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Led by UKRI Future Leaders Fellow Dr Martina Zimmermann, The Sciences of Ageing and the Culture of Youth (SAACY; https://www.kcl.ac.uk/research/saacy) is a mixed-methods research programme at King's College London's interdisciplinary Centre for the Humanities and Health. SAACY explores the lived experience and cultural meaning of ageing across the life course, considering scientific, medical and wider societal discourses. Working closely with The Policy Institute at King's, we have engaged diverse stakeholders to identify pathways for how to mobilise the research into policy and practice, through exploring how the way we talk and think about ageing influences the decisions we make about older people.

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1. Summary

We argue that shifting public perceptions of ageing can reduce the pressures of our ageing society on the UK economy. We offer a different lens, taking a step back to think about societal attitudes around ageing, which can broaden our thinking about how we address the pressures of an ageing society. We suggest that reducing ageism in the UK is an opportunity; it supports the aims of the inquiry through a wider

culture shift, which can increase opportunities to act and facilitate the implementation of policy initiatives.

Currently, ageism is the most socially accepted form of prejudice, despite causing widespread and significant harms, particularly to health and capabilities (including economic participation).[1] There is a deeply rooted cultural pessimism about ageing in the UK, which aligns ageing exclusively with decline and loss, and is relevant at younger and younger ages. But evidence shows that ageing is a continuous biological process of change across the life course, and that environments can be optimised to support and maintain for as long as possible older people's health and functional capabilities. Shifting public perceptions of ageing, to reduce ageism, can unlock huge benefits for all by increasing the inclusion and participation of older people in public life (including the economy).[2,3]

2. The problem:

Ageism produces significant harms to health, wellbeing and capabilities (including economic participation), yet is the most socially accepted form of prejudice.

In the UK, there is a strong cultural pessimism towards ageing, narrowly equating it with decline and something to be feared. Such pessimism

drives our beliefs about how we expect older people to think, look and behave. This, in turn, drives ageism – discrimination, prejudice or stereotyping based on age.[3] Ageism takes many forms, and can be self-directed, interpersonal or structural.[1,3]

Ageism, in all its forms, is extremely harmful. It reduces people's functional capabilities by gradually excluding older people from public life and spaces. It is particularly damaging for the UK economy and the financial wellbeing of older people, predominantly through excluding older people from the workforce (eg., through hiring biases, experiences of interpersonal discrimination, reduced opportunities). Excluding older people from the labour market exacerbates skills shortages, increases pressure on welfare support (especially when people stop working before state pension age), and limits opportunities and productivity of those older people who do continue to work. Overlooking the over-50s market is also a missed opportunity as this group has significant assets to contribute to the economy (eg., in consumer spending, informal childcare, volunteering).[1,4]

Ageism also has significantly harmful consequences for health and wellbeing, associated with significantly worse health outcomes, an increase in risky behaviours (eg., smoking, drinking, lack of exercise), lower compliance with medication, reduced treatment-seeking, and poorer

mental health (eg., increased depression and anxiety). Ageism further exacerbates inequalities (women and ethnic minorities are worse affected), harms social cohesion and social relationships, and contributes to intergenerational tensions.[1,5]

Despite its harms, ageism is the most socially accepted form of prejudice and discrimination. It is widespread, with more than half of adults (55%) saying that the UK is ageist, and one in three people in the UK reporting an experience of age prejudice or discrimination.[1]

3. The evidence:

Ageing is a process of lifelong change and development, and environments can be optimised to support and maximise older people's functional capabilities.

Although the prevalence of disease does increase with age, we caution against a narrow biomedical view that equates ageing with decline.[3,6] A different way to think about ageing, informed by substantial senescence research and biological models, is as a lifelong process of change.[2] At a cellular level, we are ageing all the time, with biological changes occurring throughout life, such as skin changes (starting from the age of 20) or changes in kidney function (starting from around the age of 50).[7]

Biological models separate chronological age from the probability of illness and disability and recognise that people age at different rates, partly determined by genes (30%) but mostly by environmental and social factors (70%).[8,9] The latter can be influenced through policy initiatives.

Accepting that ageing is a process of lifelong change, not something to be feared and avoided, encourages people to look forward and see that the future is not completely determined. Instead, it helps us to think about the positive possibilities of ageing (eg., wisdom, freedom, time, assets) and the range of capabilities and opportunities that are available to people.[10] Shifting public perceptions towards such a view promotes the inclusion of older people in society, and reduces ageism by normalising ageing as a process that is happening to all of us all of the time.[2,3,11] Such a cultural shift fosters environments that include and support people as they age, which helps people to compensate for any loss of capacity (by removing barriers) and to optimise functional capabilities. The World Health Organisation's 'Decade of Healthy Ageing' strategy underscores this need to "change how we think, feel and act towards ageing" to optimise people's functional capabilities and age well.[12]

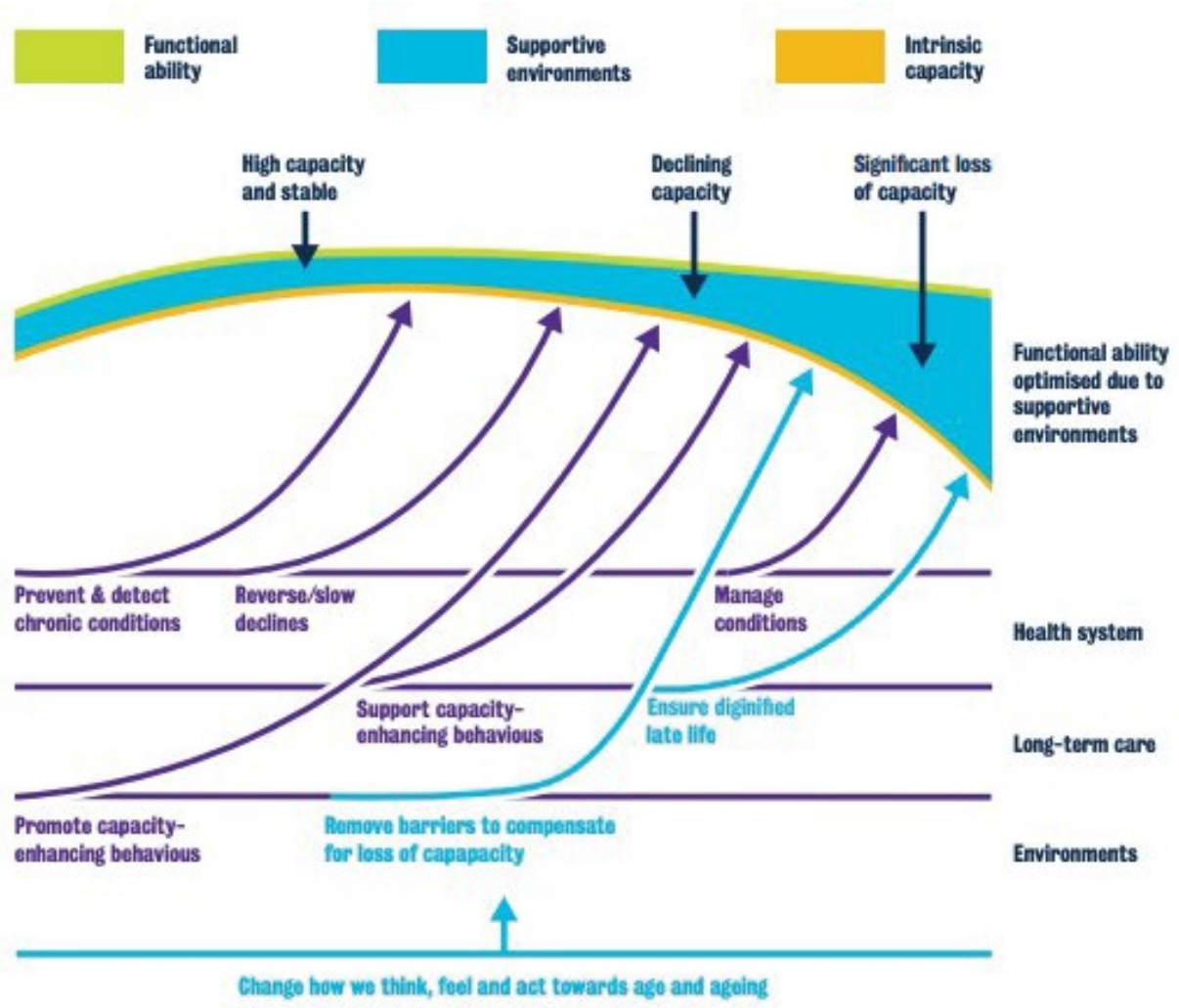

Figure 1. WHO trajectories of healthy ageing optimising functional abilities.[12]

4. The opportunity:

Shifting public attitudes towards ageing, to reduce ageism and create a more inclusive society, unlocks enormous benefits for individuals, society, and the economy

Evidence indicates that normalising public perceptions of ageing as a lifelong process, and shifting the culture of how we treat older people, will reduce ageism and foster a more inclusive society. This, in turn, unlocks enormous benefits for the economy, society, and individuals.[2,3]

In September 2022, we held a Policy Lab which brought together experts from the worlds of academia, charity and policy, who determined that it is valuable, feasible and acceptable to shift how we view the ageing process (see report here).[2] Informed by evidence, expertise and experience, we determined that policy changes can normalise ageing as a lifelong process to create more positive attitudes towards ageing, and, that such attitudes would also support future policy changes. Appreciating ageing as a lifelong process would also support economic action, and health and social care decisions.

In October 2024, we held a second Policy Lab with experts from the worlds of academia, charity, policy, media and creative industries, to consider *how* to shift public perceptions of ageing. Whilst shifting representations of ageing can be achieved in several ways (eg., by changing education in schools), we considered targeting the media and advertising, as multi-billion-pound industries with enormous influence (see our forthcoming report).[3] Public perceptions of ageing shape, and are shaped by, how ageing is represented. At present, ageing is represented

in the media in ways that are often narrow, stereotypical, and equate ageing with decline. To counter this, we identified several strategic actions to promote best practice for representing ageing in the media, such as (1) making the business case to represent ageing more positively as the over-50s market is an underexplored opportunity; (2) including age as a protected category (as in the Equality Act) in the Editors' Code for print journalism; (3) developing processes to 'complain better' to regulators about ageist content; and (4) to showcase good representations of ageing through initiatives such as a screenplay prize.

Our work is relevant to the inquiry because shifting attitudes towards ageing can reduce the pressures created by an ageing society and can support the implementation of policies to prepare for an ageing society. We underscore a need for, and offer strategies to, reduce a culture of ageism and promote supportive environments, which prepares the UK for an ageing society by optimising people's functional capabilities as they age. Our work aligns most closely to questions 3, 4, and 5 of the call for evidence, because optimising older people's functional capabilities – through reducing ageism – should increase the productivity and job satisfaction of older workers; prevent older people leaving the workforce due to ageism-related factors (eg., interpersonal marginalisation, structural barriers); improve the recruitment of older people (eg., through reducing hiring biases); improve relationships in the workplace; and

promote social cohesion and intergenerational relationships more broadly for people of all ages. Additionally, it offers substantial positive benefits for health (eg., increasing quality of life, reducing cumulative inequalities) which ought to translate into a reduction in health expenditure.[2,3]

Based on our research, we recommend that any policy change to prepare for an ageing society should consider its implication on ageism; whether it challenges or reinforces ageism. Where possible, we would recommend going even further, to implement strategies and policies that actively challenge ageism. For example, the proposition of a 'lifelong learning entitlement' in the 2025 Apprenticeships and Technical Education bill actively challenges ageism through incentivising lifelong learning and promoting the capabilities of people as they age.[13] Such policies foster social and intergenerational cohesion, which further facilitates the implementation of policies to support and prepare for an ageing population (eg., by removing barriers to implementation).

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