

How Ageist is Wales? – A literature review

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Executive Summary

Ageism is defined as prejudice by one age group towards other age groups and is unique as a form of discrimination as all individuals will likely reach older age. Addressing ageism continues to grow in importance due to the growing number of older people in the United Kingdom; by 2032 over half the population is projected to be over 50. Age discrimination is outlawed under the Equality Act 2010 and the Welsh Government has undertaken considerable efforts to make Wales an age-friendly society through the Older People's Commissioner for Wales and policy strategies like the *Strategy for an Ageing Society*. However, like any form of discrimination, tackling ageism requires changing individual attitudes. This document summarises findings from a literature review covering a wide range of research about discrimination and prejudice faced by older people, and suggestions for a campaign or policy to alleviate discrimination.

The review involved searching three academic databases, one grey literature database and documents provided by policy staff within the Welsh Government. In total, 2231 documents were found, and eventually filtered down to 75 documents deemed relevant for the literature review.

In the workplace, ageism prevents the full inclusion of older workers. Colleagues tend to socially segregate themselves in age groups. Finding work is also harder for older people who have a 21.2% lower chance of interview than younger applicants and are offered interviews for roles that pay 15.7%. Intersectionality also factors in, with older migrants with limited English language skills experiencing greater challenges. This is particularly acute when migrants apply for jobs outside of their community. Employers are indirectly discouraged from having menopause policies as legal cover is granted for employers unaware of an employees' menopause in dismissal tribunals. Justice is also hindered by the repeal of Section 14 of the Equality Act, which permitted claims from dual discrimination (intersectionality). Workplace acceptance of the menopause is particularly poor in "hyper-masculine" environments like the police force, where patrolling in hot weather and the use of protective gear worsens menopause symptoms.

Employers are especially reluctant to train older employees on the assumption they will soon retire. Retirement policy is also problematic; flexible working arrangements are inaccessible to blue-collar workers and workers still believe the "natural" retirement age is 65 for men, 60 for women. It is crucial to remember that older people contribute significantly to the economy outside of paid work.

Age is not equally protected under the law, despite being a protected characteristic. Assault on ageist grounds is still considered common assault, carrying a lesser sentence than an attack motivated by racial hatred. Older domestic abuse victims are frequently denied access to criminal/civil justice options and are 'welfarised' by social services.

Ageism is particularly impactful on health. Age discrimination increases the risk of frailty and older patients frequently feel ignored by doctors. 50% of doctors believe the NHS is institutionally ageist. The pandemic saw serious violations of older people's rights, such as the use of do not resuscitate orders and release of untested Covid-19 patients into care homes. Older people's sexual health is also worsening, with STI infections rising whilst it falls for younger people, often because practitioners are reluctant to discuss sexual activity and sexual health with older patients.

Political narratives of older people are especially negative, portraying older people as a burden on society and constructing an ageing population as a "grey tsunami" that will cause irreversible population decline. These narratives ascribe blame for social problems on older people, which in turn increases intergenerational hostility.

Advertising is also problematic, being heavily reliant on stereotypes to be effective. These stereotypes are often internalised by individuals which has impacts on their self-esteem and health. Beauty adverts portray youth as a positive and older age as a negative, pressuring older people to purchase 'anti-ageing' products. Despite, this most older people feel comfortable in their own skin, however younger people are significantly more insecure. Good advertising should be authentic and representative, for example showing intergenerational activity (e.g. grandparenting) or popular activities, like attending football matches. Presently, negative stereotypes of death, frailty and decline dominate older people's advertising.

In health & social care, working with older people is seen as less desirable by students, regardless of their generally positive view of older people. Ageism also makes doctors less likely to respond to minor health complaints as illness and chronological age are assumed to be one in the same. Older LGBTQ people are treated poorly in care homes, which fail in becoming friendly towards LGBTQ people. As a result, many return to the closet.

The review found many recommendations for an anti-ageist campaign. Policy cannot tackle normalised ageism. Good campaigns against ageism should involve individuals through intergenerational bonding in workplaces and other social spaces. Another key issue is awareness, especially on issues such as older people's sexuality and the experiences of marginalised older communities like immigrants.

Efforts are also required to change older people's self-perceptions, such as the promotion of resilience, active ageing and lifelong learning. These messages can maintain a sense of purpose in older people and shift the judgement of older people away from solely what they have achieved in their lives to what they can still achieve in the future, whilst still celebrating prior achievements.

Strong messaging is needed; in this regard, messages must: recognise individual differences, recognise many older people report a greater sense of purpose as they age and emphasise the skills and resilience of older people. We must forge a common understanding that longer lives are an opportunity, rather than a burden.

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Ageism – A Background

In his seminal study, Butler (1969) defined ageism as “prejudice by one age group towards other age groups”. Crucially, ageism is a unique form of discrimination, because unlike sexism or racism, everyone will hopefully reach old age (Butler, 1969; Carney and Nash, 2020) therefore it is in everyone’s direct self-interest to combat ageism. Statistically, ageism has grown in importance, and this trend is set to continue. By 2047, the proportion of over 85s will double, and by 2032 over half (52%) of the UK population will be over 50, compared to 39% in 2022 (Office of National Statistics, 2025b). In Wales, this will remain stable at 42% (StatsWales, 2025). Importantly, there is no consensus on what constitutes an older person. Often, this is assumed to be 65+ years, however after discussion we agreed that over-50s are the best age group to cover, given their growing size and the broader impact of ageism in their lives in areas like the workplace – that would be missed by solely covering pensioners.

The Centre for Ageing Better (2023) provides a helpful typology of ageism; Institutional ageism, where ageism is embedded in law, social norms and policy. Interpersonal ageism, which occurs in interactions between individuals, and finally self-directed ageism. Self-directed ageism, as this report will demonstrate, is often the most malicious form of ageism as individuals internalise ageist beliefs which seriously impacts both physical and mental health.

Age-based discrimination is formally outlawed by the Equality Act (2010), however the Welsh Government have proven pioneers in policy development for older people and efforts to combat ageism. Wales was the first country to introduce an Older People’s Commissioner (OPCW). During the pandemic a dedicated *Strategy for an Ageing Society* (The Welsh Government, 2021) was produced which aimed to “build a Wales where ageism does not limit potential or affect the quality of services older people receive”.

Despite these strong policy advancements and considerable political attention, ageism – like any other form of discrimination – requires changing individual attitudes. This review will highlight areas where ageist attitudes persist, often in unexpected areas of life. To achieve this, we have examined peer-reviewed academic and grey literature produced in Wales and the United Kingdom on topics as wide-ranging from social care to social media. Our key message is that ageism infiltrates all aspects of older people’s daily lives and contributes to a social environment where older people feel isolated and devalued. Alongside highlighting the problems, this review will also suggest messages for an anti-ageist campaign, as well as highlighting examples of successful interventions and the positive impacts of changing attitudes. This will reinforce, and serve as an evidence base for, campaigns against ageism in Wales and the UK at large.

Methods & Research Design

The research project began with introductory readings supplied by Paul Willis as lead supervisor. These readings informed the introductory section of the research protocol. Following this, I met with the Social Sciences subject librarian at Cardiff University, who helped me identify key search terms and introduced me to four relevant databases: Applied Social Sciences Index & Abstracts (ASSIA), Web of Science (WOS), Scopus and Overton. We also met with Emma Harney and Rachel Lewis - policy staff working in the Welsh Government who provide ministerial advice on ageing and ageism. They helpfully provided us with relevant government publications as well as resources from the OPCW and key third sector organisations.

Next, I formulated a search strategy. Seven search terms were agreed by the team, along with derivatives or synonyms:

1. **Ageism**, Ageist, Agism, “Age Discrimination”, “Age-based discrimination”
2. **Prejudice**, bias
3. **Stereotype**, stereotyping, stereotypes, stereotypical
4. **Older people**, “old people”, “elderly people”, “later life”, “third age”, pensioners.
5. **Discrimination**, inequality, inequity, “generational inequality”, marginalisation
6. **Wales**, Welsh, UK, “United Kingdom”
7. **Elders**, Elder, Elderly

After searching all four databases, a total of 2,231 academic documents were found, and 258 grey literature documents. Initially, results were filtered using in-website relevance filters to export the 100 most relevant documents to Zotero (a referencing software). This process was repeated thirteen times, therefore 1300 documents had their abstracts analysed for relevance. Our key inclusion/exclusion criteria were:

- Documents published after 2010
- Publications available in English
- Peer reviewed academic literature
- Publications by relevant government or third-sector organisations.
- Publications with primary and secondary research based in the UK and Wales
- Exclusion of blog posts, social media and editorial articles.

Some exceptions to these rules were made, for example there were few Welsh articles, so several key studies from before 2010 were included. The same applied for influential medical articles, some articles included study from an international perspective where relevant, for example films or social media analysis.

At the end of the search and filtration process, we were left with 122 academic articles, and 11 grey literature documents. These were then read, and key findings were extracted, with 75 documents deemed relevant for the literature review. To extract the key findings, I noted down any information that was directly related to our two research questions into tables grouped first by database and then refiltered by subject area. The final list included a good breadth of perspectives and areas covered, which has allowed us to present a holistic report of ageism in

Wales and the United Kingdom. What follows are those findings, divided into areas of older people's lives.

Ageism in the workplace, retirement and the economy

Ageism in the workplace is a topic heavily covered by both academic and policy literature, given its relevance to business performance and government finances. It is important to remember that until 2011, ageism was normalised and legally mandated through the default retirement age of 65 which set a limit on an individual's working life. Since 2000, UK & Welsh Government policy has focused on keeping older people in work through combating age discrimination and extending flexible working arrangements rights (Wainwright *et al.*, 2019). This section will discuss the effectiveness of these policy efforts, including perspectives from workers and employers, as well as broader impacts on the economy.

The Workplace

Despite legislative changes, the attitudes of many workers remain ageist. In a study on younger workers in an English office environment Patel *et al.*, (2018) outline that workers tend to socially segregate themselves in age groups and find it difficult to socialise with their older colleagues. This caused the proliferation of ageist stereotypes such as older workers being resistant to change, frightened of technology and less motivated. Participants expressed a reluctance to hire older workers; on the basis it would be too hard to train them.

These findings are corroborated by Drydakis *et al.*, (2018) who performed a comparative study of the UK job market, using a fictional younger applicant and older applicant with the same skills and experience. Older applicants had a 21.2% lower chance of being invited for interview compared to younger applicants and were also invited to interviews that paid 15.7% less than their younger counterpart. In this study, the intersection of race and ageism was also highlighted, with older black applicants having a 9.4% lower chance of interview and being offered 5.8% lower wages. Drydakis (2018) concludes that the Equalities Act is not sufficient to eliminate ageism in the labour market, as legislation has limited power to change unconscious bias or attitudes.

Expanding on the labour market also reveals the intersectionality of age and other social characteristics in the job market. For older migrants, finding work outside of their ethnic communities is difficult as many older migrants exhibit limited English language skills, revealed in a study of older Chinese migrants in Manchester (Flynn and Wong, 2022). Additionally, over 50s – especially men – struggle to make career switches when their previous employment was in manual or industrial labour, as they often lack the qualifications and experience for office jobs (Neary *et al.*, 2019).

For women, ageism often intersects with the menopause. In this context, both legal shortcomings and social perceptions lead to a discriminatory environment for women. Westwood (2024) explains that employers are indirectly discouraged from having menopause policies, as legal cover was granted for employers that were unaware of an employees'

menopause in dismissal trials. Furthermore, the scrapping of Section 14 of the Equality Act prevented claims of dual discrimination, which is directly harmful for a fundamentally intersectional experience such as the menopause.

A particularly hostile environment for menopausal women is the police force, which Atkinson *et al.*, (2021) describe as “hyper-masculine”. Women complained about the lack of knowledge and acceptance of the menopause by management, and the requirement of going on patrol during hot flashes or heavy bleeding, which was worsened by necessary protective gear. In terms of solutions, Westwood (2024) argues for the reinstatement of Section 14 and broadening the Equalities Act to include specific menopausal regulations whilst Atkinson *et al.*, (2021) suggest granting more individual autonomy and increasing the number of women in police management.

Workplace ageism & the law

Harper (2022) reports in a study of self-employed older men in Wales and Southwest England that ageism was increasingly cited from the 2000s onwards as a rationale for entering self-employment, suggesting growing awareness of ageism as an issue. Yet this is still problematic as it suggests employment tribunals are not effective at preventing age discrimination.

The processing of disputes slowed significantly after the pandemic, with a backlog of 50,158 cases in 2022 and 37,924 cases in 2023 (Bengtsson, 2025). Bengtsson contends that the tribunal process is too complex, time constrained and difficult for non-legal professionals to follow, resulting in only 5% of claims being successful. Three quarters of all cases were withdrawn. Furthermore, employment tribunals themselves are unsure as to what constitutes a legitimate aim for enforced retirement of an individual (Bengtsson, 2019). These works suggest that a simplification, or at least better education and awareness, of employment law is needed to promote an age-friendly workplace.

Retirement

Retirement continues to be a highly salient issue in policy towards older people, as the necessity of maintaining the workforce clashes with social attitudes towards retirement..

Despite legislative and policy changes, Wainwright *et al.*, (2019) highlights the persistence of a socially defined “natural” retirement age which sits at roughly 65 for men and 60 for women. At this point, workers no longer believed they had an obligation to continue employment and prioritised other interests. Progress in promoting flexible working arrangements varied by class. Blue collar workers are often forced to work a full working week or retire, instead of a gradual reduction in hours. In many cases, individuals’ health does not permit continued employment in industrial labour or engineering (Wainwright *et al.*, 2019). This situation often leads to problems when the state pension age is increased, as those unfit to work are unable to access pensions but are unable to work. It is worth recalling the difficulty in returning to work for those employed in manual or industrial labour (Neary *et al.*, 2019).

Also important are the impact of health perceptions, which are independent (to a degree) of actual physical health and importantly are driven by internalisation of ageism (van der Horst, 2019). Van der Horst (2019) conducted a quantitative analysis of the English Longitudinal Study of Ageing (ELSA) waves 7 and 8 (2014-17) which reveals strong support for the hypothesis that health pessimism is negatively related to preferred retirement age. This result is most prevalent for women and suggests that if government was able to reduce internalised ageism people would be willing to work longer and be more positive about their health.

In terms of social attitudes, ageist stereotypes still persist and are frequently internalised by older workers. Vickerstaff and Van der Horst (2021) published a qualitative study of 104 employees and managers aged 50+, revealing that managers remained reluctant to train older workers on the basis they will soon retire and therefore the costs did not match the benefits. Furthermore, employees themselves were disinterested in career progression, however remained committed to their current roles. Older employees and managers also felt a moral duty to retire to “make room” for younger colleagues’ promotions (Wainwright *et al.*, 2019). However, these attitudes vary by profession, as a study of working academics over 65 exhibited no support for the “lump of labour” argument (George and Maguire, 2023), suggesting that in highly educated professions, the internalisation of ageism is less pronounced.

Wider Economic Impacts

Having examined the impact of ageism in the workplace and retirement, it is worth tying these findings into a broader economic narrative. Simply put, ageism has a considerable negative impact on the economy. Over 50s are 10% less economically active than 18-49s (Office of National Statistics, 2025a), which is wasteful given that older workers having more experience in their fields. On the other hand, pressuring older people to continue working prevents them from caring for grandchildren or older relatives (Neary *et al.*, 2019) which hampers the careers of young parents and increases demand on professional care providers. Importantly, this undermines individual agency in what is a deeply personal and impactful decision. This feeds into a study conducted by Santos & Cylus (Santos and Cylus, 2024) analysing “non-market productive activities” (NMPA) such as domestic labour, caring and voluntary work. Older people dedicate significantly more time than younger people to these activities yet this is often overlooked in economic debates as it does not contribute to GDP, despite enabling younger workers to dedicate more time and energy to their careers. Fortunately, in Wales, the contributions of older people in NMPA is recognised in the *Strategy for an Ageing Society* (Welsh Government, 2021) which states in terms of hours, older volunteers contribute an equivalent of 3.1% of Welsh GDP. More importantly, the Welsh Government recognises “that people should not be judged by their economic worth alone” (Welsh Government, 2021).

Ageism in Health & Social Care

Ageism in healthcare is one of the most damaging areas of ageism. Ageism and health are tied together by the decline narrative, or the belief that health will inevitably decline with age. This leads to erroneous decisions by medical professionals, the entrenchment of negative stereotypes by professionals and older people as well as more egregious cases of abuse, especially during the pandemic. This section hopes to demonstrate the immediate necessity of combating ageism as an issue of public health.

Healthcare

Health professionals are equally susceptible to ageist discourses as any other person; however, the impact is magnified by the importance of excellent healthcare for older people's quality of life. Naughton-Doe (2024) study of service provision in Wales from a practitioner and user perspective, revealing that older people felt ignored by doctors and treated as a burden which doctors' blamed on the media's negative association of older people, specifically their "drain on resources". Issues around contacting primary healthcare were also relevant during the COVID-19 pandemic, with older people being required to self-isolate. Many older people forwent going to the doctors for less serious injuries or illnesses, which then often worsened (Donnelly and Milne, 2024). Additionally, older people are often excluded from clinical trials, and the Centre for Ageing Better (2023) also criticises the use of 'remaining life expectancy' to determine the National Institute for Health & Care Excellence's (NICE) guidance on medical interventions for older people.

There are also growing problems in relation to the sexual health of older people, often fuelled by ignorance or erotophobia. This is caused by the ageist stereotype that sexual activity is confined to younger people and manifests in disgust, denial or anxiety about older people's sexual experiences (Simpson, 2021). Analysis of recent national sexual health surveillance data by Camacho *et al.*, (2023) reveals that whilst younger people still make up the vast majority of STI diagnoses, the number of older people (45+) with STI's is rising. The authors hypothesized three causes: ageing associated with weakened immune systems, reduced use of condoms and a culture of silence by older people and practitioners about sexual health.

Frailty is an issue frequently associated with older age, but again much of this can be attributed to ageism. Aminu *et al.*, (2024) provide a cohort study using 2385 over-65 ELSA respondents to demonstrate that age discrimination increases the risk of frailty by preventing older people from accessing healthcare and increasing stress and reducing confidence, which leads to body inflammation and less physical activity respectively. The authors give the important statistic that frailty costs the NHS £2,000 per annum, per patient in 2013/14 (£6bn total), adjusted for inflation: £8.3 billion a year. This study provides quantifiable evidence of the necessity of making healthcare more approachable for older people, as well as the negative health impacts of age discrimination.

Mental Health

In recent years, mental health has become an increasingly salient issue, given our improving longevity and generally improving physical health. It is clear that ageism has significant negative impacts for individuals' mental health, including greater anxiety (Centre for Ageing Better, 2023) and loneliness, which is especially pronounced in individualist societies like the United Kingdom (Naughton-Doe, 2024) and strongly correlated with increased mortality (Wenger *et al.*, 1996). Isolation is especially prominent in Wales. In a study of older people and charities in North Wales, Roberts and Windle (2020) found 27% of over-65s were classed as isolated, and were more likely to be men, which demands further study of older men's mental health. Crabtree *et al.*, (2018) find older men are more likely to die from alcoholism and suicide than women, caused by poor mental health, and advocates inclusion of men's sheds as health promoting sites and part of a broader men's mental health strategy. In terms of isolation, Wales sits in a potentially advantageous position due to its cultural values of community and social solidarity (Institute of Welsh Affairs, 2010), however more work is needed in transport to improve accessibility for older people and enhance older people's social connections.

Outside of the conventional mental health topics, the literature also calls for a more general change in mindset towards health, wellbeing and the ageing process. In 2010, John Osmond writing for the Institute of Welsh Affairs (2010) promoted the necessity of resilience among people of all ages and encouragement for older people to continue their lifestyles in the face of growing physical health challenges or the development of new skills through education. This is supported by an important US study by Levy *et al.*, (2002) which demonstrated that those with positive self-perceptions about ageing lived 7.6 years longer than those with negative perceptions. In this context, attitudes that lead to health pessimism and poor mental health in older people are directly shortening people's lives.

Ageism in the Pandemic

The Covid-19 Pandemic exacerbated nearly all of the aforementioned issues of ageism and health, but it also created novel issues and cases of serious mistreatment by institutions. This subsection aims to highlight ageism in the context of the pandemic and present a representative discussion of the treatment of older people. We have chosen to divide coverage of the pandemic into explicitly healthcare settings (this section) and pandemic-era ageism in politics and the media later on in the "Attitudes and Cultural Representation" section.

Of course, older people were especially vulnerable to dying from Covid-19 compared to younger people, with risk of death increasing by 6.1% for each year of chronological age (Zhang *et al.*, 2022). However Donnelly and Milne (2024) argue that ageism exacerbated the impact of the pandemic on older people. More specifically, the authors criticised state-led self-isolation orders for older people, as this made them afraid to exercise and leave the house, causing declining mental and physical health, as well as reluctance to access the GP or other medical help. Other authors (Naughton-Doe, Wigfield and Martin, 2023; Carney, Maguire and Byrne, 2024) argue that forcing people over 70 years to self-isolate was an ageist policy, based on the assumption that an older person was by default more at risk of serious illness. This ignored the fact that a younger person who was for example, experiencing chronic health problems, was

permitted to leave their home when a healthy 70-year-old was not. More concerning was the treatment of older people in care homes during the pandemic. The literature shares a consensus that the treatment of older people was a form of institutional abuse, especially the use of non-consensual do not attempt resuscitation orders (DNARs) and the release of untested patients being discharged from hospitals into care homes (Parker, 2021; Carney, Maguire and Byrne, 2024; Donnelly and Milne, 2024; Shimoni, 2024). Inside care homes, there were concerns about overmedication of antipsychotics in order to “manage” residents in the context of inadequate staffing, and the decision to cut family visits to care homes seriously disrupted residents’ mental health, especially those living with dementia (Donnelly and Milne, 2024).

Ageism & Abuse

The following section covers a small, but important area of the literature concerning how ageism interacts with domestic abuse, the law and cybercrime. The topic has also experienced growing attention by the Welsh Government which provided a dedicated report on safeguarding older people in 2016. Within, the Welsh Government acknowledged the under-representation of older people in domestic abuse services, and that over 60s undergo domestic abuse twice as long before reporting. There is also an implicit recognition of ageism in practice, with the report mentioning “inappropriate referrals and potentially unsafe outcomes”. (The Welsh Government, 2016). These policies were then updated in 2024, with the Welsh Government promising greater scrutiny of Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) services to ensure they meet the needs of older people, and helping domestic abuse survivors remain in their own home – among other policies which will be discussed.

Ageist abuse & the law

First, it would be worthwhile to explore the legal debates regarding the abuse of older people. Older people, like anyone else, are of course protected by standardised laws against abuse, however there is an ongoing debate as to whether abuse of older people should be considered a specific category of abuse. Goosey (2019) criticises the “low level of scrutiny” by UK Courts and argues that age discrimination and abuse are equally as important as discrimination based on other protected characteristics. This is because age discrimination hinders equality of opportunity, increases social inequality and demeans older people.

In a later publication, Goosey (2021) goes further to advocate protecting age groups under hate crime legislation. Currently, an assault on ageist grounds carries the same maximum sentence as common assault (six months). Which differs significantly from sentences for attacks motivated by racial hatred (two years). Additionally, Goosey cites data from the 2009-2011 waves of the British Crime Survey, revealing 143,000 instances of age-motivated hate crime, higher than gender-motivated hate crime at 120,000 incidences. Most of these crimes are opportunistic, based on the stereotype that older people are less likely to resist threats. Therefore making it a hate crime would increase deterrence and offer a “special denunciation” of such attacks.

Fortunately, the Welsh Government recognises the importance of legal protections for older people. In a 2022 Report entitled “Delivering Justice for Wales”; the Welsh Government (2022) argued in favour of devolving justice, and promised to give older and disabled people a “prominent voice”, as well as suggesting a Welsh Human Rights Bill, incorporating UN conventions on older people’s rights. This appears to be an appropriate measure for giving age equal protections under discrimination law and may improve access to justice for older people.

However, an area of the law deemed too restrictive by Sorinmade *et al.*, (2024) is consent and dementia. The authors argue that current laws on consent “inadvertently enforce celibacy” of those living with dementia and points out that in some cases, partners of those with dementia have been criminalised for having sexual activity with their lifelong partner. Across 35 interviews of people living with dementia, carers and experts in dementia care, the ageist assumption that older people are asexual beings was repeatedly raised as a barrier to mature discussion on reforming laws around consent and mental capacity. This provides support for a campaign or conversation regarding the sexual experiences of older people, with the authors advocating for a “presumption of capacity” for those with dementia.

Ageism & Cybercrime

The intersection of age and cyber-crime is a sensitive issue, due to the persistent ageist stereotypes that older people are incapable, or incompetent with technology. Whilst stereotypes must be avoided, there are varying levels of digital proficiency amongst older people. Almost 90% of those with “very low” digital literacy (12.1 million total) were over 50 (Lloyd’s Bank, 2024), therefore progress is still required in developing digital skills in older people. Since 2010, the Welsh Government has been aware and responding to lower levels of digital literacy among older people in both work settings (The Welsh Government, 2014) and the training of “digital heroes” to assist older people with technology use in hospitals and care homes (The Welsh Government, 2020).

Despite this, the UK has the greatest density of cybercrime victims and people over 60 years are simultaneously least likely to report but most likely to repeatedly be a victim of cybercrime (Havers *et al.*, 2024). After conducting 33 interviews, Havers *et al.*, (2024) found that victims were reluctant to report crime because they did not want to exemplify the ageist stereotypes of technological incapacity. According to the authors, older people also exhibit greater deference to authority, so are more likely to be victimised by social engineering scams pretending to be from government organisations like HMRC. The proposed remedy to these issues are increased campaigns against cybercrime and training for nurses or care workers for discussing cybercrime, particularly for isolated older people, who are more susceptible.

Ageism, domestic abuse and sexual violence

This section will conclude by reporting the literature on domestic abuse, sexual violence and its interactions with ageism. Bows *et al.*, (2024) estimates that two million older adults experience some form of physical, financial, sexual or psychological abuse each year, the vast majority of which by family members or partners. In a study of sexual abuse databases in the UK, Bows (2020) found the majority of offenders against older people were under 60, and two thirds of

rapes & sexual assaults were committed by someone the victim knew. 20% occurred in care homes, 54% in victim's homes, leaving a devastating impact on sense of safety. As discussed earlier, the domestic abuse of older people has received considerable attention from the Welsh Government however two key issues persist independent of policy.

First, older people are not considered the "ideal victim" of domestic abuse. Ideal victims are a category of individuals who when affected by a crime are given complete and legitimate status of being a victim (Christie, 2018). In the realm of abuse, this constitutes a younger woman being attacked by a stranger. Of course, most cases of domestic abuse and sexual violence do not conform to this stereotype. For example, older men are especially reluctant to report abuse against them, and the notion that older people are 'past it' sexually creates ignorance around the sexual abuse of older people (Bows, Bromley and Walklate, 2024). This leads to practitioners misreporting domestic abuse as elder abuse, proceeding down a safeguarding route rather than DA services (Lonbay and Southall, 2024). Lonbay & Southall's proposed solution for this issue are bespoke domestic abuse services for older people and raising awareness of domestic abuse as an older people's issue.

As demonstrated, being denied ideal victimhood and access to criminal justice leads to lower awareness of abuse. This is especially relevant for disabled individuals or those living with dementia. In the same vein as those with dementia being presumed incapable of consent by the law (Sorinmade, Keene and Peisah, 2024), the testimony of those with dementia is often ignored on the presumption that an individual is confused (Bows, Bromley and Walklate, 2024). In many cases, the perpetrator may also be disabled than the victim which adds another barrier to recognising the seriousness of abuse (Bows, Bromley and Walklate, 2024).

The second key issue is the inappropriate referrals of older domestic abuse survivors. Wydall *et al.*, (2018) provided a dedicated study of Welsh domestic abuse policy & practice, concluding that older survivors are subject to a 'welfare-centric approach' and are frequently infantilised or patronised by well-meaning practitioners – another example of benevolent ageism. This corroborates Bows *et al.*, (2024) assessment that domestic violence is often treated as a health rather than criminal issue, with perpetrators playing on the 'old and infirm' stereotype to avoid prosecution. Sometimes the Crown Prosecution Service will not prosecute due to 'public interest'. Often, the criminal justice system will not get involved at all (Ash, 2014).

Recently, the Welsh Government has published a dedicated report on preventing the abuse of older people (Welsh Government, 2024) which acknowledges the need for better training of practitioners, increasing older people's access to services and a communication plan to raise awareness of domestic abuse. In terms of actions, the Welsh Government promised greater scrutiny of VAWDASV services and financing security upgrades to individuals' homes. However, progress needs to be made on explicitly handling the welfare-centric approach which is frequently reported in the literature.

Attitudes and Cultural Representations of Age

The remainder of the findings section will cover the largest, and arguably most important, body of literature on ageism. Like all forms of discrimination, ageism is primarily attitudinal and spread via socialisation or discourse. Discourses are instrumental devices, constructed through language, that foster common perceptions and understandings (Howarth, 2000). An example of a discourse is the common belief that an ageing society makes government finances unsustainable, or that older people are an economic drain on society. These narratives are important because they are internalised at a young age, which have detrimental effects on individuals as they age (Centre for Ageing Better, 2023). This section will be divided into four subsections: political discourse, advertising, health & social care and finally, media discourse. The aim is to provide a holistic report of attitudes and their impact on older people's social standing, psychological wellbeing and in some cases, physical health.

Political Narratives

It goes without saying that Wales and the UK's ageing population has become a politically salient topic. Yet there is little celebration in political circles of the immense medical achievement of supporting people to live longer and healthier lives. Instead, debates are consumed by budgetary concerns, the 'grey tsunami' and pitting generations against one another.

A key political narrative of ageing is the "dependency ratio", referring to the number of people aged over state pension age (66 in 2025, 67 in 2026) for every 1,000 over 16 (Office of National Statistics, N.D). Promoters of the 'intergenerational equity' movement argue against the retention of the state pension and stoke intergenerational conflict as a means of cutting the welfare state (Carney and Nash, 2020). Of course, the very notion of the dependency ratio is outdated; many people over the state pension age remain in work, many more provide essential volunteering, family caregiving and child care responsibilities (Lloyd *et al.*, 2014). Lloyd *et al.*, (2014) argue that stereotyping older people as dependent serves a platform to promote self-reliance and cutting social services provision as the 'growing burden' becomes too much for social services and necessitates self-help.

Linked to the dependency ratio is the notion of a 'grey tsunami', or an ever-growing number of older people based on population projections. Of course, this report has heavily utilised population projections to evidence the importance of ageism to society and policy. However, Carney & Nash (2020) pleads caution over the use of projections, citing Weiner & Teitelbaum's (2001) book which demonstrated that British population projections from 1936 predicted the population to decline by 1976. Carney & Nash use this to discredit the paranoia in political media around the growing number of older people, but more importantly the purported inevitability of population decline.

Counter to these ageist narratives, Carney & Gray (2015) call for extending 'the personal is political' to increase the political salience of ageism. This concept is adapted from radical feminism which states that all relationships between men and women are based on power and domination and calls for critical analysis of all relationships. The authors posit that framing

ageism in personal experience and political oppression will create a more radical debate and greater challenge to the status quo.

The consequences of these political debates are two-fold. Firstly, drawing political comparisons with age leads to age groups contracting political polarisation; with the Centre for Ageing Better (2021) pointing to the Brexit vote as a key cause of intergenerational hostility whilst Lloyd et al., (2014) argue that the promotion of discourse that older people are a 'burden' may increase their reluctance to access key services, diminishing their welfare.

Advertising Narratives

Advertising is a ubiquitous and inescapable aspect of our lives. Given the pressures of the attention economy, which is the concept that an individual has a finite attention span and actors must compete to capture attention, and the sheer volume of advertisements individuals are exposed to daily, stereotypes are unavoidable due to their use as heuristics (Morrison, 2014). The employment of stereotypes is important as they are internalised and then lead to prejudice, for example a doctor who is exposed to advertising showing older people as frail, weak or incompetent may make these assumptions when they meet an older patient also has considerable impacts on self-perceptions, although less so than social media and interpersonal interaction (Advertising Standards Agency and Strat7 Jigsaw, 2025).

One key area of advertising and ageism are beauty advertisements. Kenalemang (2022) produced an in-depth discourse analysis of L'Oreal adverts and their depiction of older women. L'Oreal's adverts posit ageing skin as a 'problem' to be solved by the purchase of anti-ageing serums and creams. Additionally, when products are claimed to be scientifically proven, the onus is placed on the consumer to prevent themselves from looking old. Ultimately, these advertising discourses posit beauty as synonymous with youth, and mutually exclusive with age. However, the impact on individuals' confidence is more mixed.

Research by the Advertising Standards Agency (2025) reveals that the majority of people feel comfortable in their own skin, and this actually increases with age. 85% of those aged 55+ reported feeling "comfortable in my own skin", compared with 63% of those aged 16-54. However, across all ages, women feel less confident than men: 68% confident vs 75% confident respectively. More research is required in this area, however it can be concluded that using ageist insecurities to market beauty products is unhelpful for creating an age-friendly society.

Another key area of advertising where older people are underrepresented is in technology. Returning to Havers *et al.*, (2024), a key reason why older people are not seen as digital natives is because older people are not included in the production process or advertising of technology. Importantly, there is scope for advertising stereotypes to be used in a positive way; Morrison (2014) explains that promoting a new stereotype, for example older people being comfortable with technology, may eventually result in the old stereotype being replaced by a more positive one. In this instance, advertising could signal that the digital world is inclusive of older people, which may encourage older people without digital skills to learn, without relying on negative stereotypes of technological illiteracy.

To conclude this section we focus on the Advertising Standards Agency's (2025) report that conveys perspectives from older people. The report recommends that a good advertisement for older people is authentic and representative. This could be depictions of intergenerational activity, for example grandparenting or a popular past-time, like going to a football match. Focus group respondents expressed irritation at ads displaying older people doing extreme activities like racing or sky-diving and described adverts that depicted decline as harmful. Interestingly, charity ads were viewed with disdain by all ages, as they depicted older people as unwell and dependent. This report offers clear guidance on best practices for advertising to older people and is therefore highly valuable.

Health & Social Care workers' attitudes

The narratives and discourse discussed in this section are not necessarily unique; for example, the 'decline narrative' features heavily. It is worth re-analysing these narratives in the context of health and social care because they have clear impacts on patients' well-being and health.

A key issue with professional attitudes is that working with older people is seen as undesirable. In 2018, Ridgway *et al.*, (2018) published a longitudinal study of nursing students' attitudes towards older people over the duration of their degree. In the first year, 34% of students had negative attitudes towards older people however after interventions and education on older people, only 2% held negative attitudes. However, only 5% of the cohort enrolled in older people's nursing. Unsurprisingly, those who had intergenerational contact outside of care settings had greater affective scores for older people, revealing an avenue for combating stereotypes. Ridgway (2019) repeated this study with social workers which yielded similar results; qualified social workers saw practice with older people as uninteresting and preferred work with families. Only 10% wished to work in older people social work, despite generally high affective scores.

A key problem with the decline narrative is that it becomes a rule of thumb for medical professionals. Ash (2014) found that institutional ageism makes doctors less likely to respond to minor health complaints based on the assumption that ill health and old age are one in the same. Doctors are only summoned when conditions worsen or become serious, forcing older people to endure greater suffering but also leading to more costly treatment for the NHS. This is supported by the Institute of Welsh Affairs (2010), who reported that half of doctors believe the NHS is institutionally ageist. In this context, combating ageism in healthcare would contribute effectively to the Westminster government's plan to shift the NHS towards more preventative treatment or early intervention.

Intersectionality also has its place within health and social care. Two key studies are relevant here, covering the menopause and LGBTQ individuals in care homes. Simpson's (2021) study of practitioners' attitudes towards older adults sexuality revealed that care home staff assume because residents are unwell, they are not sexual or experience attractions and arousal. As a result, there are a lack of double beds in care homes for couples to share physical contact. Privacy is frequently compromised for delivery of care, and this is worse for LGBTQ individuals who face a double stigma as insufficient effort is made to make care homes an LGBTQ friendly environment. Simpson (2021) argued many older LGBTQ people return to the closet. Elsewhere,

Orgad & Rottenberg (2024) find that media coverage of the menopause has considerably improved, moving away from a medical issue to be resolved to an individual experience to be embraced, like puberty. The authors do, however, caution against the growing advertisement of hormone replacement therapy (HRT), arguing that its popularity stems from lobbying by pharmaceutical companies. Furthermore, they argue that individualising the experience of the menopause detracts from challenging structural discrimination, as evidenced by previously discussed studies (Atkinson, Carmichael and Duberley, 2021; Westwood, 2024).

Narratives within the media & social media

Ageist discourse being reproduced in social media, the television and the press are highly influential on self-perceptions towards ageing, as well as societal perceptions (Advertising Standards Agency and Strat7 Jigsaw, 2025). Social media perceptions are even more important as they constitute interpersonal ageism and also exhibit the most overtly hostile ageist attitudes (Centre for Ageing Better, 2020). Similar to advertising, the media appears dependent on the use of stereotypes to evoke strong emotional responses, this is especially pronounced in tabloids (Centre for Ageing Better, 2020). This subsection will compile studies of all forms of media representation, ranging from press, film and social media.

Dementia is frequently posited as the greatest threat to older people. Brookes *et al.*, (2018) provides a critical discourse analysis of newspaper coverage of dementia. First, they note that dementia's representation as a "killer" is dramatic, given that dementia itself is not particularly lethal compared to co-occurring conditions like pneumonia. Deaths from dementia only increase when mortality from other conditions falls. Imagery is also important; frequent use of the 'Alzheimer's brain' (decaying grey matter) reinforces the perception that those with dementia are 'damaged', and everything they do is irrational or abnormal (Sabat, 2014). These fatalistic depictions result in a lack of focus in protecting quality of life for those living with dementia as well as the early signs of dementia, which are instrumental for early diagnosis and treatment.

Building on specific studies of newspaper coverage, Ng (2021) provides a large scale (1.1 billion words) qualitative study of UK and US depictions of ageing in wider media, including newspapers. He finds that the UK has far greater coverage of older people than the US. Both countries employ negative descriptors of older people six times more than positive ones. In general, magazines had the highest levels of ageism, followed by TV and Radio. Ng (2021) argues this is especially problematic as older people use print media, radio and TV far more than younger people.

On social media, the picture is more mixed. Makita *et al.*, (2021) performed an analysis of 1200 tweets, revealing that the most discussed aspects of ageing were personal concerns (appearance, declining fitness) and health & social care. The least discussed topics were the ageing workforce and age-friendly initiatives. The authors argue the most prominent discourses were promotion of older adults' human rights, followed by anti-ageing culture and promotion of active ageing. However, the tweets referenced in her article mainly came from institutional accounts, rather than individuals. Further research is required in assessing individuals' discussion of ageing on social media. The Centre for Ageing Better (2020) demonstrates that

older women are frequently described as ugly and grumpy, whilst older men are described as creepy, both genders experience a strong association with mortality.

Makita *et al.*, (2021) also report that ageism was often used as a weapon against older political figures, which is regrettable as it contributes to normalising ageism. In a later study, Ng, Indran & Liu (2022) reported that throughout the pandemic, social media sentiment towards older people actually improved, however cautioned against benevolent ageism – for example, the creation of dedicated times for older people to go shopping to ‘protect’ them.

Media coverage of the pandemic was extensively covered with respect to ageism. Shimoni (2024) critically analyses 124 articles from the early stages of the pandemic, finding that older people were included with long-term sick and the disabled as especially at risk of death from Covid-19. This allowed the presentation of Covid as unmanageable for older people, and allowed for the prioritisation of younger populations over older. Carney *et al.*, (2024) reports similar findings after a study of five newspapers; the media repeated the discourse that older people are less deserving of life-saving treatment than younger people, whilst simultaneously sowing intergenerational tensions by describing young people as ‘super spreaders’. There is agreement in the literature (Carney, Maguire and Byrne, 2024; Donnelly and Milne, 2024; Shimoni, 2024) that depicting the situation with older people in the pandemic as hopeless facilitated the disastrous treatment of older people living in care homes, as well as the aforementioned deployment of blanket DNARs.

Recommendations for an anti-ageist campaign and other policy advocations

So far, this report has demonstrated the wide-ranging applications of ageism and its negative impacts on older people’s lives and intergenerational relationships. However, the purpose of this report is not just to highlight issues, but also to identify some solutions. What follows are examples from the literature – many cited already – of support for an anti-ageist campaign, or other policy initiatives which could be implemented to counter ageism and improve the experience of older people in society. A campaign, or at least greater public involvement, is greatly needed. Policies from government have focused on preventing direct discrimination and promoting formal equality, however do not tackle normalised ageism (Vickerstaff and Van der Horst, 2021).

In terms of employment, Patel *et al.*, (2018) found that greater intergenerational activity between colleagues led to more positive attitudes across generations. They advocate greater awareness within HR and management to inform an approach of regular team-building, social activity and partnering younger workers with older workers to prevent the internalisation of ageist stereotypes. Loretto (2010) reports that individuals are supportive of the right to continue working but hostile to messages of obligation. Efforts to celebrate the work of older employees are also needed to shift the perception that the ideal worker is younger. Lastly, Flynn and Wong (2022) encourage outreach programmes for public services, employers and trade unions into migrant communities to help individuals plan for retirement or re-enter the workforce.

In health and social care, Kagan & Melendez-Torres (2015) suggest altering language in education and research to represent the value of ageing and critically moving away from chronological age as a health metric. This may alleviate the association of ill health with chronological age, and ensure older patients are believed. Similar views are shared by Ridgway (2019), who calls for efforts to promote gerontological work for male social work students. Aminu *et al.*, (2024) advocate a public health initiative to foster awareness of healthy ageing and recognition of the negative impacts of age discrimination on individual's health; see Levy *et al.*, (2002). In terms of sexual health, Sorinmade *et al.*, (2024) advocate for an anti-ageist campaign focusing on society's view that older people are "invisible, unattractive and asexual".

In social contexts, Sixsmith *et al.*, (2024) suggests creating intergenerational areas within communities such as parks or social clubs will promote intergenerational leisure and normalise older people in the community. Naughton-Doe (2024) echoes this, raising the necessity of creating an environment where older people feel they can reach out for help, especially isolated older people. These efforts would aid in a wider promotion of 'resilience' advocated by the Institute of Welsh Affairs (2010) by helping older people to continue their social lives and activity as they age.

Finally, the Centre for Ageing Better (2021) provides a list of important messages to promote that are seen favourably by older people. The key ones are: 1) a recognition of individuals' disadvantages or advantages, and the promotion of a community that supports one another; 2), focus on the fact that many people report a greater sense of purpose and wellbeing as they age; and, 3) emphasising the skills and resilience of older people. Most importantly, a general recognition is needed that longer lives are not a burden, but rather an opportunity for the economy, society and individuals, as well representing a societal achievement.

Conclusion

This report has provided a wide-ranging review of the academic and grey literature coverage of ageism, aiming to inform on all key areas of the ageing experience. During the research, it became apparent that whilst government, particularly the Welsh Government, have devoted significant efforts to developing ageing strategies and combating ageism within the law and policy, popular perceptions and the behaviour of private and public organisations continues to exhibit ageism. Much of this can be attributed to lack of awareness, not only of ageism's existence, but also that it is fundamentally unacceptable. When thinking of forms of malicious discrimination, we often think of racial, sexual or gender discrimination - not age. It is in this context that awareness campaigns and community action can elevate age discrimination to an equal level of unacceptability. Ageism impacts nearly all aspects of everybody's lives, with ageist attitudes being 'learned' at younger age, which is then internalised later.

In order to respond positively to an ageing society, it is necessary to provide older people with maximum opportunity and wellbeing. This of course involves promoting active ageing and the retention of older people as workers but also ensuring that the 'extra' years we live are healthy and not marred by social ostracization and isolation. A growing older population is an

opportunity to enjoy more experience and expertise in society, rather than a burden or 'grey tsunami'. If nothing else, it is worth remembering that age discrimination is shortening lives, as those with more positive self-perceptions towards ageing live 7.6 years longer on average (Levy *et al.*, 2002). In this context, internalised ageism can be considered a deadly condition. We should all make the necessary efforts to eliminate ageism, for our own wellbeing.

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