

Ageism: What's the harm?

Exploring the damaging impact of
ageism on individuals and society





Executive summary

Ageism is often dismissed as being harmless, but evidence shows that it causes significant damage to individuals, the economy and society.

Ageism causes people to be excluded from society and its institutions; it also leads people to limit their lives, activities and aspirations, damaging their health and wellbeing. And the ageism that is engrained in our culture and institutions means that people are devalued and marginalised as they get older, creating divisions and inequalities in society.

Ageism is widespread: a higher proportion of British adults have reported experiencing prejudice based on their age than on any other characteristic, and a study of the use of language related to older age in web-based magazines and newspapers found that of 20 countries, the UK was the most ageist of all.

There are three main types of ageism.

Institutional ageism, when ageism is embedded in laws, rules, social norms, policies and the practices of institutions. We see this in employment practices, where older workers are less likely to be employed, less likely to be offered training and frequently subject to stereotypes concerning their ability to do a job. Institutional ageism can also be found in healthcare with older people less likely than younger people to be offered some treatment options. And it extends to ageism by omission, where the needs of an ageing population are completely ignored as in the failure to design and build age-friendly homes and communities.

Interpersonal ageism occurs in the interactions between individuals. We see it play out in everyday conversations and relationships, for example, people patronising and infantilising people older than themselves, making pejorative assumptions about people based on

their age or commenting negatively on their (older) appearance.

Self-directed ageism occurs when a person internalises ageism due to repeated exposure to ageist messages and, as a result, modifies their own thinking and behaviour. Examples are when people believe themselves too old to progress at work or that they're too old to learn and train. People can also come to believe that old age means reduced physical and mental health with a corresponding tendency to engage in unhealthy behaviours such as smoking, drinking or being physically inactive. People who internalise self-ageist attitudes have worse medication compliance and are less likely to seek healthcare and to go for check-ups.

At an individual level ageism negatively impacts on:

» **Mental health, caused by factors including:**

- negative (or an absence of) portrayals of older people in the media, advertising and popular culture, often leading to poor body image or increased pessimism or anxiety about getting older
- being talked down to, patronised and infantilised, for example by healthcare professionals
- the stress from negative experiences in the workplace such as being overlooked by an employer for promotion or development, or feeling forced into retiring earlier than planned
- the stress of needing but being unable to get a job because of age bias in recruitment

- the consequent financial stress caused by not working

- the stress of living in unsuitable and unsafe homes

- the loneliness caused by living in communities that are not age-friendly

» **Physical health, caused by factors including:**

- the mental stress produced by circumstances outlined above

- not receiving care and treatment that is based on an objective assessment of health needs, as opposed to age

- not engaging in healthy behaviours (and engaging in unhealthy behaviours) because of internalised ageism limiting the activity that you feel you can take part in

- living in a home that is not safe or suitable for you as you get older due to lack of housing options

» **Financial wellbeing, caused by factors including:**

- not being able to work for as long as you want to, because of ageism in the workplace

- the physical and mental health issues produced by ageism that cause someone to fall out of work prematurely

Ageism experienced by individuals ultimately translates into far-reaching negative effects on society and the economy because:

- not employing older workers causes or exacerbates skills and labour shortages and leads to upward pressure on inflation
- not employing older workers or supporting them to advance

in the workplace reduces productivity and the potential for innovation in individual companies

- older age groups falling out of work before reaching state pension age means a greater reliance on welfare support and reduces tax revenues for public services, given that people of working age contribute more in tax than they consume in terms of public spending
- the impact of ageism on an individual's physical and mental health as outlined above will ultimately lead to increases in the long-term costs of health and social care services
- overlooking the over-50s consumer market (despite older age groups being responsible for half of all household spending) is a missed business opportunity

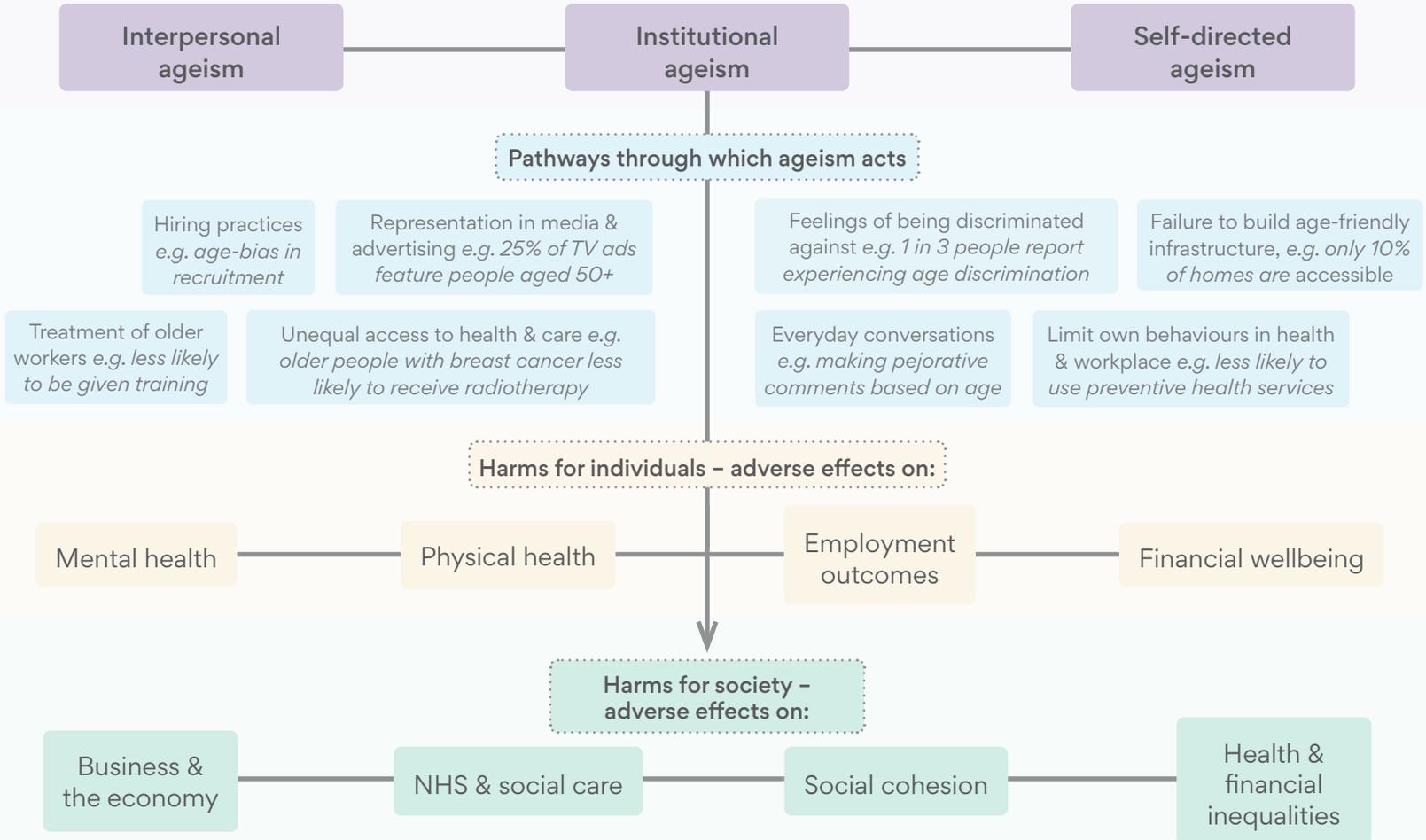
and leads to poorer and less relevant products, services or advertising for an increasingly large part of the population

And ageism disrupts social cohesion by segregating age groups and creating intergenerational division. This results in younger people deprived of the knowledge and experience of elders, and older people deprived of opportunities for relationships and social connections that protect from loneliness and isolation. In addition, social cohesion is recognised to be among the wider determinants of health and associated with economic growth.

This paper provides a brief overview of the evidence on the harm that results from ageism to individuals and to society. Where possible, evidence specific to the UK context is presented. However, where the UK evidence around different forms of ageism is limited, the findings of research from other countries

is included, as long as it seems reasonable to conclude that those findings will hold in a UK context.

How ageism affects us



What is ageism?

There are three main types of ageism:

WHO definition:

The World Health Organisation (WHO) defines ageism as ‘the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards people on the basis of their age’.¹



Institutional:

When ageism is embedded in laws, rules, social norms, policies and the practices of institutions.



Interpersonal:

When ageism occurs in the interactions between individuals.



Self-directed:

When a person internalises ageism due to repeated exposure to age-based biases and, as a result, modifies their own thinking or behaviour. This can happen in two ways:

Behavioural – where people come to believe the messages they hear about ageing, such as that cognitive and physical decline are inevitable with age. As a result, they don't engage in certain behaviours, for example, activities that would maintain or improve their health.

Psychological – where a person believes they will perform badly on a task because of their age (because this is what all external messages tell them). This leads to anxiety and a lack of confidence causing them to underperform on the task thereby confirming the stereotype.

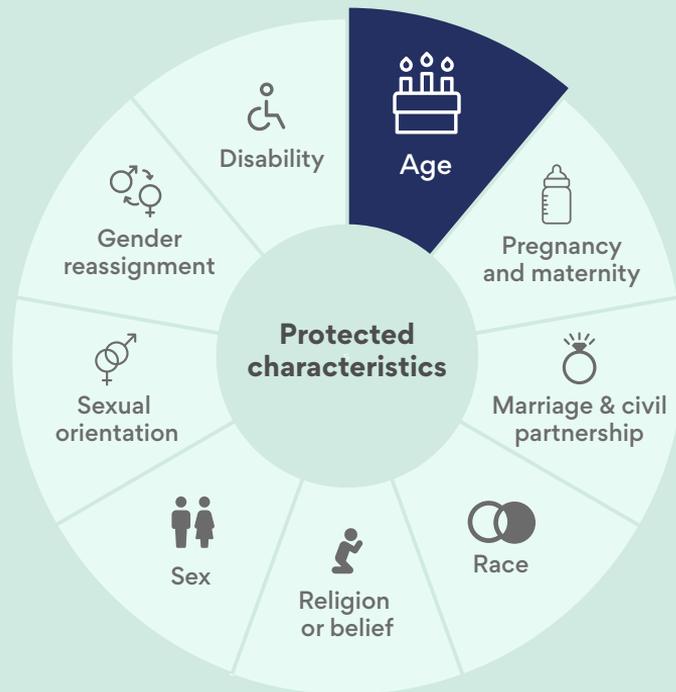
Like race and sex, age is one of the nine personal characteristics that cannot be used as a reason to discriminate against someone under the [Equality Act 2010](#). And yet, ageism remains an often socially accepted form of prejudice.

But ageism differs from other protected characteristics in that – by holding ageist beliefs and attitudes and engaging in ageist behaviours – we are in effect targeting our future selves. This means that everyone who is lucky enough to grow old is likely to experience ageism in their lifetime.

Ageism can, of course, intersect with other forms of discrimination, including racism, sexism and disablism (discrimination against Disabled people), compounding the adverse effects that any one of these forms of discrimination has on an individual's life.

In fact, the negative framing of ageing as synonymous with disease and disability suggests that ageism and disablism may have substantial overlap.

Like other forms of discrimination, ageism results in people being categorised and divided. They are then defined by certain stereotypes, judged according to those stereotypes and consequently treated differently to the population at large. This has serious and far-reaching consequences across multiple areas of people's lives.





How widespread is ageism in the UK?

Ageist attitudes are rife in the UK today. In fact, a higher proportion of British adults have reported experiencing prejudice based on their age than on any other characteristic. One in three people report experiencing age prejudice or age discrimination.²

A study of the use of language related to older age in web-based newspapers and magazines from 7,000 websites across 20 countries found the UK to be the most ageist of all.³

And in research the Centre for Ageing Better conducted in 2021:⁴

55% of adults agreed that the UK is ageist (with just 13% disagreeing).

This proportion increases to almost three in five people aged 50 to 69.

Ageism is happening subtly and not so subtly all the time and in all sorts of situations. In the following sections, we'll look at instances of ageism – and the harm that it causes – in the areas of employment, healthcare and health, homes and communities. First though, we'll look at ageism in advertising and other forms of media⁵ – because this is arguably the most prolific source and perpetrator of ageist attitudes. Ageism in media content is not just a *reflection* of attitudes in society but where, in large part, ageist narratives originate.



The effects of mass media

Advertising and the media, including social media, has a profound impact on how people understand the world and themselves.

With its content and messaging, mass media exercises untold power to shape what society thinks about certain groups of people and to propagate those views far and wide.

In spite of the fact older age groups are growing in number and proportion, and the considerable spending power that many older people have, they are under-represented in advertising:

76% of TV ads feature **characters 19-49 years old.**

25% of TV ads feature **characters aged 50 or older, down from 29% in 2020.**

5% of TV ads feature **characters aged 70 or older.**⁶

Depictions of the oldest people in society are rarer still.⁵ Already at low levels, representation of older people on screen actually declined during the pandemic.⁶

Ageism in film and television

11%

of speaking characters
aged 60 or older

7%

of those in lead roles



Analysis of the 100 top films in 2015 found that just 11% of more than 4,000 speaking characters were aged 60 or older.⁷

And in a demonstration of how protected characteristics intersect to compound discrimination, even less representation of older women, people of colour and LGBT adults was seen.⁷ Women over the age of 55 have reported feeling ‘invisible’ because when they are represented in media or advertising at all, their images are used in connection with how to look younger, and often younger women are actually used in their place.⁸

1/5 of people of all ages and **28%** of older people feel that there should be more representation of older people in TV advertising.⁶

Not only are older age groups under-represented in advertising, television and films, but the ways in which they are represented are often negative or inaccurate: a 2018 survey⁹ of older people found that of all inaccurate portrayals in advertisements, those showing them as lacking tech skills is the most irritating to older people themselves: two-thirds of people 65 and over found this to be the most irritating portrayal.

57% are irritated by the cliché that older people are physically decrepit.

59% believe ads treat them as ‘having nothing interesting to say’.

There has been a trend towards representations of older people where they are depicted as vigorous, productive, attractive (and mostly well-off). And while at first glance, this imagery of active and healthy 'golden agers' appears positive, it can be damaging in its own way too.

It relates to narratives of active and 'successful ageing', where individuals are themselves primarily responsible for their own ageing trajectory with their own lifestyle choices governing how well or otherwise they navigate the ageing process. These narratives do not consider that people's experiences of ageing are largely determined by wider society, with policies and people's environments impacting

on their ability to age well. Not achieving these idealised portrayals is to fail at ageing – and implies individuals are to blame. Moreover, the 'golden agers' narrative and imagery doesn't apply to the oldest people in society who remain invisible.¹⁰

At the opposite extreme are visual depictions of ageing as one of decline and of age-related limitations and problems that can and should be fixed if only one would buy the product being advertised. Ageing itself becomes a disease to be stopped, rather than a lifelong natural process.¹¹ Language used on Twitter reinforces negative narratives around ageing and depicts older adults as, firstly, a homogeneous group and secondly as disempowered and vulnerable. Old age is depicted as a problem and ageing as something to be resisted, slowed or disguised.¹² And of course, nowhere is ageing more of a problem than in the beauty industry which peddles anti-ageing

cosmetics and surgical and non-surgical procedures to restore the appearance of youth. There are many and varied harms from the depiction (or lack thereof) of older people in advertising and the media. First has been the explosion in cosmetic procedures among even young women (and increasingly, men) in an attempt to stem the ageing process. Beauty norms focused on youth lead some women to exclude themselves from situations such as new intimate relationships.¹³

Poor body image that results from a focus on youth can have a serious impact on physical and mental health. Women aged 42-52 who were dissatisfied with their bodies were reported to be twice as likely to report clinically significant depression symptoms as those who were satisfied with how they looked.¹⁴

Increased exposure to negative age portrayals on TV has been shown to be linked with more negative perceptions of ageing.¹⁵ In addition, a study found that being the target

of ageism during the COVID-19 pandemic (when ageist narratives in the media were particularly vicious) negatively affected older adults' self-perceptions of ageing.¹⁶ Another study found that exposing older people to negative representations of older age was associated with more negative opinions of their own health at the time and more negative expectations of what their health would be like in the future.¹⁷ And self-perceptions of ageing are vital: they are associated with health, health behaviours and cognitive performance.

One study even showed that older individuals with more positive self-perceptions of ageing lived 7.5 years longer than those with less positive self-perceptions of ageing, even after accounting for age, gender, socioeconomic status, loneliness, and functional health.¹⁸



Ageism & employment

In spite of the Equality Act 2010 providing protection against discrimination to employees because of age, ageism remains one of the most common forms of unfair treatment at work.

This discrimination begins even before you get into the workplace. Our own research found that more than a third of 50-70 year olds feel at a disadvantage when applying for jobs due to their age. And they feel this at every stage of the recruitment process, from job adverts to interview panels.¹⁹ In another study, researchers applied for over 1,200 personal assistant and bar jobs as both an older and a younger worker, using CVs that were identical in every way apart from the date of birth. The 51-year-old applicant was invited to interview less than half as often as the 25-year-old.²⁰

Once employed and in the workplace, older workers are frequently subject to stereotypes. These include that they are less motivated, have less energy, are harder to train²¹ and that they are resistant to change, slower at using technology and lack the drive to progress. Managers justify their position that older workers lack the ability to learn new things at work because they believe that physical and cognitive decline accompanies ageing.

Managers often believe that it is less cost effective to invest in training older employees, so older workers are the least likely to receive on the job training.²⁴

This is because managers see older workers as closer to retirement with fewer years to benefit from training but take no account of the fact that older workers tend to be more loyal than younger workers and so may in fact stay longer in the job than a younger employee.²⁵

Often, employers even recognise that age discrimination occurs in their organisations (one in five surveyed in 2021); yet there is little awareness of practice to combat age-bias in recruitment and just one in six employers, when asked in 2021, said that they were very likely to introduce policies on age inclusion in the workplace in the next 12 months.²⁶

There are many adverse impacts caused by ageism in the workplace and in recruitment. First and foremost is the extreme financial and psychological pressure of needing and not being able to get a job.

There has been a large increase in the number of people in their 50s and 60s who are 'economically inactive' since the pandemic.



1 in 5 employers recognise that age discrimination occurs in their organisations.

This means neither working nor looking for a job. This has significant implications for people's long-term financial security and wellbeing. A third of people made redundant during the pandemic were aged 50 and over.²⁷ And older workers made redundant during the pandemic were half as likely as younger workers to be re-employed. The current cost-of-living crisis is likely to contribute significantly to financial pressures and could force many to try to re-enter the workplace.²⁸ If ageist attitudes stand in the way of re-employment, this will result in severe economic as well as mental hardship.

The opportunity to develop and progress is a key feature of good work that helps workers to improve their earning potential and to sustain job satisfaction, motivation and productivity.²⁹ And this also helps employers make the most of their workforce. Indeed, workers who feel discriminated against are less satisfied in their jobs, less committed and more likely to think about leaving their organisation.³⁰ So age discrimination, including not providing training to older workers, represents a major risk to productivity – as well as a barrier to individuals continuing to develop during the latter parts of their careers.



Much of the ageism in the workplace described so far is institutional and interpersonal.

But eventually, ageist messages coming from multiple external sources result in the internalisation or embodiment of ageist stereotypes, leading to the third type of ageism – self-directed ageism. The result of self-directed ageism in the workplace is self-limiting behaviour where people believe themselves too old for career progression or too old to learn and train.³¹

There is even evidence that negative self-perceptions of ageing are associated with less internet use in middle and late adulthood.³²

Research has shown that feeling that you're working in a discriminatory workplace is associated with poorer health.³³ This is perhaps because of the stress caused by discrimination or the internalisation of narratives that suggest old age inevitably means reduced physical and mental health.

For women, considering yourself to be old is related to having a younger desired retirement age.³⁴ Internalised ageism and disablism (and perhaps concerns about overt institutional ageism) also keep workers from disclosing concerns about health issues to their managers.³⁵ As Ageing Better found in previous research,³⁶ disclosing a health condition is a stressful process that means people put the conversation off until absolutely necessary or until they reach a point where staying in employment no longer feels tenable.

Of note, even when disability is not present, people experience ageism in the workplace, demonstrating that while ageism and disablism may overlap (and substantially so), they are not completely congruent.³⁷

Ageism in the workplace impacts the physical and mental health of older workers. It also shapes their retirement decisions and financial wellbeing. Given that longer working lives are a desirable policy outcome in view of our longer lives and a shrinking younger population, ageist attitudes that exclude older people from the workplace are counter-intuitive and ultimately disastrous for individuals and the economy, as covered in a later chapter. Addressing ageist stereotypes is essential in order to encourage and support older workers to extend their working lives.



Ageism & health

Access to healthcare accounts for just a small part (10% in some estimates) of our health outcomes. The rest is shaped by the wider circumstances of our lives, including our homes, jobs and where we live.

With this in mind, the impact of ageism on health will be felt not just through ageism in healthcare practices but ageism anywhere that we encounter it. We have already mentioned research that shows an association between experiencing a discriminatory work environment and health status.³³ In this section, we'll look at the more direct ways in which ageism impacts health.

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How different types of ageism affect health



Institutional

Not being offered or being able to access the same care and treatment as younger patients with the same conditions.



Interpersonal

Being at the receiving end of negative attitudes in a healthcare setting, for example, by nursing staff or care home workers.



Self-directed

Limiting your own healthy behaviours or even engaging in risky healthy behaviours because of internalised ageism.

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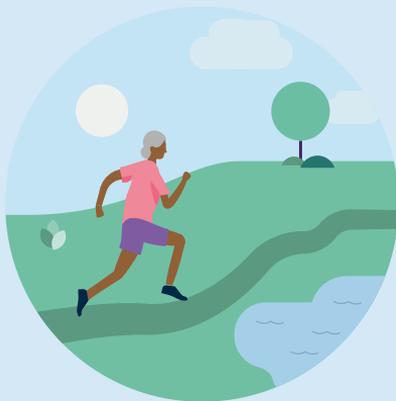
Institutional ageism & health

2

The uniqueness of our NHS means that any consideration of ageism within healthcare settings requires evidence gathered in the UK. Moreover, it needs to be up to date.

3

The King's Fund published a comprehensive briefing note on age discrimination in health and social care in 2000.³⁸



And the Centre for Policy on Ageing, commissioned by the Department of Health, carried out a series of five literature-based reviews in 2007 and 2009, to look for evidence of age discrimination in health and social care services in the UK.³⁹ Both documented numerous instances of ageism in healthcare in this country, including but not limited to upper age limits on screening programmes, the organisation of mental health services, the exclusion of older people from clinical trials, variations by age in cardiac and cancer care, and the use of remaining life expectancy as a criterion to determine willingness to pay for drugs and interventions by the National Institute for Health and Care Excellence (NICE).

While we know that NICE still uses the same decision-making criteria and that older people continue to be excluded from clinical trials (meaning that the efficacy, dosage and adverse effects of new treatments are unknown in this patient group),^{40,41} an update of the findings of these reviews is required for a full understanding

of the prevalence of ageism in healthcare and of where, in particular, it happens.

A full analysis of ageism in healthcare is beyond the scope of this short paper. Instead, we present recent examples from the research literature to show that ageism persists, at least in some parts of the healthcare system.

A recent example of ageism in healthcare occurred during the pandemic, with arguments about the allocation of life-saving resources,⁴² the discharge of older people into care homes without testing, and the then Prime Minister's alleged reluctance to impose lockdowns because, in his reported words “the people who are dying are essentially all over 80”.⁴³

1

Specific examples of institutional ageism in health are:

Mental health treatment

Due to commonly held stereotypes about older people, signs of depression and anxiety are often overlooked and assumed to be a result of getting older. As a result, older people with mental health problems are more likely to be prescribed anti-depressants and less likely to be referred for talking therapies than younger adults.⁴⁴

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Referral for surgery

In general, our need for a range of health treatments and services, including surgery, increases with age. However, a joint report by Age UK and the Royal College of Surgeons⁴⁵ found that people aged 75 and older with breast and colorectal cancer, osteoarthritis of the knee and gallstones are less likely to receive surgical treatment for their condition than people aged 65-75. While there are a variety of factors influencing whether surgery may be appropriate, the report questions whether the drop-off in surgery rates is clinically appropriate and suggests that some patients may be missing out on life-enhancing surgery. It also highlights that older adults should be able to expect care and treatment that is based on an objective assessment of their health needs, not their age.



Alcohol treatment

The likelihood of drinking at levels associated with a higher or increased risk of harm peaks among people in their 50s and 60s.⁴⁶ In addition, 55-64 is the age group with the highest number of alcohol-related hospital admissions.⁴⁶ Despite this, there were substantially fewer people in their 50s and 60s than in their 30s and 40s in treatment for alcohol misuse in 2020/21.⁴⁷



Breast cancer treatment

There is a greater incidence of breast cancer among older women. But older people with breast cancer experience worse survival outcomes than younger people. There are a number of possible reasons for this including that older women are more likely to be diagnosed at a later stage of breast cancer than younger women. They are also less likely to receive radiotherapy and surgery and, when they are offered surgery, are more likely to be offered and undergo a total mastectomy rather than breast conserving surgery. In addition, older women are less likely than younger women to be offered breast reconstruction.⁴⁸

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Interpersonal ageism & health

Interpersonal ageism happens in healthcare through the attitudes of the healthcare professionals that older people encounter.

Our report 'Exploring representations of old age and ageing'⁴⁹ describes the stereotypes ascribed to older people by healthcare professionals: these include both negative (inflexible, lonely, boring) and positive (friendly and likeable) perceptions. While the positive perceptions might seem harmless, they can give rise to a 'benevolent ageism' that includes patronising, infantilising ways of speaking to older people and dismissing their concerns.

A study looking at age-bias among breast cancer healthcare professionals found a tendency to believe that older patients are more afraid, less willing and able to be involved in decision-making, and less willing and able to cope with being informed of a poor treatment prognosis.⁵⁰

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Self-directed ageism & health

When people internalise the ageism they experience, they can become *self-ageist* causing them to modify their own thinking and behaviour. This self-directed ageism can also have detrimental effects on health.

On the next page we outline the health behaviours that have been shown to be adversely impacted by a negative self-perception of ageing.

① Self-directed ageism negatively impacts:

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Levels of exercise^{52,54}

Whether or not people seek medical care for worrying symptoms⁵⁶



Alcohol consumption^{51,52}



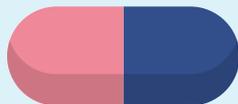
Tendency to smoke^{51,52}



Likelihood of regular doctor visits⁵²



Healthy eating^{52,53}



Medication compliance⁵² (including in patients with osteoporosis)⁵⁸

Likelihood of seeking help for chronic back pain⁵⁵

Likelihood of seeking treatment for urinary incontinence⁵⁹



Seatbelt use^{58,60}

Use of preventive health services including cholesterol tests, mammogram, x-ray, pap smear or prostate exams⁵⁷

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Self-directed ageism has been shown to have a negative impact on health status.

In a study of people aged 50 and over, those who felt that they had experienced age discrimination were more likely to report fair or poor health (as opposed to good or very good health), to have coronary heart disease, chronic lung disease, arthritis, limiting long-standing illness, and depressive symptoms than those who did not feel that they had experienced age discrimination.⁶⁰

A poor self-perception of ageing has also been shown to be associated with an increased risk of mortality⁶¹ and with reduced physical function.

This includes the ability to do things like housework and working full-time. And, as noted previously, one study found that people with a more positive self-perception of ageing lived 7.5 years longer than those without, even after accounting for age, gender, socioeconomic status, loneliness, and functional health.¹⁸



Ageism & our homes and communities

The instances of ageism discussed so far have been active examples of institutional, interpersonal or self-directed ageism. But ignoring the needs of our older population can be thought of as ageism too.

This might include a failure to design and build age-friendly homes and communities or a focus on first-time buyers that ignores the fact that homes will be lived in by people of all ages through many decades.

The downsizing debate and the tendency to want to segregate older people in retirement communities is ageist and a huge simplification of the complex reality of people's housing wants and needs in later life.

Similarly, the characteristics of our wider built environment – such as a lack of transport, public seating, toilets and poorly maintained footpaths and infrastructure – fail to address the needs of older people and can result in social isolation.

Unsuitable homes cause a number of harms to older people:⁶²



2.3

million homes in England are hazardous to the people who live in them.



1/4

of privately rented homes headed by someone aged 75 or over have at least one category 1 hazard

(something that causes a 'serious and immediate risk' to their health and safety).



9,000

people died from cold homes in England and Wales in 2020.



<10%

of homes have the basic features that make them accessible for all ages and abilities.



1/3

of homes that are privately rented by someone aged 55 and older are non-decent.

The most common reason for homes to be classed as non-decent is the presence of a serious hazard that poses a risk to health, like excess cold or a fall hazard.



Implications of ageism for society

We live in an ageing society: there are almost 10.5 million people 65 and older in England today – that’s almost 19% of the population, the highest number and proportion ever.⁶³

The negative effects of ageism on older individuals in our society translate into very large negative effects for society as a whole.

For example, job vacancies currently stand at 1,225,000⁶⁴ and not filling those vacancies puts companies and the economy at risk. Yet there are about 800,000 people aged 50-64 who are out of work but would like to be in work.⁶⁵ It is also the case that the number of people aged 50-69 has increased by almost 1.7 million in the last 10 years while the number of people aged 20-49 has actually decreased (by 9,500), a trend that is set to continue. Older workers are the answer to our labour shortages now and in the future and failing to recognise this is detrimental for employers and the economy.

And it’s not just about filling vacancies – it’s also good for business. Businesses with a higher share of workers over 50 are more productive⁶⁶ and companies with a multigenerational workforce have been found to be more innovative than those without.⁶⁷ So individual employers who recognise the opportunities of an ageing population and embrace age-friendly principles can gain a competitive advantage while those who fail to do so risk losing out in a changing labour market.

Shutting older people out of the workforce has repercussions for the economy more broadly too, not just by impacting the success and competitiveness of individual businesses but also through the effect on income tax and

national insurance receipts as well as the welfare bill.

A common refrain is that an ageing population is a growing problem because of the increased spending it will require on the state pension and health and adult social care. People of working age contribute more in tax than they consume in terms of public spending.⁶⁸ Therefore longer working lives are seen as a necessary policy response to the fiscal challenge of our longer lives that will allow people to contribute for longer while amassing greater financial resources of their own. As a result, in 2017 the government launched 'Fuller Working Lives' as an employer-led strategy to increase the retention, retraining and recruitment of older workers.⁶⁹ How perverse it is then that ageism continues to act as a barrier to the increased employment of older people, even as the benefits at a personal, societal and economic level are well understood.

It is important too, in the midst of conversations about getting older people back to work, that the fact that many older people are, in fact, working unpaid as carers is given proper recognition. No fewer than one in five people aged 50-64 is a carer and although most provide no more than nine hours of caring a week, there are 1.4 million people who provide 50 or more hours a week.⁷⁰ The value of this unpaid work is immense: during the pandemic it was estimated that the value of unpaid care in the UK was £530 million per day or £193bn per year.⁷¹

Even the oldest people contribute enormous amounts unseen to the economy with people aged 80 and over saving the health and care system a massive £23bn a year through caring.⁷²

In the absence of older people to do this caring, the government would be forced to pay for it instead. It's high time the economic value of this work to society is accounted for by those making apocalyptic forecasts about the economic burden of an ageing population.

Companies ignore the older workforce at their peril. But they also miss out on an economic dividend by ignoring the spending power of older people – what has been termed the silver economy. It is well known that businesses do not adequately serve the over-50s consumer market in terms of products, services or advertising, despite older age groups being responsible for half of all household spending.⁷³ There exists a huge untapped opportunity for entrepreneurship and innovation in the design of products and services targeted to older people. In fact, it is estimated that tackling the barriers to spending by people aged 75 and over by 2025 could add 2% a year to GDP by 2040.⁷⁴

Ageism that impacts people's health also has wider societal repercussions because, ultimately, it results in a greater burden of ill health – for the healthcare system as well as for the individual. A 2020 study in the US found that ageism in the form of negative age stereotypes and self-perceptions led to excess annual costs of \$63bn for the eight most expensive health conditions.⁷⁵ While no estimates exist for the UK, it is indisputable that there will be similarly large cost implications here too. At a time when our NHS faces ever-growing financial pressures, the necessity for eradicating ageism in society is clear.

Ageism might also exacerbate the large and growing health and financial inequality we see in this country because it is suggested that people with higher socioeconomic status or who live in communities where they have greater social capital experience less ageism.⁷⁶ We've seen that experiences of ageism cause people to limit their own health

behaviours with repercussions for their health. And we also know that engaging in healthy behaviours is associated with socioeconomic status: for example, people in the poorest neighbourhoods are more than twice as likely to be physically inactive as people in the wealthiest; and more than a quarter of men aged 50 and over (29%) in the poorest quintile of the population smoke, compared with just 4% in the wealthiest.⁷⁷ So it follows that reducing ageism, particularly for the poorest, could play a role in reducing health inequality. It is currently the case in this country that 65-year-old men and women in the least deprived areas of England have twice as many years free of disability ahead of them as those in the most deprived areas (12.2 vs 6.2 years for men, and 12.1 vs 5.9 years for women).⁷⁸

We've talked too about the ageism by omission that results in people living in unsuitable and non-decent homes — homes that are in physical

disrepair, are cold and damp, inaccessible, or not of appropriate size; homes where people are at risk of falls and a host of negative health outcomes, including cardiovascular and respiratory conditions and a decline in general physical and mental health.⁷⁹

There are serious societal ramifications to the dire state of our housing. It is estimated that poor housing costs the NHS in England at least £1.4bn a year and that for over-55s in poor housing the NHS spends £513 million on first year treatment costs alone.⁸⁰ But every £1 spent on improving warmth in homes occupied by 'vulnerable' households could produce £4 of health benefits, while £1 spent on home improvement services to reduce falls is estimated to lead to savings of £7.50 to the health and care sector. Minimum accessibility standards would reduce the £323 million spent every year by the NHS because of falls in homes in England and the estimated

£2 million annual cost to the NHS of delayed transfer of care because of accessibility issues such as awaiting community equipment and adaptations within the home.

The implications of ageism for society are not just economic. Ageism, by definition, pits generations against one another, segregating age groups in society and creating intergenerational division.

A lack of understanding and respect between age groups ensues with younger people deprived of the knowledge and experience of elders, and older people deprived of opportunities for relationships and social connections that protect from loneliness and isolation.

This undermines our social fabric and disrupts the social cohesion that is necessary for a functioning society. Moreover, social cohesion is among the wider determinants of health, with associations seen between social cohesion and a wide

variety of health states and health-related behaviours.⁸¹ There is also a relationship between social cohesion and economic growth.⁸²

The societal repercussions of ageism towards older people are immense and they are all-pervasive. Addressing ageism can go some way to mitigating against the perceived challenges of our ageing population.



Recommendations:

What needs to change

As this report shows, ageism clearly causes deep and lasting harm to people and society, directly and indirectly, exacerbating social divisions and inequalities and damaging our economy.

Reducing negative attitudes to ageing is imperative to our individual and collective progress as a society and has never been more urgent given that the number and share of older people in our population is increasing. As Ageing Better's previous research shows, negative and ageist attitudes and outdated stereotypes are prevalent across public life including the media, social media, advertising,

politics and popular culture. And by contrast positive and realistic portrayals of ageing and older people are limited. This impacts the way we all think, feel and talk about ageing in our everyday lives, and the way we treat ourselves and each other – in our families, in our workplaces, in our communities and in our services. A change in approach across all aspects of society – and particularly those industries responsible for perpetuating ageist narratives – is needed if we are to bring about a cultural shift and ensure that everyone can age well and fulfil their potential free from worry, stigma and discrimination.

1 Filmmakers, TV producers, advertisers and marketers

should actively increase the number and diversity of older age groups in their work, while keeping portrayals of older people realistic. The lack of representation and use of old-age stereotypes perpetuate misconceptions about ageing and contribute to the invisibility of older people in society.

2 Employers

should sign Ageing Better's Age-friendly Employer Pledge and show they recognise the value of older workers, committing to improving work for people in their 50s and 60s and taking the necessary action to help them flourish in a multigenerational workforce.

3 Healthcare providers

should recognise that being older doesn't necessarily mean you are frail, vulnerable, or dependent. Older adults like everyone else should be able to expect care and treatment that is based on an objective assessment of their health needs – not their age.

4 National government

should establish an Older People and Ageing Commissioner for England to act as an independent champion for older people and ensure that policy and practice across government considers the long-term needs of people in later life and the implications of our ageing population on society.

5 Local authorities and homebuilders

should ensure all new homes are built to higher accessibility standards, and collect more data on the accessibility of homes to make it easier for people to find a home that meets their needs.

6 Local authorities and communities

should sign up to become Age-friendly Communities – these are places where people of all ages are able to live healthy and active later lives.

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