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AGE
Concern

Ageism

A benchmark of public attitudes in Britain

Authors: Sujata Ray and Ellen Sharp, Policy Unit, Age Concern England
Professor Dominic Abrams, University of Kent

CSGP
UNIVERSITY OF KENT
AT CANTERBURY ■■■■

Ageism

A benchmark of public attitudes in Britain

October 2006

Authors: Sujata Ray and Ellen Sharp, Policy Unit, Age Concern England
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About Age Concern England

Age Concern is a federation of approximately 400 independent charities working with and for older people in England. They share the name Age Concern and are committed to a common purpose and shared values. Age Concern England, as the national Member, supports and works with local Age Concerns, and, as the National Council on Ageing, brings them together with other national bodies, including charities, professional bodies and representational groups with an interest in older people and ageing issues. Age Concern England's Policy Unit has five core functions that it carries out to help Age Concern England achieve its mission of promoting the well-being of all older people and making later life a fulfilling and enjoyable experience. These are:

- building and managing an evidence base
- informing and educating
- policy analysis and development
- influencing policy
- influencing practice and the development of products and services

About Centre for the Study of Group Processes, University of Kent

The Centre for the Study of Group Processes was set up in 1990 to consolidate the Department of Psychology's excellent international reputation for social psychological research into group processes and intergroup relations. The Centre is now a thriving international research community, including 13 full time academic staff, and a large number of research staff and PhD students. Two international journals are edited within the Centre, and there is also a stream of major international group researchers, who visit the Centre regularly to work with staff and are officially affiliated to the Centre. The key aims of the Centre are:

- to conduct top quality research into the social psychological processes affecting group and intergroup relations
- to use research to help solve various social problems in society today
- to maintain our reputation as a centre of excellence for research into social psychological aspects of group and intergroup relations
- to continue to attract external research funding and develop collaborative international research partnerships
- to attract high quality graduate students from the UK and abroad.

<http://www.kent.ac.uk/psychology/department/research-groups/csgp/index.htm>

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Summary

Demographic changes in Britain and recent policy changes, including legislation, have made age discrimination a far more prominent issue than 10 or 20 years ago. Yet, discrimination on the basis of age is under-researched compared with racism or sexism. Researching the true extent of prejudice and discrimination using social surveys is complex because people may be unwilling to admit to prejudiced attitudes and in some cases hold attitudes which they do not view as being prejudiced or harmful, but which may result in unintended disadvantage to particular groups.

This research was conducted in order to measure ageism in the UK. The aims were:

- to explore whether measures of discrimination drawn from previous research on racism and sexism would relate to ageism
- to explore the prevalence of experience of discrimination based on different aspects of social identity
- to create benchmark measurements of the prevalence of age discrimination for future measurement.

The measures adopted arise from developed social psychological theory regarding relationships between social groups, and the psychological processes that underpin prejudice and discrimination. Stereotyping, prejudice and discrimination are terms which are often used interchangeably but are distinct phenomena. The research used these concepts to explore and describe ageism in the UK.

This report contains the results of the survey, a review of the current theoretical understanding of ageism (Annex 2) and evidence of the effects of ageing on health and capability (Annex 3).

1) Stereotyping – categorisation

The placing of people into categories (eg male/female, black/white) is a primary step in stereotyping of individuals. The research explored how people categorise age by asking respondents to state at which age youth ended and at which age old age started. Results showed that individuals categorise others on the basis of their own age – the older a person is, the later they believe ‘old age’ starts. But a sizeable proportion are unwilling to assign age categories. Those who do assign categories are prone to classifying people as either ‘old’ or ‘young’, leaving a narrow mid-life category of only 15 years. All respondents think old age has started by the age of 70, and all feel a person is still in their youth at 30.

2) Stereotyping – stereotype content

Stereotyping includes assigning particular traits to groups of people and research shows that traits can be positive as well as negative. Research suggests that people stereotype others on the basis of two basic qualities – that of warmth (or friendliness), and that of competence (or capability).¹ This results in four distinct types of stereotypes:

- warm and competent (this stereotype is usually held about ingroups with high social status such as white, middle class people in Britain)
- cold and competent (higher status groups that represent a threat or compete, such as British stereotypes of Germans)
- warm and incompetent (lower status but non-competing groups such as women and people with disabilities)
- cold and incompetent (low status groups that 'compete' for resources, such as asylum seekers).

Results showed that older people are stereotyped as warm and incompetent, or 'dodderly but dear' and younger people are stereotyped as relatively cold but competent. Older people are only slightly less prone to holding these stereotypes (including self-stereotyping of their own age group) than the rest of the population.

3) Prejudice – Values

Values, 'worldviews' or belief systems help individuals to understand and exist in the social world, providing frameworks against which people interpret events and decide on appropriate behaviour. Values are key in affecting an individual's reaction to others and their attitudes to prejudice and discrimination. A variety of measures were used in the survey, including respondents' attitudes towards policies such as equal opportunities. The general view from respondents was that equal opportunities in favour of older people could be further extended but in essence were about right. Far fewer people thought older people should have equal access to education opportunities than to health care and both older and younger groups were the least likely to want to assert further rights for older people. Older people also showed a greater orientation to work ethic than the rest of the population.

4) Prejudice – Intergroup threat

Competition between groups of people, particularly between ethnic groups, is known to be a key element in prejudice. If a group of people is seen as a threat to others' access to, for example, jobs, this can be seen as a reason for prejudice against members of that group. Other kinds of perceived threats include those to cultural norms, customs, traditions and way of life in general. The survey tested respondents' perception of threat associated with the rising population of older people. Results showed that, whereas there was no significant perceived threat to customs, traditions or cultural life posed by older people, there was some evidence of threat to standards of living, health and access to jobs and education. However, over half of respondents (56%) thought older people had put in more to the economy than they were taking out. This suggests that although there is currently some perception of threat to resources, people perceive that those in later life have made a significant contribution.

5) Intergroup contact

Positive contact (eg close, personal friendship) between members of different groups in society has been shown to reduce prejudice and discrimination. Conversely, lack of positive contact, or contact which is negative, can increase the likelihood of prejudice. The survey found that contact between age groups was age-restricted. More people of all ages had positive contact with younger people than older people (80% overall having a friendship with

someone under 30 compared to 67% having a friendship with someone over 70). Those who had positive contact with older people were less likely to believe that competence declined with age, and more likely to perceive commonalities between younger and older people.

6) Experience of discrimination

Direct measures of peoples' experiences of unfair treatment on the basis of age, gender, race, religion, sexual orientation and disability showed that ageism was the most commonly experienced form of discrimination. Some 28% of respondents reported having experienced ageism in the past year. Younger people were far more likely to report experiencing discrimination of all kinds, and people over 65 were the least likely. Towards the end of working life, ie at ages 55-64, there was an increase in reports of age-based discrimination which may reflect occurrence of unfair treatment in the workplace.

7) Perceived seriousness of discrimination

In contrast to the reported extent of experiences of unfair treatment, the perceived seriousness of age discrimination is low in comparison to other forms. The most serious form of prejudice was thought to be racism, followed by prejudice based on disability, then religion. The majority view of respondents was that discrimination based on sexual orientation, age or gender was, on the whole, not very or not at all serious.

Conclusions

Ageism exists in Great Britain and is more commonly experienced across all age ranges in comparison to other forms of discrimination. Ageism takes the form of 'benevolent prejudice' whereby older people are stereotyped as friendly, moral and admirable but less capable and less intelligent. The finding that in general there is very little perceived threat to the way of life in Britain posed by older people also reinforces the view that older people are seen as warm but incompetent, ie 'doddery but dear'.

This form of 'benevolent' prejudice is likely to be 'hidden' in comparison to 'hostile' prejudice, and the perpetrator and victim can both be unaware of its occurrence. Behaviour intended to protect older people can become inadvertently patronising and result in disadvantages to them. Some examples include:

- restricting access to the workplace – eg by enforced or incentivised retirement
- failing to offer choices in health and social care, and making assumptions that older people might not want the sorts of life chances that younger people do
- assuming that it is 'natural' for older people to have lower expectations, reduced choice and control, and less account taken of their views.

Older people are as prone to age-based prejudice against their age group as the rest of society. This is borne out in findings on benevolent stereotyping and perceptions of seriousness of age-based discrimination being lowest among older age groups. It strongly suggests that any initiatives to tackle ageism need to involve older people as active participants rather than as passive 'victims'.

Positive contact between older people and other age groups is one key to tackling age-based prejudice and discrimination. This is backed up by our findings which show reduced stereotyping of older people as incompetent by those who have friendships with people over 70. This suggests that policies which segregate older people (eg within healthcare, social care or housing) need to be considered carefully in light of their potential effects on ageism within society. Equally, initiatives which encourage working together across age groups, including intergenerational projects, should be encouraged and evaluated from the point of view of reducing ageism.

Actions and recommendations

There is a continuing need to measure the scale and nature of ageism to reflect the changing age structure of society, and to understand how and where ageism is most likely to impact on people's lives and opportunities.

The range of measures adopted for tracking ageism (or any other prejudice) needs to be expanded to include direct and indirect measures, such as those used in this survey as well as measures of other aspects, such as emotions, and also 'implicit' measures.

The survey tool developed has been successful in measuring some key aspects of age-related discrimination and should be further developed and fielded periodically to monitor public attitudes.

Key indicators which should be used as benchmarks are:

- age categorisation and the effects of own age on perceptions of 'youth' and 'old age'
- satisfaction and identification with own age group
- warmth/competence stereotypes of older and younger people
- attitudes towards equal opportunities for older people in healthcare, social care, employment and education
- perceived threats posed to economy, standards of life, traditions and culture by the increasing population of older people. This indicator should be particularly monitored alongside attitudes to equal opportunities
- levels of positive contact between different age groups in society
- experience of discrimination based on age
- perceived seriousness of ageism.

This approach should be adopted by the Commission for Equality and Human Rights in its duty to monitor attitudes regarding the other common bases for prejudice such as gender, race, sexual orientation and religion.²

This survey tool will be further developed into a biennial benchmarking survey for monitoring ageism in Britain by Age Concern England.

Introduction

Our age, along with our sex and ethnicity, is a fundamental criterion which we use to categorise each other. In particular, early life and later life are times when age can be used as an indicator of abilities, competence, skills, experience and even health status. Age-based discrimination can be linked to being a specific age, being within an age range or being identified within a more generalised category such as 'young' or 'old'.

In terms of everyday life, examples of ageism and age-based discriminatory practices can be found throughout society. One American author describes ageism pervading the fields of culture; physical appearance; public image; language; media and advertising; work; and healthcare.³ In addition, older people are discriminated against by omission in the world of design – living life in an environment that hasn't been designed with their needs in mind.⁴

Some examples of ageism and age discrimination in everyday life are:

- in the UK, employers will be permitted by the Government to have a Mandatory Retirement Age set at or after the age of 65. Employers do not have to justify their reasons for setting an MRA⁵
- most motor insurers will not quote for new customers over the age of 75⁵
- in healthcare, the National Service Framework for Mental Health applies only to people below the age of 65⁵
- magistrates and jurors are not allowed to serve past the age of 70⁵
- older people portrayed on television are often marginalised, comical or based on stereotypes. Older people are under-represented on TV, with less than 3% of prime-time TV characters in the US over the age of 65³
- older workers are rated consistently lower than younger workers, despite no significant differences in work achievements. In fact, older workers are actually more reliable in terms of absenteeism than younger workers⁶
- many derogatory words exist which are used to describe older people, and 'old' itself is often used as an insult. Throughout the media, emotive words are subtly used to encourage panics about age (ie 'the demographic timebomb').⁷

Ageing is one of the most important issues in public policy today. The UK, alongside other western nations, is currently experiencing a significant population shift towards greater numbers of older people, corresponding to fewer numbers of younger people as birthrates have fallen. This will have considerable effects at every level of society. As individuals we are likely to live longer and have longer periods of life spent in retirement, which will affect families and wider communities. Collectively, the provision and costs of public services and pensions will affect the national economy.

In March 2005 the government published the first ever UK wide strategy on ageing, entitled 'Opportunity Age'.⁹ The strategy is cross-departmental and covers key public policy areas that affect older people, putting forward plans for meeting the needs of the older population over the next 10 to 15 years. Two overarching objectives are:

- to prepare effectively for the age shift which gathers pace between now and the middle of the century, and
- to help meet everyone's aspirations for better lives for themselves and their families.

Opportunity Age states that attitudes to later life are a crucial element within the strategy, and ensuring later years are as active and fulfilling as earlier ones will be key to meeting the challenges and opportunities presented by the change in demography. It goes on to identify the importance of breaking down arbitrary barriers in relation to employment and states that with so much more of our lives being lived after age 50, we all, as individuals, as employers and as service providers, need to adjust perspectives which are conditioned by 'outdated views'. As well as various policy measures outlined below, the government has identified a wider task in transforming cultural stereotypes about ageing, including those among older people themselves.

The research presented in this report is intended to expand current knowledge and understanding of age-related prejudice, what forms it takes and what the underlying causes are. Through a better understanding we can tackle the attitudes standing in the way of progress towards making the most of our ageing society.

Background

Policy Context

Employment

In 1999 the government introduced the Code of Practice on Age Diversity in Employment, and subsequently launched the Age Positive campaign to promote the code and related good practice. The government is now in the process of implementing Great Britain's first age discrimination legislation which will cover employment and adult education. This follows the 2000 European Equal Treatment Directive⁹ that outlawed employment-related discrimination on the grounds of age, disability, religion or belief, and sexual orientation. Implementation will be on 1 October 2006. The legislation will cover all higher and further education institutions, it will exclude unpaid work and employers will be able to force people to retire, without justification, once they reach the age of 65.

Health and social care

In England, the government developed an age discrimination standard as part of the 2001 National Service Framework for Older People.¹⁰ This states that 'NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.' The Healthcare Commission, the Audit Commission and the Commission for Social Care Inspection have recently completed an in-depth review of the National Service Framework,¹¹ which has found that 'deep-rooted cultural attitudes to ageing' in local public services are hampering government plans to improve health and social care for older people. Despite some changes for the better over five years of operation of the Framework, there was still evidence of a lack of priority being assigned to older people when planning services, for example chiropody services were given a low priority by primary care trusts. The inspectorates also found lack of consultation, and a lack of dignity and respect in the way older people are treated when in hospital.

Human Rights Act

In 1998 Parliament passed the Human Rights Act which incorporated the European Convention on Human Rights (ECHR) into UK law. The convention obliges public bodies to protect individual rights including the right to life, security, family life and protection from degrading treatment. Article 14 of the ECHR bars discrimination in the application of individual rights, meaning that the Human Rights Act offers protection against discriminatory treatment that is so severe that it engages other human rights.

Commission for Equality and Human Rights

In 2003 the government announced it would establish a Commission for Equality and Human Rights (CEHR) for Great Britain. The Commission will promote equality, human rights and good relations between communities. It will have responsibility for enforcing equality legislation and promoting good practice, holding inquiries and making recommendations to government where there is no existing law, for example age equality in goods and services.

Equality reviews

The Department for Trade and Industry and the Cabinet Office announced the Discrimination Law Review and the Equalities Review in February 2005. Both reviews are working towards a Single Equality Act which the government has committed to introducing. The Discrimination Law Review (DLR) will address long-held concerns about inconsistencies in the current anti-discrimination legislative framework. The Review is considering the fundamental principles of discrimination legislation and its underlying concepts. The independent Equalities Review, chaired by Trevor Philips, is linked to this work and is investigating the underlying causes of inequality. An Interim Report of the Equalities Review was published on 20 March 2006¹² and a final report is due to be presented during 2006 which will make practical recommendations for change.

Research into ageism

The body of knowledge on stereotyping, prejudice and discrimination is not widely known or used in policy development. (A comprehensive review of the differing theories and basis for this knowledge are described and summarised in Annex 2 'Ageism: Review of Theory' which is appended to this research report). The terms stereotyping, prejudice and discrimination are often used interchangeably in common language, but they are distinct phenomena which affect one person's attitudes towards another. Stereotyping relates to thinking and involves the placing of other groups of people into categories. This can be positive as well as negative. Prejudice, by contrast, engages emotions and judgements, and can involve the expression of derogatory attitudes. Discrimination is the behaviour that may happen based on the attitude, such as the inclusion or exclusion of particular people.

Previous population surveys of discrimination have relied mainly on direct and explicit questions about prejudice such as 'How prejudiced are you?' which is a long-standing item included on most British Social Attitudes surveys since 1983.¹³ While these provide some information, current social psychological knowledge suggests that they do not reveal the breadth and depth of prejudice and discrimination that can occur in human interactions. Using direct measures like these can result in mistaken understanding of the processes and outcomes of prejudice.

Prejudice needs to be viewed as a process rather than a state which is dependent on types of contact, relationships between different groups and wider societal factors such as the prevailing economic conditions. It exists in many forms, and there is now good evidence that stereotypes of groups of people centre on issues of group status and competitiveness. These then underpin different combinations of reactions, some of which may lead to discriminatory behaviour and subsequent disadvantage. Depending on social values, many people know that the expression of prejudiced attitudes is 'wrong' and this can make discussion of the topic, or researching the topic, more complex.

Of all the common grounds for discrimination (ie gender, race, disability or sexuality), age is the least well-researched. One reason for this could be that age is difficult to categorise because we all age gradually throughout life, moving from one age category to another. Whatever the cause, most theoretical work on prejudice and discrimination has been developed using gender and race as subjects of study.

Therefore the use of the concepts discussed in this report to measure age-based discrimination was experimental and one objective of the research was to discover which concepts related well to age and which were less relevant.

Aims

The aims of the research were:

- to explore whether measures of discrimination reported in previous studies on racism and sexism would relate to ageism, and identify which were more relevant and which less relevant
- to explore the prevalence of experience of discrimination based on different aspects of individual identity
- to create benchmark measures of the prevalence of age discrimination which could be tracked over time.

The report is structured to explain each concept, outline how it was used in the measures adopted in the survey and then provide the survey findings.

The concepts explored are:

1. age categorisation
2. stereotypes and benevolent prejudice
3. intergroup threat
4. power or status acceptance
5. values and attitudes to equal opportunities
6. intergroup contact
7. perceptions of prejudice
8. experience of discrimination.

Methodology

The research programme started with an initial workshop and desk research in conjunction with academic researchers to explore and select which concepts should be measured and to develop a questionnaire. This was followed by in-depth pilot testing of the questionnaire with focus groups. The questionnaire was then fielded via Omnibus face to face interview survey in Great Britain. A representative sample of 1864 adults of 16+ was included.

Findings

1. Age categorisation

Summary points

- People categorise others into 'old' or 'young' based on their own age.
- Those who do assign categories are prone to classifying people as 'older' or 'younger', leaving a narrow middle age of only 15 years.
- People in mid life, aged between 45 and 64, show the least satisfaction with being a member of their age group.
- A sizeable proportion are unwilling to assign age categories.

The first step towards stereotyping is the placing of a person in a particular category. Since age is a continuum, categorisation is complex but at the same time we can all relate to the concept of somebody being 'young' or 'old'.

We asked survey respondents

- At what age do you think old age starts?
- At what age do you think people stop being young?

The graph below (fig. 1) shows an analysis of the average age for start of old age and end of youth for each age group of responder. Results showed that perceptions of the start of old age or the end of youth are dependent on the age of the respondent. This is an important point because it means that when people use the terms 'too old' or 'too young' they are not necessarily applying a blanket prejudice but are using their own age as an anchor for what seems appropriate.

On average, the oldest age group of respondents, ie those of 75+, felt that old age started at just over 70 whereas the youngest group (aged 16-24) estimated old age starting at around 55. In terms of the end of youth, the oldest estimated age for this was 57 whereas the youngest age was 37. Categorisation of 'old' and 'young' is so variable that an older person assumes someone is still in their youth at 57, whereas a younger person assumes by this age they are already old.

Perceived start of old age and end of youth among people of different ages

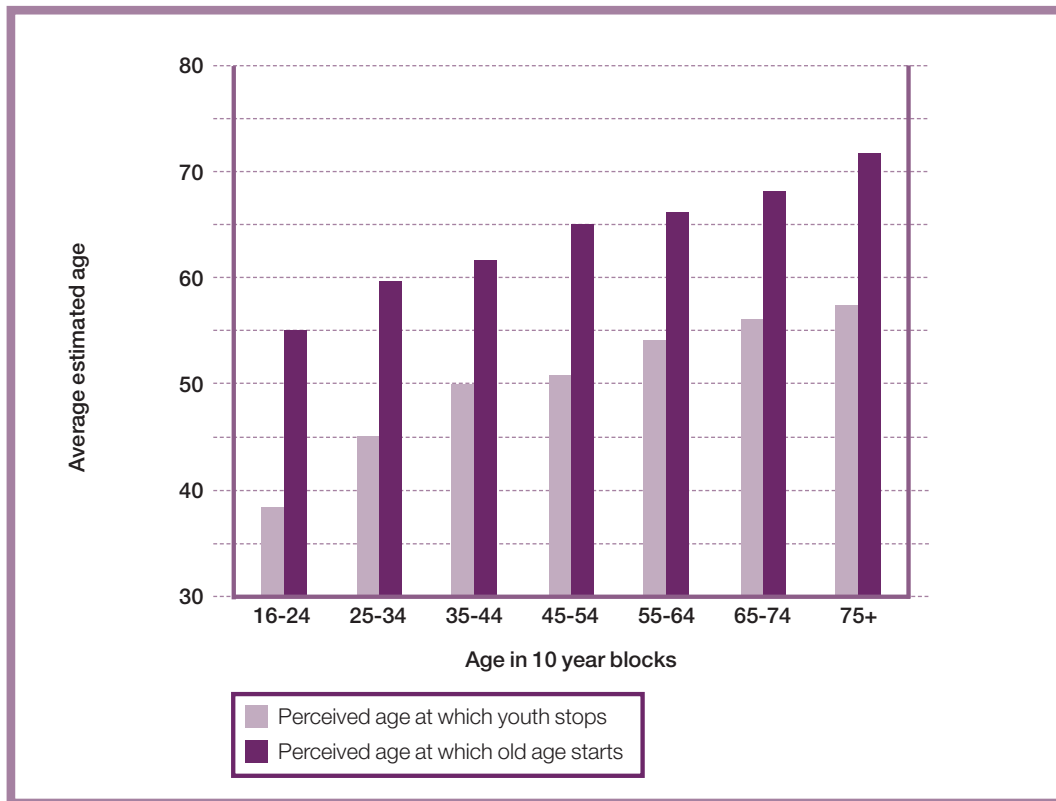


Fig. 1. Perceived start of old age and end of youth

Irrespective of the age of the responder, the overall average for the end of youth was 49, and for the start of old age, 65. There appears to be a narrow window of only 15 years between the end of youth and the start of old age, which suggests that we are prone to classify people as 'older' or 'younger' if we can.

A proportion of the sample was unwilling to give an answer to one or both of these questions; 27% said they believed that people 'never' stopped being young. Among some people there appears to be an ambivalence and unwillingness to discuss categorisation of age. There appeared to be an age effect in willingness to make an estimate, with older people being less willing to categorise age; the mean age for the sample was 48.8 but for those who answered both questions it was 44.9. The average age of people who refused to answer both questions was 57.1.

Age self-categorisation

One strong predictor of prejudice in most contexts is the extent to which people categorise themselves as belonging to a particular group (ie an 'ingroup') and the extent to which they positively identify with that category. This has an effect on an individual's likelihood of stereotyping those they see as outsiders to their ingroup. We explored self-categorisation using the following survey questions:

Please say to what extent you agree with the following statements:

- I identify with my age group
- I have a strong sense of belonging to my age group
- I am pleased to be a member of my age group

Results overall showed that people did identify with, feel a strong sense of belonging to and feel pleased to be a member of their own age group. The sense of 'belonging to' a particular age group showed the least strength of agreement, with about a quarter of responders disagreeing with this statement.

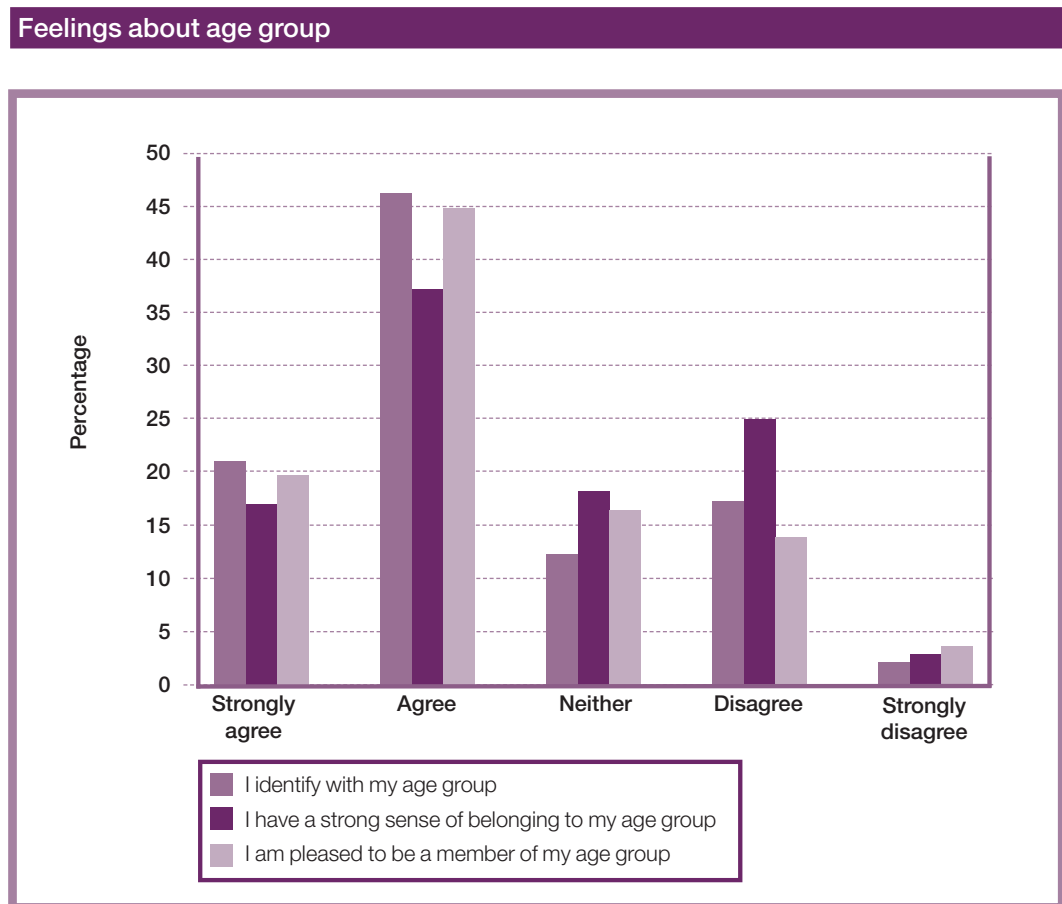


Fig. 2. Feelings about age group

Age self-categorisation by age group

Looking at feelings by age, the three measures show similar patterns. The least sense of satisfaction with own age group is associated with mid life at 45-64. Younger and older people show the most positive sense of belonging, identity and happiness with their age group.

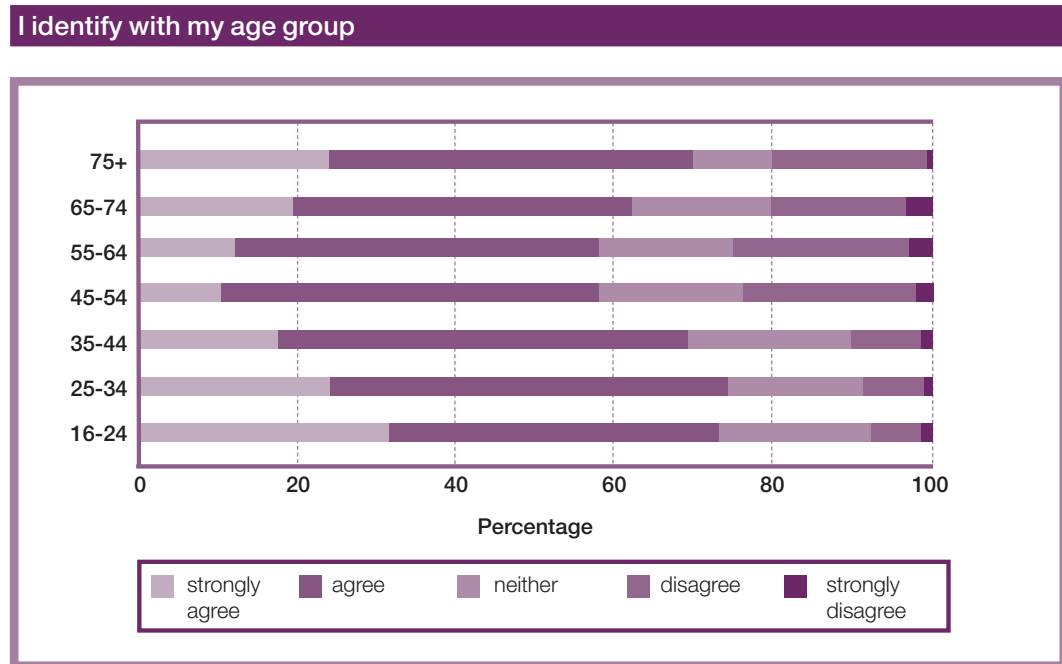


Fig. 3. Identification with own age group

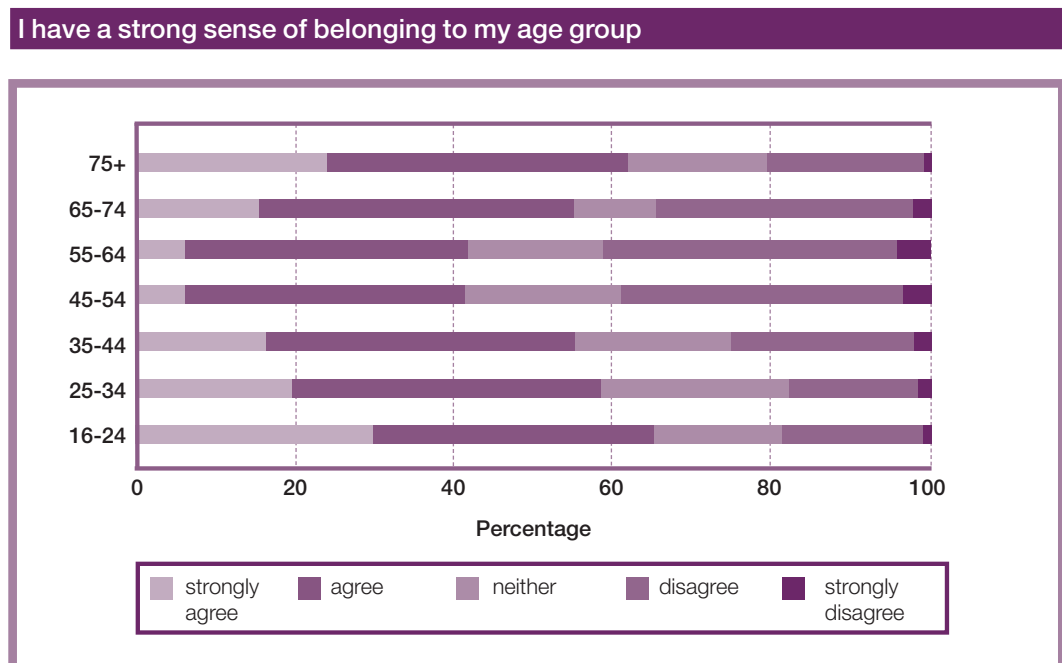


Fig. 4. Sense of belonging to own age group

I am pleased to be a member of my age group

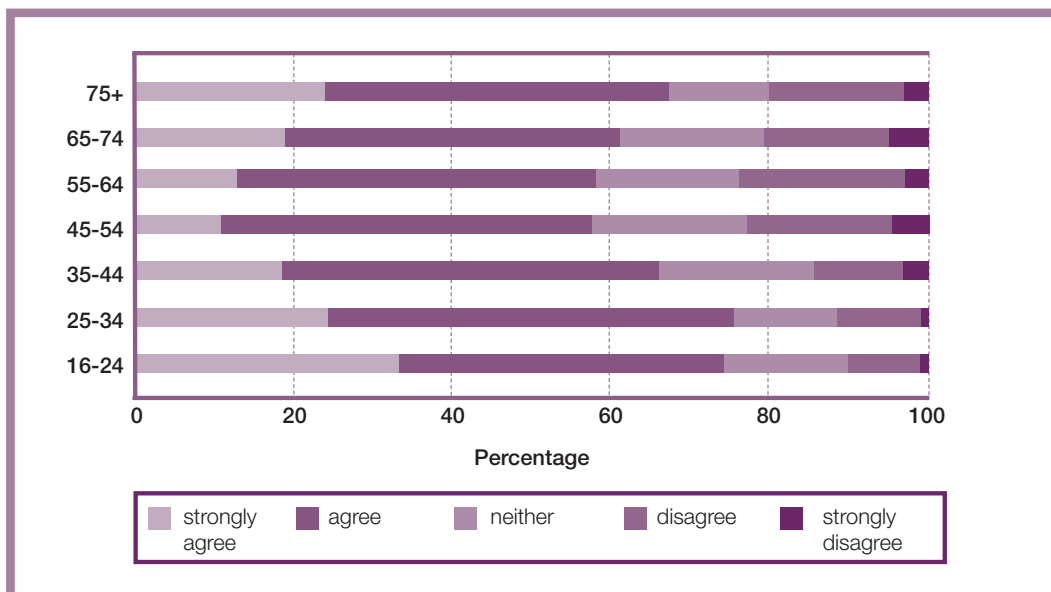


Fig. 5. Pleased to be a member of own age group

From the results it is not possible to say whether lower satisfaction with being in middle age is an effect of the birth 'cohort' (those currently aged between 45 and 64 belong to a birth cohort popularly known as 'baby boomers') or the current life stage of people in this broad age band. Social Identity theory (Annex 2) suggests that one way of coping with ageism is to avoid association with being an 'older person' by staying 'young' physically and mentally, eg by use of 'anti-ageing' skincare products and cosmetics and identifying with 'youth' culture. Our results point to the possibility that people in mid-life may be less likely to identify with their age group as a response to negative attitudes about growing older.

2. Stereotypes and benevolent prejudice

Summary points:

- Older people are stereotyped as 'warm' and 'not competent'
- Younger people are stereotyped as 'cold' and 'competent'
- Specific traits assigned to older people more than younger people are: moral, friendly, pitiable and admirable
- Older people are as prone to having these age stereotypes as the rest of the population.

Stereotyping involves assigning particular traits to certain groups or people, and although the term 'stereotyping' is commonly associated with negative expectations, research shows that it can be positive as well as negative. Positive stereotypes can result in advantage for certain groups, but equally some apparently positive stereotypes can result in disadvantage if they are used to justify the exclusion or oppression of certain groups in society.

Social psychological research has established that different groups within society tend to be stereotyped in terms of two primary qualities. First, people have an image of the competence or abilities of each group, and second they have an image of the warmth or affability of each group. Low-status groups (eg women in comparison to men) are more likely to be stereotyped as 'warm' (eg nice, sympathetic, friendly, etc) but not 'competent' (eg intelligent, capable, able to exercise power or choice, etc). Higher status groups are likely to be stereotyped as 'competent' but not necessarily 'warm'.¹

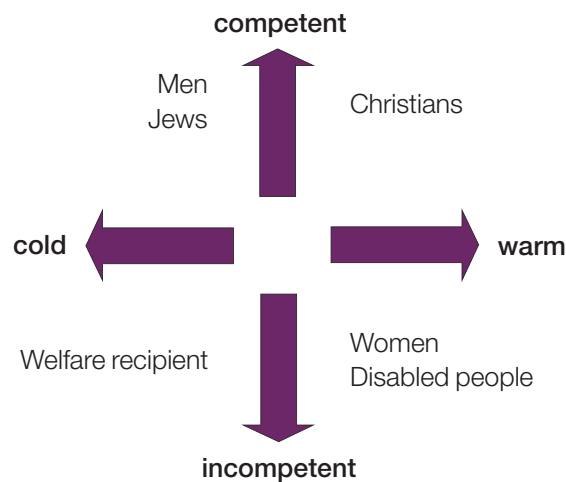


Fig. 6. Stereotypical perceptions of groups on warmth and competence – examples from research¹

To explore the age-based stereotypes currently being held by the public, respondents were asked to rate on a scale of 1 to 5 how likely they thought people over 70 or under 30 would be to be seen as either capable (competent) or friendly (warm). The question asked specifically how responders viewed how 'others' in Britain would view these groups rather than asking directly how they themselves would view them. It was worded in this way to avoid people being inhibited in reporting a stereotype because of any perceived social values on the rights or wrongs of stereotyping.

The question used in the survey was:

As viewed by most British people, to what extent are people over 70/under 30 viewed:

- As capable
- As friendly

The results from the survey show clearly that older people are characterised as warm and incompetent, whereas younger people are characterised as cold and competent.

Nearly half the respondents of the survey (48%) thought that older people were likely or extremely likely to be viewed as friendly, compared with 12% who thought they were unlikely to be viewed that way. In comparison, just over a quarter (27%) thought people under 30 were likely or very likely to be viewed as friendly, and roughly a quarter (23%) thought they were unlikely to be viewed as friendly.

As viewed by most British people, to what extent are people over 70/under 30 viewed as friendly

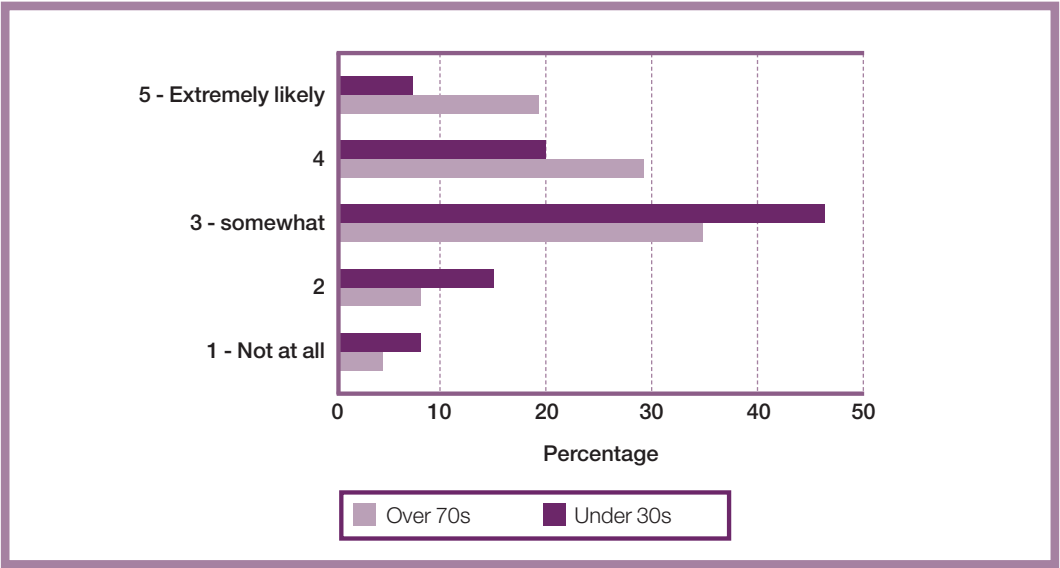


Fig. 7. Assessments of older and younger people as friendly

Only a quarter (26%) of survey respondents thought people over 70 were at all likely to be viewed as capable, compared with 41% who thought people under 30 were likely or extremely likely to be viewed that way. Nearly a third (31%) thought older people were unlikely or not at all likely to be viewed as capable, compared to only 14% who thought the same for younger people under 30.

As viewed by most British people, to what extent are people over 70/under 30 viewed as capable

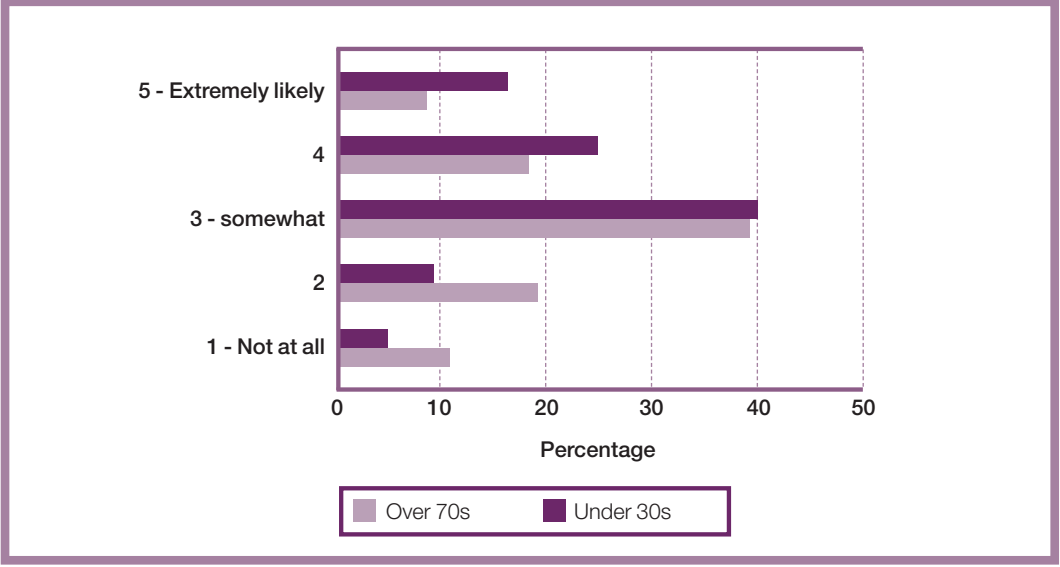


Fig. 8. Assessments of older and younger people as capable

The following chart in fig. 9 shows results broken down by age group of responder, using the average difference in ratings of the stereotypes of older and younger people. A positive score indicates that the trait is more strongly associated with people over 70 than with people under 30. A negative score shows the reverse. People of all ages think those over 70 are regarded as friendlier than those under 30 but an equally clear stereotype is that younger people are more capable. A key finding is that older people (over 65) are also likely to hold these stereotypes, although the 'not competent' stereotype is the least strong in these groups.

Averaged perceived difference in stereotypes of younger and older people's friendliness and capability

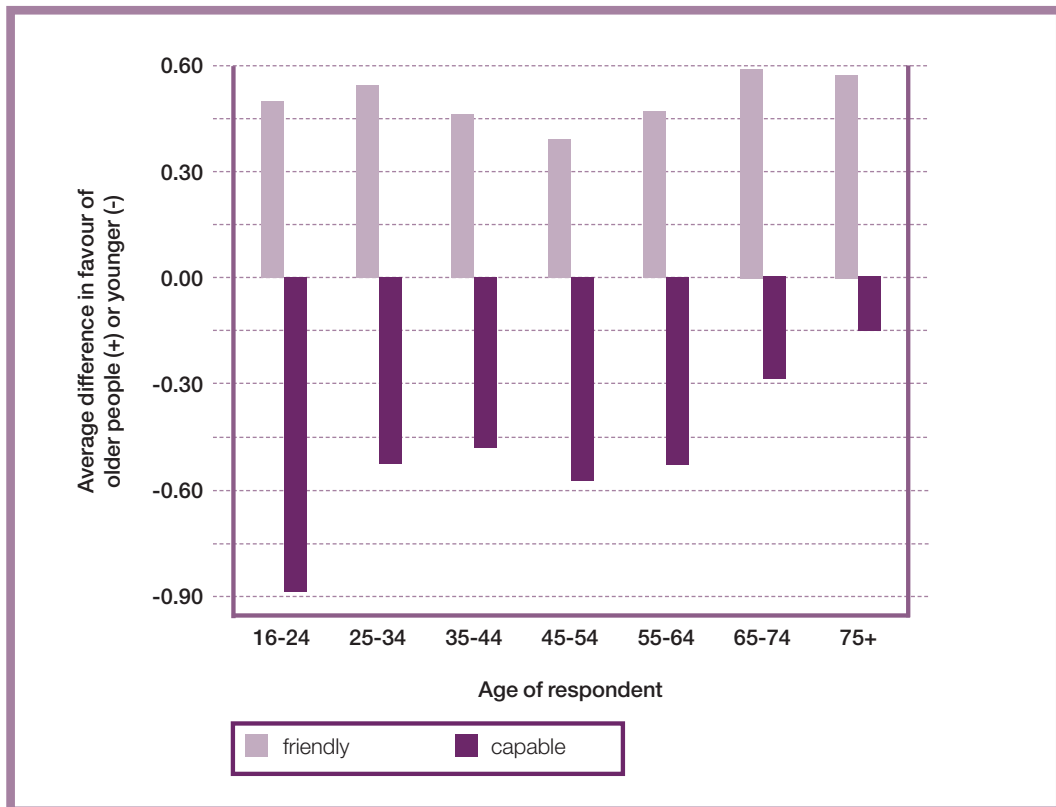


Fig. 9. Differences in stereotypes

Other traits

Other traits were measured in a similar way and they add some detail to the core stereotypes about older and younger people. Older people are seen as moral, friendly and admirable. There is less polarisation of views of younger people but they are seen as capable, intelligent, and friendly in that order.

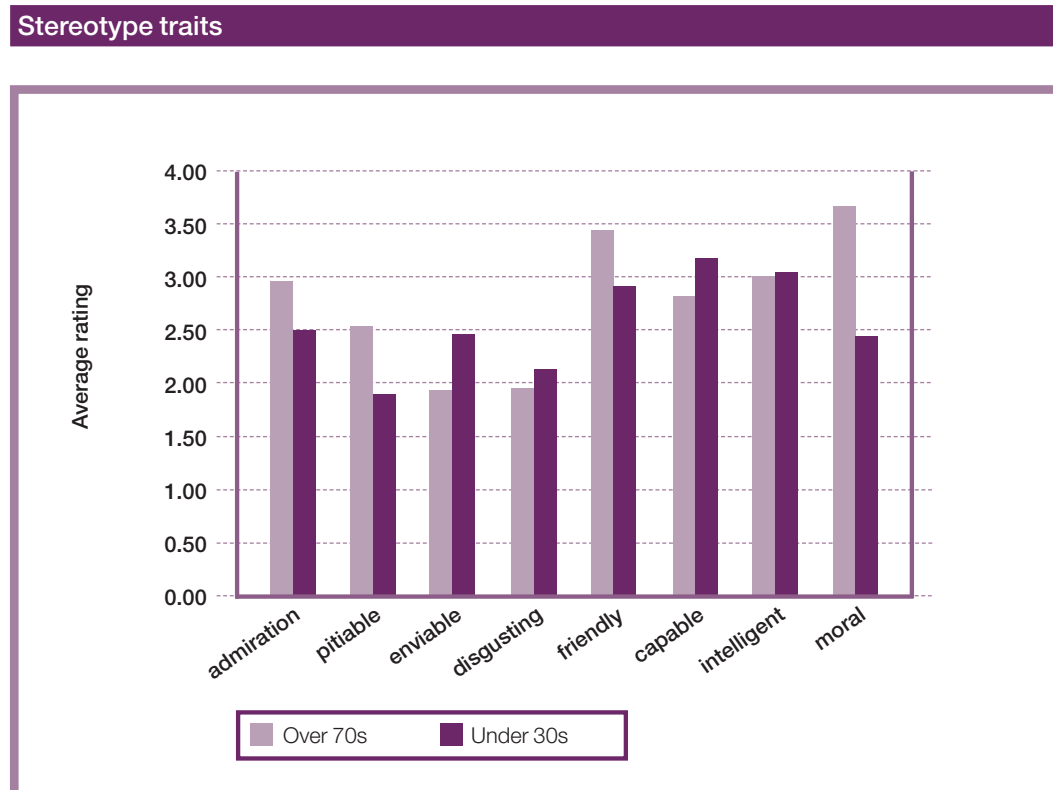


Fig. 10. Stereotypes of older and younger people.

Further analysis of the findings by age, using age groups under 35, 35-65 and over 65 (see fig. 11), show that people across all age groups tend to agree that older people are admirable to some extent, and friendly to a greater extent. However older people see themselves as more likely to be viewed as moral, intelligent and capable than younger groups do. They also see themselves as less likely to be viewed as pitiable or disgusting.

Stereotype perceptions of people over 70

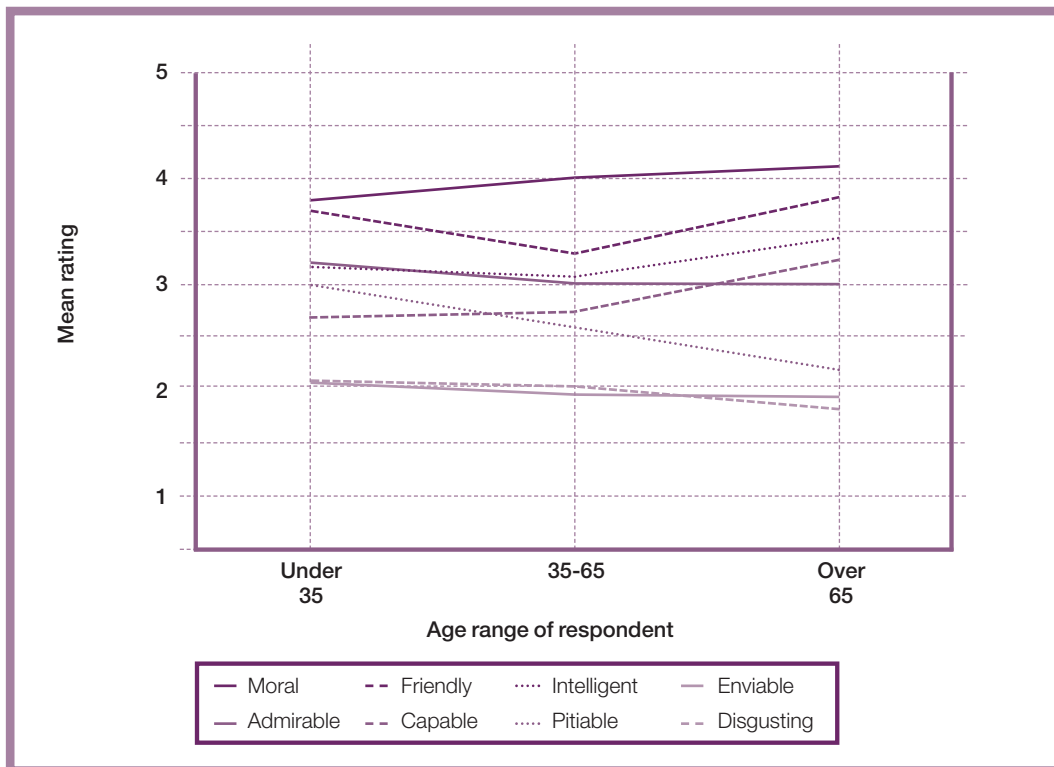


Fig. 11. Stereotypes perceptions of people over 70

Direct views of warmth and competence

Results so far have explored implicit views on stereotyping by asking people to respond according to how they thought 'others' would feel about the over 70s or under 30s. The survey further explored people's direct or explicit views on competence and ageing by directly asking whether they themselves felt that competence declined with age.

There was overall disagreement to the statement; 55% disagreed (30% disagreeing strongly). A significant but lower proportion believed competence declines with age with 29% agreeing, the majority of these (24%) agreeing only slightly and a very small proportion (5%) agreeing strongly.

However, there were marked age differences in explicitly expressed views, with those aged between 35 and 44 being the least likely to agree (21%) and people in older age categories of 65-74 and 75+ being the most likely to agree, with 44% of the oldest age group agreeing. Those aged over 65 were also nearly twice as likely to agree strongly to the statement (8%) in comparison to the overall response (5%).

This suggests that people begin to apply the stereotype of non-competence to their own age group when past the age of 65.

As people get older they become less competent

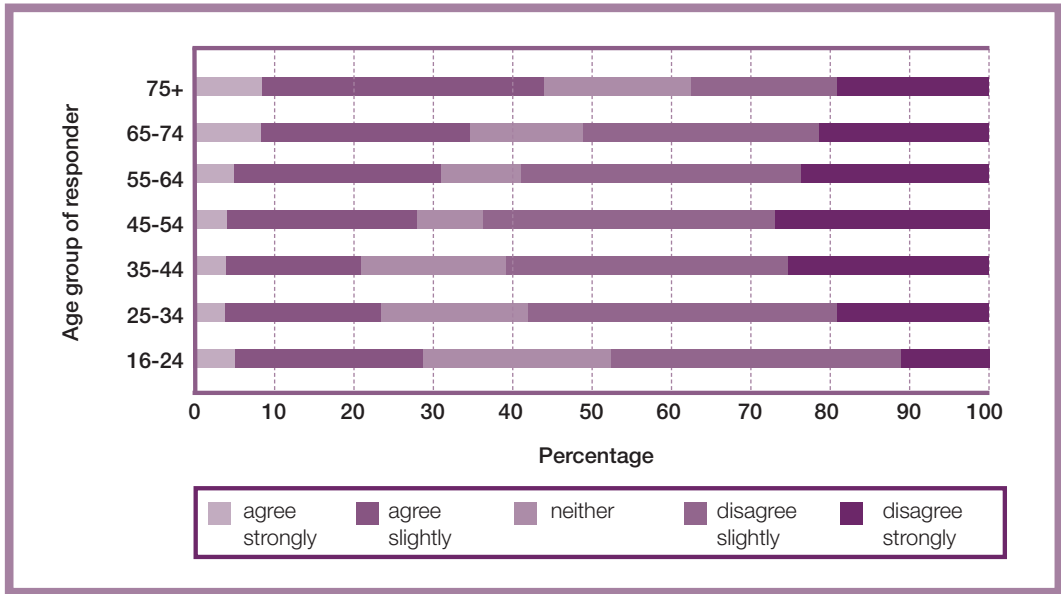


Fig. 12. Explicitly expressed stereotype of incompetence in older people

The fact that older people are viewed warmly is further illustrated by the response to the statement 'People over 70 should be valued and cherished'. There is almost universal agreement with this.

People over 70 should be valued and cherished

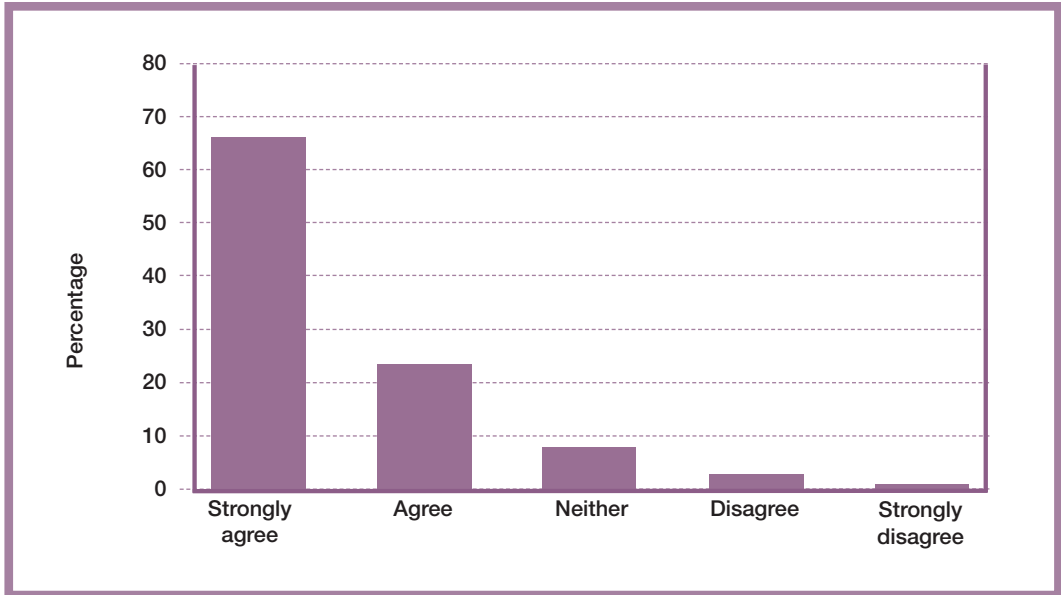


Fig. 13. Agreement with valuing older people

In summary, the prevailing stereotype of older people is as warm but not competent; this stereotype is held by all age groups, including older people themselves. These are key benchmarks for monitoring ageism.

3. Values and attitudes to equal opportunities

Summary points

- 40% feel that equal employment opportunities for older people have not gone far enough.
- Older people (post retirement age) and younger people are the least likely to want to assert further rights for older people.
- Far fewer people think older people should have equal access to education opportunities than to health and care.
- Older people demonstrate a greater orientation to work ethic than the rest of the population.

Equality might be a key component in policy making in the UK but not all citizens hold similar views about it. Value and belief systems can and do differ between individuals. Our values help us to understand and live in our social world, and are used as guiding principles in decision-making. They help people perceive, interpret and predict events (eg whether people will succeed or fail) and select courses of action (eg deciding whether or not to help someone or to hear their opinions or preferences). These affect our reactions to other groups and our general attitudes to prejudice and discrimination.

Equal opportunities orientation

Often people who hold prejudiced attitudes but choose not to indicate them via direct questioning in a survey will state that policies developed in favour of disadvantaged groups have 'gone too far'. Measuring people's commitment to equal opportunities generally is therefore viewed as a key indicator of prejudice.

In the case of age, competition for jobs between the generations might be seen as an important issue, with some believing that greater employment rights for older people might lead to higher youth unemployment. We asked whether equal employment opportunities had gone too far or not far enough in favour of older people.

The question used in the survey was:

- Have attempts to give equal employment opportunities to people over 70 in Britain gone too far or not gone far enough?

In total, 39% felt that the situation was 'about right', and 40% felt that equal employment opportunities had 'not gone far enough' or 'not nearly far enough', 11% thought things had gone too far. The general view appears to be that people think equal opportunities could be extended a little further in favour of older people, but that they are in essence about right. This suggests a certain level of ageism among the general public as at the time of the survey there

was no legislation against age discrimination in employment. This is a key indicator of ageism which will be important to track over time, with likely changes resulting from policy developments and public debate via the media.

Have attempts to give equal employment opportunities to people over 70 in country gone too far or not far enough?

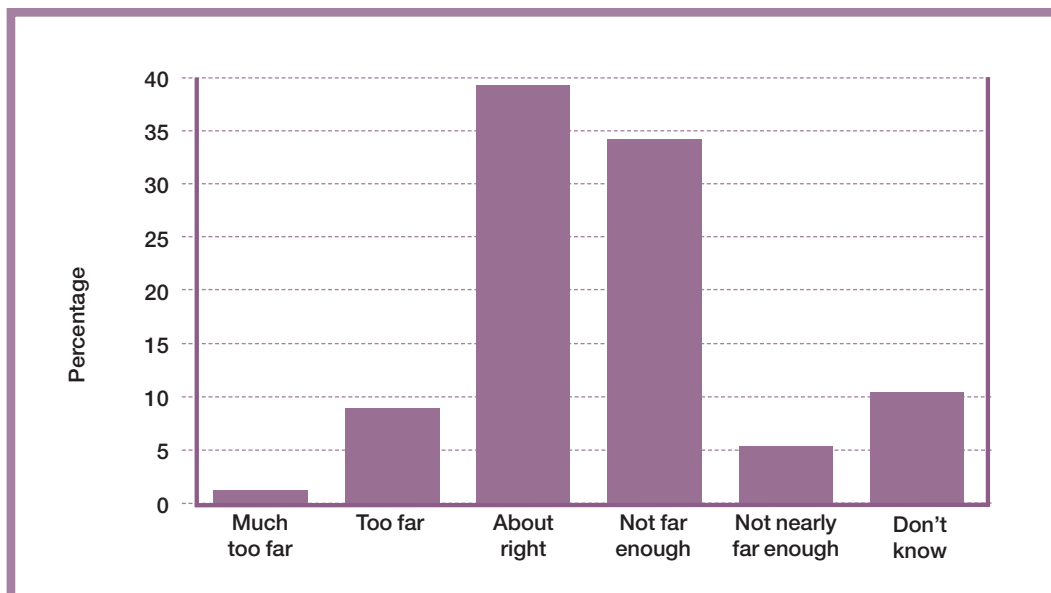


Fig. 14. Feelings about equal employment opportunities for older people

Figure 15 shows a breakdown by age of those who thought equal employment opportunities had gone too far and those who thought they had not gone far enough (ie to want to positively extend opportunities in employment to older people). Looking at those who felt equal opportunities had not gone far enough, findings show that younger people under 35 and the oldest age group (75 and over) are the least likely to feel this way. Out of the much smaller group of people who thought that policy had gone too far in favour of older people's employment, the 55-64 year age group figured quite highly with 14% thinking the situation had gone too far or much too far. This group is likely to be disadvantaged by age in terms of employment.

There may be different reasons for these views in different age groups – younger people and those coming up to retirement age may sense competition for jobs whereas older people may have less interest in the issue due to having retired, or this view might reflect an overall negative attitude to equal opportunities in general.

Have attempts to give equal employment opportunities to people over 70 gone...

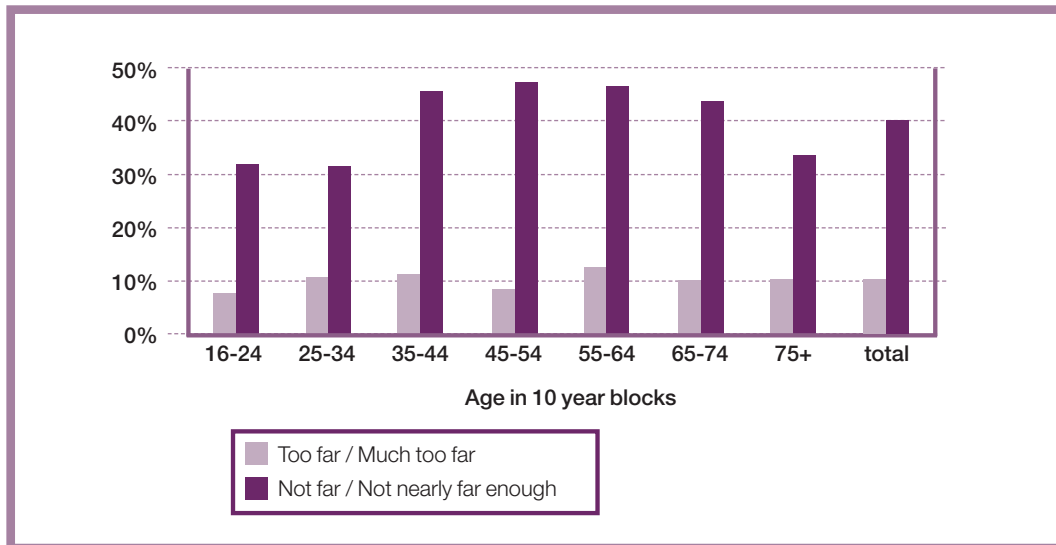


Fig. 15. Feelings about equal employment opportunities for older people by age of responder.

Equal access

We further explored which areas of life older people should have equal rights to by asking

Do you think people over 70 should have equal access to...

- Health and care services?
- Products and services like insurance?
- Education opportunities?

Results show differences in attitude to equal opportunities for older people depending on the facilities or resources in question. Nearly all respondents (93%) thought older people should definitely have equal access to healthcare, a smaller proportion (76%) that they should definitely have equal access to products and services like insurance, and 69% thought older people should definitely have equal access to educational opportunities. 8% were against giving older people equal access to education.

Do you think that people over 70 should have equal access to...

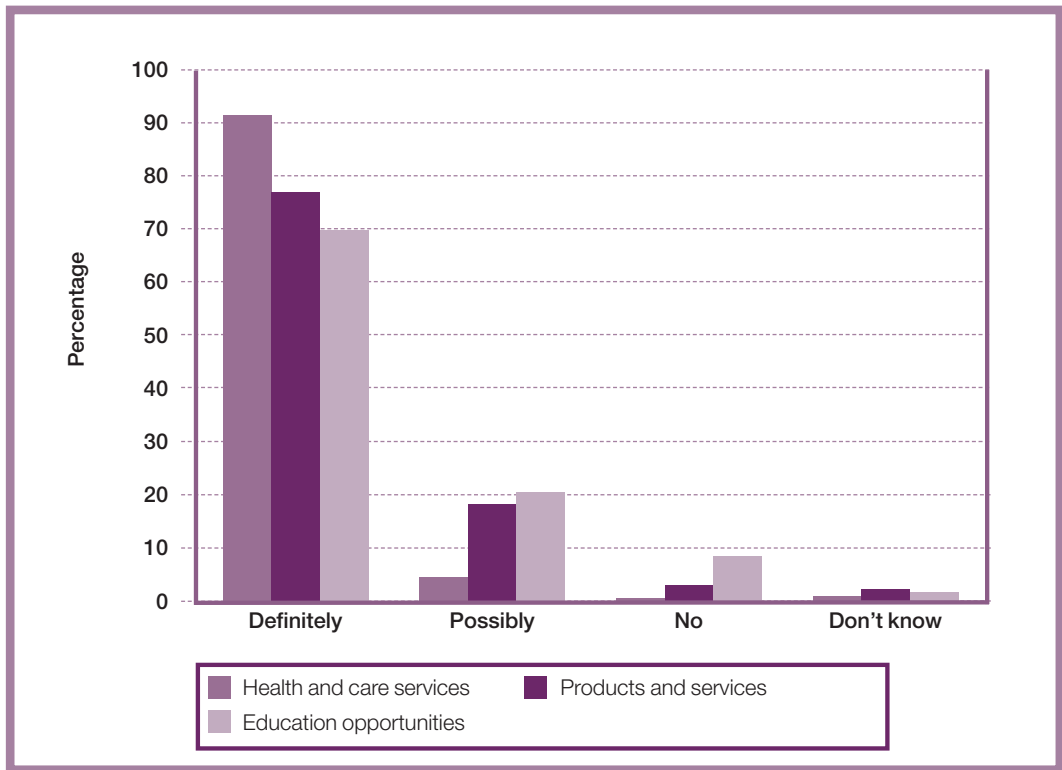


Fig. 16. Equal access to services and facilities by older people

These patterns are consistent by age and gender. Resistance to giving older people access to educational opportunities came from older people themselves, with 12% of the over 75s (ie a higher proportion than the overall sample) saying that they should not have equal access. This may be because they feel younger people are more in need of qualifications and career development, and further illustrates that older people have the same stereotypes as the rest of the population about ageing which may be self-defeating.

Work ethic, egalitarianism and political liberalism

These are values which are thought to be especially relevant to modern forms of prejudice. Work ethic is a set of values based on the moral virtues of hard work and a belief that achievement is based purely on effort. This can be used to justify relative disadvantage in particular groups in society, eg ethnic groups, by the idea that their efforts to succeed have not been high enough. To gauge the values of the survey sample with regard to work ethic, we used a standard item which asked for agreement or disagreement with statement

- 'People who fail at a job have usually not worked hard enough'.

Results showed general disagreement with the statement; 48% disagreed (8% disagreed strongly) and 30% agreed (6% agreed strongly).

Egalitarianism, by contrast, supports the view that all people are deserving of equal opportunities regardless of their efforts or contribution. To gauge egalitarian values we asked for agreement or disagreement with the statement

- 'There should be equality for all groups in Britain'.

Results show strong agreement with this statement, 85% of the sample agreed with this, 34% strongly agreed, and only 8% disagreed.

Thirdly we collated responses to the following standard measure about redistribution of income which relates to political liberalism. This further gauges public attitudes to people's rights compared to their contribution.

- 'The government should distribute income from the better-off to those who are less well-off'.

This showed agreement but to a lesser extent than the statement about equal opportunities; 56% were in agreement (including 20% strongly agreeing) and 23% disagreed.

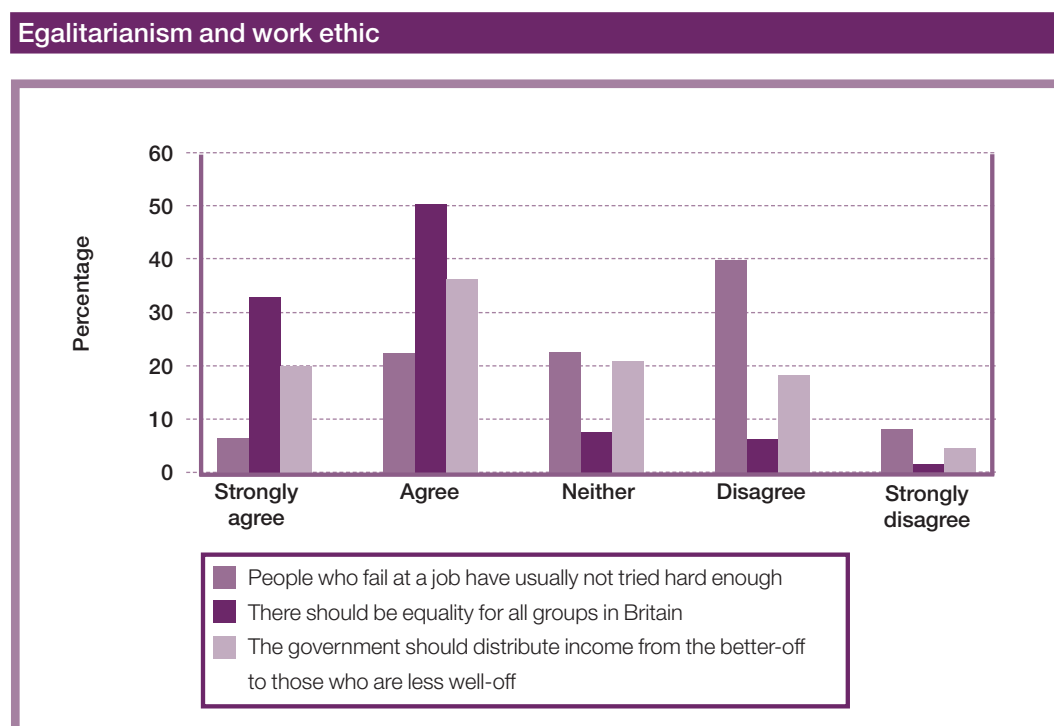


Fig. 17. Values of egalitarianism, work ethic and political liberalism

The survey sample therefore appeared to have strong values endorsing equal opportunities for all, overall disagreement that achievement is purely dictated by efforts, and less agreement about redistribution of income.

Age differences in values

Older people appeared to have slightly more work ethic orientation than younger groups (see fig. 18). Those of 75+ were more likely to agree that people who failed at a job had not tried hard enough (40%) compared with 30% of all age groups. The mid-age group of 45-54 showed the least work ethic orientation with the lowest agreement and strongest disagreement to the statement. The younger age groups also showed markedly lower agreement compared with the older groups.

In terms of equality for all age groups, again those of 75+ were the least likely to agree that there should be equality for all groups (78% compared to 84% of the total sample), but overall agreement with this statement was high (see fig. 19).

There was not much variation between ages on the statement of redistribution of income, however the youngest age group, those of 16-24 were slightly more likely than other age groups to agree to this (see fig. 20).

The results show that overall orientation in the UK is towards egalitarianism. In terms of age of respondents, agreement decreases with age with older people being more likely to disagree, but the overall majority view prevails at all ages.

Older people as a group appear to have more orientation towards work ethic and less towards equality than other age groups in Britain. This may impact older people's assessments of their own 'rights' in society based on what they are able to contribute.

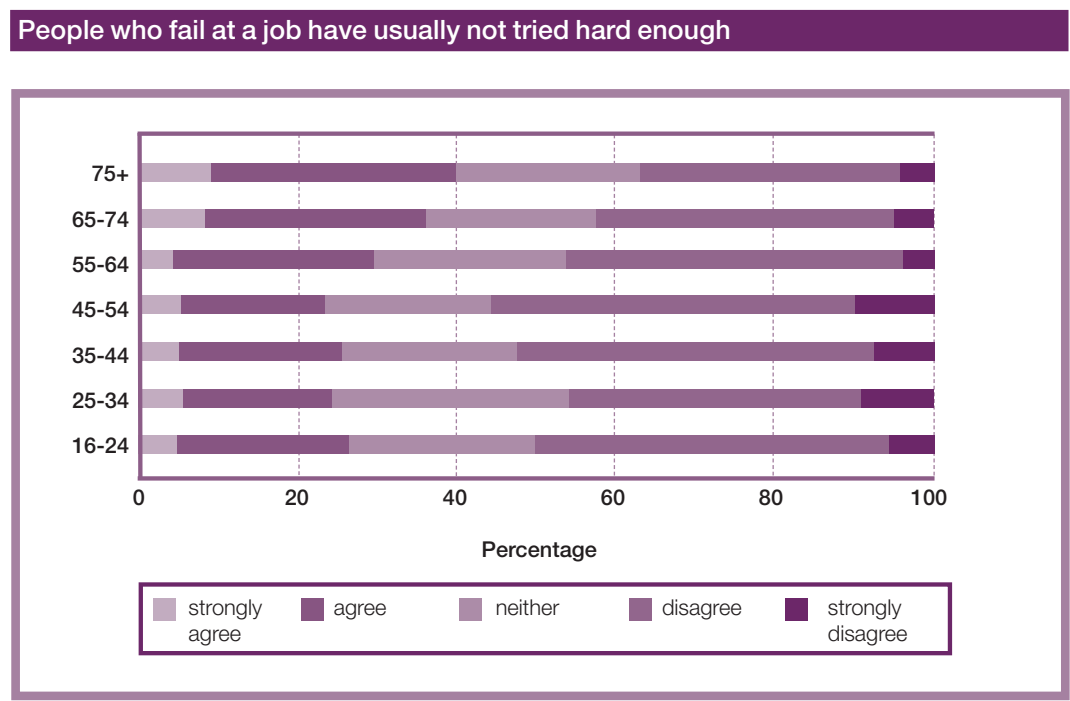


Fig. 18. Work ethic by age group of responder

There should be equality for all groups in Britain

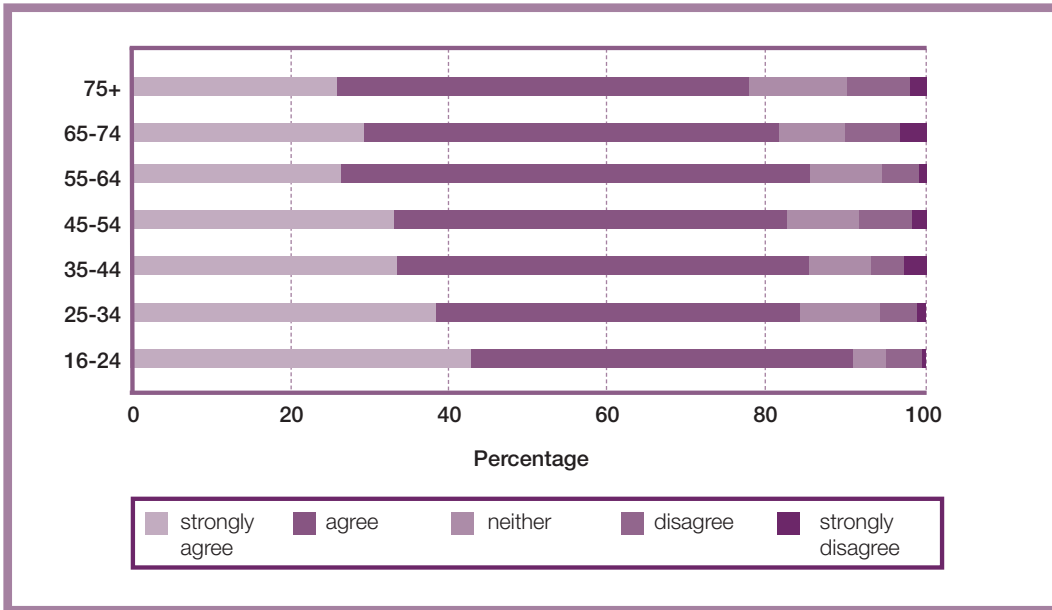


Fig. 19. Egalitarianism by age group of responder

The Government should redistribute income from the better-off to those who are less well-off

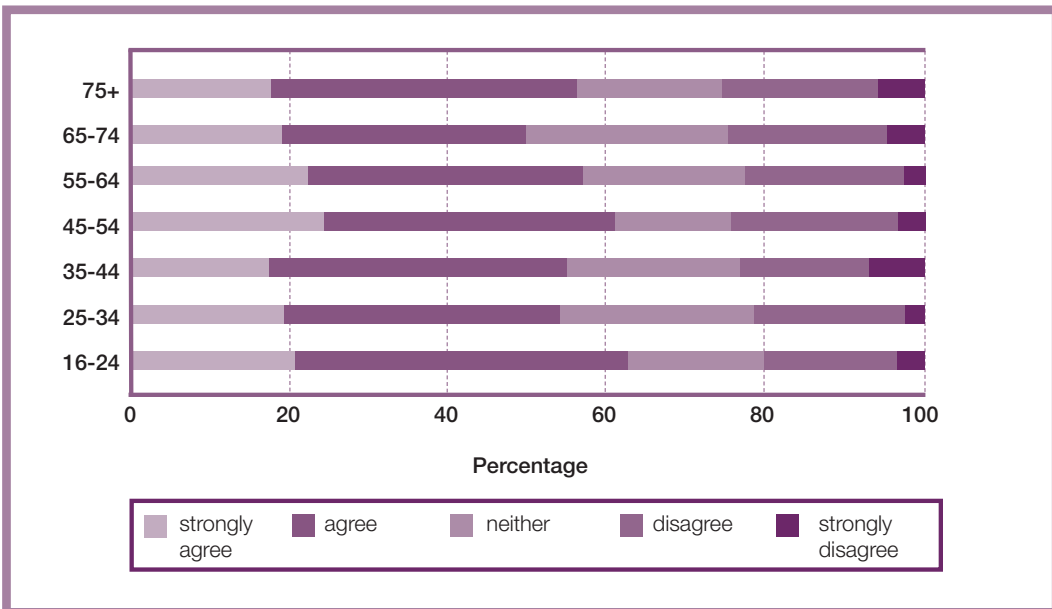


Fig. 20. Political liberalism by age group of responder

4. Intergroup threat

Summary points

- Older people are generally not seen to pose a threat to customs, traditions or way of life in the UK.
- The majority view is that an increase in numbers of older people would make no difference to safety, security, standards of living, health or access to jobs and education. One third, however, think the increase will make life worse.
- 56% overall think older people have put in more than they take out of the economy. Younger people (16-24) are more likely to think older people take out more than they have put in to the economy.

Threat can be a basis for prejudice if a group is seen to pose competition for resources (such as jobs) or a threat to a certain way of life (eg American spelling and language becoming more prevalent in the UK). If a group is seen to pose a threat it may also be viewed, consciously or subconsciously, as a legitimate target of prejudice and discrimination.

Much of the research around intergroup threat is based on racial discrimination but because of the current demographic shifts in the age profile of the population, we felt it was appropriate to test its relevance to age. Although many older people continue to contribute in various ways, ageing is associated with retirement from paid work and no longer engaging in activities such as bringing up children, which could be viewed as no longer making a contribution. Ageing is also associated with declining health and physical mental ability and therefore increasing need for health and social care.

Older people could therefore be seen as consuming resources while contributing little. Debate over the past decade or so around the increasing older population together with falling birthrates reflects this view, with concerns about the economy being able to support pensions, and health and social services. We wanted to test the effect this may have on people's perceptions.

General way of life

The survey asked respondents what they thought was the effect of the population increase in older people on 'life for everyone'. The wording of the question was:

There are now relatively many more people over 70 than ever before, due to a declining birth rate – fewer younger people – and people living longer. When thinking about how this affects general issues in society such as safety and security, standards of living, health, jobs and education do you think this makes life better or worse for everyone?

The majority view was that it would make no difference or would make life slightly worse. Nearly two in five thought it would make no difference. One third thought it would make life worse, the majority of these (29%) thinking it would be 'slightly worse'; 21% thought it would make life better, with 16% thinking it would be slightly better and 5% much better.

There are now many more people over 70 than ever before... do you think this makes life

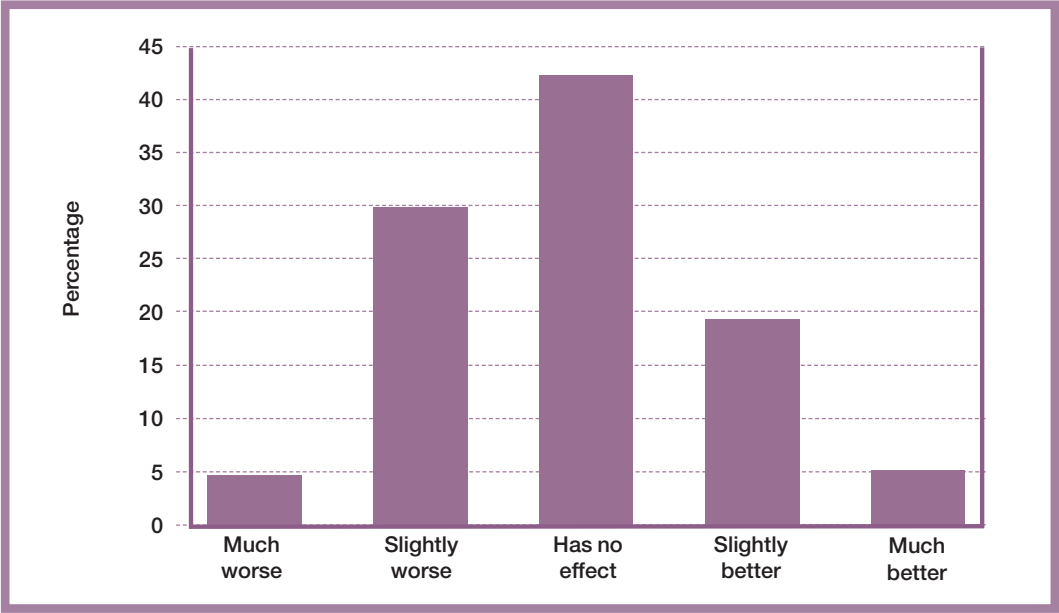


Fig. 21. Threat to way of life posed by older people

Findings differed across age groups, with those aged 45-64 expressing slightly more negative views than the rest of the population; 38% of this age group thought the population increase in older people would make life worse.

Effect of over 70s on life for everyone

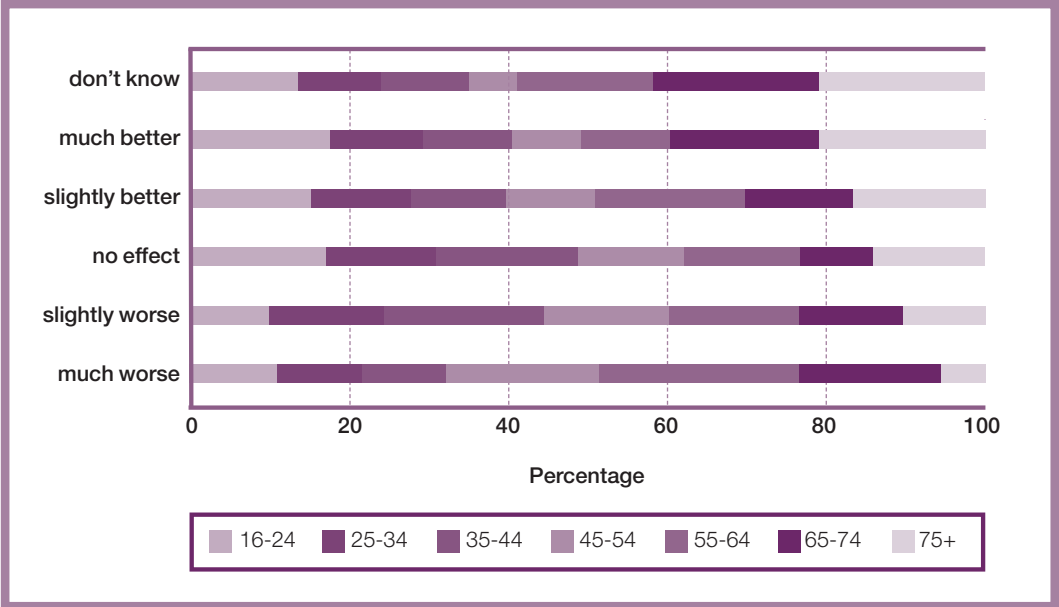


Fig. 22. Threat to way of life by age group of responder

Customs, traditions and way of life

This type of threat is commonly expressed in relation to groups of different ethnic origin, however there are also highly likely to also be differences between the generations. We asked about threats to customs and traditions posed on others by older people. Most people (77%) felt that older people made no difference to customs, traditions or way of life or made life slightly better, implying that if differences are perceived they are not viewed as threatening. This result was consistent across all age groups.

How are people over 70 affecting customs, traditions and way of life...

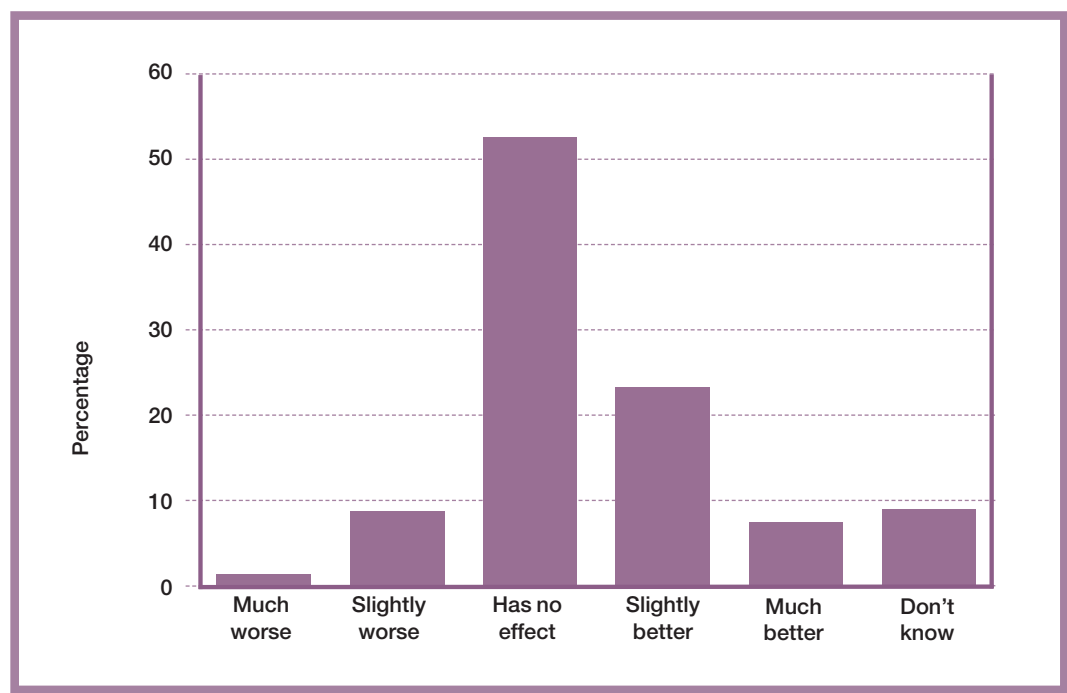


Fig. 23. Threat to customs, traditions and way of life

Cultural life

When asked whether cultural life was generally enriched or undermined by people over 70, the results show that the majority (58%) feel that older people have a beneficial effect on cultural life; 12% felt some threat from older people and 30% felt the effect was neutral.

There appears to be a slight age effect, whereby younger people are more likely to view the group of older people as a threat to their cultural life.

Is cultural life enriched or undermined?

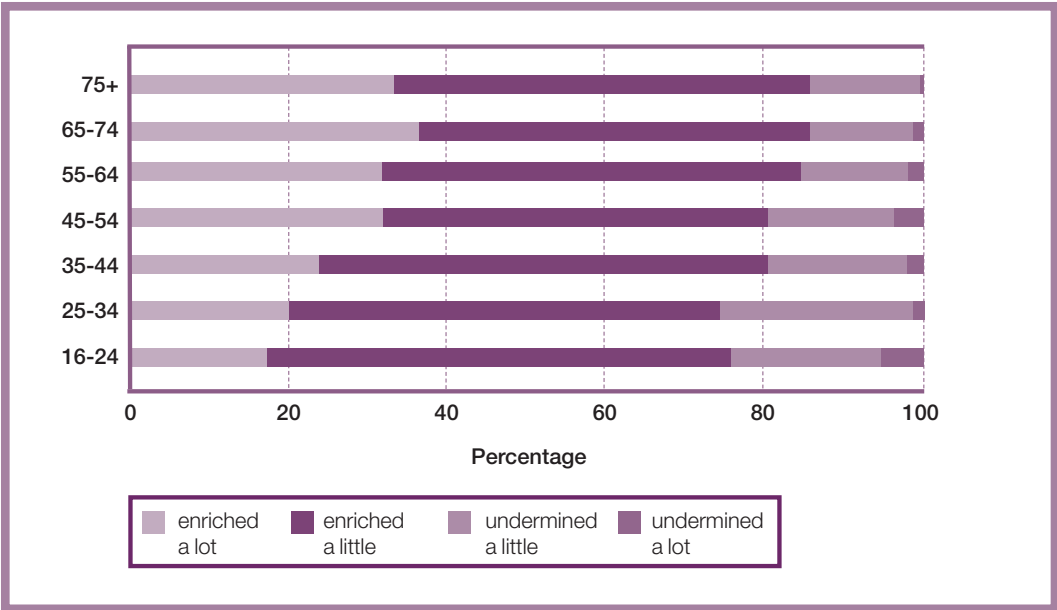


Fig. 24. Threat to cultural life by age of responder

In general, older people are not perceived as threatening to others in society in terms of culture and traditions and this finding is consistent with the benevolent stereotyping of older people as ‘warm’ and ‘not competent’.

However the fact that one third of the public thought life was worsened by an increase in the older population indicates that any threat perceived is an economic one rather than a cultural one. If older people become more active in asserting their rights as a group (with regard to increasing basic state pensions, employment legislation, better health and social care, etc), and if the demographic shift towards larger population sizes in older age groups results in greater economic, social or political power we might expect to see a rise in the perceived threat in subsequent surveys.

Do older people take out more than they have put in?

To further explore the issue of economic threat by older people as a group, we asked respondents whether they thought that people over 70 took out more from the economy than they had put in.

People who live in this country generally work and pay taxes at some point in their lives. They also use health and welfare services. On balance, do you think that people over 70 take out more from the economy than they have put in, or not?

Overall amongst respondents, the majority (56%) thought they put in more than they had taken out and only 17% thought that older people took out more than they had put in.

There were age differences in answer to this question; the under 25s appeared to have a slightly different view to the rest of the population with almost a third of those aged 16-24 feeling that older people are taking out more than they have put in.

Do over 70s take out more from economy than they have put in?

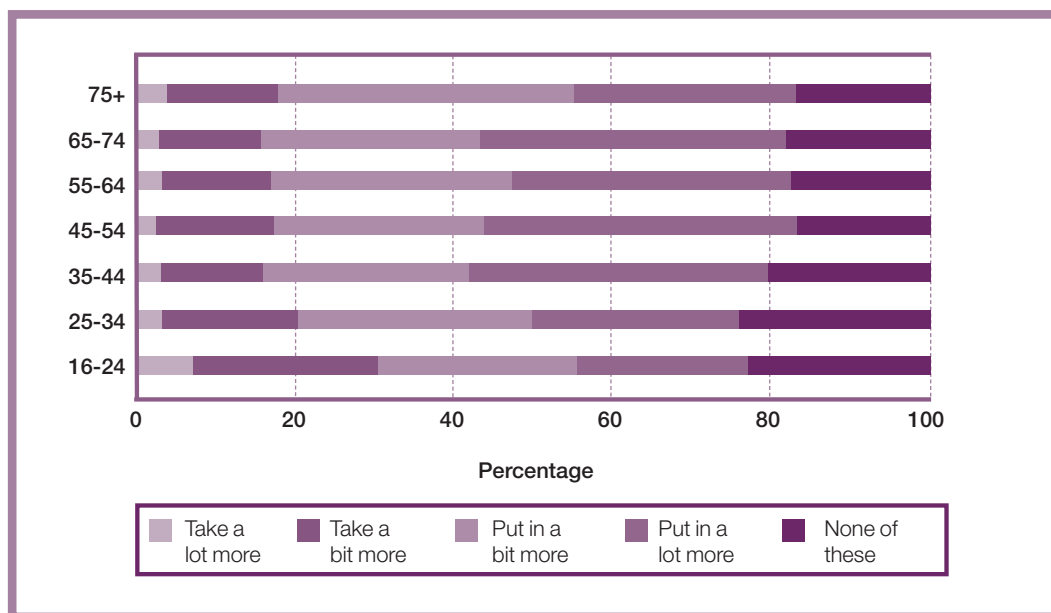


Fig. 25. Contribution vs consumption by older people, by age of responder

These findings suggest that there is currently not much intergroup threat perceived by older people. Public attitudes are that older people make a positive contribution to society by having put in more than they are currently taking out, however younger age groups are less likely to endorse this view.

Perceptions of threat posed by older people in society is an important issue to monitor via research and may change as the 'baby boomer' generation replaces the previous cohort of older people.

5. Power or status acceptance

Summary points

- Most people would be more comfortable with a suitably qualified boss of over 70 than one of under 30.
- Nearly half think that employers avoid having older people on their workforce because it spoils their image.

Research into gender and racial discrimination shows that acceptance of status and power are indicators of how people feel towards other individuals and to members of a particular

group. The survey used a standard question on ‘social distance’ similar to those used in the 2003 British Social Attitudes Survey¹⁴ which takes the workplace as an example of status relationships. We asked respondents of working age how happy they would feel if a suitably qualified person who was over 70 or under 30 was appointed as their boss.

How comfortable or uncomfortable do you think you would feel if a suitably qualified person over 70/under 30 was appointed as your boss

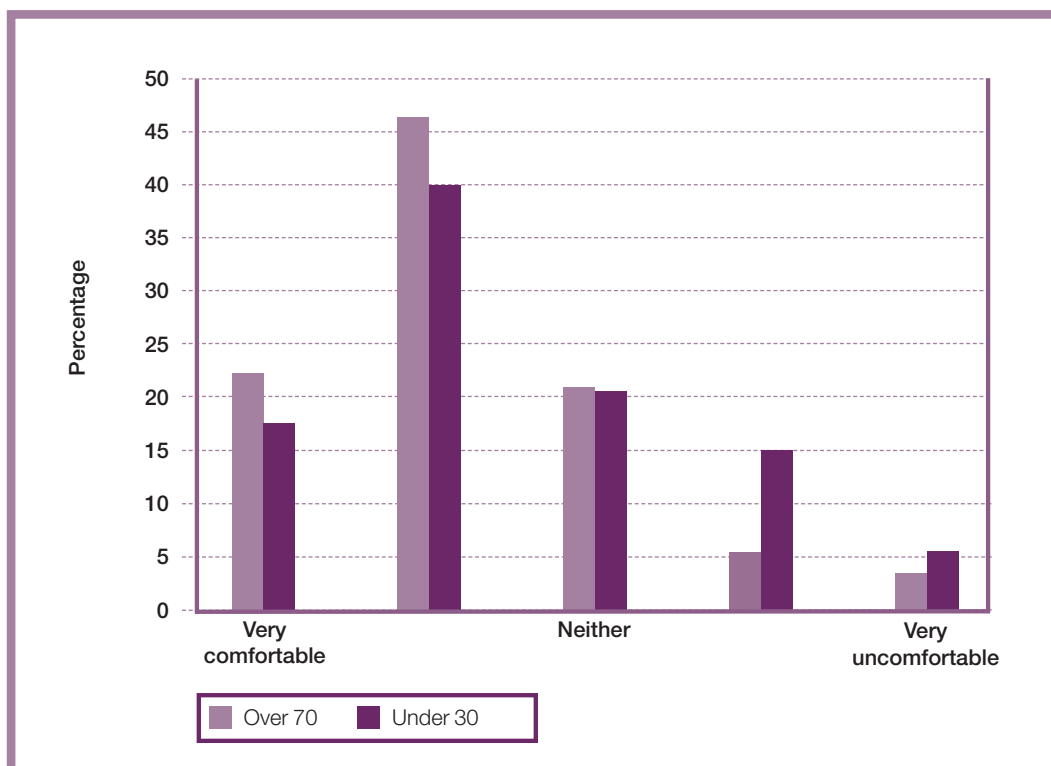


Fig. 26. Attitudes to an older or younger person appointed as a boss.

Findings showed that people were more comfortable with an older boss of over 70 than a younger boss of under 30. There were some differences between age groups, with younger people under 25 and older people over 65 being more comfortable than the mid-age groups with a boss of under 30.

Attitudes to older people as employees

We further explored what people thought were attitudes to older people in the workplace by measuring response to the statement ‘Employers don’t like having older people on their workforce as it spoils their image’.

Nearly a half of the sample (47%) agreed with the statement, including 17% who agreed strongly, while 30% disagreed strongly. This perception of employers’ attitudes increases with age, perhaps reflecting experiences as we age.

Percent believing organisations avoid older people to protect image

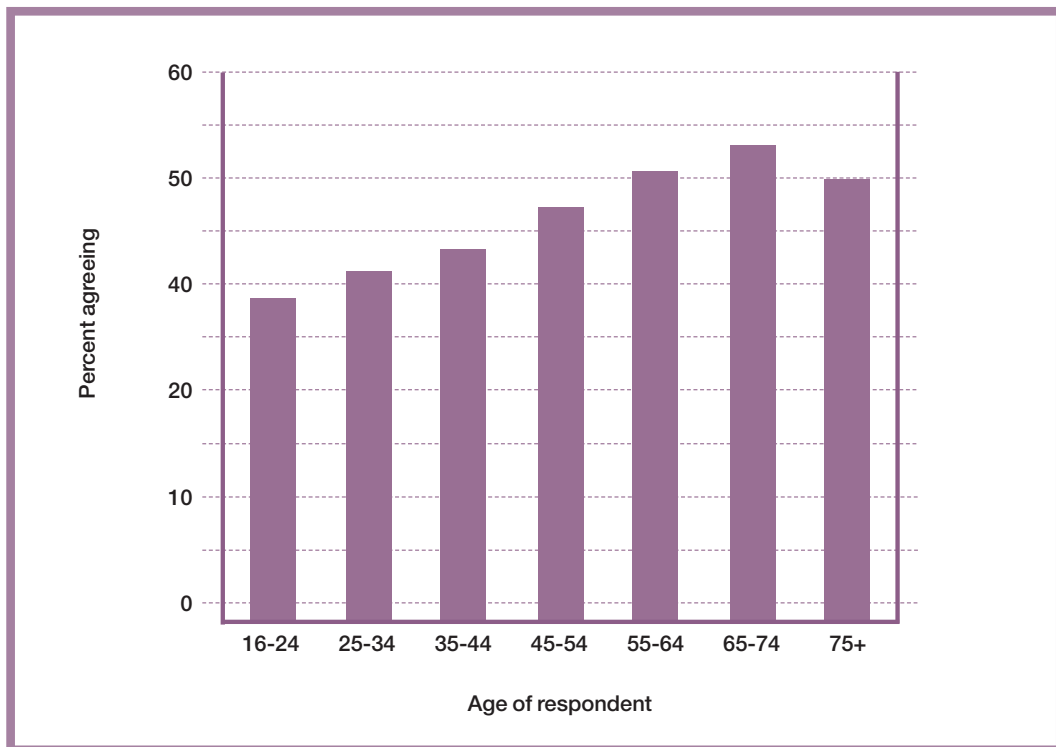


Fig. 27. Perceptions of employers' attitudes to older workers by age group of responder

Given the prevalence of older people in positions of power (eg senior managerial positions at work, national leaders, etc) the finding that people generally would feel more uncomfortable with a boss who was younger rather than older is not surprising. This indicates one way that younger people can suffer age-related prejudice.

However, as employees it seems that older people may be seen less favourably, and that as they age people are more likely to be aware of this phenomenon.

6. Intergroup contact

Summary points

- Contact between different generations in Britain is affected by age.
- Younger people have closer contact with other age groups than older people; 80% of the public have a close friend who is under 30 compared with 67% who have a close friend who is over 70.
- Most people think people over 70 and people under 30 have 'not very much' or 'nothing at all' in common.

- Those who have positive close contact with older people are more likely to see commonalities between generations and less likely to stereotype older people as incompetent.

A substantial volume of work (over 800 separate items of research) has demonstrated that a good way to reduce prejudice and discrimination between social groups is to foster close personal friendships between members of those groups. Stimulating positive contact between members of different groups can lay the ground for positive attitudes and behaviour.

Conversely, lack of contact or contact which is generally negative with other groups can result in prejudiced views which rely on stereotypes. We find it more difficult to perceive commonalities with members of particular groups of people if we don't have positive experiences of contact with people in those groups.

Therefore an important indicator of a group's risk of discrimination or social exclusion is the extent to which they are in regular positive contact with others, in this case intergenerational contact.

We asked respondents to indicate whether they

- had a close friend
- had a friend
- personally knew at least one person
- met people but didn't know any personally
- rarely or never met people

in the age group over 70 or under 30.

In general, contact between our survey sample and older and younger people appears to be good, although contact with younger people is slightly closer, with a total of 80% having a friend or close friend of under 30 compared with 67% having a friend or close friend of over 70. The graph shows that the more distant contact is more prevalent for the over 70 age group than the under 30s.

Type of contact with people over 70/under 30

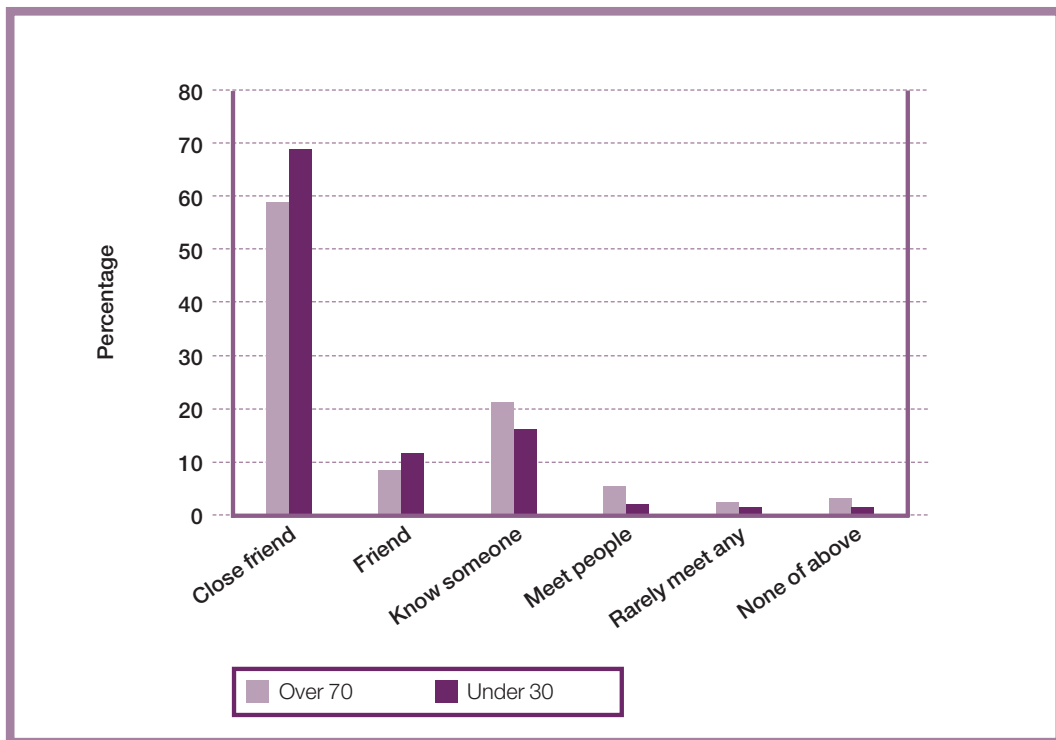


Fig. 28. Positive contact with older and younger people

Looking at the level of contact by age, as expected, many more people in the older age groups have friendships within that age group: 42% of people under 25 have a friend who is over 70 compared with 91% of people over 75; 97% of under 25s have a friend who is under 30 compared with 53% of over 75s. The overall numbers are high, however and this may include some people who thought of family members as friends.

Type of contact with people over 70

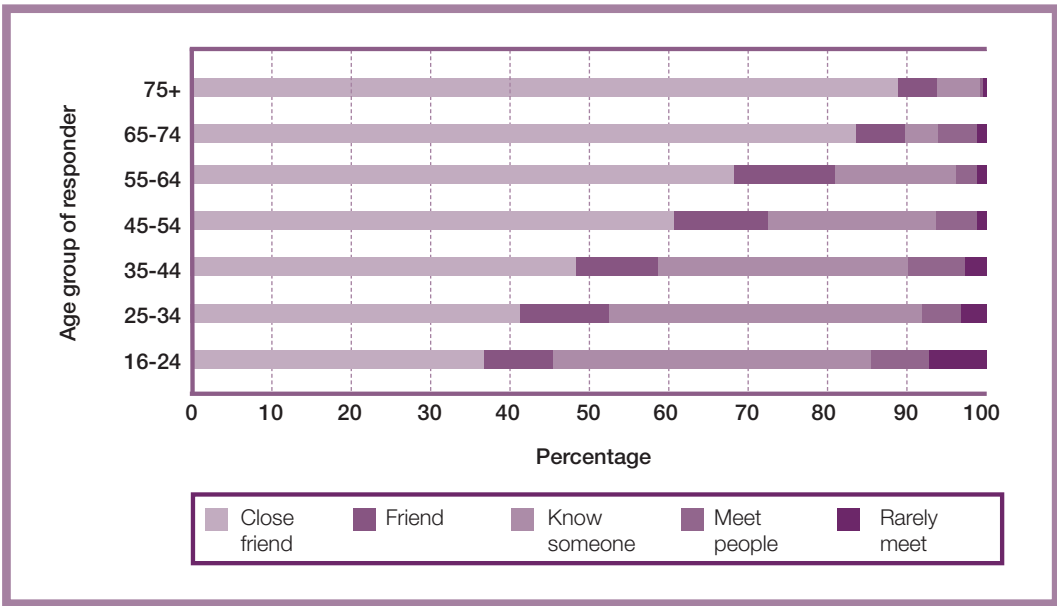


Fig. 29. Type of contact with older people by age of responder

Type of contact with people under 30

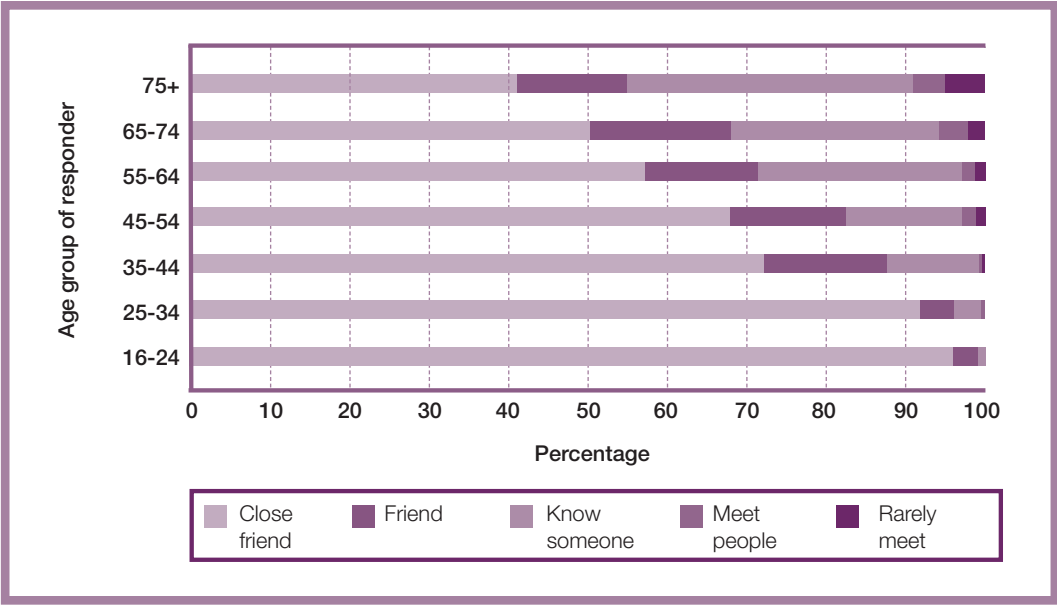


Fig. 30. Type of contact with younger people by age of responder

Although in general stated levels of contact are high, looking at contact with the 'middle' age group of 35-64, it seems this group is closer to younger people under 30 and has more 'distant' relationships with people over 70. This suggests that the over 70s may be more isolated than the under 30s.

Type of contact experienced by 35-64 year age group

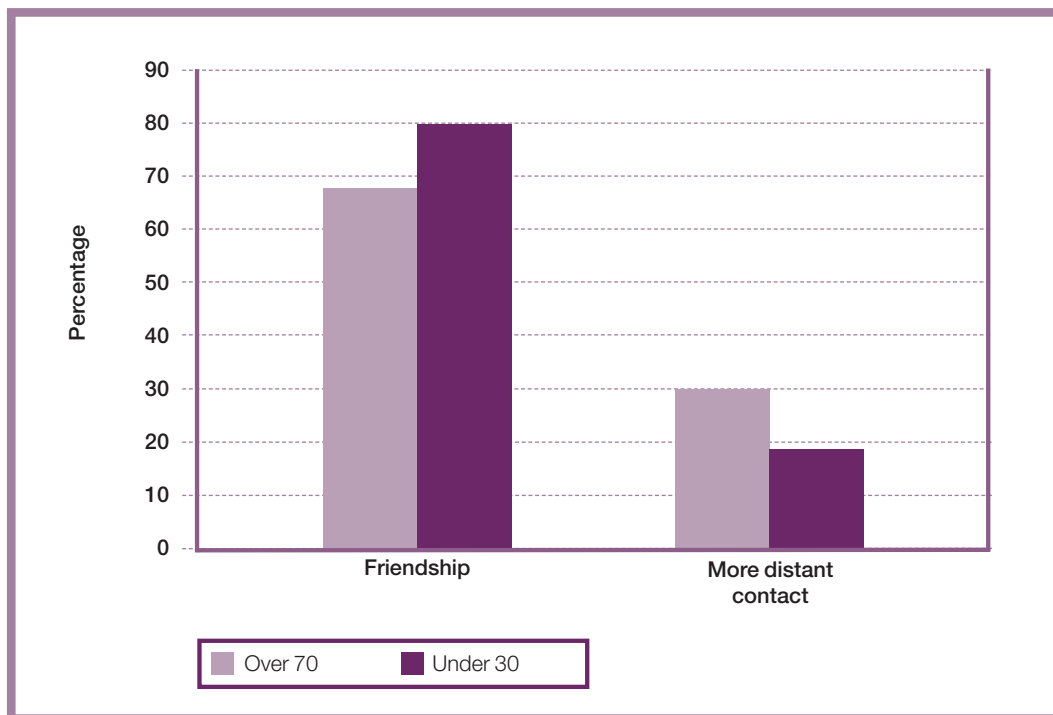


Fig. 31. Type of contact with younger and older people by 'mid age' groups

Perceptions of commonality between age groups

Research shows that prejudice is lowered when others are perceived either purely as individuals or as being members of a common group with us rather than as belonging to a distinctive and separate group from our own. We explored this by asking the sample how much they felt older and younger people had in common. The results showed that most people felt that there was not much commonality between older and younger people.

How much do people over 70 and people under 30 have in common

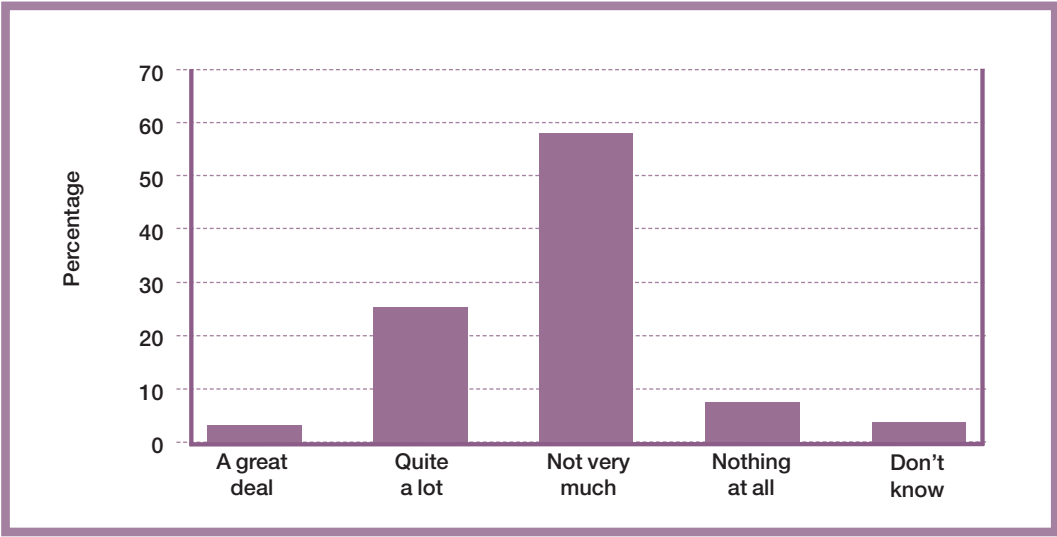


Fig. 32. Perceptions of commonality between older and younger people

However, when viewing this in the light of positive contact between groups, findings showed very strongly that people who had intergenerational friendships were more likely to perceive commonalities.

Effect of contact and age on perceived commonality between generations

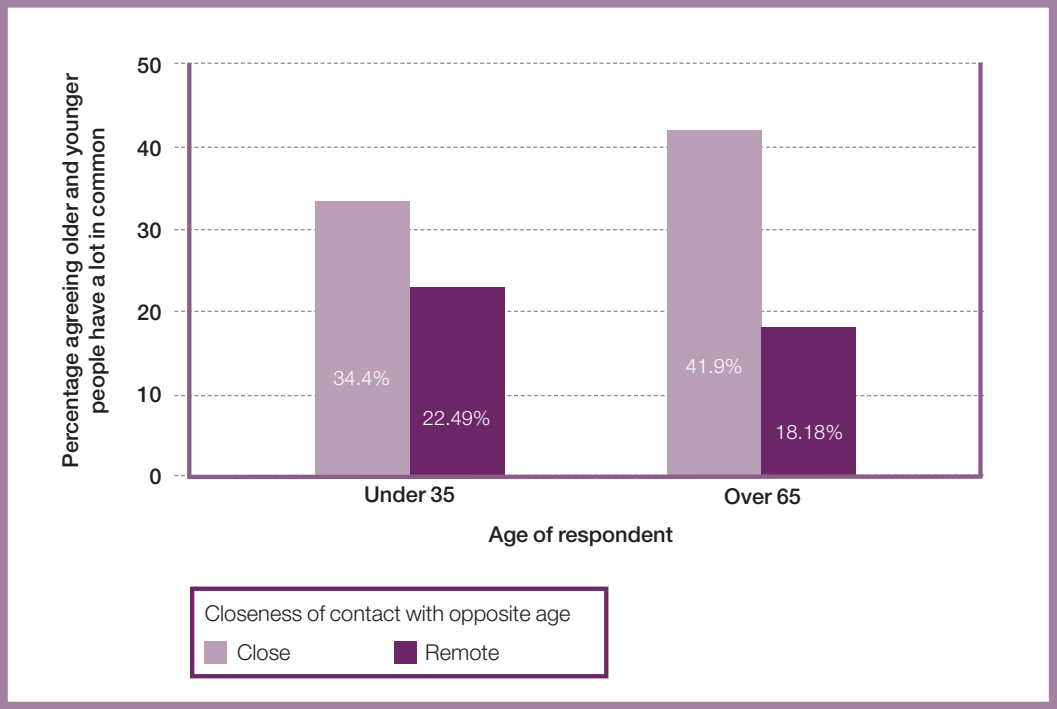


Fig. 33. Effects of positive contact on perceived commonality

In addition to perceived commonalities, the results show that closer contact also affects stereotyping in the form of belief in the reduction of competence with increasing age. These findings bear out other research which shows that positive contact between groups reduces the likelihood of stereotyping and is likely therefore to reduce discrimination and unequal treatment.

Contact with people over 70 and belief about declining competence

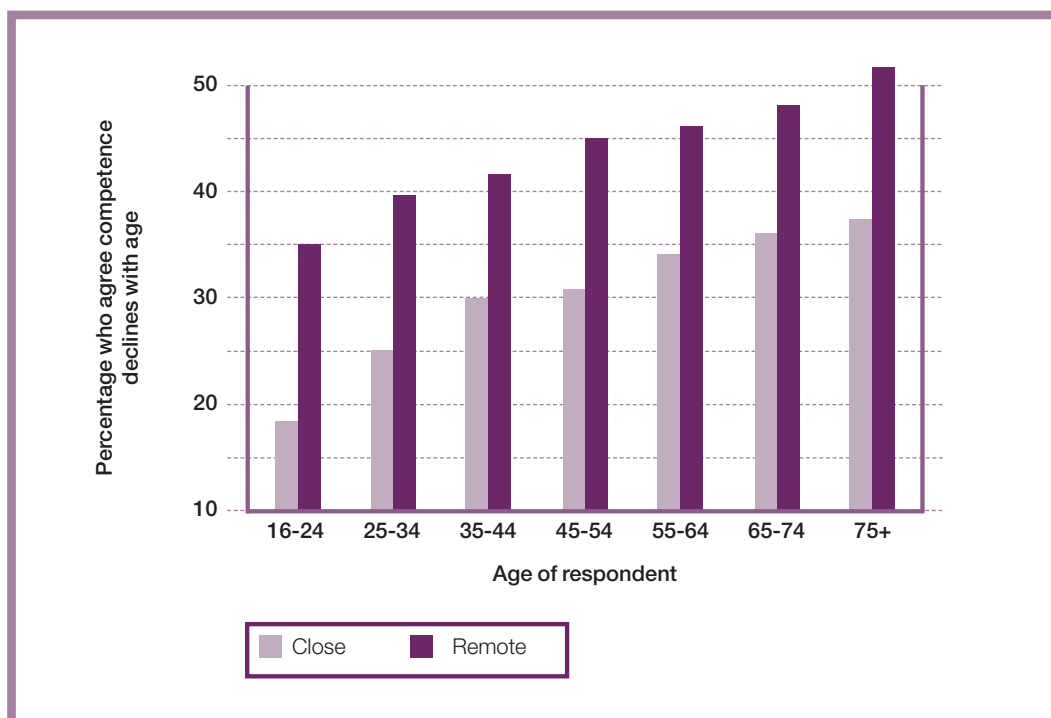


Fig. 34. Effects of positive contact on explicit stereotyping.

In summary, intergenerational contact is limited by age and there is evidence to suggest that contact with younger people is closer than contact with older people.

Our survey shows that positive contact reduces the likelihood of stereotyping and discrimination between age groups and increases the perception of commonalities between older and younger people, which are both very important in addressing ageism.

7. Experience of discrimination

Summary points

- Ageism is the most commonly experienced form of discrimination.
- 28% of respondents had experienced ageism in the last year.
- Younger people report more discrimination of all forms; older people report the least.

Other questions in the survey were designed to measure respondents' attitudes that might result in discrimination on the grounds of age. However, in the survey we also wanted to explore whether people saw themselves as victims of prejudice or discrimination on the basis of different social categories they may belong to, which we did by asking about any experience of discrimination in the past year.

The question asked was:

In the past year, how often, if at all, has anyone shown prejudice against you or treated you unfairly...

- because of your gender (male or female)
- because of your age
- because of your religion
- because of your race or ethnic background
- because of any disability you may have
- because of your sexual orientation (being gay, lesbian or heterosexual – straight).

Experience of discrimination in past year

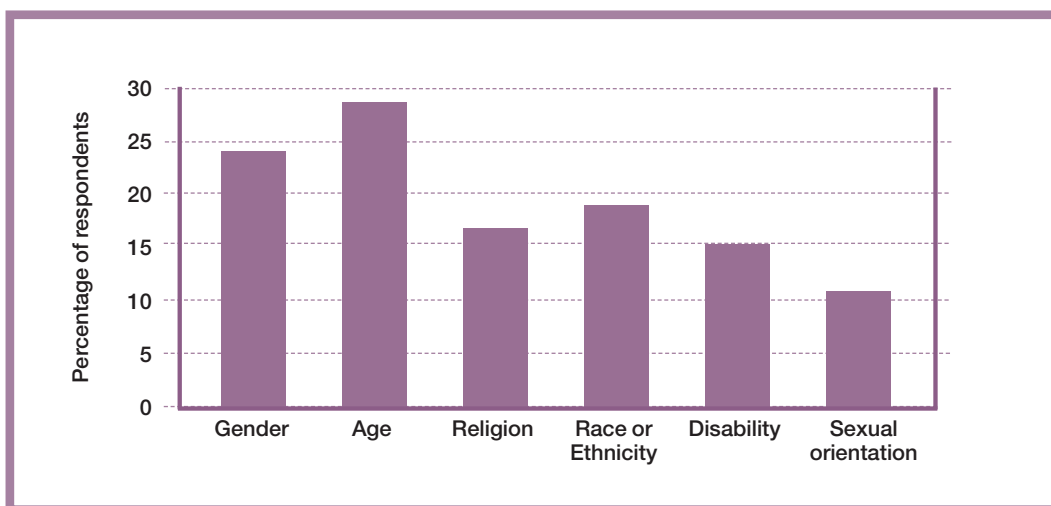


Fig. 35. Experience of discrimination in the past year

Findings were that age was the most commonly experienced form of prejudice, followed by gender. As much as 28% of respondents said they had been treated unfairly because of their age. The research did not explore the type or intensity of the discrimination faced (eg the difference between being refused a job and being subjected to physical abuse or violence) and so we cannot compare the disadvantage caused to different groups from this

data. However this does show that age discrimination of all kinds is commonly experienced in Britain.

In comparison to other forms of discrimination, women reported slightly lower but similar rates of age-based unequal treatment compared to gender-based. People with disabilities (who comprised 24% of our sample) reported more age-based than disability-based unfair treatment.

In terms of ethnicity race was the most commonly reported form of discrimination experienced by people of mixed, Asian, and African or Caribbean origin (highest among people of African or Caribbean origin), and age being most commonly reported by white people (who comprised 90% of the sample). For mixed, African or Caribbean groups, age was the next most commonly-reported form of discrimination but among Asian groups it was gender.

Experience of discrimination by different age groups

Younger people report unfair treatment more frequently and this is true of age, gender, race, religion, disability and sexuality. There is a decline in reported experiences of discrimination as people age. However in terms of age-based discrimination there is an increase at in later working life, between the ages of 55 and 64. Disability and, to a lesser extent, sexuality are also bases for discrimination which show an increase at this age.

Experience of prejudice as a function of age

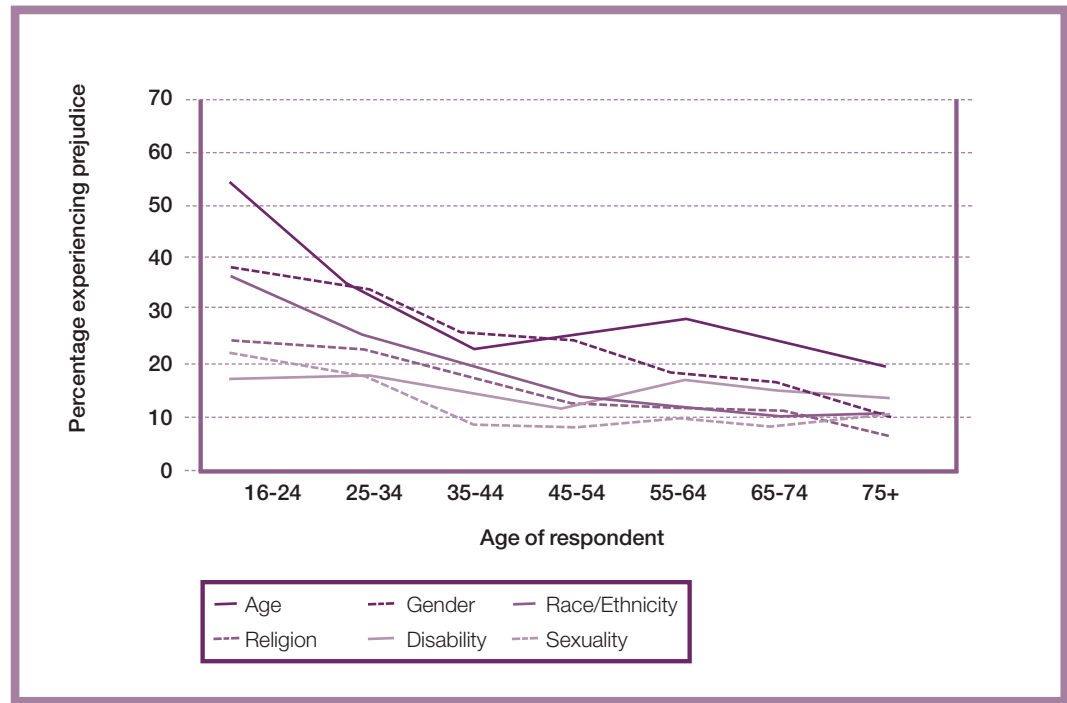


Fig. 36. Experience of prejudice as a function of age

The fact that unfair treatment was more commonly reported by young people may be because counter-balancing factors such as economic power or organisational seniority mean that discrimination is not experienced as acutely by older people, or simply that they are less likely to define particular acts as 'unfair'. The finding that, in later life, people were most likely to report age-related discrimination when coming up to pension age does suggest that work and status play a role in experience of discrimination.

There may be under-reporting of discrimination by older people because the low competence stereotype attached to older people is held by all age groups, including older people. Younger people, who believe they are more competent than older people may feel they are not given the opportunities they deserve. Conversely, if an older person is denied an opportunity on the basis of age their self-stereotyping may lower their expectations and lead them to feel this is 'only right'.

8. Perceptions of ageism

Summary points

- Age discrimination is perceived as less serious than racism, discrimination on religious grounds or discrimination on grounds of disability.
- Older people of 65+ and particularly those of 75+ are less likely than the rest of the population to view age discrimination as serious.
- The majority of respondents think there is the same amount of age-related prejudice in Britain compared to five years ago and that there will be the same amount in five years' time.

How serious is age discrimination?

We asked respondents:

In this country nowadays, in your opinion, how serious is the issue of discrimination against people because of their...

- gender (male or female)
- age
- religion
- race or ethnic background
- any disability they may have
- sexual orientation (being gay, lesbian or heterosexual – straight).

The most serious form of discrimination was race or ethnicity (64% thought this was very or quite serious), followed by disability (54%) and then religion (51%). By comparison only 42% felt that ageism was very or quite serious and 52% felt that it was not very or not at all serious. Age was similar to gender and sexual orientation in that the prevailing view of the sample was that it was not serious as an equality issue.

How serious is the issue of discrimination against people because of their...

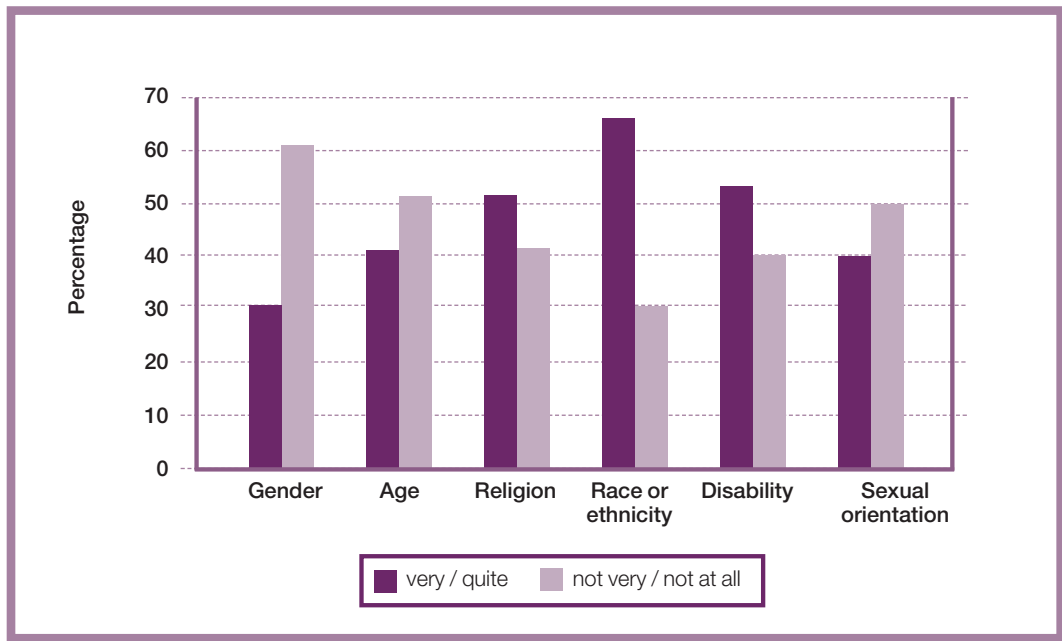


Fig. 37. Perceived seriousness of discrimination

Age is similar to gender in that older people and women are both viewed in terms of benevolent prejudice, ie warm but not competent. The findings suggest that people feel benevolent prejudice is in general less serious than hostile prejudice.

Older people, ie those aged 65-74 and in particular those of 75+, were less likely to view ageism as serious than the rest of the population. There could be many reasons for this, not least that ageism pervades all age groups, and older people may have lowered expectations as a result of self-stereotyping as well as stereotyping from those around them. This suggests that tackling age discrimination needs to involve older people as well as the rest of the population.

The middle-aged groups, ie those of 45-54 and 55-64 were more likely to view age-based discrimination as serious. This may reflect age discrimination being experienced by this group at work, although further research would need to be done to clarify this issue.

How serious is discrimination based on age?

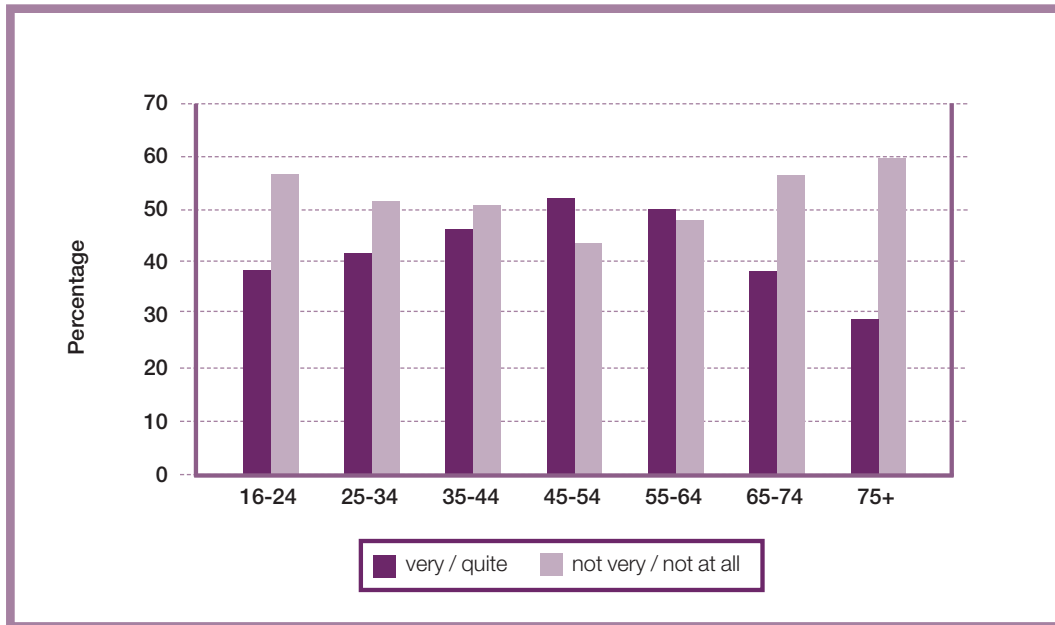


Fig. 38. Perceptions of seriousness of age discrimination by age group of responder

Current and future levels of prejudice

The survey asked about views on current and future prejudice. Around 29% of respondents said there was now much more (8%) or a little more (21%) prejudice than 5 years ago. Fewer people (12%) felt there was less. Approximately half (49%) felt there was no difference, and perceptions varied little across age groups.

Is there more, less or the same amount of prejudice than 5 years ago?

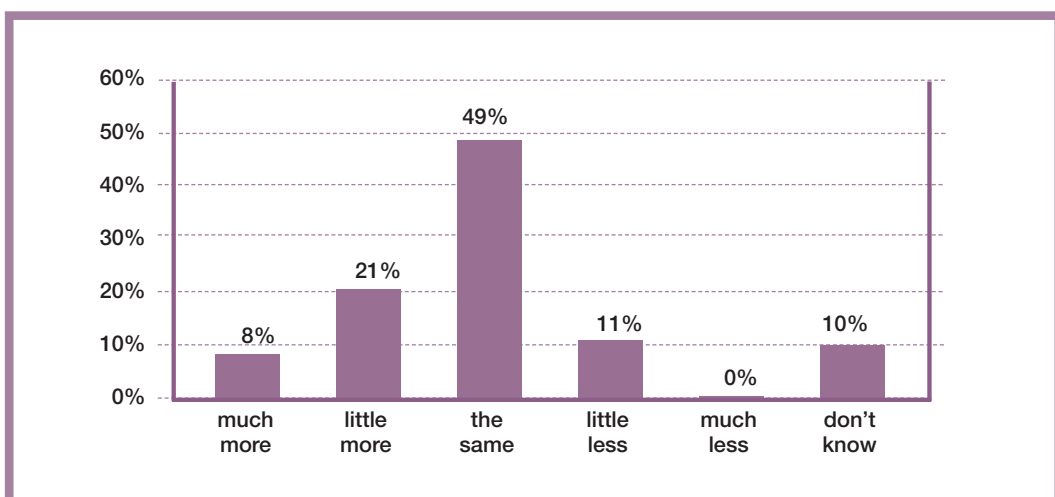


Fig. 39. Levels of ageism compared with 5 years ago

Some 27% felt there would be more prejudice in 5 years time, and 14% felt there would be less. Again, approximately half (48%) felt it would be about the same.

Will there be more, less or the same amount in 5 years?

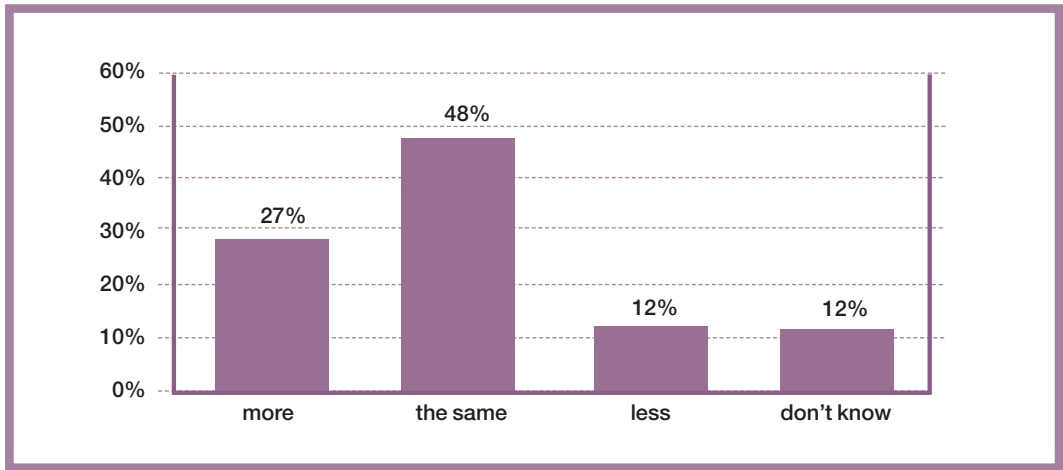


Fig. 40. Levels of ageism in 5 years' time

There was little variation by age on this question. Nearly a third of respondents predicted an upturn in ageism in the medium term. Perhaps this reflects a general awareness of the demographic shift towards an older population, coupled with concerns about resourcing pensions, health and social care.

Key issues and discussion

This survey is the first comprehensive survey of ageism in Britain. It has revealed a series of new findings that provide an important benchmark for future work. The key points arising from these findings are discussed below.

'Benevolent' prejudice

There are many different stereotypes of older people, ranging from the more hostile image of a 'cantankerous old codger', to less overtly negative images. However, in general we found ageism is prevalent in Great Britain and exists largely in the form of patronising or benevolent prejudice, whereby older people are perceived as 'warm' but 'not competent', or 'dodderly but dear'. Older people are further stereotyped as moral and admirable, and an overwhelming majority of people agree that they should be valued and cherished.

This form of prejudice runs parallel to benevolent sexism and is 'hidden' in that those holding these views often do not see themselves as prejudiced. For example benevolent sexism may involve beliefs such as 'Women are purer and kinder than men', or, as in our survey 'Older people should be valued and cherished'. People holding such views may see no harm in them and feel they are positive. However, the disadvantages arising from such attitudes can result in continued socio-economic exclusion of people seen in these ways. At individual level it can mean infantilising, ignoring or failing to treat older people with respect. At institutional level assuming lower competence means exclusion from employment opportunities and positions of power or decision-making.

In addition, conflict can occur when an individual fails to behave true to type – eg the 'warm' stereotype of women may appear to lead to preferential treatment in some cases, but women in powerful positions, eg in business or politics are subject to more criticism than men in similar positions because they are not fulfilling the 'warm' expectations. This can be the same for older people, who may be treated preferentially when being given a seat on a bus, but may be criticised as selfish for spending their savings on a holiday when they should be looking to provide an inheritance for their families.

As well as individual behaviours, this collective social attitude seems likely to result in organisational structures, policies and practices that lead to exclusion or disadvantage. Particularly in the case of older people, this kind of stereotyping is likely to affect their outcomes in a wide range of contexts, including work, education, health and social care, and in their roles as consumers of products and services.

In our survey far fewer people thought older people should definitely have equal access to education opportunities (69%) than to health and care (93%). One interpretation of this finding may be that when considering older people we think of their needs (eg healthcare) first and rights (eg to personal or career development) second which accords with the warm and incompetent or 'dodderly but dear' stereotype. For those who felt that older people definitely deserved equal access to health care but not necessarily other aspects of life, the underlying attitude may be that older people should be looked after but are less deserving of educational opportunities which offer more active engagement, potential career enhancement and personal growth.

An extract from the recent review of the National Service Framework for Older People¹¹ illustrates disadvantages which can result from the ‘dodderly but dear’ stereotype:

‘We found that some older people experienced poor standards of care on general hospital wards, including poorly managed discharges from hospitals, being repeatedly moved from one ward to another for non-clinical reasons, being cared for in mixed-sex bays or wards and having their meals taken away before they could eat them due to a lack of support at meal times. All users of health and social care services need to be treated with dignity and respect. However, some older people can be particularly vulnerable and it is essential that extra attention is given to making sure that givers of care treat them with dignity at all times and in all situations. To fail to do this is an infringement of their human rights. There is a deep rooted cultural attitude to ageing, where older people are often presented as incapable and dependent – particularly in the media. As there is an increasingly ageing population, there is a need for policy makers and those who plan and deliver public services to consider the impact of ageism and to take action to address this.’

Equally in the workplace, an assumption of lowered competence can lead to serious disadvantages for keeping a job, getting a promotion or further training, or getting a new job if made redundant.

Case Study: Patricia Al-Salih¹⁵

Patricia was a PA and credit-controller for a small engineering firm for 20 years and had a verbal agreement with her boss that she would work until 70. When she was 63, the company was taken over by new employers and two years later they asked her to retire, despite there being no contractual retirement age. She refused to retire so instead they made her redundant.

She says ‘When they tried to force me out, I told my new employers, “There’s no way I’m ready to retire. I haven’t even considered it an option.” It is ludicrous, in the light of current demographics that employers force people to retire at a certain age. It lacks common sense to discourage an older workforce. Having worked for 20 years for a company that employed people of all ages I know that diversity works. By cutting older workers out of the equation, you are not getting rid of the dead wood but the roots from which a productive workforce can grow.’

Patricia’s experience of job-hunting following her redundancy was very dispiriting. She says ‘I must have applied for over a dozen jobs, and the attitude has always been the same. It’s not personal, but the idea is that once you have hit 65 and can draw a pension, you should just take a back seat and retire. I know that I will never be able to command the same salary as before.’

Declining competence – stereotype or fact?

The survey has established that the warm but incompetent stereotype exists, and there are many illustrations of how this causes disadvantage to older people. However, this begs the question whether the belief that competence declines with age is true or not.

Competence can be applied to different areas of life, including health, independence and activities for everyday living, cognition (including memory and decision-making), language (eg conversational skills) and social and emotional capacities. Ageing is associated with changes in all of these areas, and in some there is evidence that skills improve with age. Research evidence suggests that declining health and capability cannot be conclusively linked to the ageing process alone, and that in fact ageing can have a positive impact on people's lives. Younger workers are no better than older workers at their jobs and physical decline, while associated with ageing, is also linked to prolonged exposure to unhealthy environments through long term manual work, low socio-economic group, etc. Annex 3 provides a review of the literature on the subject of health, capability and ageing.

Age discrimination or legitimate age-based practice?

There is a subtle difference between age-discriminatory and age-differentiated behaviour. Some age-related practices are based on evidence of actual age-related changes that may require differential treatment¹⁶.

Differential treatment according to age can be broadly categorised as under-representative; positive/protective; and negative/overtly harmful¹⁶. It is the third type which would be viewed as clearly discriminatory – this is the type that represents those examples of direct ageism and age discrimination as described above. The first category covers that which may be considered more 'passive' and indirect – discriminating by omission and unsuitability rather than action.

The second category is the most complicated, covering issues such as protective legislation, positive stereotyping and special treatment¹⁶. Broadly speaking, these policies and practices are designed to benefit rather than harm vulnerable groups – for example, having an age at which a person becomes eligible for a State Pension helps to ensure an adequate income in retirement⁵. In addition, older people are offered concessions on a range of services such as free or reduced public transport, free NHS prescriptions, and free TV licences for those over 75⁵. The concept of positive discrimination (or reverse discrimination) – takes this argument one stage further. This well-known concept means to purposely act in favour of disadvantaged groups (such as actively employing people from a particular group in order to increase their presence in the workplace), and it has been used to varying degrees of success for other areas of disadvantage such as race and gender.

However, it can be argued that some of these practices can prove just as harmful for older people (or other disadvantaged groups) as more overtly negative forms of discrimination. For example, the types of concessions mentioned above can reinforce ageist stereotypes of older people as needy and dependent⁵ and by doing so exclude them from choices and opportunities.

Self-defeating attitudes

A key finding from the survey was that older people hold self-stereotypes and values which are likely to result in age-based prejudice. Specific findings supporting this view are:

- people over 65 are as likely as the rest of the population to hold the warm but incompetent stereotype and those over 65, particularly those of 75+ are more likely to agree that competence declines with age
- people over 75 are the least likely to want to extend equal opportunities for older people. 12% of the over 75s (compared with 8% of the overall sample) felt that older people should not have equal access to education
- people over 65 demonstrate a greater orientation to work ethic and a weaker orientation towards egalitarianism
- people over 75 are the least likely to view age discrimination as a serious issue
- people in mid life (the 'baby boomers') displayed the most dissatisfaction with being a member of their age group.

These seemingly self-defeating attitudes may result from a complex mix of incorporation of societal ageism and accepting these attitudes as norms, and attempting to cope with ageism by lowering personal expectations and goals (see Annex 2). The fact that older people are far less likely to report age-based discrimination than younger people, even though ageism is the most prevalent form of prejudice in society, may also reflect lowered expectations of what is 'fair' treatment in later life.

Other parts of society don't take ageism seriously either and some claim ageism and age discrimination are justified or even self-inflicted. For example one US judge said that protecting older adults from discrimination was unnecessary because "older persons...have not been subjected to a history of purposeful and unequal treatment...old age also does not define a discrete and insular minority because all persons, if they live out normal life, will experience it"¹⁶.

In comparison to other bases for discrimination such as race, sexual orientation and gender, age lacks a vociferous rights lobby. Campaigns related to age are usually based on issues such as the Basic State Pension or Council Tax for pensioners on fixed income, rather than about rights for older people as a group in society. It may be that self-stereotyping among older people themselves plays a part in preventing them from asserting their rights. The National Service Framework for Older People review¹¹ stated that, "Many older people find it difficult to challenge ageist attitudes and their reluctance to complain can often mean that nothing changes."

This strongly suggests that any initiatives to tackle age discrimination need to involve older people as active partners and not as passive victims.

Intergenerational contact

The survey found that relationships were restricted by age, and that older people were more socially isolated than younger people, who appeared to have closer relations with other age groups. Some 80% of responders have a close friend who is under 30 compared with 67% who have a close friend who is over 70. Most people think people over 70 and people under 30 have 'not very much' or 'nothing at all' in common.

This finding may not be very surprising. However there is a further association that those who do have closer contact with older people are less likely to stereotype them as incompetent and more likely to see the commonalities between older and younger people. This demonstrates the importance of positive contact in tackling the psychological processes that underlie age discrimination.

Other research suggests that a key method of addressing age-based prejudice may be to increase intergenerational contact. The Homeshare programme (started in the US but recently introduced to the UK and Australia) is an example of intergenerational working to improve relations and provide mutual benefit. It enables older people to remain living in their own homes and offers younger people rent-free accommodation in exchange for carrying out housework and meal preparation duties.¹⁷

Enabling and enhancing positive contact between different age groups and involving older people as active partners are key factors in tackling age discrimination in society.

Conclusions and Recommendations

There is a continuing need to measure the scale and nature of ageism to reflect the changing age structure of society, and to understand how and where ageism is most likely to impact on people's lives and opportunities.

The measures adopted for tracking ageism (or any other prejudice) need to include implicit measures such as those used in this survey as well as more explicit measures.

The survey tool developed has been successful in measuring some key aspects of age-related discrimination and should be further developed and fielded periodically to monitor public attitudes.

Key indicators which should be used as benchmarks are:

- age categorisation and the effects of own age on perceptions of 'youth' and 'old age'
- satisfaction and identification with own age group in the population
- warmth/competence stereotypes of older and younger people
- attitudes towards equal opportunities for older people in healthcare, social care, employment and education
- perceived threats posed to economy, standards of life, traditions and culture by the increasing population of older people. This indicator should be particularly monitored alongside attitudes to equal opportunities
- levels of positive contact between different age groups in society
- experience of discrimination based on age
- perceived seriousness of ageism.

This approach, which also informed the Women and Equality Unit's subsequent research¹⁸ should be adopted by the Commission for Equality and Human Rights in its duty to monitor attitudes regarding the other common bases for prejudice such as gender, race, sexual orientation and religion.²

This survey tool will be further developed into a biennial benchmarking survey for monitoring ageism in Britain by Age Concern England.

Annex 1 – Sample Characteristics

45% male, 55% female

Minimum age 16, maximum age 92, average 49

18% social class AB

46% social class C1/C2

36% social class D/E

35% in full time work

30% retired

12% part time work

0.7% part time working under 8 hrs pw

18% not working

5% in full time education or at school

34% buying house on mortgage

31% own outright

20% rent local authority

12% rent privately

20% one-person household

35% two-person household

68% no children household

58% married

22% single

20% widowed/divorced/separated

Regional spread: highest proportion of sample – South East (16%),

lowest proportion – East Anglia (4%)

79% urban, 21% rural

24% had long-standing illness or disability

- 0.8% housebound

- 13% can do most things but nothing too energetic

90% white ethnic group

4% Asian (Indian, Pakistani, Bangladeshi, other Asian)

3% black (Caribbean, African, other black)

1% mixed background

Annex 2 – Ageism: review of theory

Introduction

This review introduces the concepts of ‘ageism’, ‘age discrimination’, ‘stereotype’ and ‘prejudice’, and sets out the main issues in the debate. In particular, it explores:

- theories of stereotype and prejudice and how these explain ageism
- concepts of ageing, capability and health and how these are affected by ageism.

Defining ageism and age discrimination

Robert N Butler, the then Director of the National Institute on Aging in the US, introduced the term ‘ageism’ in 1969. He defined it as a combination of three connected elements. These are:

- prejudicial attitudes towards older persons, old age and the ageing process
- discriminatory practices against older people
- institutional practices and policies that perpetuate stereotypes about older people³.

The concepts of ageism and age discrimination are therefore closely linked, with age discrimination forming one facet of the wider concept of ageism.

Definitions of ageism from other sources may slightly differ in terms of specific language used, but one or more of the three elements above can usually be identified within them.

It has been accepted since the definition was written that ageism can occur in favour of or against any age group, not just older people. However, the terms ageism and age discrimination are still popularly used to define prejudice and discrimination specifically against older people.

In this review, the term ‘ageism’ is used to describe stereotypes and prejudices held about older people on grounds of their age. ‘Age discrimination’ is used to describe behaviour where older people are treated unequally (directly or indirectly) on grounds of their age.

Theories of stereotype and prejudice

What are stereotype and prejudice?

Stereotype and prejudice are closely linked. Stereotypes can sometimes contain a grain of truth¹⁷ and they are not always negative. Prejudice is more ‘emotionally charged’ and involves the expression of derogatory attitudes, which can lead to the use of discriminatory behaviour. Stereotypes and prejudices are usually held in relation to groups we see as ‘other’, but

occasionally stereotypes about a group can be held not only by those outside but also those within the group itself.

In the traditional social-psychological 'tripartite' view, there are three mechanisms constituting attitudes – cognition, affect, and behaviour. Stereotype represents the cognitive element, prejudice the affect and discrimination the behavioural¹. Using this view, the interconnectedness of stereotype, prejudice and discrimination is easy to see. Stereotypes are likely to feed prejudice – especially where stereotypes are inaccurate and ill-informed. For example, an ageist stereotype might be that older people are not as capable as younger people. This might lead to prejudicial attitudes (such as that held in the earlier example that older workers are not as good as younger workers) – even when there is evidence to the contrary. This in turn may lead to discriminatory behaviour (such as rating older workers poorly in the workplace).

Theoretically speaking, stereotype and prejudice can be explained in several ways^{17,19}:

Firstly, they can be seen as a product of the socialisation experiences which fit a person into the social norms of their culture. This would suggest that stereotypes and prejudice are most likely to be developed as a person grows up, and that similar stereotypes and prejudices would be held by members of the same groups.

Secondly, they could be a manifestation or displacement of an individual's internal conflicts. Following this theory, prejudice is seen as a psychological state induced by the person's own thoughts and feelings about themselves and others. Stereotypes and prejudices would be individually held under this theory and not linked to group ties or socialisation experiences.

Thirdly, they could be an interpretation of specific experiences in relation to a particular group. This indicates that stereotypes and prejudices are based purely on individual experience, which would suggest that they could be made (and broken) throughout the course of a person's life depending on their relationships with other groups.

The theories of stereotype and prejudice that follow can all be identified as fitting into one of these three theoretical categories.

Theories used in relation to older people

1. Stereotyping

1.1 Stereotype Content Model¹

The most widely supported theory explaining stereotype is the Stereotype Content Model. This is based on research using participants to assess various social groups through the core dimensions of 'competence' and 'warmth'. Four clear clusters of groups are identified: warm and incompetent; competent and cold; incompetent and cold; and warm and competent (although this rating was only given when talking about people with whom the participant identified themselves). The theory suggests that people base their views of others on characteristics associated with these social groups. Older people are rated as incompetent and warm, which according to the model means that as a group they are liked but

disrespected. Grouped with disabled people, they attract pity and sympathy from the participants. Young people were rated as more competent than older people, and this helps to explain age-based double standards such as attributing memory failure to laziness in the young and incompetence in the old.

2. Implicit Social Cognition and Implicit Association²⁰

The theory of Implicit Social Cognition suggests that stereotype and prejudice can operate without conscious awareness, control or intention to harm. It has been suggested that implicit social cognition begins in an explicit form before becoming automatic and unconscious (for example by children listening to the comments of adults). This may also happen through observation of stereotypes contained within children's literature, television and advertising.

The Implicit Association Test (IAT) was developed to measure reactions to various 'indicators' (both single words and combinations flashed on a screen) as a way of testing these inbuilt attitudes and beliefs in a range of people. The test measures delay times when pairing an 'attitude object' (ie a word such as 'old' or 'young') with an evaluation (ie words such as 'good' or 'bad'). This works on a computer by a respondent pressing keyboard keys representing each word. The speed at which these pairings are made is compared, and conclusions drawn based on these differences. In terms of age, the IAT found that there was a significant implicit negative age stereotype which surpassed even that found in relation to race. This suggests that stereotypes about age are so ingrained in society that they have reached an unconscious level.

3. Social Role Perspective²¹

Social Role Perspective suggests that our beliefs about social groups are based on viewing certain people in certain social roles. Under this theory, stereotypes develop because the characteristics of a role become linked with the people who perform that role – for example, women have traditionally worked in 'housewife' roles with men as the main employed household member. Working in the home is seen to require certain characteristics – such as kindness and concern for others – whereas being employed is seen to require self-confidence and assertiveness. These characteristics become linked with the people performing the roles, which means that all women are then seen as kind and concerned for others, while all men are seen as self-confident and assertive. The stereotype, which developed as a result of certain social facts at a certain time, then persists even though the social roles may have changed.

Although this theory has been mainly used in relation to sexism (as in the example above), it can also be applied to ageism. An example which has been studied in research is that of employment – because the employee role is occupied mainly by those under 65, the assumption develops that younger people are more capable than those over 65. The theory is supported by the fact that, if they were in work, both younger and older people were viewed as equally capable by research participants.

4. Stereotype Cultivation²²

This simple principle suggests that television promotes negative stereotypes of older people, which have a profound influence upon an individual's attitudes and behaviour towards older people. It is suggested that the impact is felt by all groups in society, including older people

themselves (who may in fact be the most affected group because they tend to watch more television than other groups).

5. Self-stereotype

One consequence of using social categories is that people apply ingroup stereotypes to themselves.²³ In addition to other groups in society stereotyping older people, older people themselves can and often do hold stereotypical attitudes about the old. As seen above, stereotype cultivation can lead to older people self-stereotyping themselves and the group. There is research evidence that supports this theory – for example findings that older and younger people are in basic agreement about ageing stereotypes.²¹ This is unusual because people in groups usually express only positive attitudes towards their peers (as illustrated in the Stereotype Content Model, above).

6. Implicit Self-Stereotype²¹

One explanation for this is Implicit Self-Stereotype theory. This suggests that the implicit attitudes about age that are internalised by young people are carried through as the person ages. Once negative stereotypes have become implicit, exposure to continued negative stereotypes of ageing throughout the lifecourse continue to trigger and reinforce the unconscious stereotypes. This then ensures that older people continue to hold the same attitudes about the old as they did when they were younger. Age is unique in this sense because usually members outside a group do not go on to join it (ie characteristics such as race and gender are fixed and unchangeable).

2. Prejudice

1. Terror Management Theory²⁴

Terror Management Theory is based on the work of Ernest Becker, a cultural anthropologist working in the 1960s and 70s. The theory suggests that individuals hold their own views of the world which are psychologically reassuring in a threatening and uncertain world. The different world views held by other individuals are seen as a threat to the validity of one's own beliefs, and this is at the root of prejudice and discrimination.

2. Death denial and mortality salience

In relation to ageism, Becker stated that all cultural worldviews contain mechanisms for the denial of death (such as belief in an afterlife; 'living on' through one's achievements; or the continuation of the family line through having children). Denying death in this way manages the level of fear people have about dying. Under this theory, older people are a constant uncomfortable reminder to the young of the inevitability of death (they raise 'mortality salience'), and the link between death and the ageing process. In order for the cultural worldview of death denial to be maintained, older people are pushed from view both physically and psychologically. Research shows that when people's death anxiety is raised they show more ageist attitudes.

People may defend their world views using two mechanisms – distal and proximal. Distal defences involve more negative reactions to those who challenge one's world view and more positive reactions to those who reinforce the world view. For example, a person may be derogatory to older people immediately after having been in contact with an older person.

Proximal defences escape the object of fear – the older person – either by avoiding them or by actively removing them from society. Proximal defences play a role in some families' decisions to place older relatives in residential care. However, proximal defense can also be psychological – for example distancing through the use of specially created derogatory words to describe older people that separate them from the rest of society. Older people may also be viewed as 'other', a separate category of persons who do not share any characteristics with younger people.

3. Social-developmental theory²⁵

Development theory views prejudice as a product of childhood development, and the natural cultural and social perceptions that develop during that time. According to this theory there are several fundamental concepts which help children to organise their perceptions of others, and which may lead to the use of stereotypes in order to classify people into groups. Elsewhere these are also known as 'primitive' or 'automatic' categories.²⁶ Age is one of these key concepts, and research suggests that from an early age children are able to identify the age of people from certain physical characteristics such as height, face and voice. Negative attitudes towards older adults and stereotypes about older people both emerge early in a child's life – in research, children from all backgrounds displayed more negative attitudes to older adults than to younger adults, including the selection of a younger adult to partner the child in a game rather than an older adult.

Children's understanding of age becomes more developed as they get older, with attitudes becoming less negative and more elaborate. This suggests that socialisation (as well as increased cognitive ability) can have a large role to play in creating an individual's perceptions of age.

4. Social Identity Theory^{21,27,28}

Social identity theory is a central theory in the social psychology of intergroup relations. It stresses that social categories are used flexibly in people's sense of identity. The theory provides a comprehensive account of intergroup conflict, prejudice and discrimination by connecting these phenomena to people's sense of self and identity. A central tenet is that people want to have a positive and meaningful identity.²⁹ Self-identity is rooted in group-identity, and thus when our memberships of particular social groups are relevant, in order to feel good about ourselves we must feel good about the groups we belong to. In order to do this, people are motivated to establish meaningful differences between groups and to elevate their own group above others on dimensions that are important to them. Based on this theory, people should be expected to favour their own age category (e.g. 'young', 'old') more than others. Of course this does not happen in an all encompassing way (people do not routinely dislike all other people of a different age group). Instead it should operate in a situationally relevant way – people are likely to use age boundaries as ways of categorising people, when age seems relevant. The particular boundaries they apply (e.g. whether a 45 year old classifies him/herself as 'young' or 'old') will depend on the ages of other people in that situation. Thus, social identity can be a powerful basis for an explanation of ageism but also explains

why the same person could be ageist in different ways in different situations. Social Identity Theory also offers an explanation for how people view themselves depending on the social structural position of their groups (e.g. high or low status, and with options for change or not). Self-categorisation theory,²³ which is a development of the cognitive aspects of social identity, provides a detailed account of ways that the self-concept can adapt malleably to different situations, and how this becomes a basis of stereotyping of self and others.

4. Segmentation of the lifecourse³⁰

The theory here is that a person's lifecourse is segmented into three sections – preparation and education, family building and work, and retirement. These represent an institutional, spatial and cultural separation between age groups in society, which prevent intergenerational interaction and lead to negative feelings and/or ignorance between age groups. In turn this leads to the development of stereotypes and prejudice.

5. Disengagement Theory

'Disengagement Theory' suggests that ageism and age discrimination are partly self-inflicted. This school of thought from the 1960s states that older adults reduce their contact with society voluntarily rather than being excluded against their will. The theory makes the withdrawal of social institutions from older people acceptable, suggesting that they have willingly participated in this action³¹. Although the theory has since been discredited, it shows how the existence of ageism can be disputed even through 'credible' academic theory.

3. Negative impact

There is evidence that mental capability and wellbeing are negatively affected by exposure to stereotypes and experiences of ageism. Three main theories are offered to support this view:

1. Self-fulfilling prophecy

Self-fulfilling prophecy, or 'behavioural confirmation', is a process by which exposure to stereotypes and prejudicial attitudes cause a person to behave in a way which confirms these beliefs¹. There is research evidence to illustrate this effect: for example, it has been shown that the use of 'baby talk' (or infantilisation) causes older people to accept the inference that they are no longer independent adults, thus causing them to behave in a passive and dependent manner.³² In addition, research has shown that the linguistic expression of pity, particularly from medical professionals, conveys the idea that older people are helpless. Some older people internalise this message and as a result increase their dependence on others³².

2. Priming

In addition to the creation of self-fulfilling prophecies, exposure to negative stereotypes can also impact on older people in other ways. This can be shown through the use of stereotype 'priming' research, which deliberately exposes people to positive and negative stereotypes about older people and then analyses their behaviour. For example, priming research has shown that activating negative stereotypes about older people decreases memory performance in older people and increases their negative views of ageing^{20, 22, 33}.

Priming can also occur naturally, through extended exposure to negative ageing stereotypes in society, which can affect the way a person reacts to ageing themselves. This is known as

'self-priming'.⁴ Self-priming can cause negative age-related changes to worsen, as the older person sees their life as a downward spiral and therefore takes no counter action³¹. In the extreme, this has been seen in research where older people were positively and negatively primed and then asked to make a hypothetical decision involving lifesaving treatment. Those who had been negatively primed were more likely to reject the lifesaving treatment⁴. This demonstrates the serious impact that exposure to negative stereotypes can have on the mental wellbeing of older people, even affecting the value they place on their own lives.

Evidence from the Age Concern and Mental Health Foundation Inquiry into Mental Health and Wellbeing in Later Life found that older people themselves said that the most effective way to improve mental health and wellbeing would be to improve public attitudes to older people and mental health³⁴. This shows the impact that ageism can have on older people's mental health and wellbeing.

4. Coping strategies

The majority of older people maintain a positive sense of wellbeing throughout their later life. This is often referred to as 'successful' or 'optimal' ageing, and may be seen as contradictory when the negative stereotypes, prejudice and discrimination against older people are considered.³¹ In contrast to the theories of negativity outlined above, several other theories offer explanations for the unique psychological state involved in being an older person and how this can be dealt with in order to protect a positive self-image.

1. Social Identity Theory²¹

Discussed in Section 2, Social Identity Theory suggests that people's desire for positive self-identity leads them to strongly identify with their groups and disregard groups they view as 'other'. This can be complicated by some groups in society being seen as dominant and some subordinate, because being in a group which is constantly viewed negatively (the subordinate group) can make positive group-identity difficult. This in turn makes it harder to maintain a positive self-identity. Older people are a subordinate, negatively viewed group, and thus (following the theory) older people find it hard to maintain a positive attitude to their own group and themselves. Social Identity Theory suggests several mechanisms for how people deal with this problem:

Social Mobility

This involves leaving the negatively viewed group to avoid association with the negative group-identity and thus continue to feel good about oneself. Older people could apply this mechanism by 'staying young' physically and mentally, and avoiding behaviour associated with older people.

Social Creativity

In this case, a person may identify with a particular sub-group within their group which is more positively viewed. Failing that, the negative traits of other groups become a focus. For older people, this might take the form of joining a sub-group such as 'the perfect grandparent'.

Social Competition

This involves efforts to make social identity more positive by actively and consciously challenging the negative image of their group portrayed by a dominant group. For example, older people might campaign collectively to assert their equal or higher levels of competence in particular areas of activity compared with younger people.

Intergroup Contact Theory

According to intergroup contact theory, when people have positive relationships, especially friendships, across intergroup boundaries, this may create the potential for better understanding of the outgroup and perhaps the establishment of a superordinate, or common ingroup, identity (as well as linking a member of the outgroup to the self-concept^{35, 36, 37}). These processes can help to produce generalization of more positive attitudes and less stereotyping of the outgroup as a whole. Moreover, 'extended contact', the knowledge that an in-group member has a close relationship with an out-group member, can lead to more positive intergroup attitudes.³⁸ Recent research shows that older people with closer intergenerational contacts are less vulnerable to priming effects on their performance. When told their performance on a cognitive test was being compared with that of younger people (compared with people who had no such comparison) older people with less intergenerational contact performed significantly worse than those with more intergenerational contact.³⁹

2. Socioemotional Selectivity Theory³¹

This theory proposes that because of increased psychosocial maturity gained with age, older people are able to successfully control potentially negative experiences. Instead of putting themselves into situations where they could come into contact with strangers (who may hold ageist views and thus react negatively), older people surround themselves with family and friends who will provide positive responses and help maintain the older person's positive emotional state. Although similar, the theory is in contrast to the Disengagement Theory which views this withdrawal from some social interaction as collusion in the negative treatment of older people. In Socioemotional Selectivity Theory this is seen as a positive act, which allows older people to control their own emotional experiences and thus remain emotionally healthy.

3. Goal Accommodation³²

According to this theory, adults gradually relinquish previously held aspirations and goals in favour of those which represent a better fit with the restrictions of later life. In doing this, older people can help maintain their positive sense of self because they are no longer faced with their limitations. This also helps them to achieve goals, which provides a sense of accomplishment. This can apply to physical goals (such as sport, or lifting) as well as psychological goals (such as ambitions in education or work).

These theories suggest that, due to a series of psychological mechanisms, older people are able to maintain a positive self-image despite the existence of ageism.

Annex 3 – Health, Capability and Ageing

How are ‘health’ and ‘capability’ defined? There are many available and conflicting definitions of ‘health’. The simple biomedical model – freedom from disease – has been superseded by more holistic approaches, which combine physical, psychological and social factors to define what makes a person healthy. For example, the World Health Organisation (WHO) defines health as ‘a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity’.⁴⁰ Capability forms one part of a definition of health, particularly for older people, who emphasise the importance of being able to carry out routine tasks and look after themselves without relying on others as a measure of their own health.^{40, 41}

How do older people view the health of themselves and others?

Most older people take a holistic view of what ‘health’ means, including wellbeing and social factors as part of their definition.^{40, 41} In later life, people generally rate their own health by comparing themselves to others of the same age group and tend to see their own health positively despite any physical health problems that might be present. In research, it is found that older people broadly categorise health in three ways:^{40, 42}

1. as the absence of disease or illness
2. as a measure of strength and potential to resist disease
3. as a state of positive wellbeing and fitness for tasks.

A holistic approach also allows people more influence over their own care – as opposed to a medical model where others must be relied upon.⁴¹ Being allowed more involvement in their care fits with older people’s emphasis on independence as a measure of health.

In addition, older people have a strong moral component to their view of health, using concepts such as having the right attitude and moral fibre to describe what it means to be in good health.⁴⁰ They also use pain as a measure of health, in particular its ability to impact on a person’s wellbeing and ability to continue with everyday activities.⁴⁰ It has also been shown that older people’s views of what constitutes ‘healthy’ (and their willingness to participate in health promoting behaviours) can be influenced by a number of factors such as gender, social class and ethnicity.⁴¹

How do older people with chronic illnesses see themselves and others?

Statistics show that the number of years a person can expect to live in poor health after the age of 65 rose from 3.1 to 4.3 for males and from 5.0 to 5.8 for females between 1981 and 2001⁴³. The development of chronic illness creates new problems for older people in defining health and how they see their own health. The continuous nature of chronic illness means that the illness becomes bound up with the person’s identity. The individual finds it difficult to separate themselves from the illness – leading to a ‘loss of self’ which causes emotional distress⁴¹. A variety of coping strategies are employed by older people in order to manage their identities in the face of chronic illness – for example normalisation or denial (attempting to

maintain normal everyday functioning by disguising difficulties), balancing (trading off goals against each other), or accommodation (readjusting one's life)⁴¹.

The theorist Antonovsky proposes a continuum of health which he calls 'health-ease dis-ease', in answer to the chronic illness problem. He suggests that health is not dichotomous, and that the normal state of the human body is one of disorder – no person can be categorised as either healthy or diseased, but instead each person fits somewhere on the health-ease dis-ease scale⁴¹. Thus according to this theory, a person can be both ill and healthy – this idea being supported by the views of older people in research⁴³.

Is there evidence of health and capability declining with age?

Some evidence suggests that, in terms of some cognitive abilities, increased age does have an impact. For example, in the area of learning, experiments have shown that older people generally take longer to complete training and show less post-training mastery of training material than younger people⁴⁴. In terms of cognitive function, it has been shown in research that older people have slower processing ability, because of loss of 'working memory' (ie temporary storage in the brain). Some research has shown that this has an impact on an older person's abilities in the workplace⁴⁴. There is also a big difference between age-groups within the older population, with age-related changes twice as likely in those over the age of 85¹⁶, and this suggests that increased age does influence capability and health.

Other research findings, however, indicate that younger workers are no better at their jobs than older workers, despite the widespread perception that this is the case. In experiments it has been shown that there is no significant difference between the abilities of younger and older workers, with each group performing particularly well or poorly in different areas.⁴⁴ It is suggested that under performance in terms of cognitive processing is counter-balanced by increased ability in other areas – for example, research shows that previous relevant experience is significantly associated with job performance⁴⁴. It is also the case that older people's under performance in the area of learning can be attributed to a number of external factors. For example, older people tend to have lower educational qualifications and are not given as much workplace training as younger people²⁶. It may be the case that these factors lead to low confidence and motivation amongst older people when it comes to workplace training, which affects their performance. In experiments, those older people who have a degree often perform better on cognitive tests (particularly numerical) than those without⁴⁵. Overall, research has failed to prove a link between declining health and capability, and ageing.

In terms of physical health, some authors suggest that there is a 'medical myth' which unfairly suggests ageing is synonymous with disease⁴¹. However, as above, decline in terms of illness may also be due to a number of factors as well as age¹⁶. For example, occupational class and educational achievement can have a large impact on physical function. Older people with routine or manual occupational class report more physical difficulties than those with managerial or professional occupational class⁴⁵. Those with lower socio-economic status and those in occupations which expose them to hazards are more likely to suffer disability⁴⁶. Council tenants are more likely to have poorer survival chances for cancers of good prognosis than owner-occupiers⁴⁶. These examples suggest that the declining health and capability that accompanies age may be linked more to prolonged and life-long exposure to an unhealthy environment and lifestyle, rather than to the ageing process itself.

It can also be argued that, contrary to stereotypes, ageing can have both positive and negative implications for physical and cognitive function and well-being – for example, older adults report more positive emotion and less negative emotion when compared to younger adults^{16, 47}.

Physical Capability and Health

Similarly to the contradiction described in relation to mental capability and wellbeing, it is considered an unexplained phenomenon that older people consistently rate their health as good, despite evidence suggesting that older people are more likely to suffer from a variety of health problems⁴¹. As suggested above, this is likely to be because of the wide definition of health most older people subscribe to.

However, there is some research which demonstrates the impact of exposure to negative stereotypes on physical capability and health. Priming research has demonstrated the effect of negative stereotypes on walking speed, with those older adults exposed to negative stereotypes walking more slowly than those primed with positive images³¹. A similar result is reported when handwriting is tested in priming research, with negatively primed older people demonstrating shakier handwriting²⁰. Research also shows that internalised negative stereotypes can cause extra stress responses (such as increased heart rate, blood pressure and skin conductance) when asked to complete tasks that are stereotypically challenging to someone of ‘their age’²⁰.

In research, older participants have expressed the view that ill health and old age are strongly linked^{40, 41}. It is possible that these views are the result of internalised negative stereotypes about ageing – some older people in the research were aware of this link between ageism and their attitudes to health⁴⁰.

The evidence suggests that not only are older people who accept negative images of ageing more likely to suffer with health problems – they are also (because of their negative attitude to ageing) more likely to attribute their problems to the ageing process, therefore possibly not seeking the necessary medical assistance. Some older people may also minimise their health problems as a deliberate method of denying negative stereotypes⁴¹. In addition, some older people are reluctant to visit medical professionals because of perceived ageism in the system – feeling more comfortable trusting their own common sense⁴⁰.

Annex 4 – Glossary of terms

Age discrimination – unequal treatment of people (directly or indirectly) on grounds of their age.

Age-differentiated – differential treatment of people based on actual evidence of age-related differences.

Ageism – stereotypes and prejudices held about people on grounds of their age.

Capability – an element of health, being fit to continue to carry out everyday tasks and look after oneself. Also related to cognitive function.

Benevolent prejudice – prejudice that is positive in tone but that results in disadvantage to the group, e.g. by being patronising.

Cognition/Cognitive – brain function when processing information.

Death denial – the avoidance of reminders of death, in order to manage levels of fear about dying; an element of Terror Management Theory.

Development theory – the assertion that stereotypes and prejudice emerge as part of natural childhood development.

Discrimination – unfair treatment of an individual or group, often based on stereotypes or prejudice.

Disengagement theory – the assertion that older people voluntarily withdraw from society.

Goal accommodation – the relinquishing of previously held ambitions in favour of those which are seen as more achievable.

Health – a state of physical and mental fitness and wellbeing.

Infantilisation – the use of 'babytalk' to address older people.

Intergenerational – interaction between people of different generations.

Mortality salience – awareness of death; an element of Terror Management Theory.

Positive discrimination – deliberate action in favour of disadvantaged groups.

Prejudice – attitudes about a particular group based on negative images, stereotypes or emotions.

Priming – exposure to positive or negative stereotypes about a group, used as a research technique.

Self-fulfilling prophecy – the process of exposure to stereotypes causing confirmatory behaviour of those stereotypes in an individual.

Self-priming – subconscious exposure to well learned positive or negative stereotypes about a group, occurring naturally in society.

Self-stereotype – the holding of generalised views about one's own social group.

Stereotype – the holding of generalised, (usually) negative views about other social groups.

World view – an individual's view of the way the social world functions.

Social identity – the value and importance to one's self-concept of one's membership of particular social groups and categories.

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