpetuate age-based inequalities and the lower social status afforded to older people. For example, those who hold benevolent ageist attitudes may simultaneously be hostile to older adults who fail to occupy a stereotypic role or violate prescriptive norms, i.e. beliefs about what older people 'should' be and how older people 'should' behave (Bugental and Hehman, 2007; North and Fiske, 2013).

The experience of discrimination involves social rejection and is also a largely uncontrollable event. These are the two psychosocial stressors that are associated with the largest increase in stress hormones and the longest time of recovery (Dickerson and Kemeny, 2004). Levels of stress hormones, such as cortisol, are related to psychological, physiological and physical health functioning and the risk of negative health outcomes (McEwen, 1998). There is some debate regarding the accuracy of subjective measures of discrimination because of the absence of objective verification of each occurrence. A comprehensive review and meta-analysis revealed that the subjective experience of discrimination (i.e. perceived discrimination) is a psychosocial stressor that can have a profound negative impact on an individual's health (Pascoe and Smart-Richman, 2009) and perceived age discrimination is therefore a health risk (Vogt Yuan, 2007; Luo *et al.*, 2011; van den Heuvel and van Santvoort, 2011).

Although not all subjective experiences of discrimination can be objectively verified, there is evidence of discrimination at the aggregate, societal level. For example after redundancy, older people are more likely than younger people to become long-term unemployed. Of unemployed people aged 50 to 64 years, 47% have been unemployed for a year or more compared to 33% for 18–24 year olds and 40% for 25–49 year olds (Department for Work

and Pensions, 2013). The media portrayal of older adults, ageing and population ageing is often presented as a concern (Martin *et al.*, 2009; White *et al.*, 2012); for example, qualitative research commissioned by the BBC (White *et al.*, 2012) revealed that older adults were under-represented in the media.

The next two sections reveal the extent to which ageism arises within two important domains: employment, and health and social care. Then the last section reviews the legislation on ageism.

### 3.1 Ageism in employment

The 1983 British Social Attitudes Survey<sup>5</sup> conducted across 103 of the 552 constituencies in Britain revealed that 35% and 27% of respondents respectively (total  $N = 1719$ , mean age = 46.33, standard deviation = 18.03, range = 18–99) agreed or strongly agreed that employers give too few opportunities to older people when employing staff.

In the 1986 Social Change and Economic Life Survey,<sup>6</sup> which was completed by 6,110 respondents (aged 20–60 years) across six urban areas of the UK, 33.53% of respondents perceived being ‘too old’ as a barrier to getting a better job with a current or different employer, compared to only 3.56% who perceived being ‘too young’ as a barrier; 17.98% of a subselection of respondents ( $N = 484$ ) stated that being judged as ‘too old’ best explains why they didn’t get the last job they applied for, which was also the most-common response.

Respondents from the 1992 Eurobarometer survey overwhelmingly reported that they believed older workers were discriminated against in different areas of employment: 82% agreed that discrimination occurred in recruitment, 78% in training, 77% in promotion and 58% in terms of status within the workplace (Walker, 1993). Respondents between 1992 and 1999 increasingly desired stronger Government legislation against age discrimination (72% and 83%, respectively) (Walker, 1999). However, findings from the International Social Survey (1989)<sup>7</sup> Work Orientations module revealed that an overwhelming 92% (624 of 676) respondents (aged 18 years and over) did not consider the ‘age of the employee’ important in deciding how much to pay someone.

For women, gendered ageism is often reported in the workplace, particularly in relation to media-related employment (Lauzen and Dozier, 2005; Walker *et al.*, 2007; White *et al.*, 2012; Jyrkinen, 2014). Male actors aged 40 and over played significantly more leadership roles in the top 100 US films during 2002 compared with the same-aged women (Lauzen and Dozier, 2005).

These data provide evidence that ageism is experienced and perceived to be a problem in the workplace, but individuals did not condone this age discrimination and believed they themselves would not discriminate based on age.

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5 *British Social Attitudes Survey* (1983) UK Data Service: Colchester. Available at <http://discover.ukdataservice.ac.uk/catalogue/?sn=1935&type=Data%20catalogue> (accessed December 2014).

6 *Social Change and Economic Life Initiative Survey* (1986) UK Data Service: Colchester. Available at <http://discover.ukdataservice.ac.uk/catalogue/?sn=2798> (accessed December 2014).

7 *The International Social Survey* (1989). Leibniz Institute for the Social Sciences: Mannheim. Available at <http://zcat.gesis.org/webview/index.jsp?object=http://zcat.gesis.org/obj/fStudy/ZA1680> (accessed December 2014).

## 3.2 Ageism in health care

The 1990s saw an expansion of UK research into attitudes to age and ageism in health/social care settings. For example, research examined how attitudes towards ageing and older service users affect the care they receive and how attitudes might be improved (Coupland and Coupland, 1993; Deary *et al.*, 1993; Salmon, 1993; Collins *et al.*, 1995; Quinn, 1999), at times questioning the effectiveness of age-based ‘rationing’ (Shaw, 1994). However, Kane and Kane (2005: 49) suggest that “differences in utilization among subgroups of patients do not necessarily imply disparity or inequity if the rationale behind the difference makes clinical sense”. Such rationales include increased risks for some procedures among older adults, the fact that short life expectancy reduces the usefulness of resource expenditure, and using the example of dementia, some treatments may prolong life where there is assumed to be little quality. But there is continued debate over whether these rationales are inherently ageist. ‘Effective rationing’ is only one manifestation of ageism in health care, and researchers have continued to highlight other forms (e.g. Wade, 2001; Williams *et al.*, 2003).

In 2007 and 2009, commissioned by the Department of Health, the Centre for Policy on Ageing examined ageism and age discrimination in five areas of health and social care in the UK (e.g. Centre for Policy on Ageing, 2009a,b). These reviews exposed aspects of ageism across primary and community, secondary and mental health care and social care. For example, concerns were raised about the under-investigation and treatment of cancer among older adults (Centre for Policy on Ageing, 2009a) and the under-use of mental health services among older adults (Centre for Policy on Ageing, 2009b). Discrimination against older adults in the health service seems likely to reflect the implicit application of stereotypes in Western societies that older adults ubiquitously suffer ill health, physical and cognitive decline, dependency and closeness to death (Nelson, 2002; Löckenhoff *et al.*, 2009).

## 3.3 Anti-age discrimination legislation

Our review revealed a number of publications examining the relationship between public policy and ageism/attitudes to age, often with a focus on the workplace (e.g. Taylor and Walker, 1998; Hornstein *et al.*, 2001; McNair and Flynn, 2005; Metcalf and Meadows, 2010). This literature largely surrounds the build-up to and introduction of the Employment Equality (Age) Regulations 2006, which formally prohibited employers from discriminating based on age. To determine whether policy changes had immediate effects on attitudes, Metcalf and Meadows (2010) examined attitudes among senior employees (managers or directors) before and after the implementation of the Employment Equality (Age) Regulations 2006. They found no changes in whether respondents saw age as affecting suitability for different positions. There were also no changes in respondents’ preference for 29–45 year olds in skilled trades (rather than younger or older) and only those under 25 were viewed as unsuitable for managerial and senior roles across both time points. However, the absence of immediate policy effects does not rule out that the policy changes have been important in changing or sustaining the situation of older people. It may be that a larger time span and wider range of contexts need to be considered to detect these sorts of effects.

## 4. Influences on attitudes to age

There are important differences in people's attitudes towards ageing that are associated with differences in personality, as revealed by analysis of longitudinal data from the Lothian Birth Cohort of 1936 (Shenkin *et al.*, 2014). However, because personality is not amenable as a driver of change, our concern here is with how other types of individual difference, such as differences in personal circumstances, as well as larger structural factors such as national levels of inequality, may contribute to ageism and attitudes to age.

The evidence for this section is drawn primarily from the ESS Round 4 (Abrams *et al.*, 2011b) because it is largely consistent with other UK evidence that preceded it (see Abrams *et al.*, 2009) and followed it (e.g. Sweiry and Willitts, 2012). Analyses of the ESS also provided a systematic basis for distinguishing the roles of individual- and societal-level influences. (Technically, these are Level 1 and Level 2 variables in a multilevel analysis.) Where relevant we also allude to other published reports of evidence from national and other datasets within psychology, gerontology and social policy/sociology.

### 4.1 Individual characteristics and circumstances

Individual and demographic differences such as a person's gender, age, geographical location and so on seem likely to affect their attitudes towards older people simply because they will have different vantage points, experiences and therefore normative expectations about ageing. Not only does the meaning of the category 'old' change as people age, but people's sense of identification with their age group (age identification) also varies across the life course. From ESS data it is evident that younger and older people feel a stronger sense of belonging to their age group than do middle-aged people. There are other demographic differences in age identification – women, less educated people, those who are not in work, and those living in rural areas, and those who feel wealthier, also identify more with their age group than others.

#### 4.1.1 Age differences in perceptions and attitudes

Compared with younger people, older people tend to feel more positive towards people aged over 70 years, think that they make a larger contribution to the economy and are both friendlier and more competent. However, older people can also hold some more negative attitudes about other older people. For instance, with age, people are *more* likely to think that people over 70 are a burden on health care. Older people are also more likely to show bias and preference towards youth and younger people (cf. Nelson, 2002).

#### 4.1.2 Gender

Compared with men, women judge that ageing starts later, and accord lower status to people over 70. Women view people aged over 70 as contributing more to the economy and feel more positive towards them. Women judge that the problem of ageism is more serious and report experiences of age discrimination more frequently.

Older women may face a double jeopardy because they are likely to experience both sexism and ageism. Negative outcomes for older women are often reported in connection with the workplace (Walker *et al.*, 2007; Jyrkinen, 2014), education (George and Maguire, 1998), health care (Arslanian-Engoren, 2007), media representation (Lauzen and Dozier, 2005), pension provision (Barnett, 2005), sexuality (Allen and Roberto, 2009) and physical appearance (Clarke and Griffin, 2008). ESS and other data show that women of all ages are also more likely than men to think people over 70 are viewed as less friendly and would be

less acceptable as a boss, and (after adjusting for other variables) women have fewer friends aged over 70.

#### **4.1.3 Education**

The 2008 ESS reveals that better educated individuals are likely to distance themselves from negative age stereotypes, while still applying those stereotypes to others. They view old age as starting later and feel more positively towards people aged over 70, but they believe people aged over 70 have lower status, that they are viewed as placing a burden on health care, and as less friendly and less competent. Better educated people are less likely to report experiencing ageism yet are more likely to regard ageism as a serious problem. This seems to suggest some ambivalence. Perhaps better educated people are aware of age stereotypes but, because they are less likely to view themselves in terms of age, they (probably erroneously) regard themselves as relatively immune to the effects of ageism.

#### **4.1.4 Ethnic minority membership**

In UK surveys, those who described themselves as belonging to an ethnic minority also identified more strongly with their age, perceived age prejudice to be more common and serious, thought older people posed a greater economic burden and were more likely to perceive and experience a schism between young and old people in terms of social groups and intergenerational contact (Abrams *et al.*, 2009). Across Europe (ESS), those who defined themselves as belonging to a minority ethnic group in their country (a classification that has widely differing cultural, ethnic and religious characteristics in different countries) were more likely to believe that old age starts earlier and that people aged over 70 make a larger contribution to the economy.

#### **4.1.5 Working status**

Compared with those who are not working, those in paid work regard youth as extending later and feel it would be less acceptable to have someone aged over 70 years as a boss. People in paid work experience less ageism, but consider ageism to be a more serious problem. They are less likely to have friends aged over 70 (as noted also in several following sections) yet regard them as making a more positive contribution to the economy and as being more competent. One possibility is that, because people in work have less opportunity to interact with older people, they have greater uncertainty and a sense of threat about the prospect of their own old age.

#### **4.1.6 Residential area**

People in urban areas are likely to have a different profile of friends and work colleagues than those living in rural areas. Across Europe, people living in urban areas perceived youth as ending and old age as starting earlier, regarded the status of people aged over 70 years to be lower, and thought that they contributed less to the economy. They also judged them to be less friendly, and less competent, and felt more negative towards them. Urban dwellers (who are also younger on average) were more likely to have experienced ageism, and had fewer friends aged over 70. This pattern is of interest because it suggests an urban/rural age division in social attitudes to age, involving different pressures and priorities in each context. In particular, older people living in urban contexts may find themselves at the sharpest end of ageism.

A more detailed analysis of differences between 11 Government Office regions within the UK provided further insight into how local contact may affect attitudes (Abrams *et al.*, 2009). Ageism was experienced by a higher proportion of people living in the South East than in any other region, yet those living in the East and South East showed less indirect prejudice (e.g. they were more willing to support equal employment opportunities for older people). Respondents in Yorkshire and Humberside regarded older people as creating less

economic burden for society. Overall, people living in regions with higher proportions of older people perceived people over 70 as creating less economic burden and were more comfortable with the prospect of having a boss aged over 70.

#### **4.1.7 Subjective poverty**

A critical issue is whether poverty substantially affects the experience of ageing. Using the ESS's subjective measure of poverty (whether people find it very difficult to live on their present income or not), it is clear that poverty and ageism are positively related. Even after accounting statistically for their own age, people who felt poorer believed that old age starts earlier, viewed people aged over 70 years as having lower status, as contributing less to the economy, and as being stereotyped as less friendly. They felt less positive towards people their age and had fewer friends of that age. They experienced ageism themselves more, and regarded ageism to be a more serious problem.

#### **4.1.8 Intergenerational contact**

A large body of research suggests that, under the appropriate conditions, positive contact between members of different social groups, including those from younger and older age groups, can foster social harmony and reduce prejudice (Allport, 1954; Pettigrew and Tropp, 2006). However, naturally occurring intergenerational contact is not prevalent. In Britain, fewer than one-third of people over 70 years old and one-third of people under 30 years old have an intergenerational friend (Abrams *et al.*, 2009). A similar pattern holds across Europe (Abrams *et al.*, 2011b). This reveals widespread age segregation, which is a risk factor for increased ageism and stereotyping of older adults (Pettigrew and Tropp, 2006).

## **4.2 Macro-social characteristics related to ageism and attitudes to age**

An advantage of large survey datasets is the opportunity to understand how different structural factors independently relate to attitudes. The ESS data are particularly valuable in offering sufficient numbers of countries that vary in sufficient numbers of ways, such that it is possible to discover how national differences in GDP, inequality and other features may create conditions or a climate corresponding to different types of attitudes. This section reports what we know about some of these macro-social differences, which are statistically independent of the individual circumstances and characteristics described earlier.

### **4.2.1 National wealth (GDP)**

In wealthier countries (e.g. Norway, Switzerland, Sweden, the Netherlands, UK, Finland and Denmark), measured by GDP, people regard the status of people aged over 70 years more highly, believe they contribute more to the economy, and are more likely to have friends who are over that age. One explanation could be that these countries include a higher proportion of wealthy (high status) older people. Conversely, the risks of ageism and intergenerational tension may increase in countries where national resources are under greater pressure.

### **4.2.2 Inequality (GINI index)**

Tolerance towards out-groups tends to decline as national income inequality rises (for example, Andersen and Fetner, 2008). However, in the case of ageism, data from the ESS shows the opposite effect (Vauclair *et al.*, 2010). People in countries with higher levels of inequality, defined by the GINI index, judge the status of people aged over 70 to be higher and that they contribute more economically. Greater inequality also seems to promote the acceptance of bosses over 70. This surprising finding might reflect a specific age stereotype

of wealthy retired people who are able to afford a comfortable lifestyle. This stereotype may be stronger in countries in which there is a greater disparity between rich and poor.

#### 4.2.3 State pension age

Evidence within the UK does not yield a clear picture of how changes in the SPA affected attitudes to ageing, but cross-country comparisons shed light on this issue, showing that higher SPA is related to more favourable perceptions of older people, including their status, their acceptability as bosses, and their burden on health services.

#### 4.2.4 Unemployment rate

Unemployment rates appear to affect the central negative feature of age stereotypes. ESS data show that in countries with higher unemployment rates people aged over 70 years are stereotyped as less competent. Thus, as unemployment rates increase, older people may be given relatively less opportunity to remain in, or join, the workforce.

#### 4.2.5 Population age ratio

Perhaps anticipating the effects of an ageing population, in countries with a higher proportion of people aged 65 years, those aged over 70 are viewed as more competent and regarded more positively. They are less likely to experience ageism directly and are more likely to have an intergenerational friend. This seems to indicate that, as a population ages, the consensual majority becomes more favourable towards old age. However, as population ageing continues it seems conceivable that younger people in such populations may feel relatively more marginal and possibly disadvantaged (for example, in terms of electoral influence, or pension provision), which may adversely affect their attitudes towards older people.

#### 4.2.6 Urbanisation

Not only do individual urban dwellers tend to be less favourable towards people over 70 years, but countries that are more urbanised are also those in which people have fewer friends who are aged over 70, consistent with the conclusion that urbanisation potentially weakens the situation of people of that age, and that perhaps the urban isolation of older people is an issue that requires closer attention. Indeed, a recent review found that living in an urban area with a high population turnover, and not living near family, were circumstances that put older adults at risk of loneliness (Goodman *et al.*, 2015).

#### 4.2.7 Cultural values (autonomy)

Politicians speak often of national (e.g. British) values. What role do values play in ageism? In countries that value individual autonomy more strongly, the status of people aged over 70 and their acceptability as a boss is higher, and they are viewed as contributing more to the economy. They also are less likely to report experiencing ageism.

### 4.3 Summary of individual and macro-social associations with attitudes to age

There are primarily positive effects of being older and being female on stereotypes and attitudes to old age. However there are primarily negative effects of being an urban dweller, subjectively poorer, and in work. A more favourable view of the status of people aged over 70 years is to be found in richer and more unequal countries, those with later SPAs, a higher proportion of people aged over 65, and in which autonomy is valued more. It is important to recognise that each of these country-level variables has a distinct impact.

# 5. Areas likely to be of concern for research, policy and practice

## 5.1 Volume and quality of existing evidence

The preceding review reveals that there is a solid basis for evaluating and understanding attitudes to age and ageing in the UK. We have shown that ageism and age stereotypes are a serious and substantial problem facing a large proportion of the UK's population. Age prejudice is not only damaging in terms of equality and opportunity, but also in terms of its impact on physical and mental health, and on the fabric and cohesion of society. Ageism and age segregation inhibit our capacity to recognise older and younger people's potential and contribution to society. Further research is needed to understand how the various factors and variables work together, to explore some of them in greater detail, and to know how they map onto older people's day-to-day experiences and actions. It will be important to continue to gather cross-national and multilevel evidence on attitudes to age in order to gain insight into the connection between national circumstances and both opportunities and risks associated with population ageing and attitudes.

Additional research is needed using prospective or experimental designs, to test the impact of different interventions to change or counter destructive age stereotypes (some examples of which are described below). However, it is clear that combinations of risk factors such as unemployment, geographical location, poverty and patterns of social relationships may converge to create greater hardship and worse outcomes for some older people than for others. Understanding how these factors work together is an important task for future research and for policy development.

There is evidence and there are methods that can be used to challenge, reduce and change age stereotypes and age prejudice and to mitigate their effects. First, as described in the Introduction, there is potential for significant 'stereotype threat' for older people. Tackling negative stereotypes directly is one way to eliminate stereotype threat, but it is a long haul. However, more can be done to recast the performance setting in various ways to reduce the implicit or explicit age comparisons that might otherwise occur. For example, leaving demographic questions to the end of testing may reduce the salience of age, which should minimise threat. We also know that individuals can be 'inoculated' against potentially threatening situations if they have had prior positive intergenerational contact. Contact helps to weaken 'them-us' age distinctions and reduces consequent age-related anxiety in performance situations (Abrams *et al.*, 2006). As part of training for those who test or teach older adults, it could also be beneficial to raise awareness and discuss ageism, including the subtle ways in which we may treat older adults differently.

Interactions, or contact, between individuals from different social groups is also an established method of prejudice reduction (Allport, 1954). A wide range of research has demonstrated the ability of *intergenerational* contact to reduce ageism (Christian *et al.*, 2014). Bringing younger and older individuals together reduces explicit and implicit negative attitudes to age and age-based stereotypes (Knox *et al.*, 1986; Harris and Fielder, 1988; Schwartz and Simmonds, 2001; Tam *et al.*, 2006). It also has potential to increase the well-being of older adults and decrease anxiety related to own ageing for younger adults (Wu and Rudkin, 2000; Allan and Johnson, 2009). Additionally, intergenerational contact can protect older adults against negative performance outcomes induced by age-based stereotypes (Abrams *et al.*, 2006, 2008).

Processes underpinning the success of intergenerational contact include increased empathy with grandparents, and reduced anxiety of intergenerational social interactions (Tam *et al.*, 2006; Hutchison *et al.*, 2010). Encounters are most successful when parties share personal information and avoid patronising communication (Harwood *et al.*, 2005; Soliz and Harwood, 2003). Intergenerational contact can occur via family relationships, friendships, in the workplace or in our everyday lives, and can have different outcomes depending on the context. Research suggests the quality of everyday life contact may be most important, rather than the frequency (Harris and Fielder, 1988; Schwartz and Simmonds, 2001). However, frequent contact in the workplace, regardless of quality, can also reduce ageism (Allan and Johnson, 2009; Nochajski *et al.*, 2011). Furthermore, contact experiences can have different consequences for each party. While intergenerational cohabitation can prove beneficial for older adults, there may be some negative consequences for younger adults (Allan and Johnson, 2009; Tsai *et al.*, 2013). Therefore, programmes designed to foster intergenerational contact should consider the efficacy and viability of different contexts and forms of contact.

Community-based intergenerational programmes are widespread, including day care, educational, volunteer and recreational programmes (Drury *et al.*, in press). Programmes involving long-term, repeated contact yield the most successful outcomes, but short-term interventions have the potential to bring about negative outcomes (Christian *et al.*, 2014). Again, this highlights the importance of incorporating research evidence into practice (Statham, 2009).

When direct contact is difficult or unlikely, similar benefits can be attained by invoking *indirect* contact, such as by asking a younger person to imagine a social interaction with an older person (imagined contact) (Crisp and Turner, 2009) or by making them aware of same-aged friends who have positive direct contact with older adults (extended contact: Cuthbert *et al.*, 2014; Wright *et al.*, 1997). Both indirect types of contact work via similar mechanisms as direct contact; for example, both types of contact seem sufficient to reduce the effects of stereotype threat on old older people's cognitive performance (Abrams *et al.*, 2006, 2008). However, extended contact has the potential to alter norms surrounding peers' approval of intergenerational friendships, thus making them more acceptable.

## 5.2 Anticipating future trends and needs for research

Prejudice and discrimination can affect people's opportunities, their social resources, self-worth and motivation, and their engagement with wider society. Moreover, perceptions of equality and inequality are themselves drivers of further discrimination. Mixed stereotypes of older people imply that older adults may increasingly be propelled into low status but 'protected' roles. The mixed components of benevolent ageism also perpetuate and legitimise policies and practices that stigmatise and limit the lives of older people. Given that many stereotypes of ageing are inaccurate and may apply only to a minority of individuals, there is a need to constantly consider how such stereotypes can be rectified or reversed. It is clearly desirable to try to counter ageist assumptions by providing objective information and highlighting representative images of 'normal' ageing. However, these actions alone cannot ensure that ambivalent ageism will be reversed or abandoned, for it is the very rigidity and resistance to information that is one of the age stereotype's most insidious features (Pickering, 2001; Angus and Reeve, 2006).

The future holds a number of *alternative* prospects for the social status and strength of an ageing population. First, as the relative number of older people increases, their visibility will increase, and popular conceptions of what is possible and likely during older age may

change. These changing perceptions and expectations need to be monitored if we are both to capitalise on positives and avoid negatives (North and Fiske, 2012).

Second, as the percentage of older people in the UK population increases it will also accrue more political and electoral power (Berry, 2012), as well as (for at least an interim period) having greater financial independence than some of the following generations (Leach and Hanton, 2015). Thus we envisage continuous *change* in intergenerational relations, which could provide both opportunities and risks for building social cohesion. For example, if younger generations regard older people as having 'too much' power, or gaining 'too many' resources, this creates the potential for social unrest. It might also strongly undermine even the 'benevolent' aspects of stereotypes and create a basis for much more direct intergenerational hostility. Indeed, the policy focus might well have to address ways to protect younger generations from ageist prejudice and discrimination.

Given the objective of promoting a successful and positive ageing society (a position embraced by governments that are eager to find new ways to minimise the economic burden of dependency and ill health), it is important to consider how this can be achieved. For example, there is a risk that the notion of healthy ageing focuses attention strongly on the individual's responsibility for his or her own well-being when in fact there are structural factors and policy approaches that can play a significant role in limiting or enhancing the scope for healthy ageing.

Moreover, policymakers themselves may be prone to over-assuming that chronological age is an appropriate heuristic for delivery of policy. Yet clearly older people are extremely diverse, and problems associated with disability or frailty are neither restricted to any particular age group, nor do they characterise any entire age group. Therefore, policy strategies will have to address the array of such needs and desired outcomes (for example accommodating multiple caring roles, sustaining family life, etc.), independently of their connection with age.

We contend that a productive approach is to consider how best to achieve an integrated social net that involves people of all generations. This means ensuring the social inclusion and participation of older people as part of a generationally connected society. At present, there is a tendency for older people to be a distinctive focus of research and policy formulation, and this tends to emphasise issues such as productivity and economic or health outcomes. This approach, to focus on old age without reference to society at large, and to the interconnections and dependencies across ages, is likely to miss important parts of the picture.

An issue that becomes more focal as age progresses is how people manage frailty, illness and disability (Holstein and Minkler, 2003). This concern is likely to be wrapped into contemporary expressions and forms of ageism, which may substitute a generalised view of ageing with a more specific fear of, or stereotypes about, ageing with a disability and becoming helpless and dependent (economically, physically, socially or emotionally). Yet the way that people conceive of age-related incapability is also likely to change as physical longevity extends. As work becomes more professionalised and less manual, it is likely to be older people's intellectual capability that becomes the target of stereotypes and prejudice, rather than their physical capability. Given this changing landscape it will be all the more important to track, and be responsive to, changing social attitudes and expectations about age and ageing.

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