The Benevolent Society

The drivers of ageism

Foundational research to inform a national advocacy
campaign tackling ageism and its impacts in Australia

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Foreword

As Australia's first charity, The Benevolent Society has been working for over 200 years to provide important services to the community, and also as an active catalyst for social change.

It is with pride that I can say The Benevolent Society has fought for many things we take for granted in Australia today – free legal aid, the elimination of child labour, the establishment of the first 'old age pension' and the first dedicated maternity hospital are just a few examples. Importantly, our campaigning efforts for a just society where all Australians can live their best life continue today as a core element of the work we do.

We are committed to campaigning for the essential conditions for Australians to age well. As part of that commitment, we are building a coalition to support a sustained, multi-platform, evidence-based advocacy campaign to tackle the issue of ageism toward older people.
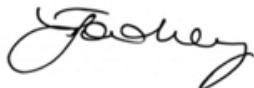
As campaigners for older Australians, we believe we must positively change thinking about ageing and what it means to be an older version of ourselves. If we can do that, we believe we can begin to shift norms, expectations, policies and outcomes for all older people; and mobilise a holistic political response to the 'opportunities' - rather than the 'threats' - presented by our ageing population.

Nobody said shifting the dominant discourse on ageing will be easy, or achieved in the short term, but we believe it is crucial that ageism is tackled head on. And that's where this research plays a key role.

Ultimately we want to see the establishment of a national agenda for older Australians, including a federal Minister for Older Australians, which will actively drive positive change in economic, social, health, civic and participation outcomes. In the shorter term, we want to facilitate passionate coalitions and drive new conversations and strategies that will challenge entrenched negative views and open up our collective thinking, policies and programs to the reality, potential and intrinsic human rights of our ageing population. This is as relevant for our current cohorts of older Australians as it is for the generations coming after us.

This foundational research, undertaken by Urbis and guided by our expert reference panel, will inform our campaign strategy and, we believe, give us the best chance of success.

We aim to launch the campaign, EveryAGE Counts in 2018. I sincerely hope you will join us on this important long-term journey.

Jo Toohey
Chief Executive Officer
The Benevolent Society

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- Deborah Snow - Senior Journalist, Fairfax Media

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- Carolyn Curtis - CEO, The Australian Centre for Social Innovation

- Dr Neal Blewett - former academic, politician and diplomat; former Minister for Health

- Dr Mike Rungie - Director, Economic Development Board of South Australia

- Anita Tang - Advocacy adviser and campaigner

- Mark Riboldi - Advocacy and Communications Coordinator, Community Legal Centres NSW

- Robert Tickner - former CEO of the Australian Red Cross; former Minister for Aboriginal Affairs

We also sincerely thank the more than 1400 participants who took part in the quantitative and qualitative components of the research.

Executive Summary

Most of us in Australia will live longer, healthier lives than any generation before us. This presents enormous opportunities for us as individuals, for our communities and for our nation. Yet as a society we are not taking the opportunity to realise this potential. We need to remove the barriers that prevent full participation of older people. At the heart of these barriers are ageist norms and negative attitudes towards getting older and older people.

The Benevolent Society is building a national advocacy campaign, EveryAGE Counts, to shift the dominant, negative narrative of ageing in Australia and to drive positive change in economic, social, health and civic participation outcomes.

The Benevolent Society commissioned a three-pronged research study to ensure the campaign is underpinned by the latest evidence. The research was guided by an eminent expert reference panel. This Summary Report presents an overview of the emerging findings from the research.

The Full Report format, available to download from www.everyagecounts.org.au, contains this Summary Report as well as full details of each of the three elements of the research, which include:

- **A literature review**

  To research the latest Australian and international research on ageism, to identify what is known about the 'drivers' of ageist attitudes and behaviour, and to review lessons learned from campaigns and strategies that have effectively changed social norms.

- **A national online survey of over 1,400 community members across all age groups**

  To explore community attitudes towards ageing and older people and most importantly to identify what influences people's attitudes, beliefs and behaviours. This included a national sample of 1,083 people of all ages, plus a booster sample of 342 people aged over 55 to enable further analysis within this cohort. The research was designed to address a gap in the existing Australian research on the 'drivers' of ageism. By better understanding these drivers, The Benevolent Society's advocacy campaign can be effectively designed and targeted.

- **Four focus group discussions with community members, including older and younger Australians**

  To explore in-depth how focus group participants view older people, how they personally feel about getting older, what they fear and look forward to as they age, and what they think could be done to address any perceived bias or discrimination against older people.

What does the research tell us?

The literature review

The literature review confirms that ageism takes different forms but includes three 'distinct but interrelated' aspects: attitudes and beliefs, behavioural discrimination and formalised policy and practices (Malta & Doyle, 2016 p. 232; Nelson, 2016).

Ageism is discrimination against our future selves. It can affect every one of us. The research shows that ageism can be a 'self-fulfilling prophecy', leading to internalised and reinforced perceptions of our own self worth. Ageism is also growing.

Evidence shows the negative impacts of ageism not only limit the potential opportunity for older Australians to participate fully in the community, but also significantly impacts their overall health and wellbeing.

The language and rhetoric of policy discourse - which tend to describe the issue of an ageing population as a problem, a burden and a cost - has also been shown to perpetuate negative stereotypes.

The literature review draws conclusions from investigating behavioural change theory that can guide the advocacy campaign. There are also important learnings from social marketing campaigns (for example on health promotion, anti-smoking, speeding) as well as social inclusion campaigns addressing racism or discrimination against people with disability.

Findings from the quantitative and qualitative research

The research conducted shows that the majority of people care about ageism (79%) and many have experienced it.

The four key settings identified by survey participants as important for ageism to be addressed were - the workplace (54%); healthcare (47%); aged care (33%); and in families and local communities (31%).

People lack awareness of the positive aspects of older people's lives –and tend to overestimate the negative aspects, such as poor health, financial concerns and dependency.

People have mixed attitudes to getting older and towards older Australians. There are concerns about the economic impact of the ageing population but also recognition of the importance of addressing discrimination and achieving positive change.

People are concerned about losing their cognitive capacity, their identity, independence and social connections as they age. The fear of cognitive decline is greater than the fear of physical ill health.

Financial concerns as people age are just as common among younger participants as older participants.

Interestingly, people don't see age as a number but more as a relative concept influenced by factors such as how old you are, the culture you belong to, your health status and how you lead your life.

People's perceptions of, and attitudes towards their own ageing, are primarily shaped by their personal experiences (usually observing close family members or friends) and the level of contact they have with older people. Personal connection with older people – within the workplace, the community and family – was a strong indicator of more positive perceptions and attitudes, suggesting a role for a strong intergenerational focus in the campaign strategy.

A substantial minority of people adopted a neutral position on a number of survey questions, that is, they neither agreed or disagreed with certain attitudes or behaviours towards ageing or older people.
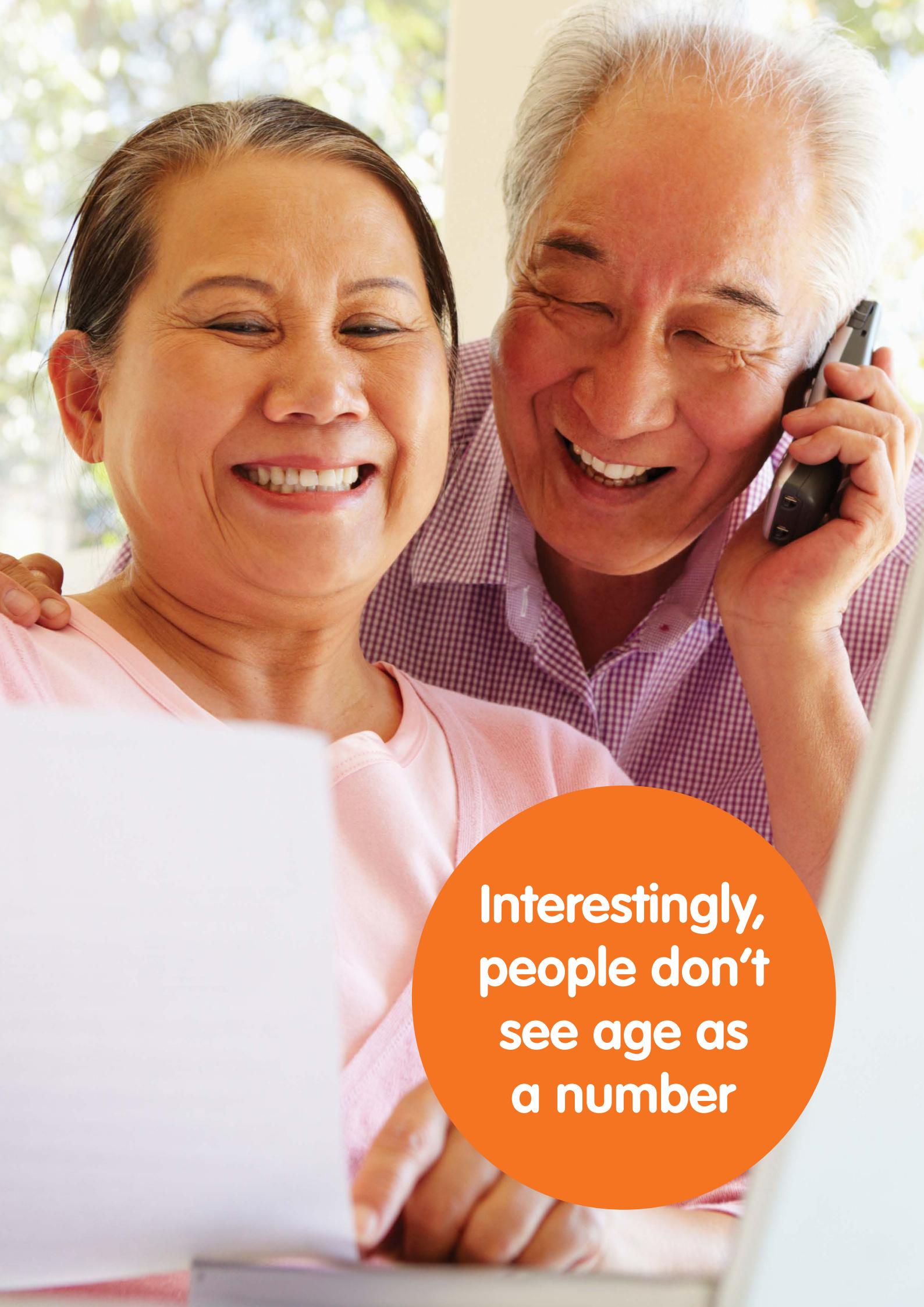
This lack of polarisation of views suggests that there is scope for a campaign to shift social norms and that many people may be open to thinking differently about ageing.

The advocacy campaign

The research findings suggest an advocacy campaign should include:

- partnerships with other committed organisations

- empowering individuals and organisations to take part in a national campaign

- facilitating meaningful intergenerational contact and interactions

- providing information to dispel myths

- a multi-faceted social marketing campaign combining mass media advertising with other initiatives

- strong monitoring and evaluation frameworks.

The Benevolent Society is now building a coalition to support and build EveryAGE Counts. This research provides a sound basis upon which campaign planning will now proceed.

Interestingly, people don't see age as a number

Introduction

It is well known that, similar to many other countries in the world, the Australian population is ageing. Increased longevity and falling birth rates have resulted in steady growth in both the number and the proportion of the population who are older.

In the fifty years from 1964 to 2014, the proportion of the Australian population aged 65 years and over doubled from 8% to 15%. By 2064, it is estimated that close to one in four (23%) Australians will be aged 65 or more (AIHW, 2017).

The ageing of our population creates great opportunities, but also a number of challenges. Our social norms, attitudes, structures, policies and practices have not necessarily kept pace with the fact that there are many more older Australians living in our community and that most will lead longer, healthier lives than ever before.

While improvements in longevity and health during old age present an opportunity for this growing cohort to make meaningful contributions to the communities in which they live, current stereotypes that surround older people often act as a barrier to their full participation.

Despite increased attention and efforts to shift the narrative around ageing in recent years, across the globe, research has found "negative attitudes and stereotypes about older adults as frail, out of touch,

burdensome or dependent are ubiquitous" (Officer et al., 2016 p. 710). These negative attitudes and social norms have come to be reflected in the experience of ageism, in which individuals are discriminated against on the basis of their age (Malta & Doyle, 2016 p. 232). Recent research has found that "ageism is pervasive, widely accepted, and normative in many cultures and societies… and is a form of prejudice that goes unchallenged, and even celebrated in many fields" (Sargent-Cox, 2017 p. 5).

While ageism affects people across different age groups, it is more frequently experienced by younger and older age cohorts. While not diminishing the significance or impact of ageism on younger people, this report and the research supporting it, focuses on the age-based attitudes and discrimination affecting older Australians, and so the use of the term 'ageism' in this report should be read in this context.

"The growth in the number of older Australians provides significant benefits and opportunities for Australia… to achieve these benefits we need to remove the barriers that prevent many older Australians from reaching their full potential in workplaces and the community"

(Former Age and Disability Discrimination Commissioner, The Hon. Susan Ryan AO in AHRC, 2013)

Findings from research to inform a national advocacy campaign

The Benevolent Society is building a national advocacy campaign for older Australians, to redefine the narrative of ageing in Australia and to drive positive change in economic, social, health and civic participation outcomes. The Benevolent Society commissioned a three-pronged research study to ensure the campaign is underpinned by the latest evidence. The three elements of the study include:

- **A literature review**

  To examine the latest Australian and international research on ageism, to identify what is known about the "drivers" of ageist attitudes and behaviour, and to review the effectiveness of any campaigns or strategies that could potentially combat ageism. In all, over eighty reports and documents were reviewed resulting in a 40 page Literature Review contained at www.everyagecounts.org.au

- **A national online survey of over 1,400 community members**

  To explore community attitudes towards ageing and older people and most importantly to identify what influences people's attitudes, beliefs and behaviours. This included a national sample of 1,083 people of all ages, plus a booster sample of 342 people aged over 55 to enable further analysis within this cohort. The research was designed to address a gap in the existing Australian research on the "drivers" of ageism. By better understanding these drivers, The Benevolent Society's advocacy campaign can be appropriately designed and targeted. Details of the online survey (using a consumer panel) are found at www. everyagecounts.org.au [1]

- **Four focus group discussions with community members, including older and younger Australians**

  To explore in-depth how they view older people, how they personally feel about getting older, what they fear and what they are looking forward to as they age, and what they think could be done to address any perceived bias or discrimination against older people. A diverse group of Australians (mixed gender, ethnicity, marital status, household income) took part in four discussion groups in the following age brackets: 18 to 30 years, 31 to 45 years, 55 to 64 years and 65 years and older. The high-level findings of the focus groups can be found at www. everyagecounts.org.au

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[1] Technical Note: Survey respondents were drawn from a consumer panel. 1,083 people of all ages completed the survey. An additional booster sample of 342 Australians aged 55 years or older was undertaken to conduct a separate analysis of the experience of older Australians. Data was post-weighted by gender and location to be reflective of the Australian population (ABS 2011 Census data). Statistical analysis techniques conducted included ordinal regressions and Analysis of Variance. Unless explicitly stated, the sample comprises the 1,083 respondents (ie. the primary sample).

This Summary Report presents emerging findings from the research. A Full Report is available at www.everyagecounts.org.au which contains this Summary Report,the literature review, and key findings from the online survey and the focus group discussions. The Full Report also contains details of the methodology for each component of the research. It should be noted that the research gave rise to a rich set of data that will be interrogated further as the advocacy campaign develops. Initial data analysis reveals a complex interplay of knowledge, attitudes and behaviours and more work will be required to tease these out further. However, some overarching themes are emerging from the data and form the basis of this report.

What does the literature tell us?

Ageism takes different forms

Ageism has been defined as "discrimination against people based on their age," and is said to be "manifested through negative stereotypes and perceptions about older adults" (Malta & Doyle, 2016 p. 232). The term is widely believed to have been coined by Robert Butler, the Founding Director of the National Institute of Ageing (NIA) in the United States, who suggested that ageism is "a process of systematic stereotyping and discrimination against people because they are old... [including the process whereby] older people are categorised as senile, rigid in

thought and manner, and old-fashioned in morality and skill" (Butler in Mezey et al., 2001 pp. 26-27).

Butler believes ageism includes three 'distinct but interrelated' aspects, mainly: attitudes and beliefs; behavioural discrimination; and formalised policy and practices (Malta & Doyle, 2016 p. 232; Nelson, 2016).

In this way, ageism is seen to encompass:

- **prejudicial attitudes** to older people, including attitudes held by older people themselves;

- **discriminatory practice**s against older people, particularly in employment, but in other social roles as well; and

- **institutional practices and policies** which, often without malice, perpetuate stereotypic beliefs about older people, reduce their opportunities for a satisfactory life and undermine their personal dignity. (Butler, 1980 cited in Levy & Macdonald, 2016 emphasis added)

Behavioural discrimination occurs in a variety of settings – the literature tells us it is particularly evident in the workplace and in health care. There are also increasing concerns about the extent of elder abuse in the Australian community – both in institutional and family settings.

These three aspects of ageing provide insight into the broad areas where ageism presents itself, and are significant when considering the focus for a national advocacy campaign for older Australians.

Ageism has negative impacts

Negative and discriminatory attitudes and behaviours not only limit the potential opportunity for older Australians to participate fully in the community, but also significantly impact their overall health and wellbeing (AHRC, 2013 p.13).

It has been found that "exposure to negative stereotypes results in poorer subjective health, higher feelings of loneliness, more frequent dependency behaviours, and reduced will-to-live, in older adults" (Sargent-Cox, 2017 p.1).

The World Health Organisation reported in 2016 that older people who hold negative views about their own ageing, do not recover as well from disability and live on average 7.5 years less than people with positive attitudes. [Officer et al, WHO]

Ageism is growing

There is evidence that ageism is growing. The review of international research tell us that the status and perceived value of older people is in decline, and that this is having negative impacts on attitudes and behaviours.

Ageism can be a self-fulfilling prophecy

Ageist attitudes are not limited to younger people, but may be "internalised and reinforced across the lifespan developing into beliefs about, expectations for, and self-perceptions of, one's own ageing process" (Sargent-Cox, 2017). Research with older people found that participants: "reflected an internalisation and acceptance of ageist stereotypes and prejudices through their perceptions of what 'being old' was… including: not trying, withdrawn, isolated, irritating, self-oriented, living outside the mainstream, unattractive, uninteresting, frail, senile, silly, over the hill, narrow-minded, a burden, lonely, vulnerable, dowdy, and unproductive" (Minichiello et al., 2000 p. 259)

"Historically, older people were valued and respected members of society across cultures for their vast knowledge of the culture… Scholars have noted a contemporary shift toward a general devaluing of older persons in modern societies, especially in Western cultures"

(Levy & Macdonald, 2016 p. 18)

Ageism is discrimination against your future self

The literature also tells us that 'ageism' is different from other 'isms'.

"As with other 'isms,' such as racism and sexism, ageism leads to bigotry and discrimination, though it is a very distinct beast in that, for the most part, other 'isms' refer to those different from ourselves: distinct, mutually exclusive and impervious groups. Conversely, age is a fluid social construct in which we are all intimately bound as we move through the lifespan, transitioning in and out of different age groups." (Butler, in Mezey et al., 2001 p.26).

Formalised policies and practices can perpetuate stereotypes

An international literature review found that "growing awareness of structural ageing and the accompanying alarmist rhetoric, [regarding] the 'burden' of care… saw a shift in public sentiment from positive to negative towards older people across many countries" (Malta & Doyle, 2016 p. 232). This view has continued to underpin many aspects of the policy landscape in Australia, with the observation that, "[in] Australia, older people can be depicted as a 'social problem' as a consequence of public concern about the costs to government of demographic change and an ageing population" (O'Loughlin & Kendig, 2017 p.29).

A number of researchers have pointed to the language applied in Australia's Intergenerational Reports, which is believed to drive and perpetuate a view that older people are a growing burden on Australia's economy and society at large. For example, the 2015 Intergenerational Report stated: "In the coming decades, all levels of government will face growing fiscal pressures as the population ages and expectations for greater government support of ageing-related programs increase" (Commonwealth Treasury, 2015 p.57).

Nevertheless, certain aspects of Australian policy have adopted a rights-based approach which according to some have demonstrated "value in taking a rights approach to challenge ageist attitudes, enhance productive ageing and strengthen retirement income systems" (Kendig et al., 2013 p.32).

"While older persons are often said to enjoy particular respect, the reality is that too many societies limit them… The marginalization and devaluing of older persons takes a heavy toll."

(Ban Ki-moon, 2016)

What our research tells us about ageism

Ageism is becoming a more familiar term but is still foreign to some

"Ageism" is a term that is being used more frequently in public discourse than in the past. Reflecting this, the majority of the 1,400 community members surveyed had a relatively good understanding of the term.

When asked what ageism meant to them, most people surveyed defined ageism in terms of discrimination based on age. While some see ageism as bias or discrimination against any age group, more commonly ageism is seen specifically as bias or discrimination against older people. Nevertheless, some of those surveyed think ageism refers to being or getting old. Others think it has something to do with an ageing population. A few people said they had not heard the term "ageism" before or were unclear what it meant. This suggests there is room for increasing community awareness of ageism, both as a term and a concept.

It's about having low expectations about what you're like and what you can do as you get older.

It's putting everyone in the one box.

It's being defined by your age – like racism.

Combatting ageism is important to the Australian community

The majority of community members surveyed (79%) told us that ageism is important to them. Fewer than 10% think ageism is unimportant.

People who said ageism was an important issue said this was because of their own (older) age or because they were becoming older. Others said ageism was important because discrimination of any form is wrong and all people deserve respect. Yet others referred to personal reflections on how other people view or treat them, and how this has changed for the worse as they have grown older.

Four key settings were identified by survey participants as important for ageism to be addressed:

- the workplace (54%)
- healthcare (47%)
- aged care (33%)
- families and local communities (31%).

Survey respondents aged 65 years and over reported various personal experiences of ageism, including being told a joke about older people (57%), being talked down to (38%) and being ignored (37%). Over a quarter (29%) told us they had been turned down for a job because of their age, while 14% said they had been denied a promotion at work due to their age. These results echo those of previous studies undertaken in Australia and elsewhere (for example, Willing to Work National Inquiry, Australian Human Rights Commission, 2016)

The minority of people who said ageism was not important to them said this is because they have not had any personal experience of ageism or they have experienced ageism but refuse to let it affect them.

Some older people said they had only ever experienced respect as they aged, while others said that other issues are more important to them than ageism.

While people think combatting ageism is important, opinions regarding the role of older people in society are mixed

Community members were asked about situations in which older people might be treated differently to other people. Results were mixed, with some wanting to see change which benefited younger people, and some wanting to see change that benefited older people.

Ageist attitudes were most evident in the workplace setting. Almost a third (30%) of those surveyed think employers should be able to make older employees take on a reduced role, and one in four (25%) thought that employers would get better value out of training younger rather than older people. Almost one in five (19%) think younger people should be given priority over older people when it comes to work promotions or that people who do not retire at 65 are taking jobs away from younger people (18%). Many of those surveyed did not express a strong view either way on these issues – which suggests a level of ambivalence.

Some of those surveyed also reported concerns about the amount of money spent on healthcare for very old people, with 19% feeling it should be "rationed".

However, the majority of those surveyed did want to see positive changes in society relating to:

- Healthy people aged over 80 being able to access travel insurance (72% of respondents agree)

- Big businesses improving customer service to older people (64%)

- More funds being spent upgrading public and private places to make them more accessible (61%).

The seeming contradiction between overall attitudes towards ageism ('it is important') and prevalence of ageist attitudes ('reduction in role at 65 years') highlights the complexity of the issue, and suggests that a well-developed, nuanced approach will be required in the advocacy campaign to shift attitudes and behaviours.

I think you're old when you're really frail and sick which means you can be 72 and be great, you can be 60 and be really weak and frail and to me they're old. I don't think it's a number.

People lack awareness of positive aspects of older people's lives

The survey tested people's knowledge of certain aspects of older people's lives. While many of those surveyed correctly identified the proportion of Australians aged 55 to 64 years who have experienced age discrimination (around 30% of the cohort), they underestimated the number of people aged 65 or more who:

• Rate their health as good or excellent

• Engage in paid or voluntary work.

Meanwhile, they overestimated the proportion of older Australians who:

• Live in an aged care facility

• Experience high levels of psychological distress relative to younger people

• Receive the Age Pension.

These findings suggest there is a need to raise the level of community awareness of certain aspects of older people's lives to address certain negative misconceptions relating to their health, financial status and contribution to the community.

Age is not a number

There is little agreement in the community about the chronological age when people become "older". For some, old age doesn't begin until you reach 100. For half of those surveyed, older people are aged 70 to 100 years or more. This is interesting in light of the 'retirement' age of 65, and the age at which people can access the Age Pension. In focus groups, people agreed that age is not a number. Age is seen as a relative concept – relative to how old you are, what culture you belong to, your health status, your attitude and how you lead your life.

People have mixed views about ageing

Many survey respondents and focus group participants expressed a degree of fear and negativity about getting older. Focus group participants listed many negative words they associated with ageing, which most often related to physical and mental deterioration, social isolation, negative attitudes and behaviours, and finances. Substantial proportions of surveyed community members think:

• As you get older, mental and physical deterioration are inevitable (59%)

• Old age makes them think of death (43%)

• As you get older, you lose your independence (39%)

The greatest fear is 'the known' rather than 'the unknown'

Community members are most concerned about losing their cognitive capacity, their identity, independence and social connections as they age. The fear of cognitive decline is greater than the fear of physical ill health. These fears were most commonly driven by personal experiences with older people, including exposure to residential aged care facilities.

Focus group participants also expressed worry about:

• being a burden in old age

• having regrets about life achievements.

For some, poverty and a lack of financial resources is a major source of anxiety.

This view is particularly common amongst participants reliant on income support, who were unemployed, and/or single. Financial concerns are just as common among young participants as older participants, with several young people reporting that they feel very insecure about their long term financial prospects due to difficulties in obtaining a job and purchasing a home. These younger participants also expressed concern about whether they will accrue sufficient superannuation to live comfortably through retirement.

The fear of being alive and not knowing anybody

People are often ambivalent about older people

Survey respondents and focus group participants also displayed mixed feelings about older people. The majority of those surveyed think that older people have many strengths, including that:

- Older people have a lot to offer younger people (73%)

- Older people have a strong work ethic (65%)

- Older people are responsible (65%)

- Wisdom comes with age (62%)

However, despite these positive attitudes towards older people, around half of those surveyed think:

- Older people are set in their ways (52%)

- Older people need more time to do things (49%)

- Older people struggle with technology (46%)

When asked to list the top three words they associated with older people, focus group participants chose either predominantly negative or positive words, while some selected a mixture of positive and negative.

Negative words related to:

- **Physical and mental deterioration** (frail, dependent, depressed, senile)

- **Social isolation** (lonely, vulnerable)

- **Negative attitudes or behaviour** (opinionated, interfering, stubborn)

- **Political beliefs** (socially conservative, intolerant)

- **Financial** (a financial burden)

Positive words related to:

- **Thinking of others** (unselfishness, generous, kind, caring)

- **Relaxed** (calm, carefree, stable)

- **Valuable** (wise, knowledgeable, family and cultural custodians, role models)

- **Resilient** (positive despite setbacks, taking things in their stride, good emotional coping skills)

The key influences on attitudes towards ageing and older people are personal experiences

The focus group research strongly suggests that people's perceptions of, and attitudes towards, their own ageing are primarily shaped by their personal experiences (usually observing close family members or friends) and the level of contact they have with older people.

Participants indicated that connection with older people mainly occurs within the family or with older friends. To a lesser extent, the workplace was also identified as an environment where connection with older people occurs.

The environments in which people connect with older people was found to influence some participants' perceptions of ageing. Specifically, exposure to people living in residential aged care facilities was found to negatively impact on attitudes towards ageing.

Other drivers that influence people's attitudes towards ageing and older people include:

- the extent to which people could see a connection between themselves and older people: 'I will be old one day'

- the level of empathy people have for other people, more generally

- cultural traditions and norms which respect and revere older people

- the extent to which people value 'community' and aspire towards strong communities.

These drivers were also found to underpin participants' views on whether or not Australian society values older people.

At a service level: Most focus group participants are of the view that older people are relatively well catered for in terms of the service availability. When expressing this view, participants typically compared Australia to other countries, with Australia cited as being much more focussed on supporting older people than the US, South Africa, the UK, or Asia.

At an individual level: Many focus group participants are of the view that older people are less respected than in the past, and less respected than they should be. This was viewed as being especially true in Anglo-Saxon families and communities, with participants commonly suggesting that older people are more valued and socially included in Mediterranean and Asian cultures.

A person's age influences their attitudes

The online survey found community members' attitudes towards older people and ageing become more positive the older their age. Older respondents are less likely to agree with negative statements about age and older people, and more likely to agree with positive statements. They are less likely to agree with examples of discrimination based on age, such as the proposition that employers should give priority to promoting younger people. Older respondents are more likely to want to see changes, such as available travel insurance to healthy people over 80.

As their age increased, survey respondents were **less likely** to think:

- Governments give older people a better deal than younger people

- Employers will get better value out of training younger than older people

- Older people are not interested in the outside world

- Older people are a drain on the economy.

As their age increased, survey respondents were more likely to agree:

- Older people have a lot to offer younger people

- Healthy people aged 80 or over should be able to access travel insurance

- Older people are productive workers

- Older people have a strong work ethic.

Carers of older people were more likely to feel that positive changes were needed, such as an improvement in business customer service for older people, as well as being more likely to have positive attitudes about older people. Healthcare workers displayed mixed attitudes towards older people.

The level and type of contact with older people influences attitudes

A strong finding of the online survey was that the more contact people have with older people, the more positive their attitudes towards older people and ageing. The survey found people who had more contact with older people are more likely to be relaxed about ageing, and think that older people have a lot to offer younger people. They are also more likely to agree with positive statements about older people, and less likely to be negative about their own ageing process.

Significantly however, the research found that many survey respondents do not have regular contact with older people. Half (50%) said they had social contact with an older people once a month or less frequently. Meanwhile, over a third (35%) said they contact with an older family member once each month or less frequently. Respondents were most likely to have contact with older people at work, with 48% interacting with an older person once a week or more often in the workplace.

The focus group research strongly echoed this finding. People's attitudes towards ageing was mostly shaped by their own personal experiences, and by their observations of close family members and friends. People with positive "role models" of older people in their family network are generally positive and less worried about ageing. Meanwhile, people who lack positive role models in their personal life tend to be more negative about ageing.

This finding is significant – as it suggests, it is your own personal network and experience, rather than the media or other factors which has the greatest influence on attitudes towards ageing and older people.

Other influences

There were also significant differences in attitudes and behaviour towards ageing and older people according to the community members' education status, gender, ethnicity and whether or not they are a carer. For instance, women often displayed more positive attitudes than men: they were more likely to think it is a privilege to grow old, that older people have a lot to offer younger people, are interested in the outside world and are not a drain on the economy.

Attitudes to ageism and older people are not always 'black and white'

Our research found that a substantial minority of people adopted a neutral position on a number of survey questions ie. they neither agreed or disagreed with certain attitudes or behaviours towards ageing or older people. This implies that many people do not see ageing as a 'black or white' issue.

> **I think it will make our communities a lot happier because you'd see older people around more. They'd be more confident. They'd be busier. They'd have more independence . . . and I think it would make our community more connected.**

This may be because they have not thought about the issue before, or do not have fixed or strong views. The lack of polarisation of views suggests that there is scope for the ageism advocacy campaign to shift cultural or social norms: many people with a neutral stance may be open to considering or thinking differently about older people and ageing given the right engagement, information and approach.

What would a less ageist australia look like?

We asked people to describe how Australia would be different if ageism was tackled. People told us Australia would have:

- Greater empathy and compassion

- More knowledge transferred through the generations

- More tolerance, respect and acceptance

- Happier, stronger and more connected communities.

In addition, older people would be more visible, active, productive and confident.

What needs to change?

Government

Most community members (67%) think government has a major responsibility for addressing age discrimination. Specific actions for governments suggested by focus group participants included:

- funding re-training schemes for older people

- funding computer training/skills programs for older people (as these skills are seen as fundamental to current and future work)

- paying employers incentives to recruit and retain older workers (however, a small number of participants acknowledged that schemes of this nature already exist)

- setting 'quotas' for the number of older people employed in government and/or the private sector

- establishing an advisory committee to advise government on all areas of policy – not just health or aged care – through an 'ageism' lens (e.g. transport, housing, education, and so on).

Businesses and employers

Employers are also seen to have a key role to play in addressing ageism. People feel that employers can show leadership in recognising the value that older people can bring to different sectors and workplaces and that efforts should be made to encourage and showcase such efforts. It was suggested that 'showcasing' employers who challenge stereotypical views about older workers can help to create positive role models and encourage other employers.

However, there is a degree of scepticism amongst some with regard to the likelihood of changes within large corporations and 'big business'. Several research participants are of the view that people are categorised as past their 'use-by-date' early in these work settings. In contrast, there was thought to be greater potential in the small business sector, as well as in family businesses, which are typically viewed as being more 'age friendly' than large employers.

You can't give older people a voice. Older people have to use their own voice.

It doesn't matter how old you are, everything changes. You've got to keep up with everything and that's what I think keeps you young and connected to the new world.
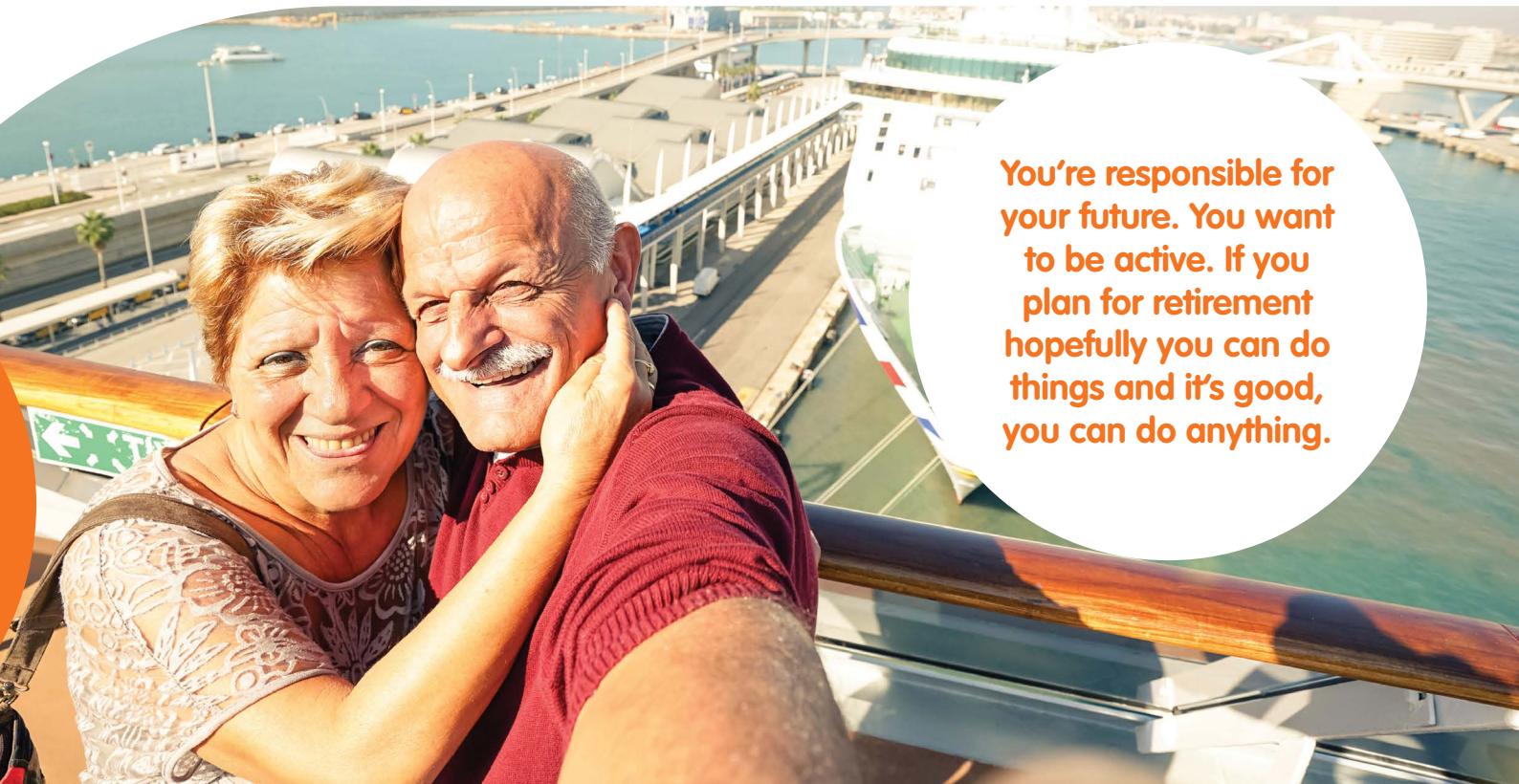
Older people themselves have a critical role to play in combatting ageism

Finally, the literature review and the focus group discussions highlight that older people themselves have a critical role to play in combatting ageism. A campaign to address ageism can facilitate this by:

- Providing counter-information and opportunities for people to reflect on their internalised ageism, to address the 'self-fulling prophecy' whereby older people internalise negative views of ageing.

- Participating in the development and promotion of a better understanding of the historical 'retirement age' and the experience of being aged 65 and older in today's society and economy.

- Promoting conversations and developing mechanisms to assist people in their own planning for this emerging new period of their lifespan.

- Provide opportunities for older Australians to use their voice to challenge stereotypes and assumptions about what older people can and cannot do.

This is not only important for their own health and wellbeing, but for how younger people feel about ageing and older people.

You're responsible for your future. You want to be active. If you plan for retirement hopefully you can do things and it's good, you can do anything.

In summary - what have we learned from the research to influence The Benevolent Society's campaign?

From the research undertaken for this report The Benevolent Society should consider:

- increasing public awareness and understanding of ageism as a term and a concept.

- addressing the lack of awareness and misconceptions relating to older Australian's health, financial status and contribution to the community.

- a campaign strategy that moves the broad-based concern about ageism to higher level empathy and motivation for change, including among younger people.

- targeting change in people's personal beliefs and experiences, in order to achieve change in the policies and practices of government and businesses.

Further, The Benevolent Society should consider:

- **opportunities to partner** with other organisations committed to changing the negative social norms around ageing, including building on existing efforts in this area

- **initiatives to empower** individuals and organisations to take part in a national campaign – scaling the reach and impact of The Benevolent Society's efforts

- **strategies that facilitate meaningful interactions** and contact with older Australians

- **utilising information materials to 'dispel' myths** around ageing as part of a broader range of strategies

- **adopting a holistic** approach to the development of the campaign, but considering approaches to both improve society's perceptions and treatment of older people, as well as older peoples' own perceptions of ageing.

From theories of behaviour change, social marketing and other successful campaigns it was concluded that The Benevolent Society should consider:

- **learning from behavioural change theory** (eg first raising awareness about a behaviour and then using the EAST Framework - Easy, Attractive, Social and Timely - to encourage behaviour change) to guide the advocacy campaign

- **a multi-faceted social marketing** campaign combining mass media advertising with other initiatives, drawing on the successes of other social marketing campaigns (eg on health promotion, anti-smoking) as well as social inclusion campaigns addressing racism or discrimination against people with disability

- **investing in the development, testing and evaluation of any mass media advertising** to ensure it continues to reach the target audience, that messages are able to be recalled, and that it elicits the desired response in the context of competing messaging in the media and other communication channels around ageing and older people.

Next steps

This foundational research provides significant direction and practical advice for developing a sustained, evidence based advocacy campaign.

The Benevolent Society is now building a coalition to support and build the campaign to tackle ageism, EveryAGE Counts, which will be launched in 2018. This research provides a sound basis upon which campaign planning will now proceed.

Section 2

The literature review

Acronyms

ALRC	Australian Law Reform Commission
AHRC	Australian Human Rights Commission
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
'the Committee'	Committee on the Science of Changing Behavioural Health Social Norms
FaHCSIA	Australian Department of Families, Housing, Community Services and Indigenous Affairs
NIA	National Institute of Ageing
TASCI	The Australian Centre for Social Innovation
WHO	World Health Organisation

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> "The growth in the number of older Australians provides significant benefits and opportunities for Australia… to achieve these benefits we need to remove the barriers that prevent many older Australians from reaching their full potential in workplaces and the community"
>
> (Former Age and Disability Discrimination Commissioner, The Hon Susan Ryan AO in AHRC, 2013)

Figures

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1 INTRODUCTION

Australia is currently experiencing a significant demographic shift. From 1964-2014, the number of Australians aged over 65 more than tripled (AIHW, 2017), with this upward trend expected to continue – by 2055 the number of Australians aged 65 and over is predicted to more than double (The Treasury, 2015 p. 8). Not only this, but the "proportion of older people is growing steadily too" (AIHW, 2017) – between 1964 and 2014 the proportion of people aged 65 and over increased from eight to 15 per cent (AIHW, 2017). By 2064, 23 per cent of population is predicated to be over 65 (AIHW, 2017).

While overall improvements in life longevity, as well as health during old age, present an opportunity for this growing cohort to make meaningful contributions to the communities in which they live, the current stereotypes that surround older people act as a barrier to their full participation. As the former Age and Disability Discrimination Commissioner, the Hon Susan Ryan AO, observes, "to achieve these benefits we need to remove the barriers that prevent many older Australians from reaching their full potential in workplaces and the community" (AHRC, 2013).

Despite increased attention and efforts to shift the narrative around ageing in recent years, across the globe, "negative attitudes and stereotypes about older adults as frail, out of touch, burdensome or dependent are ubiquitous" (Officer et al., 2016 p. 710). These negative attitudes and social norms have come to be reflected in the experience of ageism, in which individuals are discriminated against on the basis of their age (Malta & Doyle, 2016 p. 232). One commentator suggests that "ageism is pervasive, widely accepted, and normative in many cultures and societies… and is a form of prejudice that goes unchallenged, and even celebrated in many fields" (Sargent-Cox, 2017 p. 5).

In response, The Benevolent Society is looking to build a national advocacy campaign for older Australians, with the view to redefine the narrative of ageing in Australia. This literature review seeks to contribute to an evidence base for effective action. Drawing on the existing literature, the review aims to not only identify the drivers of negative social norms around ageing, but also the strategies and mechanisms that are most likely to drive positive change. The term 'campaign' has been interpreted broadly, to include the wide range of strategies that may be drawn upon when seeking to shift attitudes, behaviours, policies and practices, and ultimately, create a more inclusive society.

Chapter 2 provides a brief overview of ageism, including the potential drivers and settings in which ageism presents itself. Chapter 3 then will outline traditional and more modern theories of behaviour change, with a focus on the implications of each theory for a campaign against ageism (including consideration of interventions most likely to lead to a reduction in discriminatory behaviour).

Chapters 4 and 5 then analyse the existing literature to identify effective features of campaigns designed to combat ageism, as well as three other areas where there have been campaigns to shift attitudes and promote social inclusion – racism, disability and mental health. While key themes emerge from the literature, when exploring learnings from other areas, caution should be taken not to assume that strategies will deliver the same outcomes within the context of a campaign for older Australians. The final Chapter concludes the review by considering the implications of these campaigns for a national campaign for older Australians, including a list of practical considerations for moving forward.

1.1. METHODOLOGY

A search for relevant literature and documents was conducted through the following databases and resources:

- a number of databases provided by EBSCO, including Academic Search Complete, SocINDEX with Full Text, Health Policy Reference Centre and Social Work Reference Centre

- Google, Google Scholar and relevant websites in Australia and overseas, including but not limited to Commonwealth, Australian state and territory health departments, websites of key bodies and organisation in Australia (e.g. Australian Human Rights Commission, Help Age International)

- journals to access relevant peer reviews, including the Journal of Gerontology, the Australasian Journal on Ageing and the Journal of Social Issues.

Key search terms used in this review comprised:

- ageism

- ageism in Australia

- age discrimination

- perceptions towards ageing

- barriers to ageism

- negative social norms and ageing

- stigma and ageing

- effective campaigns for overcoming social norms

- effective approaches to advocacy / campaigning / social change

- best practice campaigns to ageism / racism / mental health stigma / disability stigma

- combating ageism / racism / mental health stigma / disability stigma

- overcoming ageism / racism / mental health stigma / disability stigma

- campaigns against ageism / racism / mental health stigma / disability stigma

2 'AGEISM' – DISCRIMINATION AGAINST YOUR FUTURE SELF

Ageism has been defined as "discrimination against people based on their age," and is said to be "manifested through negative stereotypes and perceptions about older adults" (Malta & Doyle, 2016 p. 232). The term is widely believed to have been coined by Robert Butler, the Founding Director of the National Institute of Ageing (NIA), who suggested that ageism is "a process of systematic stereotyping and discrimination against people because they are old… [including the process whereby] older people are categorised as senile, rigid in thought and manner, and old-fashioned in morality and skill" (Butler in Mezey et al., 2001 pp. 26-27).

Butler believed ageism included three 'distinct but interrelated' aspects; mainly, attitudes and beliefs, behavioural discrimination and formalised policy and practices (Malta & Doyle, 2016 p. 232; Nelson, 2016).

In this way, ageism was seen to encompass:

- prejudicial attitudes to the aged, including attitudes held by the elderly themselves;

- discriminatory practices against the elderly, particularly in employment, but in other social roles as well; and

- institutional practices and policies which, often without malice, perpetuate stereotypic beliefs about the elderly, reduce their opportunities for a satisfactory life and undermine their personal dignity.

(Butler, 1980 cited in Levy & Macdonald, 2016 emphasis added)

These three aspects of ageing provide an insight into the broad areas where ageism presents itself, and hold significance when considering the focus for a national campaign on older Australians. As Doyle and Malta (2016) observe, "Butler's 47-year-old concept of ageism continues to be useful in raising awareness of society's responses to our ageing population" (Malta & Doyle, 2016 p. 234-235) and, in the context a potential campaign, the areas where change is required.

Butler's three aspects of ageism will be explored in greater detail below.

Figure 1 – Butler's three aspects of ageism

"While older persons are often said to enjoy particular respect, the reality is that too many societies limit them… The marginalization and devaluing of older persons takes a heavy toll."

(Ban Ki-moon, 2016)

"Historically, older people were valued and respected members of society across cultures for their vast knowledge of the culture... Scholars have noted a contemporary shift toward a general devaluing on older persons in modern societies especially in Western cultures."

(Levy & Macdonald, 2016 p. 18)

2.1. ATTITUDES AND BELIEFS

Since Butler first defined ageism, "a small but rapidly growing" (Nelson, 2016 p. 192) body of literature has explored the negative stereotypes and behaviours that surround ageism. Levy and MacDonald (2016) recently reviewed literature from across the globe to understand the current study of ageism, and "set the stage for the next wave of research" (Levy & Macdonald, 2016 p. 5). The authors noted that research in this area has "continued to document negative ageism," including views that older people are commonly categorised as "burdensome, forgetful, ill, incompetent and unattractive" (Levy & Macdonald, 2016 p. 8).

Recent research by the Australian Human Rights Commission (AHRC) has similarly documented the prevalence and impact of negative attitudes and behaviours towards older people in Australia. The research revealed that ageing was a loaded term, which was predominantly associated with negative connotations (AHRC, 2013). This was particularly true for younger Australians, who not only found it "extremely difficult to identify any benefits associated with ageing," but were also "more likely to associate ageing with the concepts of loss (loss of health, loss of hearing, loss of mental capacity, loss of income)" (AHRC, 2013 p. 3). These negative views were found to be driven by the media, including the perceived portrayal of older people as "forgetful, slow, frail, vulnerable, burden, grumpy and sick" (AHRC, 2013).

In addition to these negative attitudes, Levy and MacDonald observe that older people experience a broad range of negative behaviours, such as "disrespectful, avoidant and patronising behaviour as well as unwanted simplified and slow communication, physical and financial abuse and neglect, and unwanted segregated housing" (Levy & Macdonald, 2016 p. 8). The AHRC similarly found that ageism was resulting in negative behaviours that drive exclusion and "ignore the individual difference, the breadth of contribution and the rich diversity of older Australians" (AHRC, 2013 p. 13). Most Australians felt age discrimination was common (71 per cent), with 35 per cent of people aged 55-64 reporting they had experienced discrimination on the grounds of their age (AHRC, 2013 p. 5). This number increased to 43 per cent for Australians aged 65 and over (AHRC, 2013 p. 5). Notably, many older Australians also reported feeling "invisible" in a range of social settings. This aligns with subsequent research undertaken by Stumper et al. (2015), which observed "feeling invisible in social and family settings was a common way that participants believed represented how they were made to feel less valuable by others which also made them reflect on their own sense of personal control, value, and worth" (Stumper et al., 2015 p. 67).

These attitudes and behaviours not only limit the potential opportunity for older Australians to participate fully in the community, but also significantly impact their overall health and wellbeing (AHRC, 2013 p. 13). For example, one commentator observes that "[e]xposure to negative stereotypes results in poorer subjective health, higher feelings of loneliness and more frequent dependency behaviours, and reduced will-to-live, in older adults" (Sargent-Cox, 2017 p. 1). The World Health Organisation reported in 2016 that older people who hold negative view about their own ageing do not recover as well from disabilities and live on average 7.5 years less than people with positive attitudes. (Officer et al., WHO).

Self-perception and attitudes towards ageing
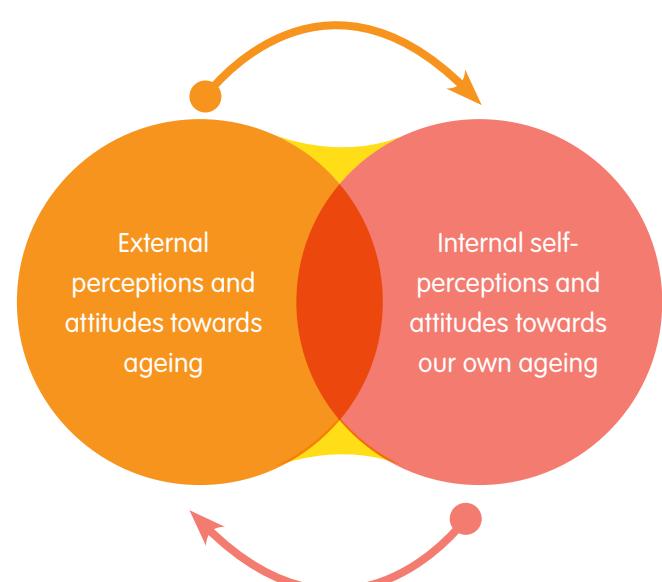
Linked to this, is the idea that ageist attitudes are not limited to younger cohorts, but rather may be "internalised and reinforced across the lifespan developing into beliefs about, expectations for, and self-perceptions of, one's own ageing process" (Sargent-Cox, 2017). For example, a study involving 18 qualitative interviews with older people aged 65 to 89 found that participants:

"reflected an internalisation and acceptance of ageist stereotypes and prejudices through their perceptions of what 'being old' was… including: not trying, withdrawn, isolated, irritating, self-oriented, living outside the mainstream, unattractive, uninteresting, frail, senile, silly, over the hill, narrow-minded, a burden, lonely, vulnerable, dowdy, and unproductive" (Minichiello et al., 2000 p. 259)

This process, whereby older people come to embody external views of ageing, has been described by some commentators as a "self-fulfilling prophecy" of old age (Nelson, 2005; Sargent-Cox, 2017) (see Figure 2 below). Notably, the process demonstrates that ageism is a "complex phenomenon that is socially reproduced as a result of people internalising a denial of their own ageing because of the ageist assumptions and associations in our language and culture which are played out in everyday interactions" (Minichiello et al., 2000 p. 275). For this reason, it will be critical for any campaign to understand the perceptions held by older Australians, as well as the role they can potentially play in perpetuating stereotypes of old age.

It is also worth noting that Minichiello et al. (2000) found that while older people may experience ageism, they may not use this term, or "have the words" to articulate their experience (Minichiello et al., 2000 p. 276). Others may not "perceive the need" to describe their experience or may be "reluctant to classify" their experience as ageism (Minichiello et al., 2000 p. 276) for a broad range of reasons, including a personal desire not be classified as old – "[a]lternative language… include[d] being stereotyped or being seen as old, [and] being discriminated or treated as old" (Minichiello et al., 2000 p. 275). These findings are limited however by the fact that this was a small qualitative study, which provides depth of understanding with regard to a few older peoples' perception of ageing. That said, this suggests that when developing a national campaign for older Australians, it will be critical to not only consider community attitudes towards ageing, but also older peoples' own perceptions of ageing and what it means to be "old." Language is also likely to be a critical feature of any campaign.

Figure 2 – Perceptions and attitudes towards ageing

External perceptions and attitudes towards ageing

Internal self-perceptions and attitudes towards our own ageing

> "The negative attitudes that lead to ageist behaviour also make it easier for the perceiver to regard the welfare and humanity of older adults as less important than younger adults. As such, ageism may indeed be a contributing factor that leads some younger adults to neglect, exploit or otherwise abuse older adults."

(Nelson, 2005 p. 213)

2.2. BEHAVIOURAL DISCRIMINATION

Discrimatory attitudes and behaviours against older people are particulary prominent in a range of social and organisational settings. In their 2016 review, Levy and Macdonal demonstrated how ageism is well documented in workplace and healthcare settings. Several studies on ageism have for example found that age discrimination in the workplace "translates into barriers that prevent older people from gaining access to work, using particular skills or accessing promotion or equal pay" (Malta & Doyle, 2016). More recently, a 2015 report by the AHRC, found "[o]ver a quarter (27%) of Australians aged 50 years and over indicated that they had experienced some form of age discrimination on at least one occasion in the workplace in the last two years" (AHRC, 2015b p. 2). The findings of the report were derived from Australia's first 'National Prevalence Survey of age discrimination in the workplace,' which included interviews with 2,109 people aged 50 years and over. Interestingly, the three most common experiences of ageism reported in the survey included:

- limited employment/promotion/training opportunities because of age (52 per cent)

- a perception that mature employees have outdated skills or they are too slow to learn new things or will deliver an unsatisfactory job because of their age (44 per cent)

- jokes or derogatory comments from employer/manager/colleagues based on age (42 per cent)

(AHRC, 2015b p. 33)

In addition to these experiences, there is evidence that ageism may be embedded into workplace policies and practices. The AHRC's research for example found that "one in ten business respondents have an age above which they will not recruit," with the average age being 50 years (AHRC, 2013 p. 8)

Similarly, research had demonstrated that "negative perceptions of ageing can detrimentally affect the way health care is delivered" (Malta & Doyle, 2016 p. 232), with some scholars suggesting that "health professionals are a major source of ageist treatment" (Minichiello et al., 2000). When considering the implications of ageism within the health system, Malta and Doyle reference a study of nurses in the UK and Australia which found that the misconceptions held by nurses meant they "'devalued' older people, underestimated their abilities… and were 'less likely' to identify issues impacting [older peoples'] wellbeing" (Malta & Doyle, 2016 p. 232 citing: Getting, 2002). The authors also reference the prominent Quarterly Essay by Karen Hitchcock, 'Dear Life: on Caring for the Elderly.' In the essay, Hitchcock suggests that "the therapeutic relationship can be comprised by such attitudes, leading to at best condescending and infantilising attitudes and, at worst, a failure to treat" (Malta & Doyle, 2016 p. 232).

While the literature has tended to focus on these areas, it is important to recognise ageism exists in a broad range of disparate settings and presents itself in a variety of ways. In Australia for example, there have been increased calls for "systematic research" into elder abuse (Studies, 2016), with a 2015 report by the World Health Organisation (WHO) estimating the "prevalence rates of elder abuse in high- or middle-income countries… [to range] from 2% to 14%" (WHO, 2015 cited in: Studies, 2016). Research by the Australian Institute of Family Studies (AIFS) indicates that psychological and financial abuse

"The issue of intergenerational responsibilities – whether younger generations would be willing or expected to look after older generations and vice versa – is a topical issue, with house ownership declining amongst younger generations and housing assets of older generations continuing to be protected when considering some government entitlements."

(Malta & Doyle, 2016 p. 234)

are the most common forms of abuse reported in Australia, with older women "significantly more likely to be victims than older men, and most abuse [being] intergenerational" (Studies, 2016), including being perpetrated within the family context by children. Responding to these concerns and the "high levels of elder abuse" reported within the community, in February 2016, the Attorney-General announced a new inquiry on 'Protecting the Rights of Older Australians from Abuse' (Attorney-General for Australia, 2016). A recent series of media stories have similarly sought to expose the experience of elder abuse within aged care settings (see for example: ABC, 2016).

These settings draw attention to the environments where ageism commonly occurs, and are likely to help guide the direction of a national campaign. Specifically, they point to areas where efforts may be best mobilised to drive positive change for older Australians. When designing a campaign, it will be useful to consider these settings (see Figure 3), as well as any other settings where change may be required.

Figure 3 – Settings where ageism occurs

THE SETTINGS WHERE AGEISM PRESENTS ITSELF

Family
Government / Policy
Workplace
Healthcare
Media
Aged Care
Community

2.3. FORMALISED POLICY AND PRACTICES

Under Butler's three aspects, the third area where ageism presents itself is in formalised policies and practices. In their 2016 literature review, Malta and Doyle (2016) observe the "growing awareness of structural ageing and the accompanying alarmist rhetoric, [regarding] the 'burden' of care… saw a shift in public sentiment from positive to negative towards older people across many countries" (Malta & Doyle, 2016 p. 232). This view has continued to underpin many aspects of the policy landscape in Australia, with O'Loughlin and Kending observing, "[i]n Australia, older people can be depicted as a 'social problem' as a consequence of public concern about the costs to government of demographic change and an ageing population" (O'Loughlin & Kendig, 2017 p. 29).

A number of researchers have for example pointed to the language applied in Australia's Intergenerational Reports, which is believed to drive and perpetuate a view that older people are a growing burden on Australia's economy and society at large. For example, in the 2015 Intergenerational Report: "In the coming decades, all levels of government will face growing fiscal pressures as the population ages and expectations for greater government support of ageing-related programs increase" (Commonwealth Treasury, 2015 p. 57).

In this context, a key policy issue in Australia in recent years has been reforming the aged care system (including housing, support and the Age Pension). The Commonwealth Department of Health has announced and implemented a number of reform measures since 2012, including the:

• introduction of new home care packages

• launch of the My Aged Care website

• establishment of the Australian Aged Care Quality Agency

> **"Stereotypes and myths surrounding old age are explained in part by a lack of knowledge and insufficient contact with a wide variety of older people. But another factor comes into play – a deep and profound dread of growing old."**
>
> (Butler, in Mezey et al., 2001 p. 26)

- launch of the Aged Care Pricing Commission

- implementation of the national voluntary quality indicators for aged care

- introduction of a national fee framework for the Commonwealth Home Support Programme

- introduction of an increase in eligibility criteria for the Age Pension from 65 years to 67 years by 2023.

There has also been a growing emphasis in Australia on the concept of 'intergenerational equity' which is driving perceptions of both the young and old. Areas such as declining home ownership among younger cohorts have become "topical issues", with "housing assets of older generations continuing to be protected when considering some government entitlements" (Malta & Doyle, 2016 p. 234).

At the same time, across the past three decades – both globally and in Australia – there has been a growing body of policy directed at addressing the needs of older people. At the international level, significant policy changes have included the first International Plan of Action on Ageing (1982), the United Nations Principles for Older Person (1991), and the Madrid International Plan of Action on Ageing (2002). Kendig et al. demonstrate how these successive policies have reflected a policy shift away "from a welfare focus to one that recognises the contribution that older people make to societies, as well as their human rights" (Kendig et al., 2013 p. 33). A rights-based approach has been particularly prominent in Australia, with key policy developments including the National Strategy for an Ageing Australia (2001), the Age Discrimination Act 2004, and the appointment of the first Age Discrimination Commissioner in 2011 (Kendig et al., 2013).

These changes are said to demonstrate the "value in taking a rights approach to challenge ageist attitudes, enhance productive ageing and strengthen retirement income systems" (Kendig et al., 2013 p. 32). When considering a national campaign on older Australians, it will be important to assess any policy gaps, consider leveraging key people with political influence, and identify any policy windows that create an authorising environment for change.

2.4. DRIVERS OF AGEISM

When developing his definition of ageism, Butler drew a distinction between what he referred to as 'benign' and 'malignant' ageism. While the former was seen to be driven by a "discomfort, anxiety, or fear of ageing," malignant ageism was viewed as a "more damaging form of stereotyping in which older people are characterised as being worthless" (Butler, 1980 cited in Levy & Macdonald, 2016). These two distinct forms of ageism provide an insight into the kinds of factors which may contribute to ageism – specifically, a sense of 'ignorance' around what it means to be old, and a sense of 'fear' around the ageing process (Macnicol, 2006 p. 6).

Drawing on 'terror management theory,' research by Martens et al., suggests cited in that three perceived threats "play an important role" (Grefe, 2011) in driving this "fear of our future self" (Nelson, 2005), specifically:

- the elderly remind us of our own mortality

- their declining physical condition – including their health and bodies - remind us of our own physical nature

- their presence highlights the transitory nature of our base of self-worth, particularly that our culturally prescribed ways of feeling good about ourselves – beauty, productivity and strength – will fade.

(Grefe, 2011 pp. 101-102 referencing; Martens et al., 2005)

As these authors conclude, "elderly individuals serve as reminders of death, either due to their age, or their ageing body, or their failure to meet the death-denying standards of our culture" (Martens et al., 2005 p. 229).

In addition to these factors, the literature has emphasised the role that socio-economic and cultural forces have also played in driving ageism. While some of the economic drivers have been explored above, at a cultural level, several researchers have reflected on the impact of society's youth culture. In an early article, Tuckman and Lorge (1953) for example, explained: "[i]n our culture with its emphasis on youth and speed, old people are expected to play a decreasingly active role in our social and industrial life. These cultural expectations encourage the formation of misconceptions and stereotypes about old age" (Tuckman & Lorge, 1953 cited in Levy and Macdonald, 2016).

Grefe (2011) further observes that ageism is influenced by the segregation embedded in modern society, noting there is "little interaction and fluidity" between the domains different age cohorts typically pass through across their lifespan – from childcare and school, through to work and retirement. This lack of contact and interaction is believed to allow for "less differentiated perceptions of others, reinforces prejudice and tends to create an 'us versus them' mentality" (Grefe, 2011 referencing; Hagestad & Uhlenberg, 2005).

Identifying the drivers of ageism is complicated by the fact that ageism can occur on both a conscious and unconscious level, with individuals' engaging in prejudicial behaviours despite holding countervailing views. As Gringart et al. observe (2008), "[p]eople often report that they hold egalitarian views, are low in prejudice, and that stereotyping does not influence their behaviour or judgments. Research, however,

has suggested that activation of stereotypical information may occur automatically and despite conscious countervailing views" (Gringart et al., 2008).

These studies demonstrate some of "the many complex factors [that] give rise to age prejudice" (Nelson, 2005). Given that identifying the 'source' of ageism will be critical to developing The Benevolent Society's campaign, a core focus of the primary research will be to further unpack the attitudes and perceptions that are currently driving ageism in Australia.

2.5. AGEISM – MORE THAN JUST NEGATIVE VIEWS OF OLDER PEOPLE

Before considering approaches to combatting ageism, it is important to recognise that ageism is not tied exclusively to negative views of older people, rather "positive ageism also exists" (S. R. Levy & Macdonald, 2016 p. 8). Citing the work of Palmore (1990) and others, Levy and MacDonald for example identify positive views, including the:

"characterizations of older adults as calm, cheerful, helpful, intelligent, kindly, neat and stable as well as more reliable and careful workers, engaging in less criminal activity, participating more in voluntary organizations, and as having high status in terms of power in companies and government" (Levy & Macdonald, 2016 p. 8).

Minchiello et al. (2000), further suggest that 'sageism' – the "assumption that older people are wise or 'sages'" (Minichiello et al., 2000 p. 268) – can also be experienced as a positive form of ageism, in which "older people are venerated elders who are respected for their knowledge and experience" (Minichiello et al., 2000 p. 268). Older people may

"As with other 'isms,' such as racism and sexism, ageism leads to bigotry and discrimination, though it is a very distinct beast in that, for the most part, other 'isms' refer to those different from ourselves: distinct, mutually exclusive and impervious groups. Conversely, age is a fluid social construct in which we are all intimately bound as we move through the lifespan, transitioning in and out of different age groups."

(Butler, in Mezey et al., 2001 p. 26)

also directly benefit from a number of favourable policies and practices, such as "discounts, low-rent housing, pensions, special health care, and tax exemptions" (Levy & Macdonald, 2016 p. 8).

Not only does ageism cover positive discrimination, but it is also experienced by people of any age group – including the young, middle-aged and old. As an example, O'Loughlin and Kendig (2017) observe, "in the workplace being too young is often associated with a lack of knowledge and experience, while being too old is associated with being less capable of taking up new skills and more inflexible" (O'Loughlin & Kendig, 2017 citing: Posthuma and Guerrero, 2013). What is perhaps particularly unique about ageism is that "age is a fluid construct" (Sargent-Cox, 2017 p. 1) in which we are all continually ageing and growing old. For these reasons ageism has been described as a universal concept, as well as discrimination and prejudice against our own future self (Nelson, 2005). While it is important to recognise this breadth, this review is focused primarily on negative ageism as it is experience by older Australians.

2.6. CHAPTER CONCLUSION

Taken together, the research outlined in this chapter shows evidence of discrimination against older Australians across the domains of attitudes and beliefs, behaviour, and to a less extent formalised policy and practices. The remainder to this review will critically consider the available evidence to determine which strategies and mechanisms are most likely to combat ageism within the Australian context, with a focus on:

- What can we learn from models of behaviour change?

- What can we learn from the ageism literature and current campaigns to combat ageism?

- What can we learn from other social inclusion campaigns?

3. WHAT CAN WE LEARN FROM MODELS OF BEHAVIOUR CHANGE AND SOCIAL MARKETING CAMPAIGNS?

Behaviour change is a common goal for staff working directly (or indirectly) with constituents, organisations, and governments. For example, Australian and international policy makers alike acknowledge continuous efforts to change the behaviour of citizens to tackle a range of acute social problems, including obesity, climate change, crime, binge drinking, petty crime, and community cohesion (John et al., 2009). More specifically, The Benevolent Society is aiming to support a reduction in discriminatory behaviours toward older people in a range of social and organisational settings. In this context, The Benevolent Society (and other 'change agents') can be conceptualised as 'interventionists', whose goal it is to design programs or interventions that produce the desired behaviour change (The World Bank, No date).

It therefore should be noted that evidence consistently suggests that interventions and programs designed to change behaviour are most likely to yield positive results when grounded in one (or several) behaviour change theories (The World Bank, No date). With this in mind, this chapter will outline traditional and more modern theories of behaviour change, with a focus on the implications of each theory for a campaign against ageism (including consideration of interventions most likely to lead to a reduction in discriminatory behaviour). The chapter will also consider findings from evaluations of significant population level social marketing campaigns, such as those in the areas of health promotion (including tobacco, alcohol, skin cancer, HIV) and road safety (seat belt use and drink driving). As these campaigns are grounded in behaviour change theory, they can be considered a way to observe behaviour change theory in practice.

3.1. BEHAVIOUR CHANGE THEORIES
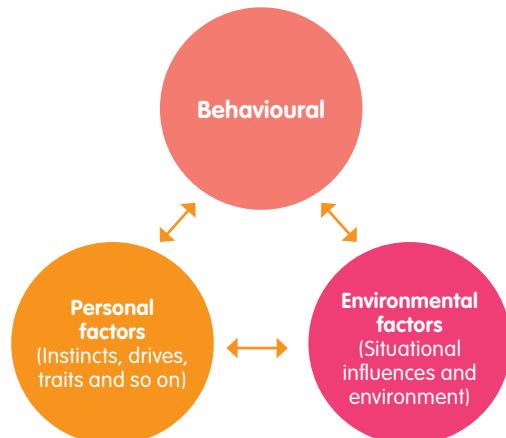
While numerous theories have been developed to explain the process of behaviour change, the most prevalent traditional theories comprise Social Cognitive Theory, the Theory of Planned Action, and the Transtheoretical (Stages of Change) Model. Each of these models is discussed in turn below. It should be noted that researchers and commentators have questioned the efficacy of traditional theories in recent years (John et al., 2009), and as such a more modern theory of behaviour change – the 'nudge theory' – is also outlined below.

3.1.1. Social Cognitive Theory

Overview

Bandura's oft cited social cognitive theory proposes that people are primarily driven by external, rather than internal, forces. Put simply, under this model human functioning is explained between a triadic interaction between behaviour, personal factors, and environmental factors (see Figure 4, below). This is most commonly referred to as reciprocal determinism (The World Bank, No date).

Figure 4 – Social Cognitive Theory Model

The Theory further specifies that the following variables may intervene in the process of behaviour change:

- self-efficacy
- outcome expectations
- self-control
- reinforcements
- emotional coping
- observational learning.

Implications for a campaign against ageism

- It would be prudent to raise the confidence of key cohorts, prior to (or as part of) attempts to shift behaviour.
- For select cohorts, it may be necessary to incentivise positive behaviours (e.g. monetary incentive for employment of older people).
- Positive behaviour changes can be encouraged by shaping an environment (e.g. workplace diversity policy); however, it is important to recognise environmental constraints that may deter behaviour change.

3.1.2. Theory of Planned Behaviour

Overview
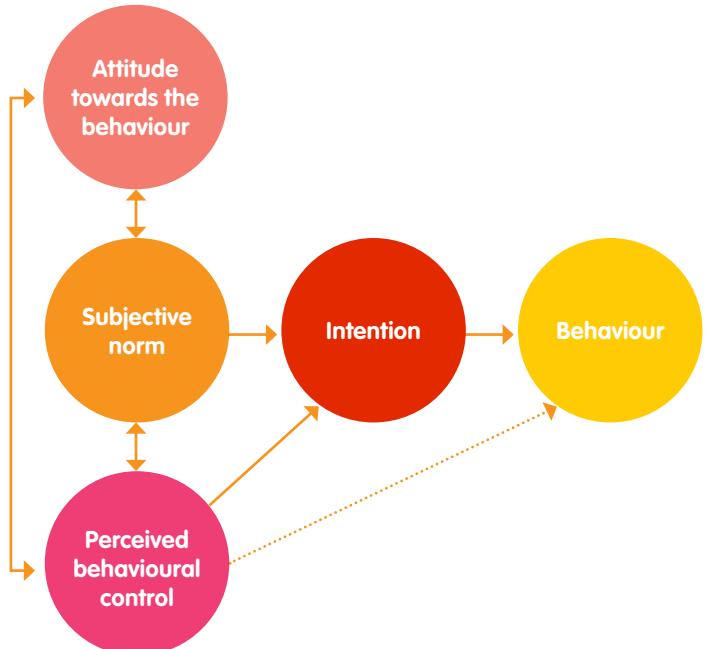
This theory suggests behaviour is crucially dependent on one's intention, determined by an individual's:

- attitude (beliefs and values about the outcome of the behaviour)
- subjective norms (beliefs about what other people think that person should do or general social pressure)
- perceived behavioural control (perception of ability to perform a task).

(The World Bank, No date)

The contribution of these variables to behaviour (including new behaviours) is typically driven by situational factors (e.g. social norms may play an increased role determining whether a person drink drives compared to whether a person consumes unhealthy food).

Figure 5 – Theory of Planned Behaviour

Implications for a campaign against ageism
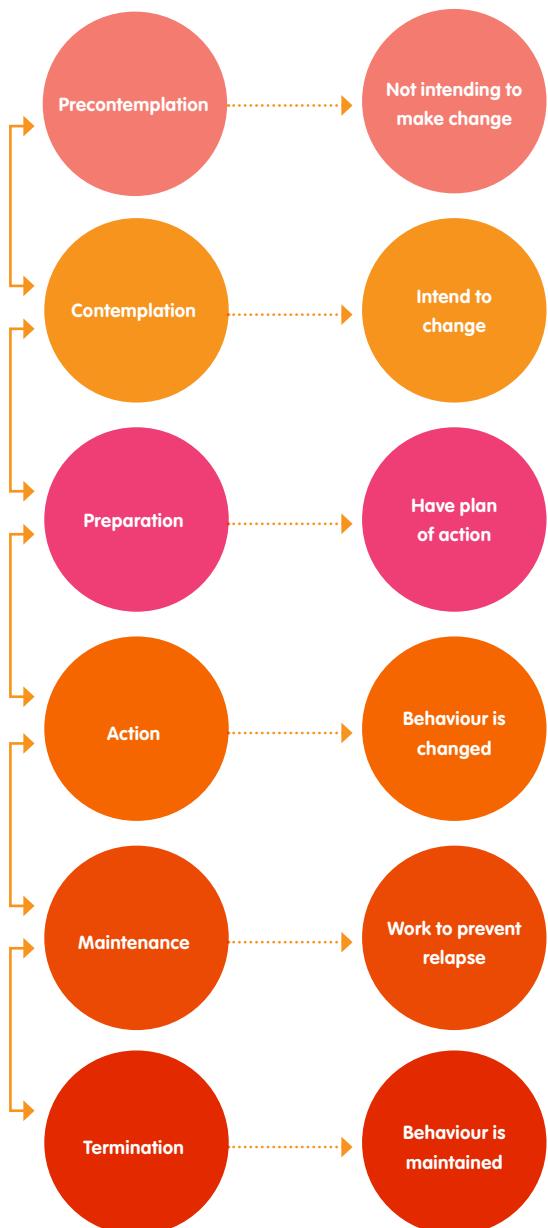
- There is strong evidence that motivation is an important variable (and sometimes the most important variable) in predicting behaviour change (See for example Godin & Kok, 1996). As such, it may be fruitful for a campaign to include information that promotes positive attitudes toward relevant behaviours (e.g. decreased discrimination and increased inclusion), and stresses subjective norms or opinions that support the behaviour.

3.1.3. Transtheoretical (Stages of Change) Theory

Overview

The transtheoretical theory conceptualises behaviour change as occurring via the following six stages (The World Bank, No date).

Figure 6 – Stage of Change Theory

It should be noted that the final stage is the most difficult to achieve, and many people will remain a lifetime in maintenance.

Implications for a campaign against ageism

- Under this model, it is essential to match behaviour change interventions to a person's stage of change (e.g. for individuals who have not contemplated changing their behaviour toward older Australians, it is important to first raise awareness about a behaviour for them to contemplate a behaviour change).

3.1.4. Nudge Theory

In the last three decades, behavioural economists have drawn upon the research and commentary of cognitive psychologists to adapt the way governments (and other organisations) intervene to 'nudge' civic behaviour. Put simply, nudge theories posit "that citizens can be offered choice architecture that encourages them to act in a way than achieves benefits for themselves and for their fellow citizens" (John et al., 2009, p. 361). In their seminal book on the topic, Thaler and Sunstein argue that human decision making and behaviour is influenced in systematic ways by subtle, seemingly insignificant changes in the decision-making context, and that this context can the manipulated to promote positive decisions and behaviours (Hansen & Jespersen, 2013). For example, evidence suggests that our cognitive inner world helps us to focus on some things while ignoring others, and is driven by habits of thought, rules of thumb, and emotions – factors which can shape our propensity to acquire new information and/or carry out a desired behaviour.

Nudge Theory has been incorporated into public policy by governments around the world, and evidence suggests that its application can, for example, improve service responses such as rates

of tax returns and payment of parking fines (Hansen & Jespersen, 2013; Vaughan & Hansen, 2004). The UK Government's Behavioural Insights Team has developed models to help guide practitioners in designing more effective change interventions, including the action-oriented EAST Framework (Easy, Attractive, Social and Timely) (see Table 1, below).

Table 1 – EAST Framework

Framework element	Description
Make it **EASY**	• Use the power of defaults – making people opt out rather than in. • Reduce the 'hassle factor' of taking up a service. • Simplify messages (to reduce errors and grow response rate).
Make it **ATTRACTIVE**	• Attract attention (use of salience, personalising information). • Design rewards and sanctions to maximum effect (use of lotteries, scarcity, gamifying activities).
Make it **SOCIAL**	• **Show that most people perform the behaviour you are seeking.** • **Use the power of networks (reciprocity and mutual support).** • Encourage people to make a commitment to others.
Make it **TIMELY**	• **Prompt people when they are likely to be most receptive.** • Consider the immediate costs and benefits. • Help people to plan their response to events.

(Behavioural Insights Team, No Date)

Implications for a campaign against ageism

• Intervention design could be guided directly by the EAST Framework (especially items bolded in the table above), or The Benevolent Society could advocate to governments to ensure that public policy interventions are grounded in the framework.

3.2. SOCIAL MARKETING CAMPAIGNS

Theories of behaviour change are adopted in both the development and evaluation of significant population level social marketing campaigns. As The Benevolent Society may decide to develop or contribute to the development of such a campaign, key elements for success associated with existing initiatives should be considered. As the examples in this chapter are taken primarily from the context of health promotion, there are some limitations in the transferability of findings to a campaign focussed on changing attitudes towards ageing and older people.

Existing advocacy campaigns to combat ageism – many of which include an element of social marketing – have been explored in the next chapter (Chapter 4); however, as there is little available evaluation work to assess the outcomes of these initiatives, it is necessary to look more broadly to the field of health promotion, where more research has been undertaken.

Before considering specific examples of social marketing campaigns, it is useful to reflect on a number of key principles for social marketing as defined by the Australian Public Service Commission. These include:

• Take advantage of prior and existing successful campaigns – it is useful to consider the learnings from similar efforts in this space (as this Literature Review has done).

• Target people most ready for action – efforts and resources are most effectively directed towards those people most likely to change. The stages of change model discussed above in Section 3.1.3 explores this in more detail.

- Promote single, doable behaviours one at a time – even if a complex problem requires multiple behavioural changes, it is best to present them one at a time with simple, clear action-oriented messaging.

- Identify and remove barriers to behavioural change – consideration of environmental factors and perceived barriers is crucial. These may include a perceived or real lack of skill, a concern with self-efficacy or confidence, or inconvenience.

- Bring real benefits into the present – where possible the benefits to the individual in adopting the desired behaviour should be communicated in a compelling way.

- Highlight the costs of competing behaviours – the disadvantages or costs involved in maintaining the old behaviour should also be highlighted.

- Promote a tangible object or service to help target audiences perform the behaviour – tangible objects of services can facilitate attention and recall. They include things like helplines, instruction cards, guides and training.

- Consider recognition and appreciation – non-monetary incentives to communicate recognition and appreciation of behaviour change can act as a reminder of the desired behaviour. They include things like window stickers, certificates and congratulatory letters.

- Have fun with the messages – using humour can also be a powerful tool in engaging an audience.

- Use media channels at the point of decision-making – while more relevant to strategies aimed at preventing purchases of non-desirables products, it is worth considering that the ideal moment to engage with the target audience is when they are about to choose between the desired behaviour and an alternative behaviour.

- Get commitments and pledges – formalising commitments and pledges can significantly increase the likelihood of behaviour change. It is recommended to obtain commitments in writing, to seek them in groups and to use forms of display such as stickers, badges and website banners.

- Use prompts for sustainability – prompts serve as a reminder of the desired behaviour and can include things like fridge magnets, signage and posters.

(Australian Public Service Commission, 2015)

The table overleaf outlines further learnings from the evaluations of specific social marketing campaigns.

Table 2 – Examples of existing social marketing campaigns

Campaign and source	Overview	Potential implications for a campaign for older Australians
SunSmart (Anti-Cancer Council of Victoria) Montague M. et al SunSmart twenty years on: what can we learn from this successful health promotion campaign? 2001 Australia	The Anti-Cancer Council of Victoria has been running a sun protection program for over 20 years, the latest iteration being SunSmart (1988 to present). The aim of the program has been to "change personal and institutional attitudes and behaviours…to reduce the incidence and mortality of skin cancer." The program has comprised a combination of interventions, including mass media campaigns, sponsorship of sporting organisations, resource development and dissemination, professional education, policy advocacy, and research and evaluation. The report found the following outcomes were associated with SunSmart: • a decrease in the proportion of Victorians who like to get a suntan from 61% in 1988 to 35% in 1998 • a consistent increase in people reporting seeking shade, using a hat and sunscreen, covering up and not going out in the sun between 11am and 3pm • a 50% reduction in people getting sunburnt between 1988 and 1998 • the development of occupational health and safety guidelines for outdoor workers, endorsed by trade unions • the development of an accreditation program adopted by 71% of Victorian schools by the end of the year 2000. The report found the following factors contributed to the success of SunSmart: • the lack of moral and commercial opponents to messaging (such as in the case of anti-smoking campaigns) and the creation of commercial opportunities via new products and services • political alignment and government funding, with the Australian Government placing greater emphasis on healthy communities during the initial phases of program implementation • growing community concern over related issues such as damage to the ozone layer • the credibility, expertise and existing networks of the agency • partnerships with organisations who can take action in their local settings • adoption of a wide range of strategies targeting the whole system (including government, the community and organisations) • designing the media message for maximum reach by tailoring it to work best with the prevailing culture and community awareness at the time.	• It will be important for The Benevolent Society to develop a comprehensive strategy comprising initiatives which target the whole system and which leverage key partnerships. • Mass media messaging will need to be carefully developed and tested to ensure it elicits the desired response (i.e. attitude and behaviour change).

Campaign and source	Overview	Potential implications for a campaign for older Australians
National Tobacco Campaign (Commonwealth Department of Health) The Cancer Council Tobacco in Australia: Facts and Issues: A Comprehensive online resource [online] Accessed at: http://www.tobacco inaustralia.org.au/ 2017 Australia Commonwealth Department of Health Australia's National Tobacco Campaign: Evaluation Report Volume One No date provided Australia	• The online resource concludes that mass media campaigns can positively change smoking behaviour in both adults and youth. It states that for mass media campaigns to be effective they must be: • noticed (using appropriate media channels to reach the target group) • perceived as persuasive (experienced by the target group as relevant, engaging or emotionally affective) • remembered (seen often enough for recall and action). The resource makes reference to Australia's National Tobacco Campaign (NTC) as evidence of the population-level effectiveness of anti-tobacco campaigns among adults. The evaluation of the first phase of the NTC demonstrated important outcomes and provided key insights into relevant success factors. The NTC was launched in 1997 and had run for a year at the time of the evaluation. The evaluation report found the following outcomes were associated with the NTC (by comparing baseline and follow up survey results): • an increase in spontaneous recall of anti-tobacco advertising from 25% to 46% • recognition of campaign advertising by over 80% of smokers and recent quitters in the follow-up survey • increases in getting help to quit smoking, especially use of the Quitline (2% to 4%) and nicotine replacement therapy (7% to 10%) • a statistically significant reduction of about 1.5% in the estimated adult prevalence of smoking (which represents about 190,000 fewer smokers in Australia). The evaluation report found the following factors contributed to the success of the NTC: • partnerships between state/territory jurisdictions and non-government organisations facilitating resource sharing and activity coordination • injection of federal funding ($7m).	• It will be important for The Benevolent Society to invest in the strategic development of any mass media campaigns to maximise their effectiveness in terms of reach, recall and eliciting the desired response. • Partnerships and funding should be secured to ensure the success of a mass media campaign around ageing and older people.

Campaign and source	Overview	Potential implications for a campaign for older Australians
Various health promotion campaigns Wakefield M. et al Use of mass media campaigns to change health behaviour Lancet, 376, pp. 1261-1271 2010 USA	The study reviews the outcomes of a number of different mass media campaigns focussed on reducing health-risk behaviours in the United States of America. The study states: "the great promise of mass media campaigns lies in their ability to disseminate well defined behaviourally focused messages to large audiences repeatedly, over time, in an incidental manner, and at a low cost per head". Campaigns can have both a direct influence on individual decision-making through invoking cognitive and emotional responses; and an indirect influence through stimulating interpersonal discussion, redefining social and cultural norms within a person's social network and prompting broader public discussion. A key barrier to success for mass media campaigns is competition with opposing norms and messaging – "campaigns to lessen alcohol intake have had little success…overshadowed by widespread unrestricted alcohol marketing strategies and the view of drinking as a social norm". A key enabler of success is the application of multiple interventions sustained over a long period of time – "concurrent availability of…key services and products are crucial to persuade individuals motivated by media messages to act on them."	• It will be important for The Benevolent Society to invest in the strategic development of any mass media campaigns to ensure consideration is given to competing messaging in the media and other communication channels around ageing and older people. • As highlighted above, it will also be important for The Benevolent Society to develop a comprehensive strategy comprising multiple initiatives.
Various HIV prevention campaigns The Burnet Institute Outcome evaluation of HIV prevention initiatives 2012-2013 in men who have sex with men in Victoria 2014 Australia	The report describes evaluation outcomes for a number of HIV prevention campaigns including Drama Down Under, Staying Negative, Queer as F**k/Being Brendo, Top2Bottom, and Ending HIV. The evaluation found campaign awareness varied considerably, with the most recognised campaign being Drama Down Under. The report attributes this success to the campaign's mainstream placement, large budget simple messaging, and longstanding existence. Despite this success, self-reported testing practices among regular testers have shown little change in frequency recently, indicating potential campaign fatigue. The report concludes that consideration should be given to refreshing the messaging and style of longstanding campaigns to avoid diminishing returns.	• While longer term mass media campaigns are generally associated with higher success rates, there is potential for fatigue among the target audience. Therefore, it will be important for The Benevolent Society to invest in ongoing monitoring and evaluation of initiatives.

3.3. CHAPTER CONCLUSION

The evidence outlined in this chapter suggests interventions designed to change discriminatory behaviour toward older Australians are most likely to yield positive results when informed by one (or several) behaviour change theories. Behaviour change theories inform the development and evaluation of social marketing campaigns. Learnings from the world of social marketing point to a number of factors for success which should inform future campaign development. The following chapter will consider what can be learned from the ageism literature and current campaigns to combat ageism.

4. WHAT CAN WE LEARN FROM THE AGEISM LITERATURE AND CURRENT CAMPAIGNS TO COMBAT AGEISM?

Research by the WHO has found that "negative or ageist attitudes towards older people are widespread" (WHO, 2016). In response, a small but growing number of campaigns have sought to overcome the negative social norms that surround ageing. While limited evaluation evidence was found and different strategies may not have the same outcomes in the context of a new campaign, key themes emerge from the literature. This chapter seeks to identify learnings from these current campaigns, as well as the literature regarding effective approaches to addressing ageism.

4.1. CURRENT CAMPAIGNS TO COMBAT AGEISM

In response to the negative perceptions and behaviours that surround ageism, there have been growing efforts to redefine the narrative around ageing. Sciubba (2014) suggests "a transnational advocacy network around ageing is emerging" (Sciubba, 2014 p. 465), with the number of separate campaigns increasing particularly in response to the "rise of the human rights master frame and the rally for a UN Convention on the Rights of Older Persons" (Sciubba, 2014 p. 465). Examples of campaigns in recent years are outlined in Table 2 below.

Compared to other social issues, these campaigns are still in their infancy and limited evaluation evidence was found to demonstrate the effectiveness of the initiatives and the mechanisms they employed. Despite this, a few core themes emerged in the literature, which are relevant when considering The Benevolent Society's proposed campaign for older Australians:

- There has been a strong emphasis on raising awareness of ageism. This is not surprising given that 'ageism' is still in its relative infancy.

- Opportunities exist for The Benevolent Society to partner with other organisations, as well as promote their activities as part of a broader national campaign.

Table 3 – Examples of existing campaigns focused on combating ageism

Campaign / Initiative	Overview	Butler's principle	Potential implications for a campaign for older Australians
International Day of Older Persons, Take a Stand Against Ageism 2016 (United Nations)	The campaign is focused largely on "drawing attention to and challenging negative stereotypes and misconceptions about older persons and ageing" (UNDESA, 2016) The campaign was largely focused on raising awareness of ageism, and the broad measures and steps that need to be taken to address ageism.	• Attitudes and beliefs.	• There is an opportunity for The Benevolent Society to leverage International Day of Older Persons (a recurring event) as one part of a broader campaign.

Campaign / Initiative	Overview	Butler's principle	Potential implications for a campaign for older Australians
The Power of Oldness Campaign (The Australian Human Rights Commission, Australia)	The Power of Oldness campaign was launched in 2014 by the then Age Discrimination Commissioner, Susan Ryan, and Minister for Employment, Senator Eric Abetz. The campaign was developed as a 'video awareness campaign' and seeks to expose the "stark difference between the skills and strengths mature workers offer employers and organisations, with the discrimination they face when trying to gain or maintain jobs" (AHRC, 2014). The campaign was guided by the research findings of the 'Fact or Fiction? Stereotypes of older Australians' Report (AHRC, 2013), and is supported by education resources and tools for employees and employers, which are available on a dedicated website. While an evaluation of the campaign could not be found, in March 2015, the Attorney-General asked the AHRC to undertake a National Inquiry into Employment Discrimination against Older Australians, demonstrating broad progress in this area. The campaign was mentioned in the Attorney-General's launch speech at the AHRC in April 2015 (Attorney-General for Australia, 2015).	• Attitudes and beliefs. • Behavioural discrimination – the campaign places a strong focus on age discrimination in the workplace.	• It will be important not to replicate the work of the AHRC, and in particular, the Power of Oldness Campaign. However, there is an opportunity to build on this campaign's success, and partner with the AHRC to drive change.
The Innovation Age (The Australian Centre for Social Innovation, Australia)	The Innovation Age is an initiative of The Australian Centre for Social Innovation (TASCI), which aims to provide a "new generation of policy, services, and supports to meet the changing needs of Australia's baby boomers" (TASCI, 2017). The initiative aims to shift community attitudes and demonstrate the "value, contribution and potential of older people" (TASCI, 2017). The campaign initiative currently includes two core programs, the first of which is focused around "shifting systems relating to home and housing," and the second providing support for carers of older people through a peer-to-peer model (TASCI, 2017). The campaign is seeking to draw on a 'coalition' of stakeholders and partners – including researchers, service providers and public servants.	• Attitudes and beliefs. • Formalised policy and practices – the campaign is currently focused on shifting the 'systems' that surround housing.	• Given their interest and work in this space, TASCI could be a potential partner for The Benevolent Society's campaign.

Campaign / Initiative	Overview	Butler's principle	Potential implications for a campaign for older Australians
Age Demands Action (HelpAge International)	Age Demands Action was launched in 2007 and is a "grassroots movement of campaigners in 60 countries. Older members meet with decision-makers and lobby their local and national governments to push the issues most important to them, such as pensions and healthcare" (HelpAge International, 2017a). A central focus of the campaign is to advocate for a UN Convention for the protection of older persons. The campaign includes several resources, including manuals and toolkits, which aim to empower others to participate in the campaign. It also includes an 'online wall,' where individuals are invited to explain why they're taking a stand again ageism. ADA has attracted support from a number of high profile and influential individuals, including Archbishop Desmond Tutu. While the formal evaluation was not found, HelpAge reports that in 2012 "an external evaluation of ADA found that more than 10.2 million older people can benefit from new/improved policies older people have been campaigning for" (HelpAge International, 2017b). The website also states that during its first five years the campaign grew from 26 to 56 countries(HelpAge International, 2011), and 289,055 people have currently joined the movement - although it is not clear how participation is measured (HelpAge International, 2017b)..	• Attitudes and beliefs. • Formalised policy and practices – the campaign advocates for a UN Convention to protect older persons.	• In order to scale the reach and impact of a campaign, The Benevolent Society could consider ways to empower individuals and organisations to take part, including running their own initiatives.

While limited evaluation evidence was found to demonstrate the effectiveness of the current campaigns on ageism, the literature provides further insights. Before exploring the individual strategies that were identified in this review (Table 3 below), it is relevant to note that Sargent-Cox (2017) suggests that combating ageism requires action across two key areas, specifically:

• stereotypes at a societal level need to be challenged and changed

• attitudes towards own ageing at the individual level need to shift.

(Sargent-Cox, 2017)

It is likely that different strategies will be required for each of these end goals, and while the two categories are linked, it will be prudent for The Benevolent Society to clearly identify the intended audience and outcomes of any campaign.

Table 4 – Strategies to combat ageism

Strategy	Evidence of effectiveness	Potential implications for a campaign for older Australians
1. Intergroup contact	Research suggests that intergroup contact "has been shown to be highly efficacious for improving attitudes to stereotyped groups" (Sargent-Cox, 2017 referencing Pettigrew, 1998). Allport's four key conditions for positive intergroup contact are often cited in this area – mainly, groups need to have equal status, should meet with a common purpose and shared goals, should be encouraged to work together and should be supported by authority (Grefe, 2011 p. 102). Pettigrew has further suggested that intergroup contact "over an extended period of time," as well as high-quality contact have the potential to deliver more positive results (Grefe, 2011 p. 102 referencing; Pettigrew, 1998; Tam et al., 2006). In the context of ageism, a study by Tam et al. (2006), which explored intergroup contact between grandchildren and their grandparents, is particularly relevant when considering the potential impact of intergroup contact. Among others, the authors summarised two of the key insights as follows: • quantity (but not quality) of contact with older people is associated with more favourable implicit associations with them • quality of contact is associated with more favourable explicit attitudes. (Tam et al., 2006 p. 413) Additionally, self-disclosure – defined as "the act of voluntarily providing information to another that is of an intimate or personal nature" – to grandparents, was "associated with empathy and reduced anxiety, which in turn are associated with more positive explicit attitudes toward older adults" (Tam et al., 2006 p. 413). The study is however limited by the relative small participant size (n=77). The authors also note the unique grandparent-grandchild relationship, in which grandparents are simultaneously 'in a different group (older people)' and 'the same group (family)' (Tam et al., 2006 p. 425). Thus, this contact "may not generalize to attitudes toward all older people as easily as contact with older people outside the family" (Tam et al., 2006 p. 425). Gringart at al. (2008) also observe that the research in this area indicates that in some instances "mere exposure to older adults has not been effective, nor have intergenerational interactions" (Gringart et al., 2008 p. 753).	Facilitating positive and meaningful interactions with older Australians may be an effective way to shift community attitudes towards older Australians.

Strategy	Evidence of effectiveness	Potential implications for a campaign for older Australians
2. Imagined contact	Sargent-Cox (2017), observes that a core "limitation of intergroup contact is the availability of high quality and positive direct contact between groups" (Sargent-Cox, 2017 p. 3). In response to this limitation, recent research has explored the role of 'imagined contact' – whereby participants are asked to imagine intergroup interaction – as a way to influence and change individuals' attitudes and perceptions. Research by Turner et al, is referenced to demonstrate that imagined contact with older people can lead to a reduction in both "implicit and explicit attitudes towards older people, as well as inter-group anxiety and bias" (Sargent-Cox, 2017 p. 3). For example, in a 2010 study, Turner & Crisp found that participants displayed more positive explicit attitudes towards the elderly when they were asked to imagine 'a detailed interaction with older people,' compared to a control group (Turner & Crisp, 2010 p. 135). When it came to implicit measures, participants in the imagined group were also found to be less biased (Turner & Crisp, 2010 p. 135). The study was based on a relatively small sample size of 25 female undergraduate students, aged 13-23 who were randomly assigned to either the control or imagined contact group (Turner & Crisp, 2010 p. 134). In addition to changing perceptions of older people, there is also evidence to suggest that imagined contact may positively influence older people's perceptions of themselves. Sargent-Cox for example, highlights an earlier study, in which male university students were asked to imagine interaction with a 75-year old, was associated "with more [positive expectations of ageing," when compared to a control group (Sargent-Cox, 2017 p. 4).	There may be opportunities for The Benevolent Society to consider ways to creatively invoke 'imagined contact' with older Australians in order to positively influence and shift the negative social norms that surround ageing.
3. Education campaigns, combined with cognitive dissonance	It has been suggested that providing information to counter 'false beliefs' – particularly from a 'credible source' – is a potentially effective feature of campaigns aimed at "promoting attitudinal change and reducing stereotype-based behaviours" (Gringart et al., 2008 p. 753). Education campaigns to change stereotypes and social norms are "well-researched," however the outcomes have been mixed (Sargent-Cox, 2017 p. 3). Gringart et al. (2008) for example, points to four studies in which dissemination of information programs and educational initiatives have "shown little promise" (Gringart et al., 2008 p. 753). Other research has suggested that education and information initiatives can be effective when combined with other strategies (Gringart et al., 2008).	While the research suggest that education and information initiatives may be effective when it comes to dispelling 'false beliefs' about older Australians, these strategies may be best utilised in concert with other initiatives to drive changes in attitudes and behaviour.

Strategy	Evidence of effectiveness	Potential implications for a campaign for older Australians
4. Cognitive dissonance, combined with education	Cognitive dissonance is based on the idea that individuals feel compelled to adjust their behaviour, when they find that their current behaviour is incongruent with their own self-concept (including attitudes and beliefs). That is, "in order to reduce this dissonance, the person adjusts his or her subsequent behavior to be more in line with his or her self-concept" (Gringart et al., 2008 p. 754). A 2008 study by Gringart et al. found that combining information-based interventions (a fact sheet) with an intervention aimed at promoting cognitive dissonance displayed "promising results," with the participants who were provided with both interventions displaying attitudes "significantly more favourable to older workers" (Gringart et al., 2008 p. 774) than those who took part in one of the interventions. The authors suggest that the study provides evidence for combining these two strategies in order to combat "hiring discrimination against older adults" (Gringart et al., 2008 p. 774). Notably, in this instance the cognitive dissonance material appealed to "fundamental morals of Australian society," particularly, the concept of a 'fair go' (Gringart et al., 2008 p. 759).	There is an opportunity to consider mechanisms within a campaign that promote dissonance – for example demonstrating how ageism conflicts with society's broader egalitarian values and the concept of a 'fair go'.
5. Positive presentations of older people and strengthening self-perceptions of ageing	Finally, in response to the need to shift individuals' own attitudes of ageing, Sargent-Cox (2017) points to a number of studies in which "strengthening positive stereotypes" and improving "self-perceptions of ageing" are not only possible, but have also had positive impacts for older people (Sargent-Cox, 2017). As an example, a study by Levy et al. (2014) found that an implicit positive age-stereotype intervention significantly strengthened positive age stereotypes which, in turn, lead to positive self-perceptions of ageing, and improve physical function (B. Levy et al., 2014; Sargent-Cox, 2017). The authors further note that the study "found for the first time that an implicit intervention could significantly decrease the negativity of age stereotypes and self-perceptions of ageing" (B. Levy et al., 2014). The study involved 100 people (aged 60 years and over).	A holistic approach should be taken to developing a campaign for older Australian by considering approaches to both improve society's perceptions and treatment of older people, as well as older peoples' own perceptions of ageing and old age.

4.2. CHAPTER CONCLUSION

While research evaluating strategies to combat ageism is in its infancy, the evidence outlined in this chapter suggests that a multifaceted approach is most likely to yield positive results. The following chapter will consider what can be learned from other social inclusion campaigns.

5. WHAT CAN WE LEARN FROM OTHER SOCIAL INCLUSION CAMPAIGNS?

This chapter will consider the learnings from three key areas where collective efforts to shift attitudes and behaviours are more progressed – racism, disability, and mental health. While key themes emerge from the literature in this area, caution should be taken not to assume that strategies will deliver the same outcomes within the context of a campaign for older Australians.

5.1. DISABILITY

In recent years, there have been growing efforts to change attitudes towards people with disabilities, with research suggesting that negative attitudes are "a major barrier" to equality, participation and inclusion (Fisher & Purcal, 2017 p. 161). While there is evidence of some positive attitudes, research in this area "has highlighted the often paternalistic and patronising attitudes towards people with disability and the impact this has on people's ability to exercise their rights to inclusion" (Thompsin et al., 2011). For example, while a study by Yazbeck et al. (2004) found "significant difference" in the attitudes held by various community groups, the authors ultimately concluded that the study "could be interpreted to support the view that despite legislation and significant shifts in social policy over the past 25 years, 'disability phobia' remains a feature of Australian society" (Yazbeck et al., 2004 p. 109). In response, they called for strategies that:

- bring people with and without disabilities [sic] together in their local communities in positive circumstances,

- promote an appreciation of the competence of people with intellectual disabilities [sic]

- clearly demonstrate the contributions that people with intellectual disabilities [sic] can make to their community

- promote an understanding of the common humanity shared by people with and without intellectual disabilities [sic].

(Yazbeck et al., 2004 p. 110)

Following earlier research for the former Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Fisher and Purcal (2017) recently analysed the effectiveness of programs which have been designed to shift attitudes towards people with disabilities. In considering the available evidence, the authors drew on Cook et al.'s (2014) multilevel model for combating stigma in public health, analysing approaches across three separate domains. The three levels of this model are outlined in Table 4 below, and align broadly with Butler's three aspects of ageing – specifically personal-level (attitudes and beliefs), organisational-level (behavioural discrimination) and government-level (formalised policies and practices).

Table 5 – Domains for addressing attitudes towards people with disability

Domain	Overview
1. Personal-level policies	Policies which are "directed at changing the attitudes of *individuals*" and often involve a combination of information, education, training, contact and positive portrayals (Fisher & Purcal, 2017 p. 163 emphasis added).
	Personal-level polices are said to be grounded in cognitive and social psychology theories of persuasion. Persuasion can "come from intensive information campaigns which challenge negative thinking and beliefs, ignorance, misunderstanding, myths, misperceptions, stereotyping and fear" (Fisher & Purcal, 2017 p. 163).
2. Organisational-level policies	Policies which "attempt to improve the attitudes towards people with disabilities [sic] in various *life domains*," such as education, employment and health (Fisher & Purcal, 2017 p. 163 emphasis added).
	These policies not only seek to create environments that perpetuate positive views and treatment of people with disability, but also "try to empower people with disabilities [sic] to claim their rights to equal access and participation" (Fisher & Purcal, 2017 p. 163).
3. Government-level policies	Policies which "are *initiated by governments* and attempt to influence attitudes by *mandating behaviour change*" (Fisher & Purcal, 2017 p. 163 emphasis added), such as anti-discrimination legislation.
	By creating an environment that mandates positive behaviours, government policies are said to align with Festinger's theory of cognitive dissonance (1957). Specifically, dissonance between an individual's attitudes and the broader policy "drives cognitive work aimed at reducing the cognitive inconsistency" (Dillard & Pfau, 2002 p. 100).

(Fisher & Purcal, 2017; Thompsin et al., 2011)

While the authors found a "paucity of evaluation evidence in this field" (Fisher & Purcal, 2017 p. 170) the limited evidence that was available indicated that four key policy types were associated, to a greater or lesser extent, with effectiveness. These are outlined in Table 5 below.

Table 6 – Policy types that are associated with effectiveness

Policy type	Evidence of effectiveness	Potential implications for a campaign for older Australians
1. Policies that include direct contact with people with disability (Personal-level policy)	Several studies have suggested that direct contact with people with disability can lead to improvements in attitudes. As an example, Yazbek et al. (2004) found "people were less discriminatory towards people with intellectual disabilities if they had interacted with them in the last six months" (Fisher & Purcal, 2017 citing: Yaszbeck, 2004).	Facilitating positive and meaningful interactions with older Australians may be an effective way to shift community attitudes towards older Australians.
	A program in which children aged 5-10 years were read stories of "friendships between children with and without disabilities [was also found to have] significantly improved the children's attitudes" (Fisher & Purcal, 2017 citing: Cameron and Rutland, 2006).	
	However, "causal direction regarding the effect of personal interaction on discrimination is not conclusive" (Yazbeck et al., 2004 p. 98) and in order to be effective it has been suggested that contact needs to be structured, meaningful, positive and combined with information (Fisher & Purcal, 2017; Yazbeck et al., 2004).	

Policy type	Evidence of effectiveness	Potential implications for a campaign for older Australians
2. Information and awareness campaigns (Personal-level policy)	Research on New Zealand's 'Like Minds, Like Mine' mental health campaign suggests that the campaign has been successful in shifting attitudes, with people "more likely than they had been… to accept someone with a mental illness as an employee, a workmate, a babysitter or a neighbour" (Fisher & Purcal, 2017 p. 156). Some of the "wide range" of activities included in the campaign were TV advertisements, internet resources, community workshops and training for service providers in the disability space (Fisher & Purcal, 2017 p. 156). Importantly, Fisher and Purcal (2017) suggested that campaigns must be "multifaceted, prolonged and well resourced" if they are to be effective (Fisher & Purcal, 2017 p. 170).	When considering efforts to inform and raise awareness of ageism in Australia, it will be important to apply a multifaceted approach and to consider ways to support the sustainability of the campaign in the long term – including avenues for funding and resources.
3. Education and training about disability (Organisational-level policy)	Several studies have demonstrated that the benefits of educating children about disability; specifically, information and awareness programs have been found to make "students significantly more inclined to play with their classmates with disabilities [sic], helped them to 'personalise' children with disabilities [sic] and see them as individuals who they could interact with, and created lasting positive attitudes towards the social inclusion of people with disabilities [sic]" (Fisher & Purcal, 2017 citing Burge et al., 2008; Maras & Brown, 1996; Scior et al., 2015). School inclusion programs – particularly when they are well resourced – and teacher training programs can also help to improve attitudes towards people with disability.	A national campaign may include activities targeted at school aged children, given the potential effectiveness of this approach, as well as the view that "[a]ge-based stereotypes may originate as early as childhood" (O'Loughlin & Kendig, 2017 citing: Levy, 2003).
4. Legislation to enforce anti-discrimination measures (Government-level policy)	While noting difficulties with direct attribution and the use of self-reported measures, a 2004 report by the Productivity Commission found for example that the Disability Discrimination Act 1992 appeared to have "contributed to improvements in community awareness of disability issues and attitudes towards people with disabilities [sic]… [although there was] scope for further improvement" (Productivity Commission, 2004 p. 283). Research by Masselot et al. (2006) was however seen to demonstrate that such legislation "appears to be most effective if accompanied by awareness training and education programmes at various levels" (Fisher & Purcal, 2017 p. 169; citing; Masselot et al., 2006).	When developing a campaign for older Australians, consideration should be given to whether there are any clear opportunities to progress policy.

The authors conclude that efforts to change attitudes are most likely to be effective if all three of the policy domains "are acted upon simultaneously…. [This is] because they can address the diversity of disability experience, reinforce positive attitudes and replace negative attitudes through repeated information, emotional engagement and mandated change" (Fisher & Purcal, 2017 p. 170). This approach aligns with Butler's three aspects of ageing, which similarly focus on the experience of discrimination and prejudice at the individual, organisational and policy levels.

5.2. RACISM

Racism is a "widespread social problem" (Jensen et al., 2009 p. 181) that remains prevalent in Australia. Results from a 2016 survey, titled Mapping Social Cohesion, revealed that 20 per cent of the 1,500 respondents had experienced discrimination on the basis of "their skin colour, ethnic origin or religion" (Markus, 2016), with 85 per cent of respondents to the national Challenging Racism Project indicating they believed that "racism is a current issue in Australia" (AHRC, 2012). While the campaigns addressing ageism are largely in their infancy, efforts to address racism are much more established. As such, it provides a useful case study to explore.

When considering campaigns in this area, a number of researchers have drawn on Duckitt's (2001) multi-level model for anti-prejudice strategies. Duckitt's multi-level model (Table 7) broadly aligns with Butler's three aspects of ageism, in that it considers the experience of racism in terms of attitudes and beliefs, behavioural discrimination and formalised policy and practices.

Table 7 – Duckitt's multi-level model for anti-prejudice strategies

Perceptual-cognitive	Individual strategies	Interpersonal strategies	Societal strategies
Changing the social categorisation used by the in-group to refer to the out-group.	Changing individuals' susceptibility to prejudice, as well as correcting false beliefs and invoking cognitive dissonance.	Using mass persuasion, positive media images of minorities, multi-cultural education curricula, supporting norms or tolerance and creating favourable contact.	Using social action, public policy anti-discrimination legislation and other means to change the social conditions through which minority groups are discriminated against and marginalised.

(Jensen et al., 2009)

Across a series of article and reports, Pederson and her colleagues have sought to identify 'what works' when it comes to developing effective anti-racism and anti-prejudice strategies. In a recent article, Pederson et al. identify fourteen "'ingredients' (mechanisms) of successful anti-prejudice interventions" in Australia (Pedersen et al., 2011 p. 55). These, as well as insights from earlier work, are outlined in Table 8 below.

A notable limitation of these recommendations is the lack of formal evaluations of anti-prejudice campaigns in Australia, with the authors observing that only eight of the interventions they found have included some form of pre- and post- intervention assessment, and these did not use a control group. The authors note that two core themes emerged from their review:

• anti-prejudice initiatives need to utilise multiple mechanisms

• these mechanisms must be tailored to the local context.

(Pedersen et al., 2011 p. 61)

As was noted by Jensen, a "context-specific intervention naturally narrows the target audience and limits the possibility for widely different interpretations of the campaign message" (Jensen et al., 2009).

Table 8 – 'Ingredients' of anti-racism campaigns

Campaign element	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Providing accurate information with the view to dispel 'false' beliefs and myths	Research indicates that providing accurate information helps to "decrease acceptance of these [false] beliefs… at least in the short term" (Pedersen et al., 2011 p. 56). However, information alone may not be sufficient, with the authors concluding – "while dispelling 'myths' is a useful mechanism for change, it should not be used in isolation" (Pedersen et al., 2011 p. 56). For example, providing accurate information to 'dispel myths' around Indigenous Australians – e.g. "being Indigenous entitles a person to more social security benefits" – was found to "significantly reduce false beliefs… [but] prejudice remained constant" (Pedersen et al., 2011 p. 56).	While providing accurate information to combat stereotypes about older Australians may assist to dispel false myths (e.g. all old people are forgetful, slow and a burden), it is likely to be best used in tandem with other strategies.
Involving the audience and avoiding "'one-way' communication… [as] people are unlikely to engage with the topic of anti-racism if they are not given the opportunity to contribute their views" (Pederson et al. 2003)	Anti-racism campaigns are likely to be most effective when they promote active participation, "rather than simply 'preaching' information" (Pedersen et al., 2011 p. 56). The authors further note that all participants should be given the opportunity to articulate their views in a forum that promotes respect. For example, an intervention in which participants were invited to have an "in-depth discussion about Indigenous people and the issue of 'special treatment'" (Pedersen et al., 2011 p. 56 citing: Pedersen & Barlow, 2008) in a safe environment, was found to be a successful anti-prejudice initiative. Participants were asked to form their own opinion on the issue, with qualitative feedback indicating this was an effective approach; specifically, one participant commented "one of the key factors that changed her mind about this controversial issue was being encourage to think for herself" (Pedersen et al., 2011 p. 56 citing: Pedersen & Barlow, 2008). The authors suggest that caution should be taken to avoid "labelling" participants – e.g. as 'racists' – who display prejudicial attitudes or behaviours as this can be "alienating and reduce the likelihood of a positive result" (Pedersen et al., 2011 p. 56). Instead, the authors recommend that it is "preferable to identify the source of their behaviour and address this appropriately" (Pedersen et al., 2011 p. 56).	A campaign for older Australians should consider ways to promote active participation, rather than simply 'preaching' views and information to the intended audience.
Invoking the 'right' emotions, which are likely to trigger positive change – such as empathy and moral outrage	Anti-prejudice initiatives should invoke the 'right' emotions. As an example, while collective guilt has been found to reduce prejudice, research has also indicated that it is "an aversive emotion, and people will attempt to avoid it at all costs" (Pedersen et al., 2011 p. 56). Pederson et al, suggest that empathy and moral outrage are more effective emotions to invoke, with a study into strategies to overcome poverty by Thomas (2005) suggesting that moral outrage is a particularly useful emotion if "social action is the intended result" (Pedersen et al., 2011 p. 57 citing; Thomas, 2005). While empathy has been found to reduce prejudice, research has also indicated that "eliciting empathy is not always straightforward and may result in aversive and unpleasant feelings in racist individuals" (Jensen et al., 2009 p. 193 citing; Pedersen et al., 2005). Referencing the work of Duckitt (2001), Jensen thus observed that "a more effective affect-driven approach would be to change the individual's feelings toward a target ethnic group through the use of positive images and role model representatives from the ethnic communities" (Jensen et al., 2009 p. 193 refencing, Duckitt, 2001) – for example, a campaign depicting the successful integration of refugees into Australian society, as distinct from a campaign that highlights the "high number of deaths and abuse refugees face" when trying to seek asylum (Jensen et al., 2009 p. 193).	When developing a campaign, it will be critical to consider if and how emotions will be invoked, including the likely impact on the intended audience.

Campaign element	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Employing strategies which promote both 'commonality and difference' between groups	In the context of anti-prejudice campaigns, Pederson et al. suggest that it is important to include "a sophisticated approach to both the commonalities and the difference [between groups] including, where possible, a decentring of mainstream Australia as the implicit norm with which all other groups should be compared" (Pedersen et al., 2011 p. 57). As an example, the authors refer to research conducted by Tilbury into the work of asylum-seeker advocates in Western Australia, which found that focusing on similarities "may have reinforced the notion of homogeneity 'be like us or you won't fit in'" (Pedersen et al., 2011 p. 57 citing; Tilbury, 2007).	This research indicates that it may be useful to consider ways to promote both the commonality and differences between older Australians and other cohorts. Forward consideration should also be given to any unintended messages or consequences which may be result from a campaign, including strategies to mitigate risks of misinterpretation such as testing any messages with a diverse audience.
Responding to local needs and audiences	Citing the work of Guerin and Guerin (2007), the authors note that anti-prejudice campaigns are likely to "have much more of an effect" when they respond to the specific need and views of distinct localities – rather than assuming that all cohorts in all locations share the same views (Pedersen et al., 2011 p. 57 citing Guerin & Guerin, 2007) Additionally, Jenson et al. similarly cite the work of Guerin (2005), suggesting that strategies in this area are "most effective if they are context-specific (e.g., specifically targeting racism in employment, or racist slurs in schools). A context-specific intervention naturally narrows the target audience and limits the possibility for widely different interpretations of the campaign messages" (Jensen et al., 2009 p. 192 citing Gueirn, 2005).	When defining a campaign for older Australians it will be important to identify the clear audience for the campaign, as well as narrow the scope of mechanisms within the campaign to key audiences.
Developing a mechanism for evaluation	In view of the paucity of evaluation in this field, the authors recommend employing evaluation techniques.	Embedding evaluation mechanisms into a campaign will not only inform the development of the campaign across the long term, but also likely to maximise the impact of the campaign more broadly by contributing to an evidence base for effective action.
Drawing on dissonance strategies as one component within a broader campaign	Research indicates that "pointing out the incompatibility among beliefs can be influential in reducing prejudice" (Pedersen et al., 2011 p. 57), however it is subject to some limitations, such as where beliefs vary between cultural groups or where people "reduce dissonance by trivialisation" (Pedersen et al., 2011 p. 57). In response, the authors suggest that dissonance is likely to be most effective where it is employed as one strategy within a broader campaign.	There is an opportunity to consider mechanisms within a campaign that promote dissonance – for example demonstrating how ageism conflicts with society's broader egalitarian values.
Building and invoking social norms; particularly, to demonstrate that negative attitudes reflect the views of a minority	It has been suggested that "prejudice is more likely to be reduced when clear social norms exist" (Pedersen et al., 2011 p. 58). As such, an effective mechanism may be to demonstrate that an individual's negative attitudes towards marginalised groups are counter to prevailing community attitudes. For example, an Australian study found that "attitudes towards Muslim Australians were improved by hearing that others had positive attitudes" (Pedersen et al., 2011 p. 58 citing; Randjelovic, 2008).	A campaign for older Australians could seek to establish positive social norms around ageing, or appeal to those positive social norms that currently exist e.g. 'sageism'.

Campaign element	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Arranging appropriate contact between cohorts, including opportunities for positive and meaningful engagement	While there is a "large body of evidence" which supports the use of contact, it should be noted that some studies have suggested that contact may not reduce prejudice, while others have pointed to the fact that many "studies in this area have been undertaken in 'experimental' rather than 'real world' contexts" (Pedersen et al., 2011 p. 58). In noting the potential benefits of contact, the authors observe "[a]lthough representatives of target groups should be invited to, and ideally involved, in anti-prejudiced interventions, it may be more appropriate in some circumstances to include representations and voices of the target group by other means such as digital videodiscs" (Pedersen et al., 2011 p. 59).	Creating opportunities for meaningful 'contact' – including through media and digital platforms – may help to reduce negative attitudes towards older Australians.
Designing campaigns which consider group identities	In the context of anti-racism initiatives, the authors suggest it is important to consider other 'group identities' which the intended audience may associate with - e.g. nationalism - and how these influence attitudes and behaviours.	A core consideration when designing a national campaign will be to identify other identities and values which may either motivate or restrict positive attitudes and behaviours towards older Australians.
Finding alternative language and messages around racism, including providing individuals with the "practical skills to empower people to speak out against racism"	Pederson et al. (2011) highlight the significance of language in both maintaining and regulating relationships – particularly, racist discourse – however, they note that further research is required on "conversational skills or strategies that are effective in dealing with prejudiced talk" (Pedersen et al., 2011 p. 60). To avoid 'bystander anti-prejudice,' the authors also suggest that equipping audiences with the skills and language to speak out against racism is of critical importance.	In developing a campaign for older Australians, careful consideration should be given to the language used. There may also be opportunities to promote new and existing positive language associate with ageing e.g. 'sageism' and wisdom.
Responding to and addressing the source and function of attitudes	Pederson et al. suggest that it is important to address the "source and functions" of individual attitudes – particularly, their values and their direct and indirect experiences.	Understanding the key drivers of ageism, as well as the negative social norms and stereotypes around older people, is likely to be an important consideration when developing a campaign for positive attitudes to ageing.
Developing long-term strategies that are sustained and well supported - "change, by necessity, takes time"	It is suggested that anti-racism interventions are "best run over the medium to long term to allow time for in-depth analysis and sustained behaviour change" (Pedersen et al., 2011 p. 60). The authors observe that seven out of eight successful interventions identified in the review had relied on a relatively long strategy (Pedersen et al., 2011 p. 60).	As previously noted, when developing a campaign for older Australians, it will be important to consider ways to support the sustainability of the campaign in the long term – including avenues for funding and resources.
Including multiple voices from multiple disciplines (academia, sport, public life etc.)	In addition to adopting multiple mechanisms, research suggest that it is important to include "multiple voices" in any campaign. Specifically, the authors recognise that "racism needs to be tackled from a number of angles… and as such any one discipline does not have all the answers" (Pedersen et al., 2011 p. 60).	Learnings from the anti-racism campaigns suggest that it will be important to include multiple voices within a campaign for older Australian. This includes representatives from across the population, as well as key influencers and change makers.

Figure 7 – Case Study: Racism, It Stops with Me

Racism. It Stops with Me.

Organisation: The Australian Human Rights Commission

Budget: $1.7 million across four years (2011 – 2015)

Key activities: The strategy drew on multiple mechanisms, including events, training and education programs, a dedicated website, publications, videos, partnerships and competitions.

The 'Racism. It Stops with Me' strategy began with an extensive community consultation process from March – May 2012. It was developed using a clear theory of change, which not only identified the short, intermediate and long term outcomes for the strategy, but also provided a tool for evaluation across the lifespan of the Strategy.

While the Strategy projects are still in their early stages of implementation, the summative evaluation revealed evidence that the Strategy is making progress towards its goals. Specifically,

- 84 per cent of the campaign supporters who completed a survey reported that they "felt the campaign had had a positive impact" (AHRC, 2015a p. 8)

- Evaluation data suggested that the Strategy has been "successful starting conversations about racism, legitimatising what can often be a difficult topic" (AHRC, 2015a p. 36). Useful resources to prompt conversation included posters, lapel pins and the ability of organisations to 'join the campaign' (AHRC, 2015a p. 36).

- A "consistent finding" in the evaluation was that "the Strategy, particularly the campaign, initiated organisations taking anti-racism action and helped to strengthen existing anti-racism activities" (AHRC, 2015a p. 40).

RACISM. IT STOPS WITH ME IS A CAMPAIGN WHICH INVITES ALL AUSTRALIANS TO REFLECT ON WHAT THEY CAN DO TO COUNTER RACISM **WHEREVER IT HAPPENS.**

The Commission "has done 'a lot with a little' by creating a network of partners and supporters taking action" (AHRC, 2015a p. 45).

This finding holds particular significance when considering a national campaign for older Australians, as it suggests that a campaign's reach and impact can be maximised by partnering with other organisations, and empowering individuals to take action.

"...our journey forward is as much about learning as about 'unlearning'; disavowing the conscious or unconscious stigmas we indulge, and the attitudes that negate or obstruct our progress."

(Former Governor-General of Australia, Ms Quentin Bryce AC, Queensland Alliance, 2009)

5.3. MENTAL HEALTH

People with a lived experience of mental health "experience significant levels of stigma and discrimination" (Beyondblue, 2015). In direct response, there have been a growing number of campaigns and strategies which aim to reduce stigma and create a more understanding, supportive and inclusive society. In 2009 the Queensland Alliance published a literature review exploring anti-stigma initiatives in mental health, including evidence of best practice approaches. The report identified several emerging trends in this space, as well as recommendations for developing an effective anti-stigma campaign. Additionally, a 2016 report by the US Committee on the Science of Changing Behavioural Health Social Norms ('the Committee'), sought to identify effective anti-stigma initiatives. Some of the core themes from these reports are outlined in Table 9 below.

It should be noted that, as with other areas explored in this review, a core limitation of the research is that it has predominantly focused on "defining, describing, explaining and measuring the impact" of mental health stigma and discrimination, and there has been surprisingly limited research on program approaches or evaluating the impact of stigma reduction activities" (Queensland Alliance, 2009 p. 18). As such, while there was broad agreement for its recommendations from key researchers, experts and consumers who reviewed the article, the Queensland Alliance notes that some of the principles "reflect emerging knowledge and are more 'evidence-informed' than 'evidence-based' (Queensland Alliance, 2009 p. 18). Further research is needed, particularly to "understand how to effectively and efficiently deliver and integrate multiple interventions, which lead to the greatest population level impact" (Beyondblue, 2015 p. 16).

Table 9 – Approaches and strategies for addressing mental health stigma

Approach or strategy	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Education interventions to build knowledge and understanding	Educational campaigns typically focus on dispelling stereotypes and myths by providing accurate information on the experience of mental health. The evidence has been found to be "mixed" on whether these campaigns are effective in "changing public stigma in a significant and lasting way" (The Committee, 2016 p. 41) As an example, an evaluation of Scotland's 'See Me' campaign – which applied a multilayer, multiyear strategy to dispel myths about the experience of mental health – was found to have resulted in a drop in the percentage of people who believed mental illness was dangerous (17 per cent), as well as the percentage of people who thought that society should be better protected from people with a mental illness (11 per cent) (the Committee, 2016 p. 42 citing: Dunion & Gordon, 2005). These results were measured two years after the campaign (the Committee, 2016). In comparison, a one year social media campaign in Canada – 'In One Voice' - resulted "in improved attitudes towards mental health issues and less social distance at the 1-year follow-up" (the Committee, 2016 p. 42). However, participants reported that they did not have the confidence and knowledge to support someone with a mental illness (the Committee, 2016 p. 42 citing: Livingston et al., 2014). Additionally, young people were not motivated to "engage in more helpful or supportive behaviours" (the Committee, 2016 p. 42 citing: Livingston et al., 2014). The authors "concluded that their study contributes to a growing body of evidence showing that brief media anti-stigma and mental health literacy campaigns do not result in significant and lasting change, especially in the area of behaviour" (Livingston et al., 2014). The Queensland Alliance Review suggests that "education has the greatest resonance when the information provided builds understanding of the human experience of living with and overcoming mental health problems" (Queensland Alliance, 2009 p. 19). Further trends identified in the literature include: • using people with a lived experience of mental health to deliver education • drawing on a multi-faceted approach to dispel common myths • delivering targeted messages to segments of the community • applying creative mediums – art, theatre, comedy etc. – to encourage reflection. (Queensland Alliance, 2009) Notably, research indicates that "integrating education and contact approaches are likely to be the most effective for stigma change" (Beyondblue, 2015 p. 16).	Research from the mental health sector indicates that education campaigns can help to change attitudes and behaviours, and may be most effective when used in concert with other strategies such as contact and stories highlighting lived experience.

Approach or strategy	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Promoting positive contact with people with a mental illness	Research suggests that contact interventions – which aim to facilitate positive interactions and reduce stigma at a 'person-to-person' level – can be effective in changing attitudes (the Committee, 2016 p. 44). The Queensland Alliance's Literature Review further suggests that contact is "most effective when: • there is a relationship of equal status • it occurs in a context of active cooperation and the pursuit of shared goals • there is opportunity for interaction and discussion • there is a coexisting relationship such as co-worker, friend, neighbour etc. • both the message and messenger are culturally appropriate and relevant • contact disabuses people of common myths (dangerousness and impulsivity) • the presenter is 'credible' and challenges stereotypes (incompetence and incapacity)." (Queensland Alliance, 2009 p. 18) Research from Corrigan (2011) suggests several principles must be met if contact is to be effective in shifting attitudes, specifically: contact must be targeted, local, credible and continuous (Beyondblue, 2015 citing Corrigan, 2011). The Queensland Alliance's Literature Review further suggests that while the use of celebrities can help to raise awareness of campaigns, contact "appears to resonate most when it is with 'regular' people" (Queensland Alliance, 2009 p. 18). Media campaigns that use 'real life' narratives can also be an effective tool (Queensland Alliance, 2009 p. 18).	While there is evidence that contact between different cohorts can be effective in shifting attitudes, contact experiences need to be carefully considered and facilitated to ensure the engagement is positive, meaningful and credible.
Protest and advocacy to drive change	While there is evidence of protest and advocacy working in a range of contexts – such as the HIV/AIDs movement - the Committee observed that available evidence suggests mental health protests may have unintended consequences; specifically, "while protests may have positive outcomes in some instances, these strategies may also trigger psychological reactance or a rebound effect in which negative public opinion is strengthened as a result the protest" (the Committee, 2016 p. 46-47).	While there may be instances where protest and strong advocacy are appropriate and can lead to positive changes, research from the mental health sector suggests that it is important to consider any unintended consequences of these activities.
Efforts to achieve legislative and policy change	Throughout their report, the Committee "stresses the importance of addressing stigma at the structural level," suggesting that this is best achieved through "multidisciplinary multi-level ecological approaches" that engage a broad range of groups and organisations (the Committee, 2016 p. 47).	The structural barriers surrounding older Australians should be considered when developing a national campaign for older Australians, including identifying 'open' policy windows to direct change.

Approach or strategy	Overview and evidence of effectiveness	Potential implications for a campaign for older Australians
Frame mental health problems as part of our shared humanity	The review found that framing mental health through a biomedical lens served to increase stigma, fears and a desire for social distance, while framing the issue as a part of our 'shared humanity' "reduces the sense of difference and 'otherness'" (Queensland Alliance, 2009 p. 20 citing; Read et al., 2006; Ross et al., 2008).	When developing a campaign, it will be important to consider how issues and messages are framed, including 'testing' ideas with the intended target audience.
Target programs at influential groups	Research has suggested that the "more targeted the education and specific the message the greater its impact" (Queensland Alliance, 2009 p. 24). It is also recommended that campaigns focus on 'high target' groups that "are more likely to discriminate, hold greater power to block social inclusion goals, or who are in important positions to facilitate greater acceptance and social inclusion" (Queensland Alliance, 2009 p. 24).	A key focus on the campaign's early development should be to identify 'high target' individuals and groups – not only in terms of those who hold influence and power, but also those who are most likely to discriminate and display negative attitudes.
Support people with a lived experience of mental illness to take on active leadership (including peer support programs)	Within the mental health sector it has been suggested that the "value of peer support services and independent programs is well recognised" (the Committee, 2016 p. 45) – that is, services and programs involving people with a lived experience of mental health. Similarly, the Queensland Alliance Review suggests that the "expertise and input" of people with a lived experience "needs to be explicitly acknowledged and their input included" in strategies designed to reduce stigma and discrimination (Queensland Alliance, 2009 p. 27).	The views, expertise and input of older Australians should be considered at each stage of the development process, including considering the active involvement of older Australians in the campaign.

Other learnings and strategies identified by the Queensland Alliance include:

- Promoting a simple and enduring national vision – including employing a range of strategies to create a 'highly visible' campaign, nurture a 'positive climate for discussion' and support local action.

- Planning strategically at the national level – including forward partnership and alliances with government and key stakeholders.

- Making sure research and evaluation is a priority – this not only recognises that 'knowledge is nascent and needs to grow,' but also allows for ongoing evidence-based action.

- Supporting grassroots, local program – including looking for ways to encourage action at the local level.

(Queensland Alliance, 2009)

Figure 8 – Case Study: Like Minds, Like Mine

Like Minds. Like Mine.

Organisation: New Zealand, Ministry of Health in partnership with the Health Promotion Agency

Key activities: a mass media campaign was employed including television, advertising, radio, magazines, publications, feature articles, fact sheets and a dedicated website.

'Like Minds, Like Mine' was "was one of the first comprehensive national campaigns in the world to counter stigma and discrimination associated with mental illness" (Ministry of Health and Health Promotion Agency, 2014 p. 3). The campaign was first established by the New Zealand Ministry of Health in 1997, and has included a range of media platforms. Television has been one of the "primary communication medium[s] used because it can reach large numbers of people and can also make powerful emotional connections" (Vaughan & Hansen, 2004 p. 115).

Notably, the early research which was used to inform the campaign suggested there was a "low level of understanding and interest in the topic of mental illness" (Vaughan & Hansen, 2004 p. 115). In direct response, the first phase of the strategy incorporated celebrities and famous people with a lived experience of mental illness. The campaign was supported by the tag line "are you prepared to judge?" and aimed to 'emphasise commonality, counter negative stereotypes with a depiction of success, and make mental illness a common issue' (Wallace & Lauder, 2012 p. 14). As the campaign has progressed it has shifted its emphasis away from focusing on famous people to "everyday people with mental illness, from experiences of mild and moderate mental illness to more severe ones, and from awareness raising to modelling inclusive relationships" (Ministry of Health and Health Promotion Agency, 2014 p. 4).

"The involvement of people with experience of mental illness in the campaign has been critical to its success. Advertising involving the stories of well-known and famous people who have experienced mental illness has created significant interest, awareness and improved attitudes among the general public."

(Vaughan & Hansen, 2004)

5.4. CHAPTER CONCLUSION

The evidence outlined in this chapter confirms that a multifaceted approach, which is sustained across the long term, and empowers individuals and organisations, is most likely to yield positive results. The following chapter contains review conclusions.

6. CONCLUSION

This literature review was undertaken to inform the development of a national campaign for older Australians. Specifically, it aimed to identify:

- key factors in the Australian context that drive negative social norms on ageing

- key programs and campaigns aimed at shifting social norms in Australia and overseas

- best-practice and lessons learned from advocacy campaigns and strategies.

Key conclusions are discussed in turn below.

6.1. KEY FACTORS IN AUSTRALIAN CONTEXT THAT DRIVE NEGATIVE SOCIAL NORMS ON AGEING

The research outlined in this review shows significant evidence of discrimination against older Australians across the domains of attitudes and beliefs, behaviour and, to a lesser extent, formalised policy and practices. While only a limited literature has explored the drivers of this discrimination, research suggests discrimination appears to be driven by:

- older people reminding younger cohorts of their own mortality

- older people's declining physical condition – including their health and bodies – reminding younger cohorts of their own physical nature

- the presence of older people highlighting to younger cohorts the transitory nature of their base of self-worth, particularly that culturally prescribed ways of feeling good about ourselves – beauty, productivity and strength – will fade.

Additionally, it should be noted that negative attitudes and beliefs are not only held and perpetuated by youngers cohorts. Rather, the evidence suggests older people too hold and perpetuate these attitudes and beliefs, and that this can negatively impact their physical and psychological well-being.

6.2. WHAT CAN WE LEARN FROM MODELS OF BEHAVIOUR CHANGE AND SOCIAL MARKETING CAMPAIGNS?

The research outlined in this review suggests interventions designed to change discriminatory behaviour toward older Australians are most likely to yield positive results when informed by one (or several) behaviour change theories. The Benevolent Society should also consider:

- raising the confidence of key cohorts prior to (or as part of) attempts to shift behaviour

- incentivising positive behaviours (e.g. monetary incentive for employment of older people)

- shaping environments to promote positive behaviour change

- matching behaviour change interventions to a person's (or a cohort's) stage of change

- grounding interventions in the UK Government's Behavioural Insights Team's EAST Framework.

Insights from the field of social marketing further suggest The Benevolent Society should consider:

- developing a comprehensive strategy comprising initiatives which target the whole system, which leverage key partnerships, and which are adequately funded

- investing in the development and evaluation of any mass media campaigns to ensure they respond to competing messages to achieve the intended reach and recall and elicit the desired response, even over the long term.

"The goals of addressing age-stereotypes and challenging negative attitudes regarding the ageing process are important and necessary components in tackling the numerous direct and indirect effects of ageism. Nevertheless, we are still a long way from understanding the best way to tackle these."

(Sargent-Cox, 2017 p. 4)

6.3. WHAT CAN WE LEARN FROM THE AGEISM LITERATURE AND CURRENT CAMPAIGNS TO COMBAT AGEISM?

In recent years, a small but growing body of campaigns and literature has emerged which provides an insight into the strategies to approach ageism. Whilst this field of work is still in its relative infancy, and limited evaluation was found on the current campaigns, a number of core themes emerge. Specifically, when developing a campaign on ageing, The Benevolent Society should consider:

- opportunities to partner with other organisations committed to changing the negative social norms around ageing, including building on existing efforts in this area

- initiatives to empower individuals and organisations to take part in a national campaign - scaling the reach and impact of The Benevolent Society's efforts

- strategies within the campaign that facilitate meaningful interactions and contact with older Australians

- utilising information materials to 'dispel' myths around ageing as part of a broader range of strategies, including in partnership with initiatives to promote dissonance

- adopting a holistic approach to the development of the campaign, by considering approaches to both improve society's perceptions and treatment of older people, as well as older peoples' own perceptions of ageing and old age.

6.4. WHAT CAN WE LEARN FROM OTHER SOCIAL INCLUSION CAMPAIGNS?

While it cannot be assumed that the strategies used in other social inclusion campaigns will deliver the same outcomes when utilised within the context of a campaign for older Australians, a number of themes emerged from the literature. When developing a campaign for older Australians, specific consideration should be given to:

- adopting a multifaceted approach, including strategies that are tailored to the local context

- opportunities to support the sustainability of the campaign across the long term – including avenues for funding, resources and potential partnerships

- embedding evaluation mechanisms into the campaign to measure progress and inform the ongoing development of the campaign across the long term

- incorporating the views, expertise and input of older Australians at each stage of the development process, including considering the active involvement of older Australians in the campaign

- identifying 'high target' individuals and groups – not only in terms of those who hold influence and power, but also those who are most likely to discriminate and display negative attitudes

- strategies which facilitate meaningful interactions and contact with older Australians, including through media and digital platforms

- promoting the active participation of the intended audience, rather than simply 'preaching' information

- invoking the right emotions, including considering their likely impact on the intended audience

- promoting both the commonality and differences between older Australians and other cohorts

- strategies to mitigate the risk of any unintended messages or consequences which may emerge from the campaign

- identifying a clear audience/s for the campaign and its initiatives

- promoting dissonance e.g. by demonstrating how ageism conflicts with society's broader egalitarian values

- establishing positive social norms around ageing, or appealing to those that currently exist, e.g. 'sageism'

- identifying other identities and values that the intended audience holds, which may either motivate or restrict positive attitudes and behaviours towards older Australians

- adopting considered language, including promoting new and existing language that is associated with positive views of ageing and older Australians, e.g. 'sageism' and wisdom

- identifying and understanding the key drivers of ageism, as well as the negative social norms and stereotypes around older people

- incorporating multiple voices within the campaign, including representatives from across the population, as well as key influencers and change makers

- utilising information materials to 'dispel' myths around ageing as part of a broader range of strategies, including in partnership with initiatives to promote dissonance

- identifying and understanding the structural barriers surrounding older Australians, including 'open' policy windows for driving change

- ensuring the campaign issues and messages are appropriately framed, including 'testing' ideas with the intended target audience before launching the campaign.

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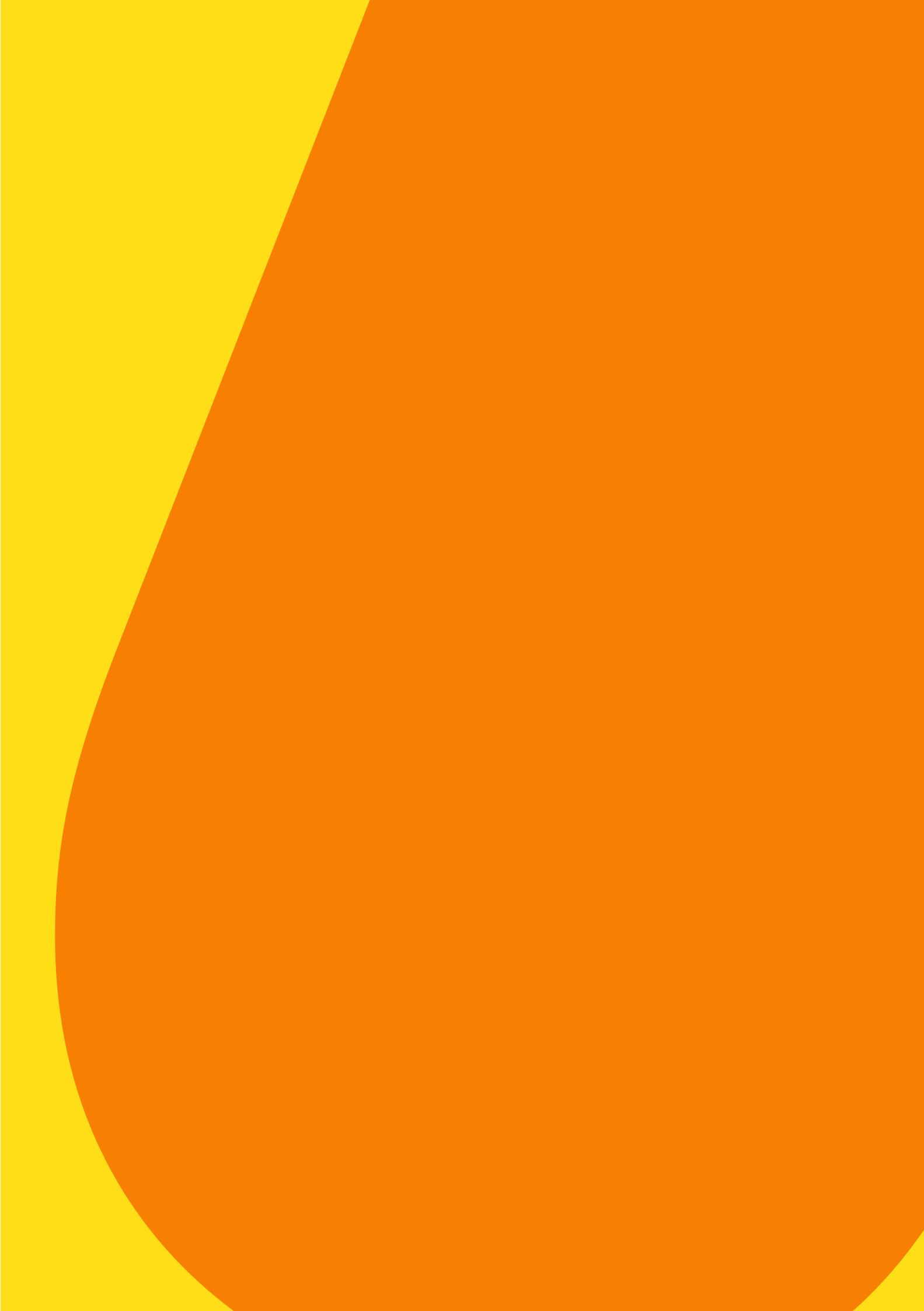
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Summary of qualitative research findings

TABLE OF CONTENTS

1. INTRODUCTION

1.1. THIS DOCUMENT

This report summarises the findings of the qualitative component of research conducted to inform the development of a National Advocacy Campaign for older Australians, commissioned by The Benevolent Society (TBS).

1.2. RESEARCH OBJECITVES

The purpose of the focus groups was to:

- explore how people feel about getting older, and why
- explore people's views and perceptions of older people, and when people become 'old'
- identify any major fears or worries that people have about getting older, and where these ideas might come from
- identify what, if anything, people look forward to in older age, and where these ideas come from
- assess whether people think older people receive a 'fair go', and why/why not
- explore reasons underlying people's attitudes and behaviours towards older people
- explore people's understanding of 'ageism', and how it might be addressed.

1.3. RESEARCH METHODOLOGY

Four focus groups were undertaken with community members aged from 18 and above at the Urbis Sydney office. The age breakdown for each group is as follows:

- Group 1: 55 – 64 years
- Group 2: 18 – 30 years
- Group 3: 65+ years
- Group 4: 31 – 45 years.

Each focus group lasted for approximately 1.5 hours.

Unique discussion guides were developed to aid with facilitation of Group 1/Group 3 (n.b. participants aged 55+) and Group 2/Group 4 (n.b. participants aged 18 – 45 years).

Copies of the discussion guides are attached at Appendix A.

During the discussion, participants were asked their opinion on the following three statements:

- People who do not retire at 65 are taking jobs away from younger people.
- Health services should ration the amount of money they spend on keeping very old people alive.
- People should expect less independence as they get older.

Questions relating to these statements are contained in Section Three of the discussion guides.

Fieldwork took place on 13 June 2017 (Group 1 and Group 2) and 14 June 2017 (Group 3 and Group 4). In total, 35 participants took part in this phase of the research. Participant profile is shown in Table 1, overleaf.

		Group 1: 55 – 64 years	Group 2: 18 – 30 years	Group 3: 65+ years	Group 4: 31 – 45 years
Total number of participants		**8**	**10**	**9**	**9**
Gender	Male	3	5	5	5
	Female	5	5	4	4
Marital status	Single	1	3	4	6
	Married/De facto	7	7	5	3
Employment status	Student	0	0	3	1
	In employment	4	5	4	5
	Home duties/ Unemployed	1	0	2	3
	Retired	3	5	0	0
Parental status	With children	6	9	2	4
	Without children	2	1	7	5
Income	Less than $50,000	1	3	1	2
	$50,000 - $99,999	2	6	1	1
	$100,000 - $149,999	1	1	4	4
	$150,000 or more	4	0	3	2

2. RESEARCH FINDINGS

2.1. KEY FINDINGS

- There was a variation in attitudes, beliefs and perceptions both within and across the four focus groups. Although the groups were segmented by age, not all views expressed were determined by the age of the participant. Nevertheless, some of the discussions were influenced by a person's age or life-stage, as might be expected.

- Participants' attitudes towards and perceptions about ageing were mostly driven by culture, especially the extent of personal contact with older people (e.g. close family members such as parents and grandparents). For example, when participants were asked to reflect on how they formed views on ageing, an unprompted discussion of family members was common. Positive experiences with older family members tended to be linked to more positive attitudes about ageing, and vice versa.

"My parents have been in homes up in Queensland. It turned me off, nursing homes, the smell of the place it was woeful. They try and do their best and that sort of thing but you know it's pretty bad." (Female, 60+)

- While focus group participants were engaged in discussion on ageing and older people, many struggled to articulate who might be able to influence attitudes towards ageing and what they could do about it.

- Notwithstanding differences across and within the focus groups, several common themes emerged in the discussions. The remainder of this report summarises these themes.

2.2. AGE IS NOT A NUMBER

There is broad agreement that 'age is not a number', with participants commonly reflecting that they either knew 'very young' 80-somethings or 'very 'old 50-somethings. The start of old age was also typically suggested to be relative, influenced by a person's chronological age, life stage, culture, health, and attitude. Older participants tended to also acknowledge, sometimes with laughter, that their definition of old age had shifted as they matured, with old age always starting somewhere in the future.

2.3. PEOPLE HAVE MIXED VIEWS ABOUT GETTING OLDER

Focus group participants expressed mixed views (including within and across groups) when asked about getting older; however, participants most commonly noted that they:

- disliked and/or feared getting older

- accepted and/or were looking forward to getting older.

The former view was marginally more commonly held by participants. A few participants – including a 22 and 65-year-old – stressed that they rarely think about getting older.

Participants who feared getting older typically reported being most worried about a loss of cognitive function, with fear of physical illness or deterioration mentioned far less commonly. These participants also commonly expressed worry about a loss of identity and independence, both of which were strongly associated with 'going into a nursing home'. Some participants expressed worry about:

- being a burden in old age

- having regrets about life achievements.

For a significant number of participants, poverty and a lack of financial resources was a major source of anxiety. This view was, not surprisingly, particularly common amongst participants reliant on income support, unemployed, and/or single. Financial fears were just as common among young participants as older participants, with several younger participants

reporting that they feel very insecure about their long term financial prospects due to the difficulties in obtaining a job and purchasing a home. These younger participants also expressed concern about whether they will accrue sufficient superannuation to live comfortably through retirement.

2.4.   PEOPLE LOOK FORWARD TO CHOICE, FREEDOM, CONTRIBUTION AND FLEXIBILITY

When probed, most participants acknowledged that there are several, and sometimes many, things to look forward to in older age. Most commonly, participants associated older age with an increase in freedom – or 'being your own boss' – and with feeling more confident in themselves and accepting of who they are. People also noted being less constrained by timetables and deadlines. Less commonly, participants associated older age with space and time for self-investment, such as formal or informal education and training, travel, and contributing skills and knowledge in a new way (e.g. by volunteering). A few older participants reported that they are 'over working', and looking forward to engaging in more meaningful activities in retirement.

For some participants, older age was associated with improved life satisfaction, a state attributed to having more social and family connections, and the time to develop and nourish stronger relationships. Relatedly, some participants reflected that older people tend to be more content, secure, experienced, and knowledgeable than younger people, resulting in increased resilience in the face of unexpected problems.

Some younger participants spoke forcibly about finding life in their 20s tough and stressful. Particular stressors noted by participants included social and family expectations, as well as the likelihood or not of securing employment, finding a partner, having children, and buying a house. Some young participants appear to fear 'failure', and are concerned how life choices (e.g. choosing not to follow a traditional life path) will impact them in the longer term. Many younger participants acknowledged looking forward to their 30s and 40s, a life stage they associated with increased security (financial and otherwise) and closer personal relationships. These participants sometimes reflected that the 'foundation' for a happy old age is laid during the 30s and 40s, and that they would be fearful if they failed in this endeavour.

2.5.   BOTH NEGATIVE AND POSITIVE WORDS CAME TO MIND WHEN THINKING ABOUT OLDER PEOPLE

Focus group participants were asked to write down three separate words that came to mind when they think about older people. Some participants listed only negative words, others listed only positive words, and still others listed a mix of positive and negative words (or words which could be construed as positive or negative depending upon the context). Overall, negative words were listed more commonly than positive words, and tended to be associated with physical and mental deterioration, social isolation, negative attitudes and behaviours, political persuasion or behaviour, and finances (see Table 2, overleaf).

Table 2 – Words associated with older people – Negative

Physical and mental deterioration	• Frail • Dependent • Depressed • Senile • Slow (which can be good or bad)
Social isolation	• Lonely • Vulnerable
Negative attitudes or behaviour	• Opinionated • Interfering • Impatient • Stubborn • Demanding • Inward-looking • Self-obsessed
Political	• Socially conservative • Racist • Intolerant
Financial	• Financial burden

Table 3 – Words associated with older people – Positive

Thinking of others	• Unselfish • Generous • Compassionate • Kind • Caring • Empathetic
Relaxed	• Calm • Carefree • Happy • Stable • Secure • Survived struggle
Valuable	• Wise • Knowledgeable • Story-teller • Contributes • Role models • 'Glue' that keeps family together • Family historians • Cultural custodians
Resilient	• Positive despite setbacks • Adjusting to new circumstances • Good emotional coping skills • Taking things in their stride

On the whole, younger participants were more likely than older participants to note 'political' negatives. This appeared to be underpinned either by a 'party political view', or by the perception that older people are 'anti-youth' and out of touch with youth needs and perspectives.

In contrast to negative words and associations, positive words listed by focus group participants were mostly related to older people's personal attributes and qualities (see Table 3, below).

Age was not the most significant driver of whether participants listed positive, negative, or a mix of words; rather, perceptions appear primarily driven by personal experience of old age, or by observations of the experiences of older relatives. On the whole, participants who had a positive experience of older age, or had positive role models, tended to possess a more positive view of ageing and older people. In contrast, participants who had a less positive experience of older age, or who lacked positive role models (e.g. relatives are bored or socially isolated) tended to possess a more negative view of ageing and older people.

"I think it's some people's exposure to elderly, some people never had any grandparents, some people were brought up by their grandparents so they have different attitudes." (Female, 60+)

It should be noted, however, that there was general agreement that a person's experience of old age will vary, often substantially, depending on:

- their financial security (i.e. to survive, have freedom to travel, enrol in study, and so on)

- whether they have close family around them (to provide connection and meaning)

- their cultural background (i.e. the degree to which their culture respects and values older people and includes them in community life)

- their physical and mental health (i.e. the degree to which you can maintain independence)

- their own attitude towards ageing (i.e. positive or negative).

There was a strong view amongst some of the older participants that a person's personal attitude towards retirement and ageing was critical, suggesting:

You have to treat retirement like a job

[You have to] work hard at it [retirement]

[You have to] make the most of it [retirement].

Participants who reported that they were looking forward to or enjoying retirement tended to have a generally positive outlook on life, commonly noting that they are keen to learn, travel, and engage in new activities.

"My partner is, he'd hate me to say this, but he's 72 and he's the youngest most vibrant man I've ever known. He's just still working, still passionate about life so you can't even, you'd think 72 you'd class as an old person but if you saw him you'd say no way, he's so youthful. It's attitude." (Female, 55-64)

In contrast, participants who were more pessimistic or worried about getting older had often observed family members or friends:

- physically decline (or die) relatively young

- give up on interests

- live a life lacking structure or meaning

- become increasingly socially isolated.

While worries about old age were commonly related to financial security, participants who had a generally pessimistic attitude tended to report more commonly that they are struggling to find structure and meaning in retirement.

2.6. THE KEY INFLUENCES ON ATTITUDES TOWARDS AGEING ARE PERSONAL EXPERIENCES

As noted above, the findings of this research strongly suggest that people's perceptions of, and attitudes toward, ageing, are primarily shaped by personal experiences, usually observing close family members or friends.

Even after prompting, focus group participants rarely acknowledged the role that the media has in shaping perceptions and attitudes; however, a small number of participants acknowledged that the media sometimes plays a small role. For example, a few older participants reflected that portrayals of older people are uncommon in 'traditional media', including television programs, advertisements, newspapers, magazines, and film. A small number were also critical of stereotypical portrayals of older people, and a few questions why people aged over 60 or so were referred to as 'elderly' (e.g. in a news item, 'an elderly 62-year-old woman was knocked down').

In contrast, young participants tended to stress that their perceptions and attitudes (including toward

ageing) are rarely shaped by the media, primarily because they are not exposed to traditional media on a regular basis (i.e. they do not watch free to air television, listen to radio, or read newspapers).

Participants indicated that connection with older people mainly occurs within the family or with older friends. To a lesser extent, the workplace was also identified as an environment where connection with older people occurs.

The environments in which people connect with older people was found to influence some participants' perceptions of ageing. Specifically, exposure to people living in nursing homes was found to negatively impact on attitudes towards ageing.

Other drivers that influence people's attitudes towards ageing and older people include:

- the extent to which people could see a connection between themselves and older people: I will be old one day

- the level of empathy people have for other people, more generally

- cultural traditions and norms which respect and revere older people

- the extent to which people value 'community' and aspire towards strong communities.

These drivers were also found to underpin participants' views on whether or not Australian society values older people, with responses to this question falling into two broad categories:

At a service level: Most participants were of the view that older people are relatively well catered for in terms of the service availability. When expressing this view, participants typically compared Australia to other countries, with Australia cited as being much more focussed on supporting older people than the US, South Africa, the UK, or Asia.

At an individual level: Participants were typically of the view that older people are less respected than in the past, and less respected than they should be. This was viewed as being especially true in Anglo-Saxon families and communities, with participants commonly suggesting that older people are more valued and socially included in Mediterranean and Asian cultures.

2.7. PARTICIPANTS GENERALLY STRUGGLED TO SUGGEST ACTIONS THAT COULD OR SHOULD BE TAKEN TO ADDRESS AGEISM

Many participants found it difficult to identify who could or should take action, and what actions could or should be taken to address ageism. Ageism was not something that some participants had necessarily experienced, witnessed or thought to be a major problem in Australia. As a result, participants commonly reported not giving the issue much thought prior to focus group participation.

Participants who had experienced discrimination – usually in the workplace – tended to be fatalistic about the prospects of any change. As an example, while some participants recognised that age discrimination in the workplace is illegal, they noted that it is very difficult to prove, and almost impossible to police. The two areas that participants were most concerned about were ageism in the workplace and the health system. In all cases, this concern was driven by either their own experience of age discrimination, or that of a family member.

2.8. HOWEVER, THE FEW SUGGESTIONS THAT WERE MADE TO ADDRESS AGEISM WERE INSIGHTFUL

While participants found it difficult to immediately identify suggestions for addressing ageism, as the discussions progressed, several recommendations emerged. These recommendations typically related to actions for government, business and employers, health professionals, the media, communities, and older people themselves. Each of these categories is discussed in turn below.

Government

There was consensus amongst participants that governments have a responsibility to address age discrimination. Specific actions for governments suggested by participants comprised:

- funding retraining schemes for older people

- funding computer training/skills programs for older people (n.b. these skills were viewed as fundamental to current and future work)

- paying employers incentives to recruit and retain older workers; however, a small number of participants acknowledged that schemes of this nature already exist

- setting 'quotas' for the number of older people employed in government and/or the private sector (i.e. similar to gender quotas)

- establishing an advisory committee to advise government on all areas of policy – not just health or aged care – through an 'ageism' lens (e.g. transport, housing, education, and so on).

Businesses and employers

Employers are also seen to have a key role to play in addressing ageism. People feel that employers can show leadership in recognising the value that older people can bring to different sectors and workplaces and that efforts should be made to encourage and showcase such efforts. It was suggested that showcasing employers who challenge stereotypical views about older workers can help to create positive role models and encourage other employers.

There was some sense of scepticism amongst participants with regard to the likelihood of changes within large corporations. Several participants were of the view that people were categorised as past their 'use by date' early in these settings. In contrast, there was thought to be greater potential in the small business sector, as well as in family businesses, with were typically viewed as being more 'age friendly'.

"Employers, that's the problem. You have to get the employers onside if the government wants people to work until 70. You've got to give some tax concessions, like payroll tax or something or other." (Male, 65+)

In addition to promoting more inclusive employment practices, participants suggested that businesses could improve the portrayal of older people in marketing material and advertisements. Some of the older participants were especially disparaging of advertisements for travel or insurance, where older people are, according to participants, commonly portrayed in 'passive' pursuits such as river or sea cruises. These kinds of portrayals did not resonate with many older focus group participants, who viewed themselves as curious, active, and adventurous. A small number of participants felt that big business should be more appreciative of the older people's 'dollar spend', which can be considerable, and provide more diverse depictions of older people.

Health professionals

While participants identified ageism in the health system as one of the major areas of concern, only a few people mentioned the role health professionals could play in addressing ageism. The primary suggestion was that health professionals need training in 'personalising care'; that is, training that focuses on both the 'people' and 'medical' aspects of their work.

"I think there should be [more training], they're trained as nurses but they're not trained, the babies, they're trained to look after babies but are they trained to look after elderly people, because they can be a lot like babies?" (Female 65+)

The media

Interestingly, the media received relatively little attention in focus group discussions, even when prompted. There was a plea among some participants in the older groups for 'more older people on TV', including in leading roles.

""We need more shows like EastEnders!" said one young woman – reflecting on the show's focus on a local community, in which people of all ages are involved as central characters in the ongoing narrative." (Female, 31-45)

Communities
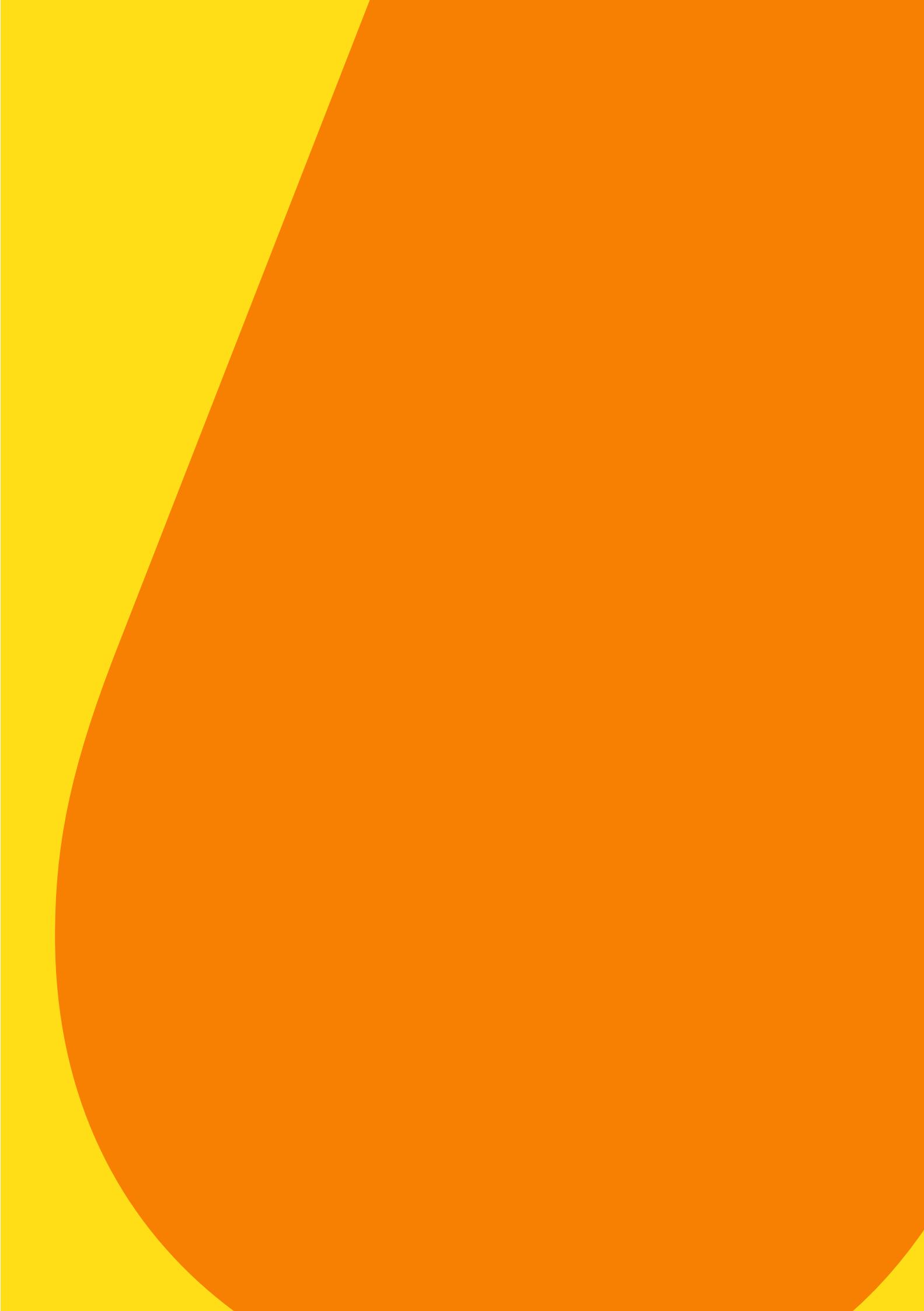
Relatively few people had ideas about what communities could do to address ageism. However, the following suggestions were made by a small number of participants:

- providing more opportunities for people of all ages to live, work and socialise together
- providing more structured programs that encouraged increased contact between older people and younger people.
    - For example, one participant spoke favourably of a program which entailed grandparents visiting primary schools to help students with reading.
    - Another participant was impressed by a Swedish program which required trainee doctors to live in residential care/retirement villages while studying. According to the participant, the trainees develop empathy for the residents, while the residents benefited from the regular contact with younger people.
- encouraging younger people to 'think ahead' to the time when they themselves will be older
- organising local/community events that are inclusive of people of all ages 'to bridge the gap'
- developing mechanisms for older people to give time and knowledge to supporting new Australians settle into Australia, particularly those with no family.

Older people themselves

Finally, some participants observed that older people themselves can do things to challenge age stereotypes and discrimination, with one participant noting:

"You can't give older people a voice. Older people have to use their voice." (Male, 65+)

APPENDIX A DISCUSSION GUIDES

NATIONAL ADVOCACY CAMPAIGN FOR OLDER AUSTRALIANS
DISCUSSION GUIDE – 55 + YEARS
JUNE 2017

INTRODUCTION (5 MINUTES)

Urbis has been commissioned The Benevolent Society to undertake research relating to older Australians. We would like to understand your attitudes toward ageing and older Australians, and your experiences relating to older people.

- Introduce self, co- moderator, and The Benevolent Society if present as observers.

- The focus group will last for around 90 minutes.

- There are no right or wrong answers, we just want to hear your views.

- The only rule is that one person speaks at a time!

- Housekeeping (phones, toilets, catering)

If you have any questions about this interview or the research, or would like to share additional comments afterwards, please contact Caroline Tomiczek at Urbis on 02 8233 9928 or ctomiczek@urbis.com.au.

Now let's start by going around the table and introducing yourself – just your first name will do and tell us the name of your favourite movie.

EXPLANATORY NOTES

- This discussion guide should not limit but provide a guide of the range and coverage of issues that will come out of the research project.

- It is a guide for discussion, and will not be used as a script - phrasing, wording, and order will be adapted as appropriate.

- This guide does not represent a complete list of the questions that will be asked or covered in each interview. The coverage and flow of issues will be guided by the researchers and informed by the participants. All questions are fully open-ended.

- Some questions are similar because they are trying to get at an issue from a number of angles and to validate responses / views.

- Reported issues / data will be probed for evidence/ examples wherever relevant.

INTERVIEW QUESTIONS

SECTION ONE: ATTITUDES TOWARDS GETTING OLDER (15 minutes)

I'd like to start with talking about your thoughts about getting older.

1. How do you feel about getting older? Anything else?
   [Probe for positive and negative feelings]

2. What immediately comes to mind when you think about ageing and getting older? Thoughts? Feelings? Behaviours? Images? Anything else?
   [Map on butcher's paper and discuss]

3. Do you have any fears or worries about getting older? If not, why is that? If yes, what are your fears? Why do you think that?

4. What, if anything, worries you most about getting older? [If concerns about ageing mentioned] Where do you think these concerns come from?
   [Probe for media/arts representations (e.g. books, movies) and personal experience]

5. What, if anything, are the things about getting older that you enjoy or are looking forward to? Why do you say that? [If positive aspects of ageing mentioned] Where do you think these positive ideas come from?
   [Probe for media/arts representations (e.g. books, movies) and personal experience]

SECTION TWO: ATTITUDES TOWARDS OLDER PEOPLE (20 Minutes)

We're now going to discuss your attitudes toward older people.

6. I'd now like you take a minute and write down three words that immediately come to mind when you think about older people.
   [Explore responses]

7. When do you think old age begins? And what about very old age? Why do you say that?

8. When do you think someone becomes old? Is it when they reach a certain age? Or is it when something happens? Why do you say that?

9. What do you think are some of the great things about older people? Why do you say that?

10. What do you think are some of the not-so-great things about older people? Why do you say that?

11. Do you think we value older people? Why do you say that? Do you think this has changed over time?

12. Have you heard of the term ageism? What does that mean to you? Just give us your best guess if you are not sure.

SECTION THREE: BEHAVIOURS TOWARDS OLDER PEOPLE (20 minutes)

I'm going to show you some statements other people have made about older people.

[Three statements from Question C1 on questionnaire shown to participants]

13. How common do you think this view is in our society? Why do you say that?

14. Who do you think is most likely to hold this view? Why do you say that?
[If appropriate: probe for whether they hold the view]

15. What sorts of things might make someone agree with this statement? Anything else?

16. What sorts of things might make someone disagree with this statement? Anything else?

SECTION FOUR: AGEISM AND ADVOCACY (25 minutes)

We are now going to talk a bit more about stereotyping and discrimination against people based on their age.

17. Do you think older people in Australia generally receive a 'fair go'? Why? Why not?
[Probe for media, popular culture, employers, big business, the government, societal views/ Australian culture]

18. Where, if anywhere, do you think older Australians are least likely to be given a 'fair go'? Why do you think that is?
[Probe for impact on older people]

19. Is there a time in your own life when you feel you have been treated unfairly or been discriminated against because you are older? What was that? What impact did that have on you?

20. Who or what do you think has a big influence, positive or negative, on how people think about getting older or older people? Why do you say that?

21. What, if anything, do you think government could do to ensure that older Australians are likely to be given a 'fair go'? Anything else?

22. What, if anything, do you think employers could be doing to ensure people of all ages are recruited, trained and promoted at work on their merits? Anything else?

23. What, if anything, do you think health services could be doing to ensure all people get the same treatment options regardless of their age? Anything else?

24. What, if anything, do you think big business could be doing to be more welcoming of older people? Anything else?

25. What, if anything, do you think the community or sports organisations could be doing to be more inclusive of older people? Anything else?

26. Thinking now of the media (TV, radio, magazines, social media etc.), do you think there is anything that media organisations or government could or should be doing in relation to portrayals of ageing and older people? Anything else?
[Probe: What are some positive images of getting older? And some negative images?]

SECTION FIVE: THE FUTURE (5 minutes)

Finally, we're going to have a quick chat about the future.

27. What action, if any, do you think would most effective in addressing ageism? Anything else?

28. If ageism was successfully tackled, how would Australia be different? Anything else

THANK YOU AND CLOSE

APPENDIX A DISCUSSION GUIDES

NATIONAL ADVOCACY CAMPAIGN FOR OLDER AUSTRALIANS
DISCUSSION GUIDE – 18-45 YEARS
JUNE 2017

INTRODUCTION (5 MINUTES)

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- Introduce self, co- moderator, and The Benevolent Society if present as observers.

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   [Probe for positive and negative feelings]

2. What immediately comes to mind when you think about ageing and getting older? Thoughts? Feelings? Behaviours? Images? Anything else?
   [Map on butcher's paper and discuss]

3. Do you have any fears or worries about getting older? If not, why is that? If yes, what are your fears? Why do you think that?

4. What, if anything, worries you most about getting older? [If concerns about ageing mentioned] Where do you think these concerns come from?
   [Probe for media/arts representations (e.g. books, movies) and personal experience]

5. What, if anything, are the things about getting older that you are looking forward to? Why do you say that? [If positive aspects of ageing mentioned] Where do you think these positive ideas come from?
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10. What do you think are some of the not-so-great things about older people? Why do you say that?

11. Do you think we value older people? Why do you say that? Do you think this has changed over time?

12. Have you heard of the term ageism? What does that mean to you? What impact could ageism have on older Australians? Just give us your best guess if you are not sure.

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[Probe for impact on older people]

18. Where, if anywhere, do you think older Australians are least likely to be given a 'fair go'? Why do you think that is?
[Probe for media, popular culture, employers, big business, the government, societal views/ Australian culture]

19. Who or what do you think has a big influence, positive or negative, on how people think about getting older or older people? Why do you say that?

20. What, if anything, do you think government could do to ensure that older Australians are likely to be given a 'fair go'? Anything else?

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25. Thinking now of the media (TV, radio, magazines, social media etc.), do you think there is anything that media organisations or government could or should be doing in relation to portrayals of ageing and older people? Anything else?
[Probe: What are some positive images of getting older? And some negative images?]

SECTION FIVE: THE FUTURE (5 minutes)

Finally, we're going to have a quick chat about the future.

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27. If ageism was successfully tackled, how would Australia be different? Anything else?

THANK YOU AND CLOSE

Online survey findings

BACKGROUND

The Benevolent Society is in the process of building a national campaign to combat ageism within Australia. Ageism has been defined as "discrimination against people based on their age, and is manifested through negative stereotypes and perceptions about older adults" (Malta & Doyle 2016). Ageism is seen to comprise three distinct but related aspects: attitudes and beliefs, formalised policy and practices and behavioural discrimination (Malta and Doyle 2016, Nelson 2016). These aspects result in negative stereotypes around older people, and create a barrier which prevents older people contributing to various community settings to their full potential. Recent research has shown ageism to be present in Australia, with ageing predominantly perceived as a negative concept (Australian Human Rights Commission 2013). Efforts to change the negative social norms surrounding ageing and older people, and redefine perceptions of ageing in Australia, are therefore required.

Urbis was commissioned by The Benevolent Society to carry out research to inform the national campaign for older people, the topline quantitative results of which are contained within this report.

METHODOLOGY

Defining older Australians.

There is no clear definition of 'older Australians', however, for the purpose of this research 'older Australians' has been defined as those aged 55 years and older.

Data collection

An online community attitudes survey was completed by a total of n=1,083 respondents, both younger and older Australians, from a consumer panel. Data was post-weighted based on age, gender and location to be reflective of the population in accordance to ABS 2011 census data.

An additional booster sample of 342 Australians aged 55+ was obtained, and included for analysis of the experiences of older Australians. Data was again post-weighted to be reflective of the population aged 55+.

Statistical analysis

Ordinal regressions were used to model the relationships between respondent's attitudes towards ageing, older people and agreement with examples of age discrimination, and the following respondent characteristics:

- Age
- Gender
- Whether or not they primarily speak English at home
- Education level
- Whether they are currently a carer of an older person
- Whether they work in healthcare.

Age of respondents was included as a covariate in all regressions.

Analysis of Variance (ANOVA) was used to test the relationship between level of contact with people aged 65+ in various settings, and attitudes towards ageing, older people and agreement with examples of age discrimination. For this analysis, level of contact was grouped into two categories: up to once every couple of weeks, and once a month or less. Average level of agreement with various attitudes and behaviours was ascertained using a ten-point scale.

The statistical significance level was set at 95%, which with a sample size of n=1,083 results in a degree of sampling error of +/- 3 percentage points. That is, there is a 95% probability (abstracting from non-sampling error) that the percentage results will be within +/- 3 pp of the results that would have been obtained if the entire population had responded.

SUMMARY OF SURVEY RESULTS

Knowledge of older Australians

Respondents were asked a series of questions regarding the experiences and way of life of older Australians. Over half (55%) correctly identified that around 30% of Australians aged 55 to 64 years have experienced discrimination based on their age. Respondents were less likely to correctly identify the proportion of Australians aged 65 or over who:

- rate their health as good or excellent
- do not live in an aged care facility
- engage in paid or voluntary work.

Respondents were likely to underestimate these proportions. In addition, most respondents were unaware that the proportion of Australians aged 65 years or over who receive the age pension has decreased in the last few years. Respondents were also unlikely to know that older Australians experience less psychological distress than younger Australians

Definition of older people

When asked to define who older people are, respondents provided a wide range of answers, from those aged over 40 to those aged over 100. The most common response was those aged 70 years and above (22%), followed by those aged 65 and above (19%).

Importance of ageism

After being told the definition of ageism, the majority of respondents reported that ageism was moderately (33%), very (30%) or extremely (17%) important to them. Slightly under one in ten (9%) reported that ageism was not at all important

Combating ageism

Respondents were most likely to feel that it was the government's responsibility to combat ageism (67% agree).

The areas in which respondents felt it was most important to combat ageism were:

- in the workplace (selected by 54%)
- in healthcare (selected by 47%)
- in aged care (selected by 33%).

Negative associations with older people and ageing

Respondents were asked their level of agreement with various negative statements regarding ageing and older people. Respondents were most likely to agree with:

- "As you get older, mental and physical deterioration are inevitable" (59% agree)
- "Older people are set in their ways" (52% agree)
- "Older people need more time to do things" (49% agree).

Positive associations with older people and ageing

Respondents were also asked to rate their agreement with positive statements about ageing and older people. Respondents showed the high level of agreement with:

- "Older people have a lot to offer younger people" (73% agree)
- "Older people have a strong work ethic" (65% agree)
- "Older people are responsible" (65% agree).

Opinions on the role of older people

Opinions on the roles of older people in society and the workforce were mixed. Positive changes respondents would like to see for older people included:

- healthy people over 80 should be able to access travel insurance (72% agree)

- big businesses should improve customer service to older people (64% agree)

- significant funds should be spent upgrading public and private places to make them physically accessible to older people (61% agree).

Many respondents displayed ambivalence regarding the role of older people in the workforce, and examples of discrimination against older workers. Examples included:

- employers should be able to make employees take on a reduced role at a certain age (30% agree, 44% neutral)

- employers will get better value out of training younger than older people (25% agree, 47% neutral)

- employers should give priority to promoting younger people (19% agree, 52% neutral)

Experiences of ageism by those aged 65+

Respondents aged 65 plus were asked about their experiences with various examples of ageism. Respondents' most common reported experience was being told a joke about older people (experienced by 57%), followed by being talked down to because of their age (38%). Other reported experiences included being ignored (37%), and being turned down for a job because of their age (29%). Some respondents had been called an insulting name because of their age (18%) and 14% had been denied a promotion at work because of their age.

Impact of contact with older people

Respondents who had more contact with people aged 65+ in their social, family and work lives were more likely to agree with positive statements about ageing and older people, and less likely to agree with negative statements. For instance, people who had contact with older people in their family life at least once a week or more were more likely then those who had contact once a month or less to agree with the statements:

- older people have a lot to offer younger people

- it is a privilege to grow old.

However, results showed that half of all respondents (50%) said they only had contact with an older people person in their social life once a month or less, and over a third (35%) had contact with an older person in their family life once a month or less.

How our attitudes and behaviours regarding age change as we get older

As the age of respondents increased, they were less likely to agree with negative statements regarding older people and ageing. There were strong negative relationships between increased age and agreement with the statements:

- governments give older people a better deal than younger people

- employers will get better value out of training younger than older people

- older people are not interested in the outside world

- older people are a drain on the economy.

As the age of respondents increased, they were more likely to agree with the statements:

- older people have a lot to offer younger people

- healthy people aged 80 or over should be able to access travel insurance

- older people are productive workers.
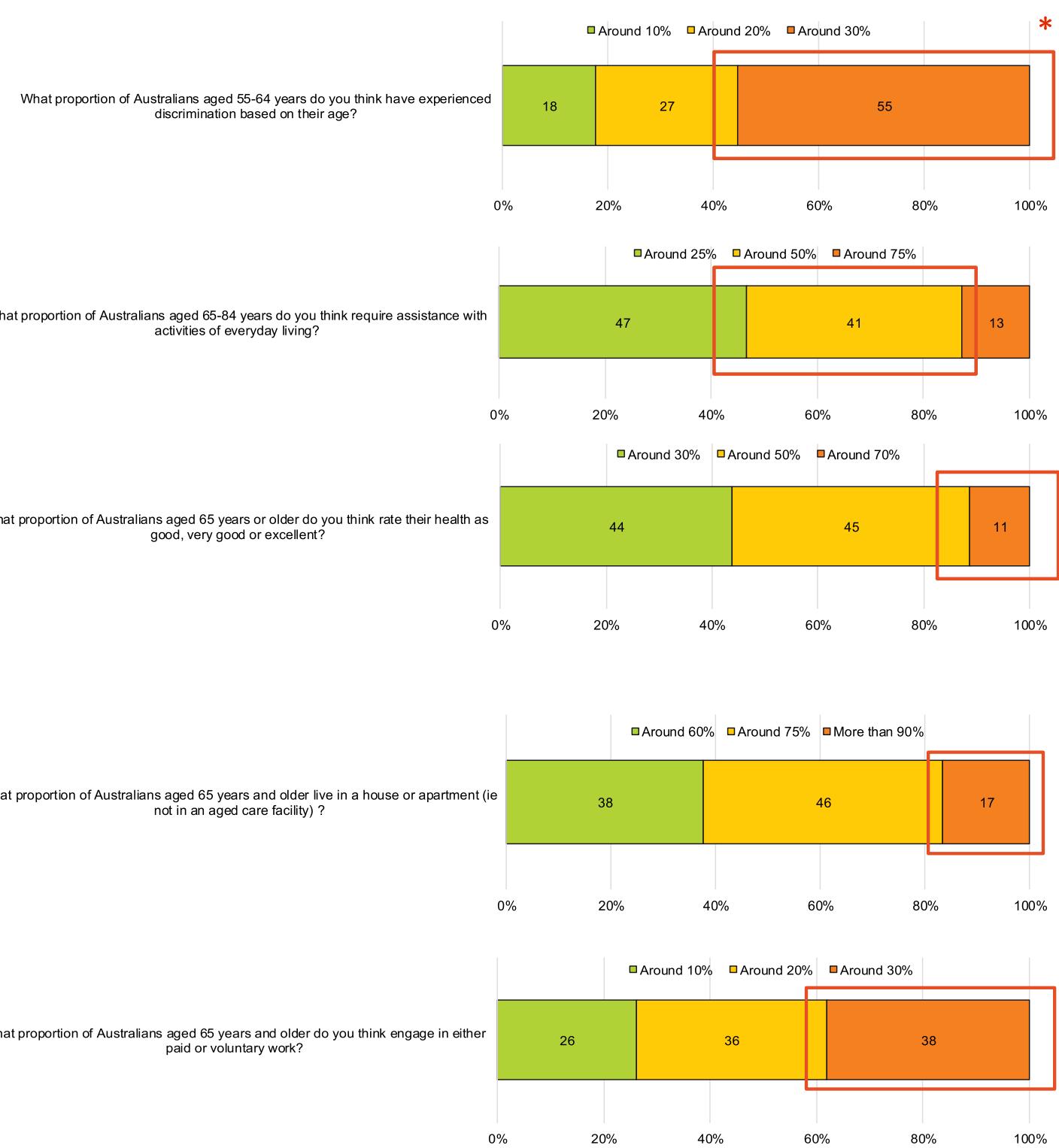
Attitudes towards older people displayed by different demographic groups

The attitudes towards ageing and older people varied, depending on whether the respondent:

- was a healthcare worker

- was the carer of an older person

- spoke a language other than English at home

- had a university degree

- was male or female.
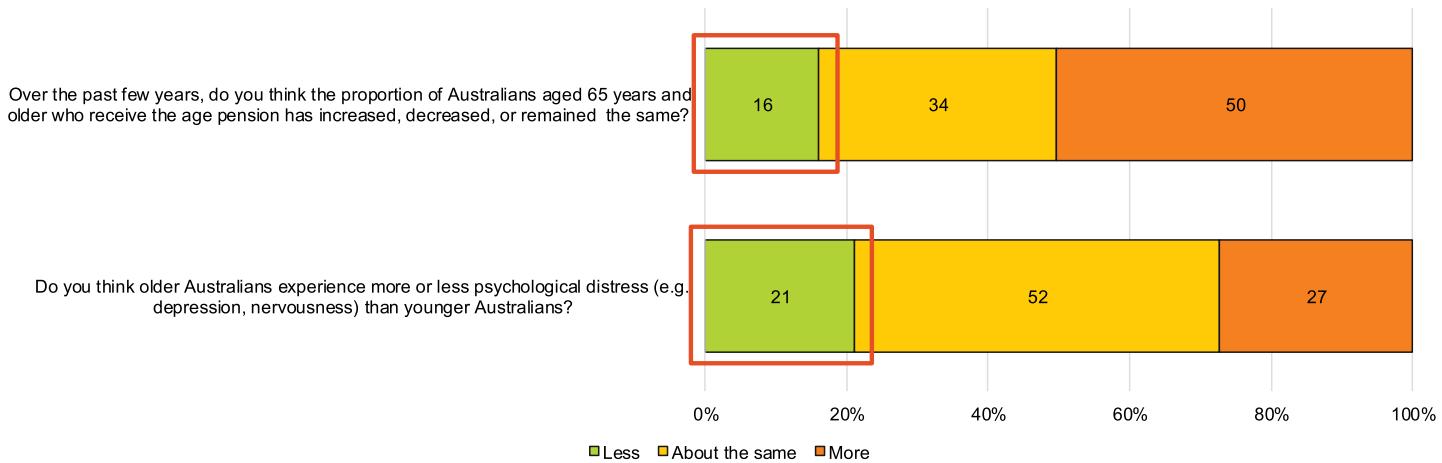
A comparison of the responses of respondents aged over 65 was performed (65 to 74 years, 75 to 84 years, and 85 plus) to determine any differences across these age groups. With two exceptions, no significant differences were found between those aged 65 to 74 and those aged 75 to 84 (due to the small sample of people aged 85 and over, it was not possible to run tests of statistical significance for this group).

KNOWLEDGE OF OLDER AUSTRALIANS

*

What proportion of Australians aged 55-64 years do you think have experienced discrimination based on their age?

Legend: Around 10% | Around 20% | Around 30%

Around 10%	Around 20%	Around 30%
18	27	55

What proportion of Australians aged 65-84 years do you think require assistance with activities of everyday living?

Legend: Around 25% | Around 50% | Around 75%

Around 25%	Around 50%	Around 75%
47	41	13

What proportion of Australians aged 65 years or older do you think rate their health as good, very good or excellent?

Legend: Around 30% | Around 50% | Around 70%

Around 30%	Around 50%	Around 70%
44	45	11

What proportion of Australians aged 65 years and older live in a house or apartment (ie not in an aged care facility) ?

Legend: Around 60% | Around 75% | More than 90%

Around 60%	Around 75%	More than 90%
38	46	17

What proportion of Australians aged 65 years and older do you think engage in either paid or voluntary work?

Legend: Around 10% | Around 20% | Around 30%

Around 10%	Around 20%	Around 30%
26	36	38

* Box indicates correct answer

KNOWLEDGE OF OLDER AUSTRALIANS

Over the past few years, do you think the proportion of Australians aged 65 years and older who receive the age pension has increased, decreased, or remained the same? — Less: 16, About the same: 34, More: 50

Do you think older Australians experience more or less psychological distress (e.g. depression, nervousness) than younger Australians? — Less: 21, About the same: 52, More: 27

Legend: ■ Less ■ About the same ■ More
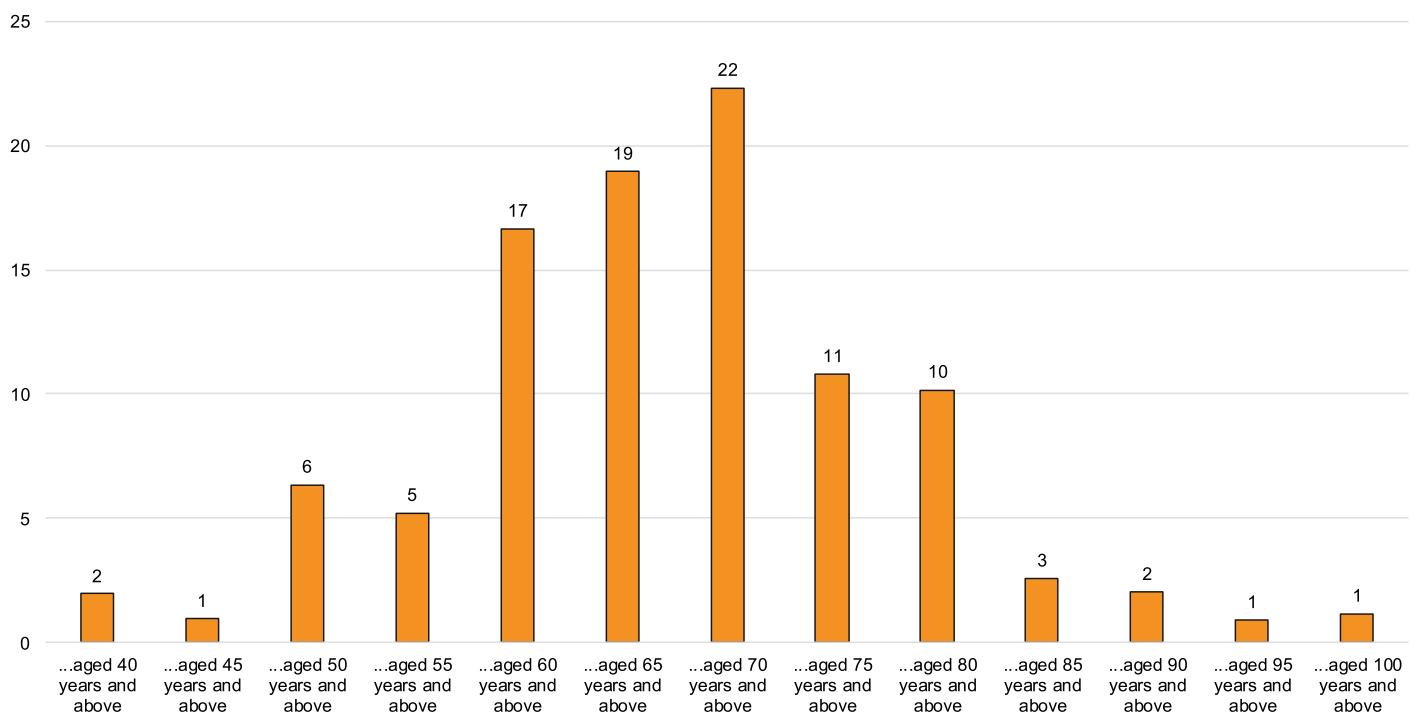
DEFINITION OF OLDER PEOPLE

When asked to define who older people are, the most common response was those aged 70 years and above (22%), followed by those aged 65 and above (19%).

Half (50%) of respondents selected a definition of older people that was between 70 years of age and 100 years and above (i.e, the median response was 70 years and above).
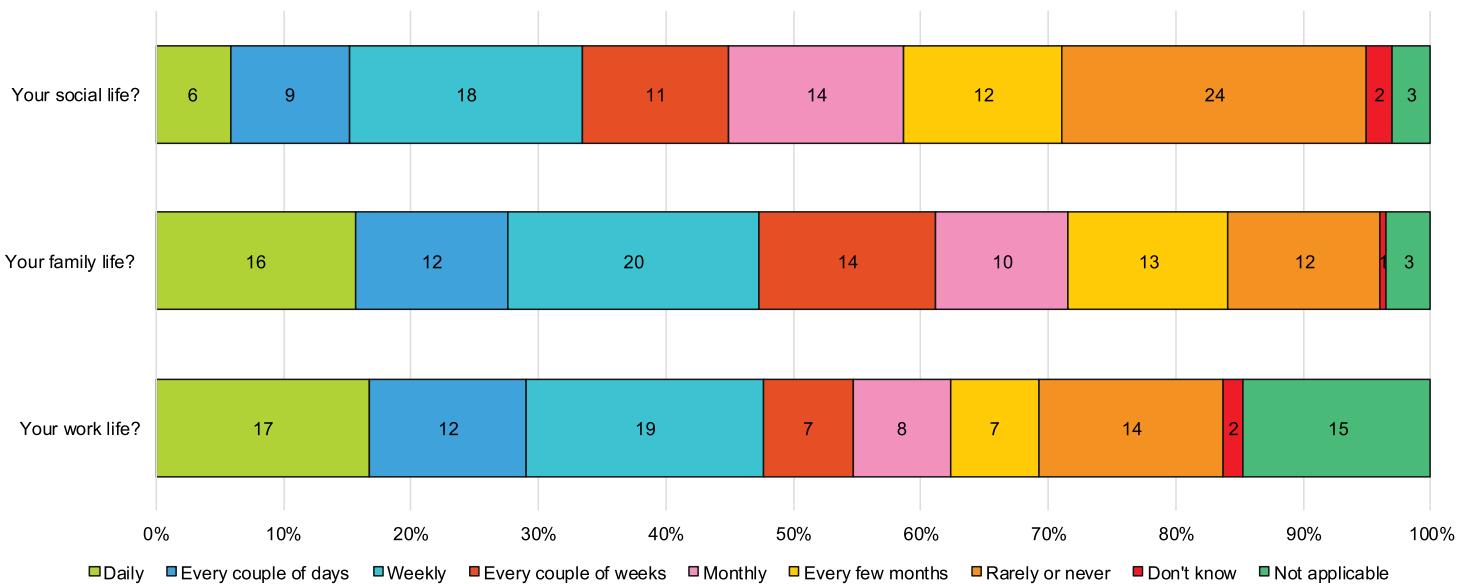
Question: In your opinion, older people are those…

Age group	Value
...aged 40 years and above	2
...aged 45 years and above	1
...aged 50 years and above	6
...aged 55 years and above	5
...aged 60 years and above	17
...aged 65 years and above	19
...aged 70 years and above	22
...aged 75 years and above	11
...aged 80 years and above	10
...aged 85 years and above	3
...aged 90 years and above	2
...aged 95 years and above	1
...aged 100 years and above	1

CONTACT WITH OLDER PEOPLE

The most common area of interaction with older people was in respondents' work life, with 48% of respondents interacting with older people at least once a week, followed by respondents' family life, with 47% of respondents interacting with older people at least once a week. The least common area of interaction was in respondent's social life, with 33% of respondents interacting with older people at least once a week.
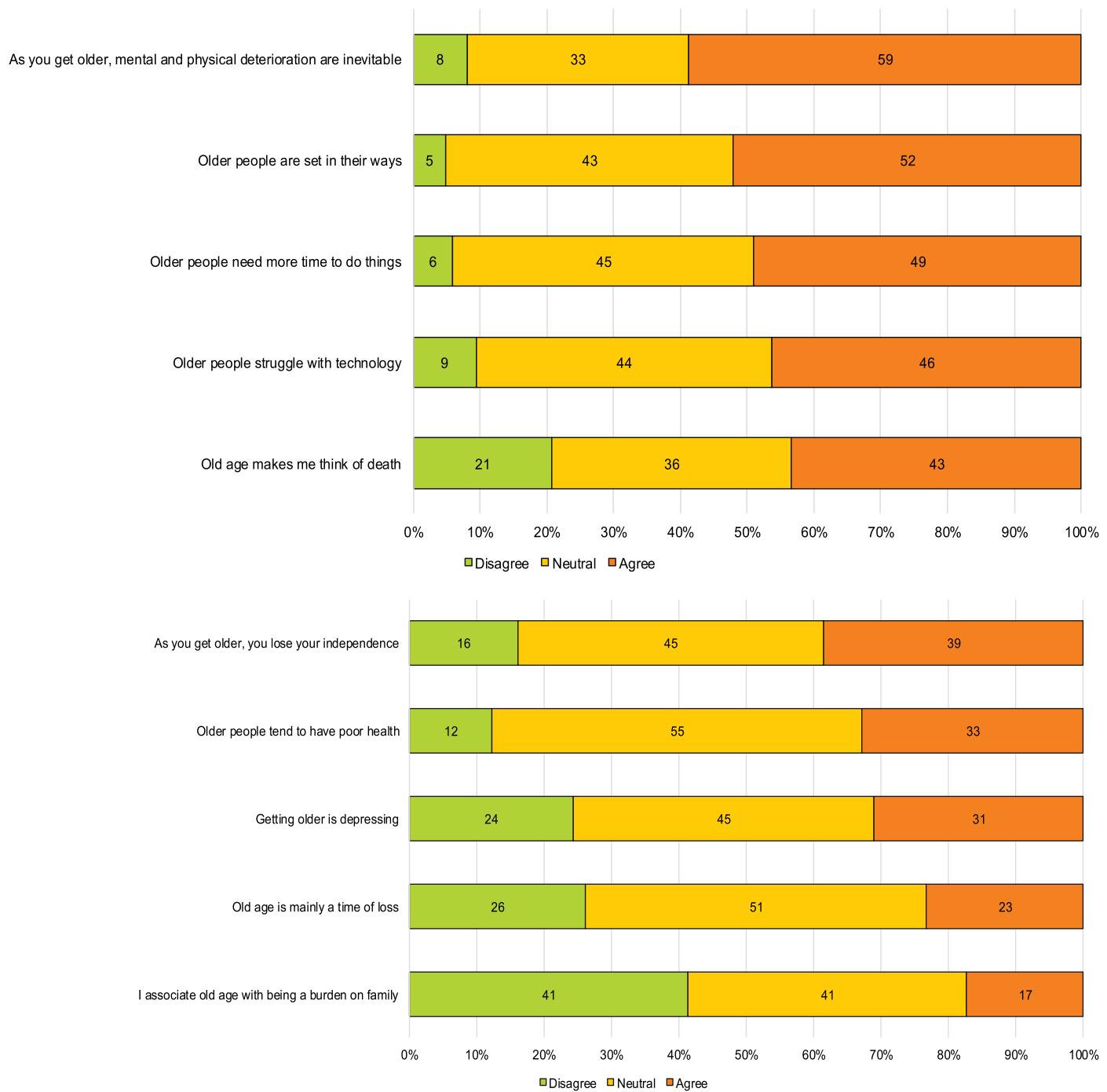
Question: How often do you have contact with people aged 65 years and older in…

	Daily	Every couple of days	Weekly	Every couple of weeks	Monthly	Every few months	Rarely or never	Don't know	Not applicable
Your social life?	6	9	18	11	14	12	24	2	3
Your family life?	16	12	20	14	10	13	12	1	3
Your work life?	17	12	19	7	8	7	14	2	15

ATTITUDES ABOUT OLDER PEOPLE AND GETTING OLDER
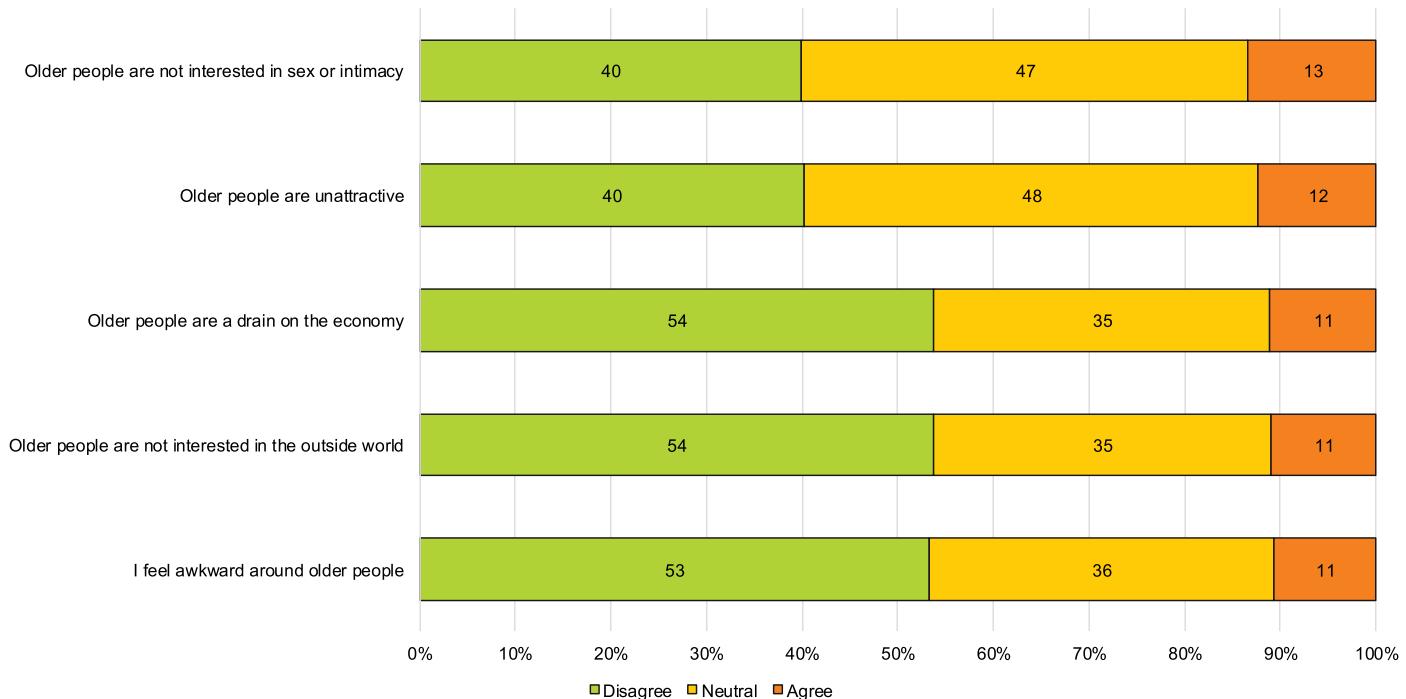
NEGATIVE ASSOCIATIONS WITH OLDER PEOPLE AND AGEING

Respondents were asked their level of agreement regarding various negative statements about growing old and older people, on a scale of zero to ten. The negative statement most commonly agreed with was "as you get older, mental and physical deterioration are inevitable" (59% agree).

Statement	Disagree	Neutral	Agree
As you get older, mental and physical deterioration are inevitable	8	33	59
Older people are set in their ways	5	43	52
Older people need more time to do things	6	45	49
Older people struggle with technology	9	44	46
Old age makes me think of death	21	36	43

Disagree ■ Neutral ■ Agree

Statement	Disagree	Neutral	Agree
As you get older, you lose your independence	16	45	39
Older people tend to have poor health	12	55	33
Getting older is depressing	24	45	31
Old age is mainly a time of loss	26	51	23
I associate old age with being a burden on family	41	41	17

Disagree ■ Neutral ■ Agree

NEGATIVE ASSOCIATIONS WITH OLDER PEOPLE AND AGEING

Respondents were least likely to agree with the statements "I feel awkward around older people" (11%), "older people are not interested in the outside world" (11%) and "old people are a drain on the economy" (11%).
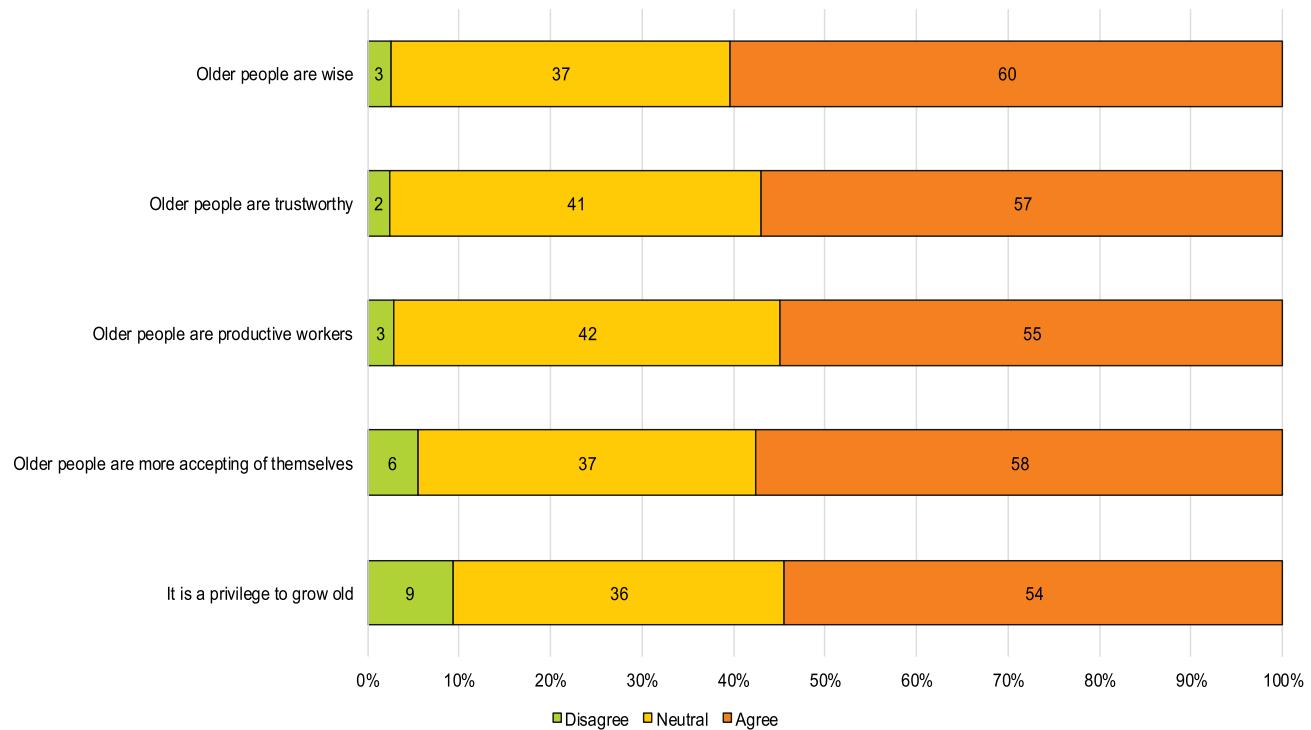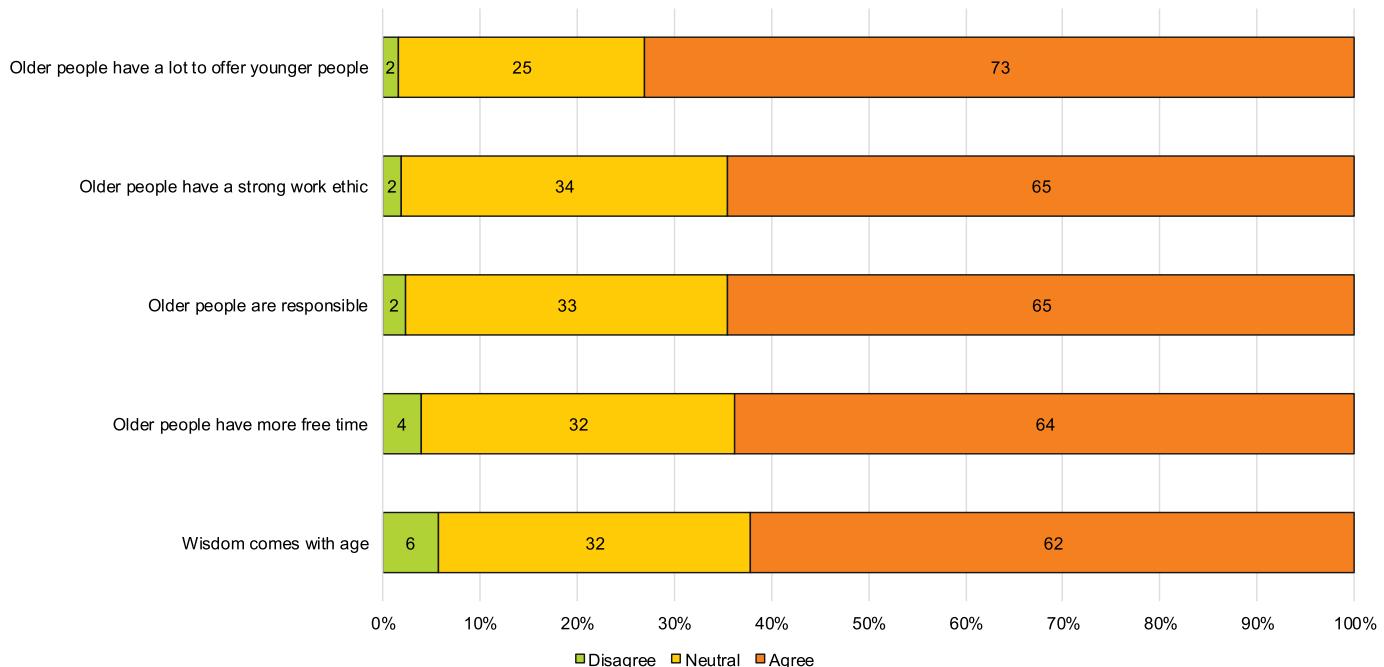
	Disagree	Neutral	Agree
Older people are not interested in sex or intimacy	40	47	13
Older people are unattractive	40	48	12
Older people are a drain on the economy	54	35	11
Older people are not interested in the outside world	54	35	11
I feel awkward around older people	53	36	11

■Disagree ■Neutral ■Agree

Respondents rated their level of agreement with various negative statements about growing old and older people, on a scale of zero to ten. Zero represented strong disagreement, whilst ten represented strong agreement. Ratings of zero and ten were provided by at least one person for every statement. The highest mean rating was reported for "as you get older, mental and physical deterioration are inevitable" (6.65 out of 10), followed by "older people are set in their ways (6.49 out of 10).

Please rate your level of agreement with the following statements…	Number of responses	Rating out of 10
As you get older, mental and physical deterioration are inevitable	1083	6.65
Older people are set in their ways	1083	6.49
Older people need more time to do things	1083	6.35
Older people struggle with technology	1083	6.17
Old age makes me think of death	1083	5.69
As you get older, you lose your independence	1083	5.64
Older people tend to have poor health	1083	5.62
Getting older is depressing	1083	5.23
Old age is mainly a time of loss	1083	4.78
I associate old age with being a burden on family	1083	4.09
Older people are not interested in sex or intimacy	1083	3.98
Older people are unattractive	1083	3.90
Older people are not interested in the outside world	1083	3.39
Older people are a drain on the economy	1083	3.34
I feel awkward around older people	451	3.27
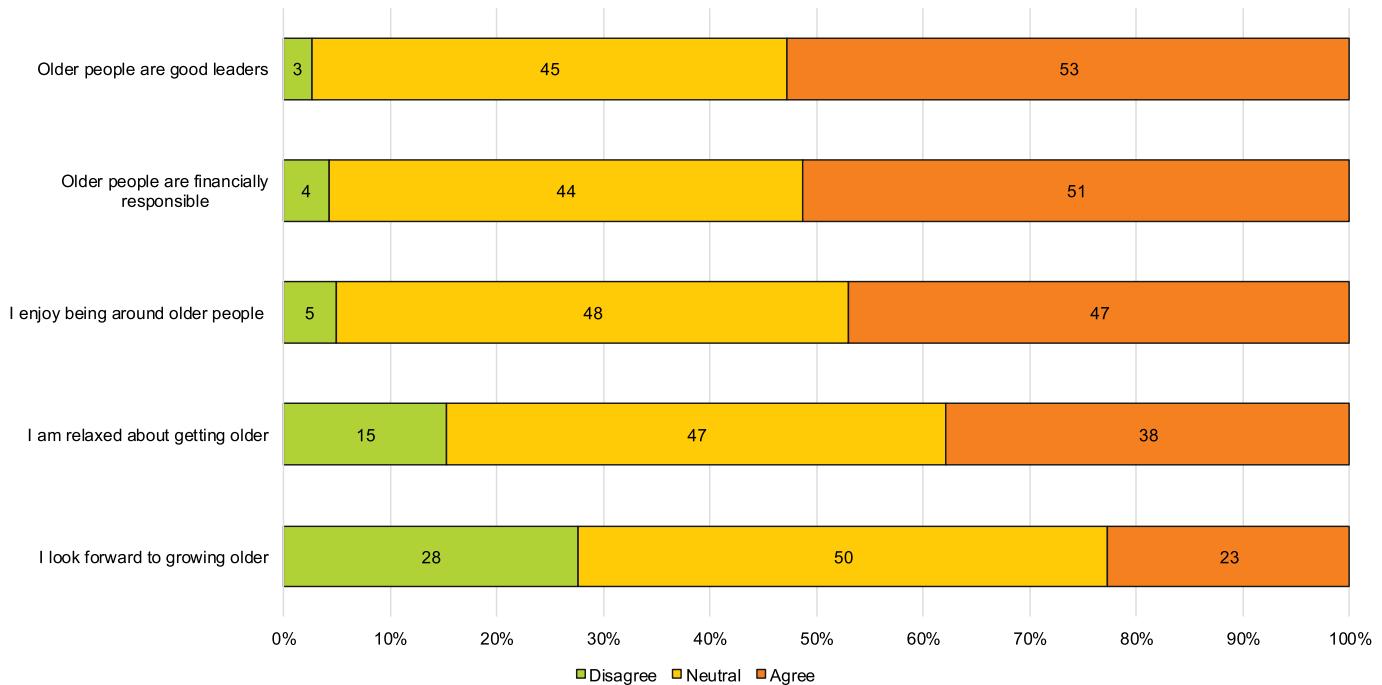
POSITIVE ASSOCIATIONS WITH OLDER PEOPLE AND AGEING

Respondents were also asked to rate their agreement with positive statements regarding older people and growing older. The statement most frequently agreed with was "older people have a lot to offer younger people" (73%), followed by "older people have a strong work ethic" (65%) and "older people are responsible" (65%).

Older people have a lot to offer younger people: Disagree 2, Neutral 25, Agree 73

Older people have a strong work ethic: Disagree 2, Neutral 34, Agree 65

Older people are responsible: Disagree 2, Neutral 33, Agree 65

Older people have more free time: Disagree 4, Neutral 32, Agree 64

Wisdom comes with age: Disagree 6, Neutral 32, Agree 62

Legend: Disagree, Neutral, Agree

Older people are wise: Disagree 3, Neutral 37, Agree 60

Older people are trustworthy: Disagree 2, Neutral 41, Agree 57

Older people are productive workers: Disagree 3, Neutral 42, Agree 55

Older people are more accepting of themselves: Disagree 6, Neutral 37, Agree 58

It is a privilege to grow old: Disagree 9, Neutral 36, Agree 54

Legend: Disagree, Neutral, Agree

POSITIVE ASSOCIATIONS WITH OLDER PEOPLE AND AGEING

Respondents were least likely to agree with the statement "I look forward to growing older" (23%).

Respondents rated their level of agreement with various positive statements about growing old and older people, on a scale of zero to ten. Zero represented strong disagreement, whilst ten represented strong agreement. Ratings of zero and ten were provided by at least one person for every statement.

Please rate your agreement with the following statements…	Number of responses	Rating out of 10
Older people have a lot to offer younger people	1083	7.43
Older people have a strong work ethic	1083	7.09
Older people are responsible	1083	7.02
Older people have more free time	1083	6.93
Older people are wise	1083	6.86
Wisdom comes with age	1083	6.86
Older people are trustworthy	1083	6.76
Older people are productive workers	1083	6.67
Older people are more accepting of themselves	1083	6.62
Older people are good leaders	1083	6.62
It is a privilege to grow old	1083	6.57
Older people are financially responsible	1083	6.50
I enjoy being around older people	451	6.48
I am relaxed about getting older	1083	5.74
I look forward to growing older	1083	4.72
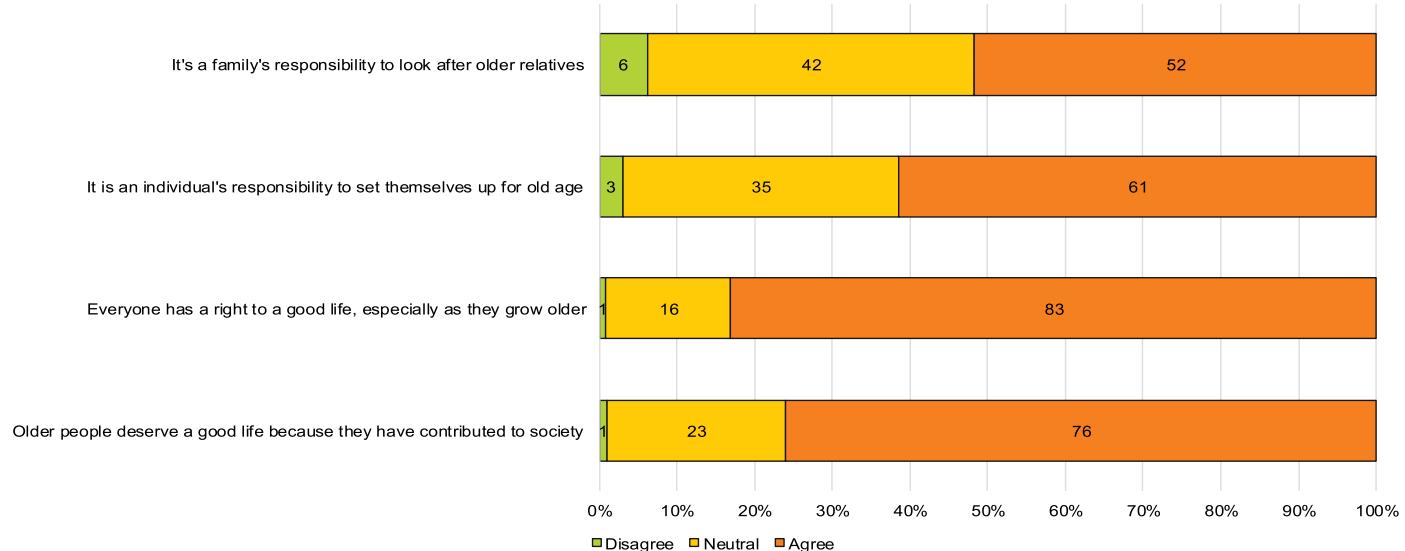
RIGHTS AND RESPONSIBILITIES OF OLDER PEOPLE

More than half of respondents agreed with the statements:

• It is an individual's responsibility to set themselves up for old age" (61%), and

• It is a family's responsibility to look after older relatives (52%).

The overlap could be due to a sense of shared responsibility for ensuring older family members are well set up.
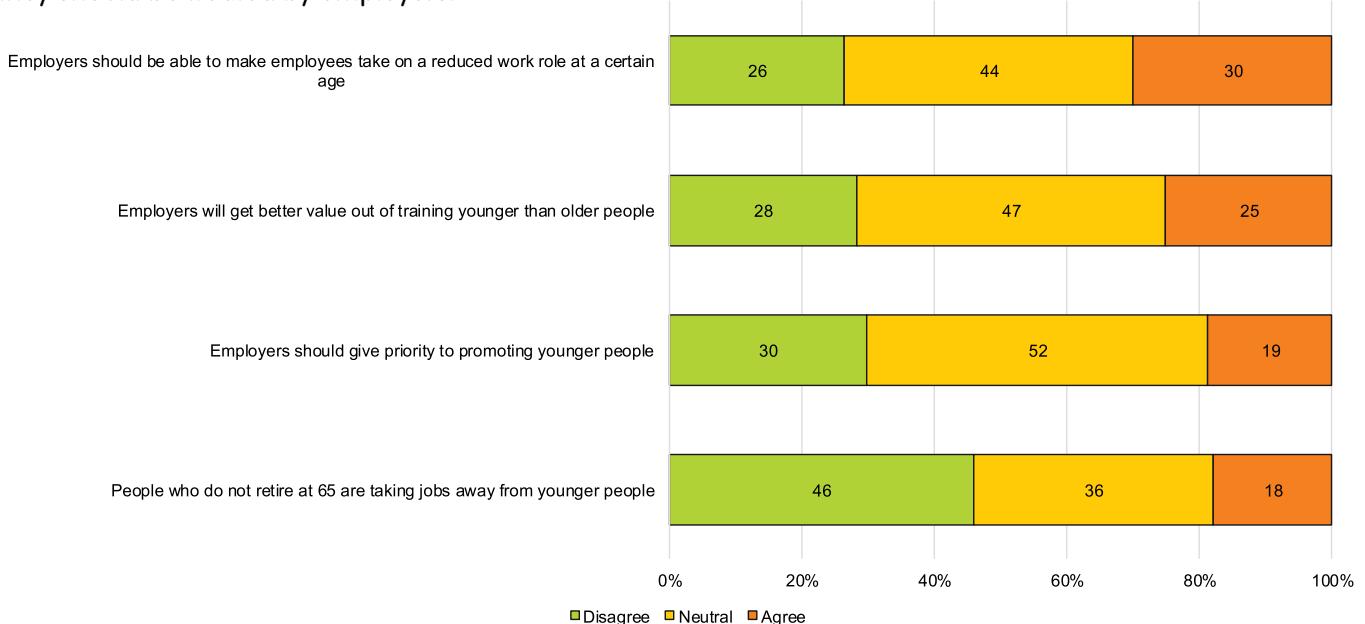
The majority of people agreed that older people have a right to a good life (83%), or deserve a good life (76%).

	Disagree	Neutral	Agree
It's a family's responsibility to look after older relatives	6	42	52
It is an individual's responsibility to set themselves up for old age	3	35	61
Everyone has a right to a good life, especially as they grow older	1	16	83
Older people deserve a good life because they have contributed to society	1	23	76

BEHAVIOURS AND EXPERIENCES OF AGEISM
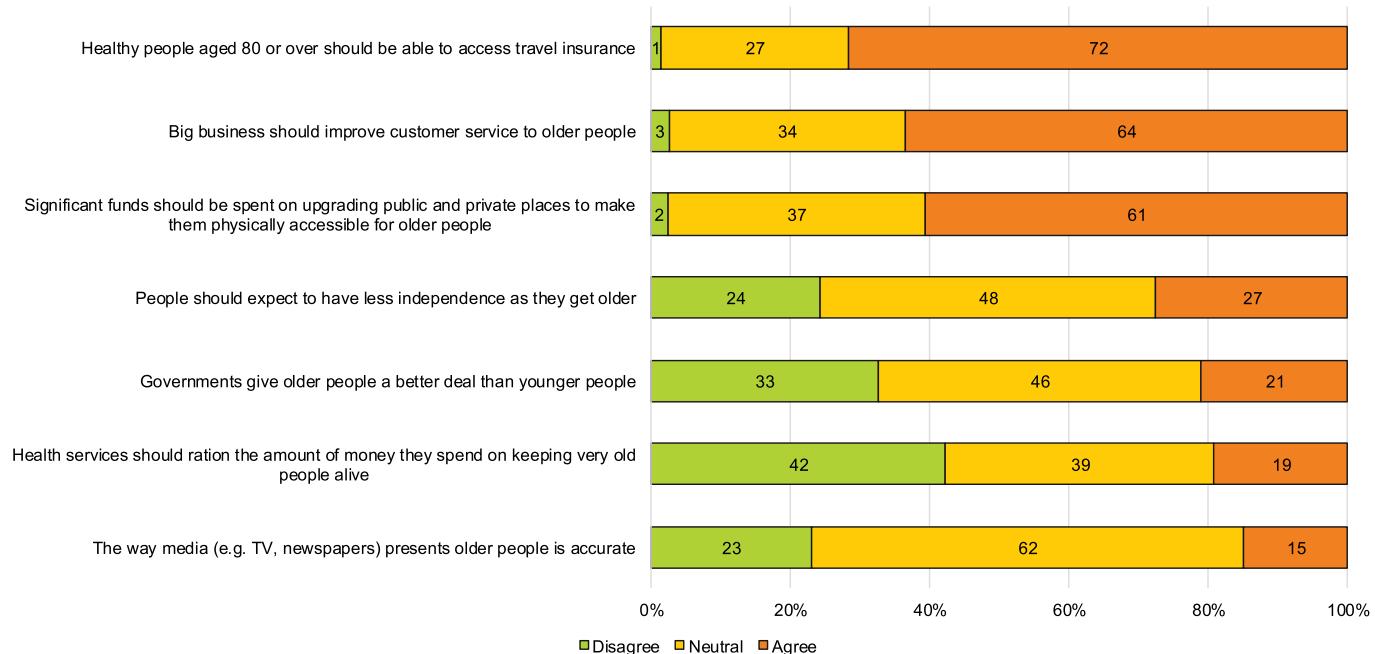
TREATMENT OF OLDER PEOPLE IN THE WORK PLACE

Respondents were asked to rate their agreement with statement concerning older people in employment, and how they should be treated by employers.

	Disagree	Neutral	Agree
Employers should be able to make employees take on a reduced work role at a certain age	26	44	30
Employers will get better value out of training younger than older people	28	47	25
Employers should give priority to promoting younger people	30	52	19
People who do not retire at 65 are taking jobs away from younger people	46	36	18

TREATMENT OF OLDER PEOPLE

Respondents were also asked to rate their agreement regarding how older people should be treated by health or health insurance organisations, businesses, government and the media.
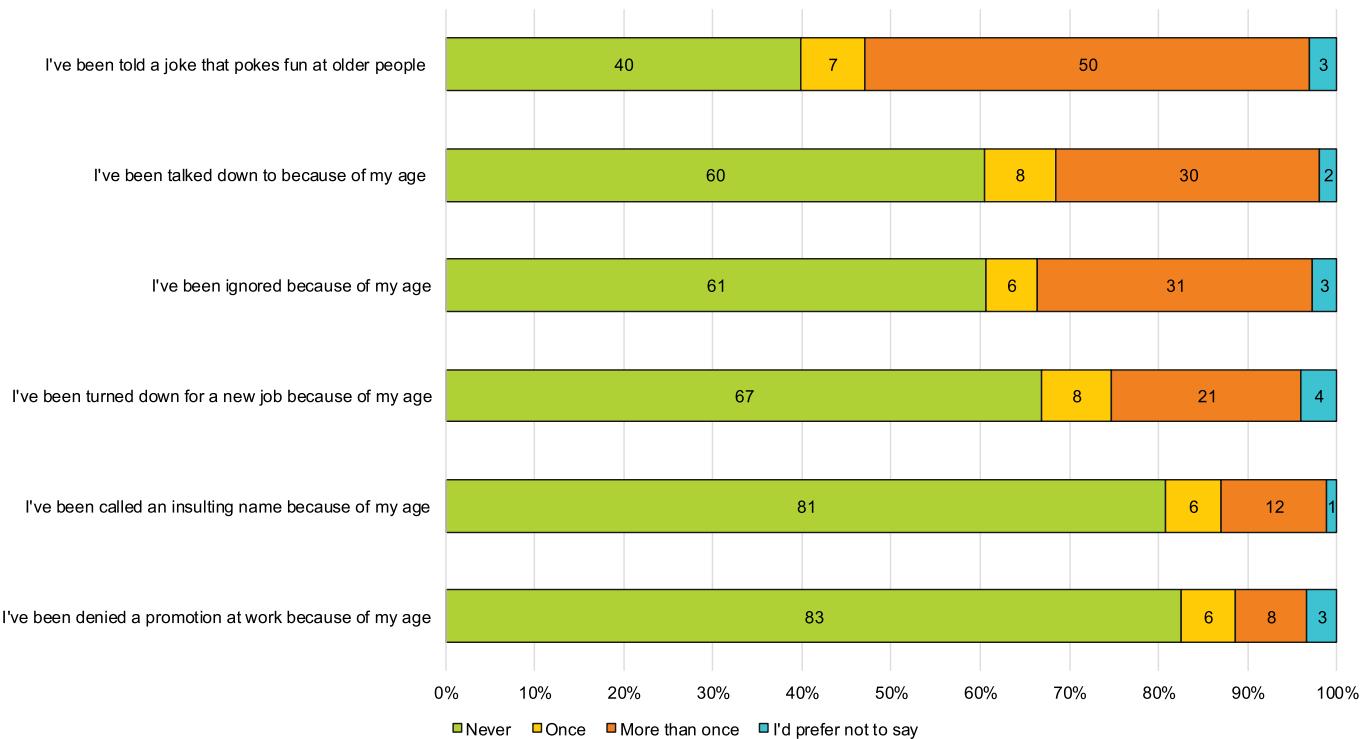

Respondents rated their level of agreement with various statements about the treatment of older people, on a scale of zero to ten. Zero represented strong disagreement, whilst ten represented strong agreement. Ratings of zero and ten were provided by at least one person for every statement.
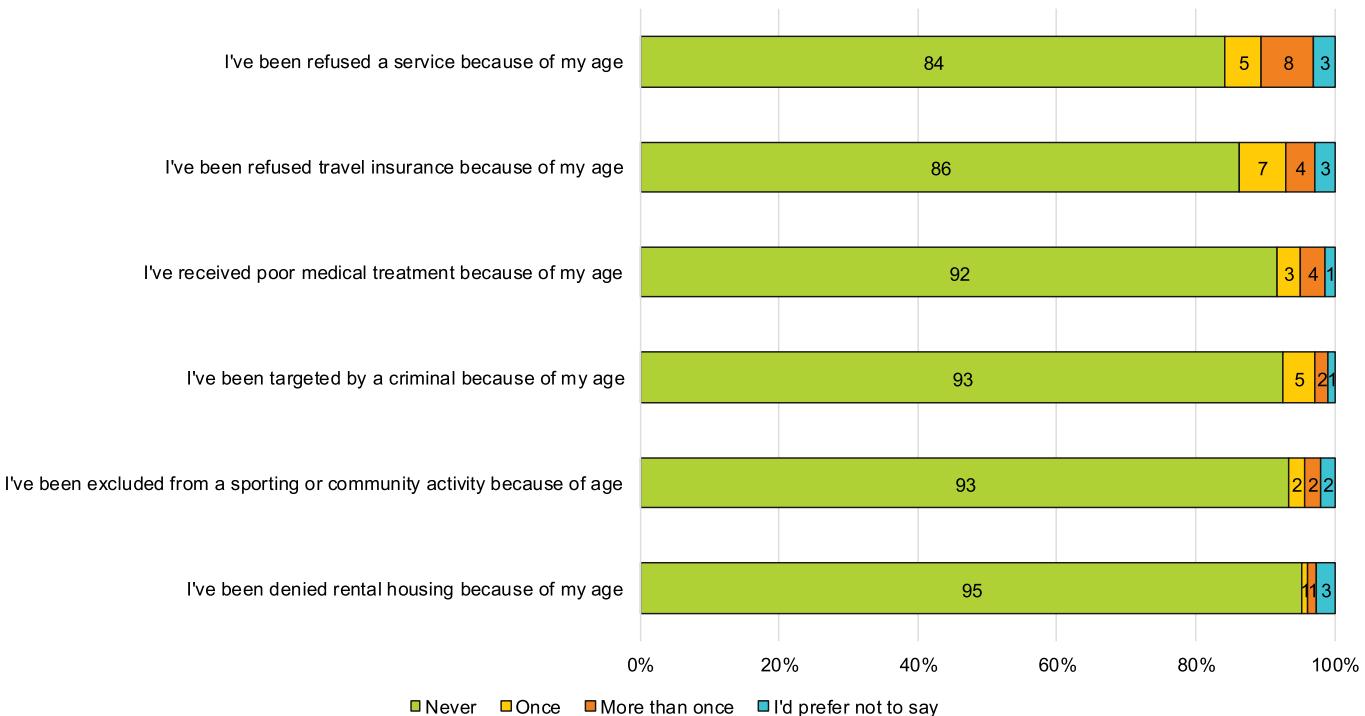
Please indicate your level of agreement with the following statements about older people.	Number of responses	Rating out of 10
Healthy people aged 80 or over should be able to access travel insurance	1083	7.66
Big business should improve customer service to older people	1083	7.17
Significant funds should be spent on upgrading public and private places to make them physically accessible for older people	1083	7.00
People should expect to have less independence as they get older	1083	4.99
Employers should be able to make employees take on a reduced work role at a certain age	1083	4.95
Employers will get better value out of training younger than older people	1083	4.79
The way media (e.g. TV, newspapers) presents older people is accurate	1083	4.59
Employers should give priority to promoting younger people	1083	4.50
Governments give older people a better deal than younger people	1083	4.43
Health services should ration the amount of money they spend on keeping very old people alive	1083	3.93
People who do not retire at 65 are taking jobs away from younger people	1083	3.83

EXPERIENCES OF AGEISM BY THOSE AGED 65+

People aged 65 years and older were asked about ageism they have faced. Respondents' most common reported experience was being told a joke about older people (experienced by 57%), followed by being talked down to because of their age (38%).

	Never	Once	More than once	I'd prefer not to say
I've been told a joke that pokes fun at older people	40	7	50	3
I've been talked down to because of my age	60	8	30	2
I've been ignored because of my age	61	6	31	3
I've been turned down for a new job because of my age	67	8	21	4
I've been called an insulting name because of my age	81	6	12	1
I've been denied a promotion at work because of my age	83	6	8	3

■ Never ■ Once ■ More than once ■ I'd prefer not to say

The least common form of ageism experienced by respondents was being denied rental accommodation (2%).

	Never	Once	More than once	I'd prefer not to say
I've been refused a service because of my age	84	5	8	3
I've been refused travel insurance because of my age	86	7	4	3
I've received poor medical treatment because of my age	92	3	4	1
I've been targeted by a criminal because of my age	93	5	2	1
I've been excluded from a sporting or community activity because of age	93	2	2	2
I've been denied rental housing because of my age	95	1	1	3

■ Never ■ Once ■ More than once ■ I'd prefer not to say

CHALLENGING AGEISM

IMPORTANCE OF AGEISM
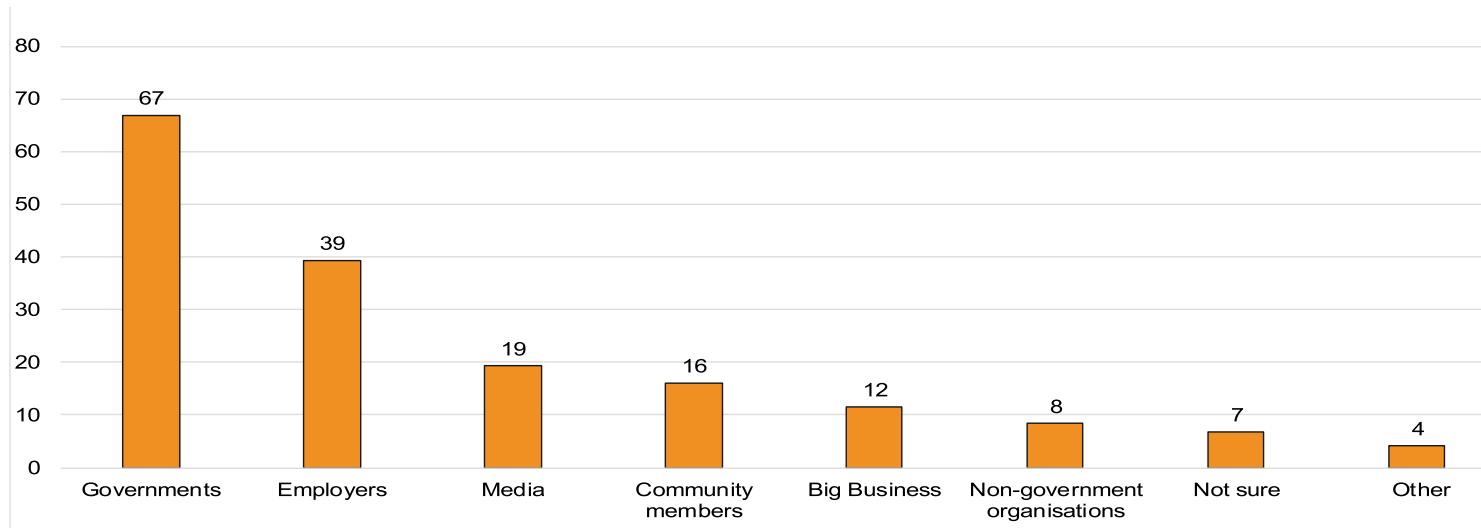
The majority of respondents report that ageism is important issue to them.

Question: Ageism is stereotyping and discrimination against people based on their age. How important an issue is ageism to you?

Respondents were most likely to feel that it was the government's job to combat ageism
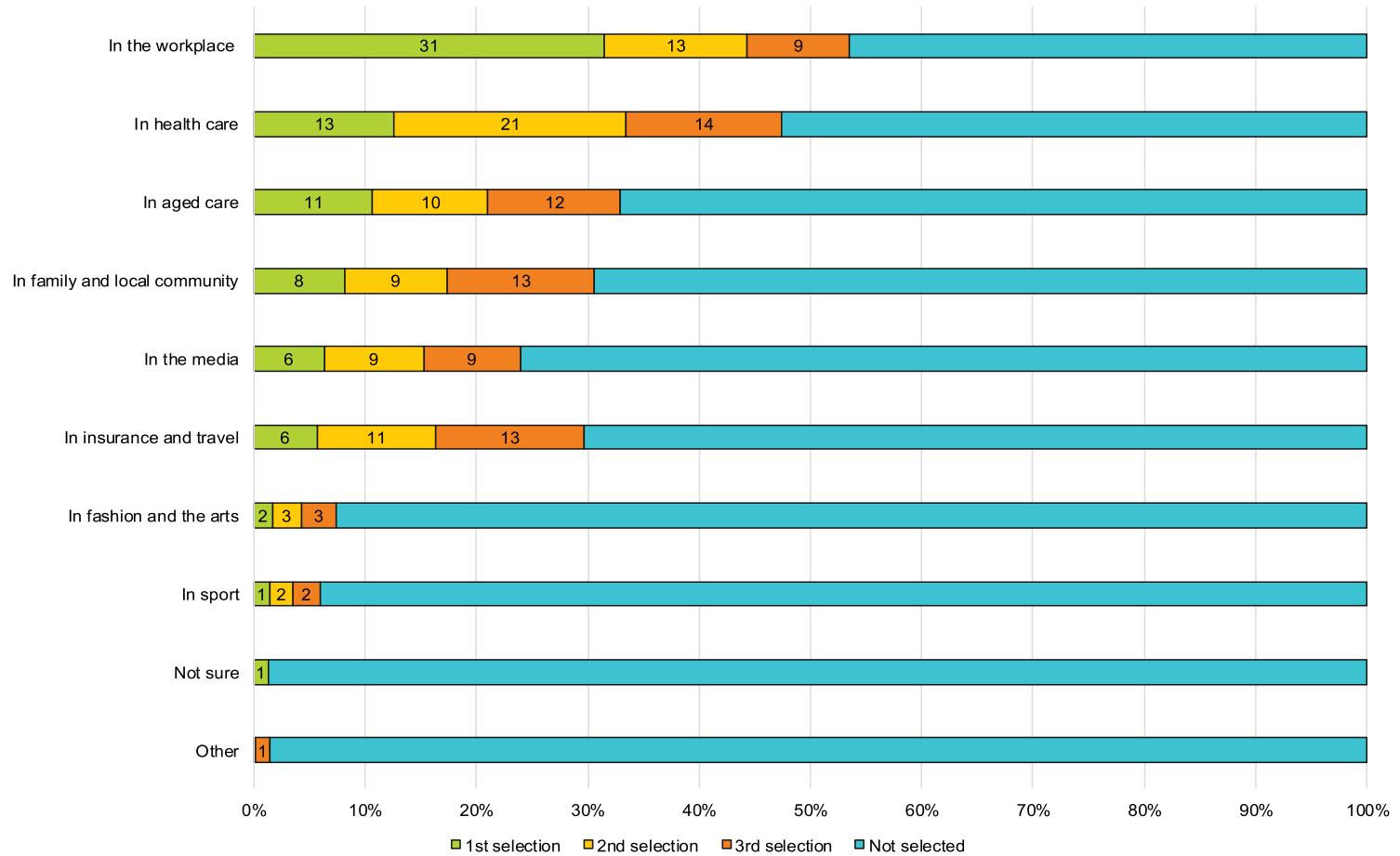
Question: Who do you think should do something about ageism?

SETTINGS IN WHICH IT IS MOST IMPORTANT TO COMBAT AGEISM

Respondents felt it was most important to combat ageism in the workplace (selected by 54%), followed by in healthcare (47%) and in aged care (33%).

Question: Ageism occurs in a variety of settings. Please select up to three settings in which you think it is most important for ageism to be combatted.

	1st selection	2nd selection	3rd selection	Not selected
In the workplace	31	13	9	
In health care	13	21	14	
In aged care	11	10	12	
In family and local community	8	9	13	
In the media	6	9	9	
In insurance and travel	6	11	13	
In fashion and the arts	2	3	3	
In sport	1	2	2	
Not sure	1			
Other	1			
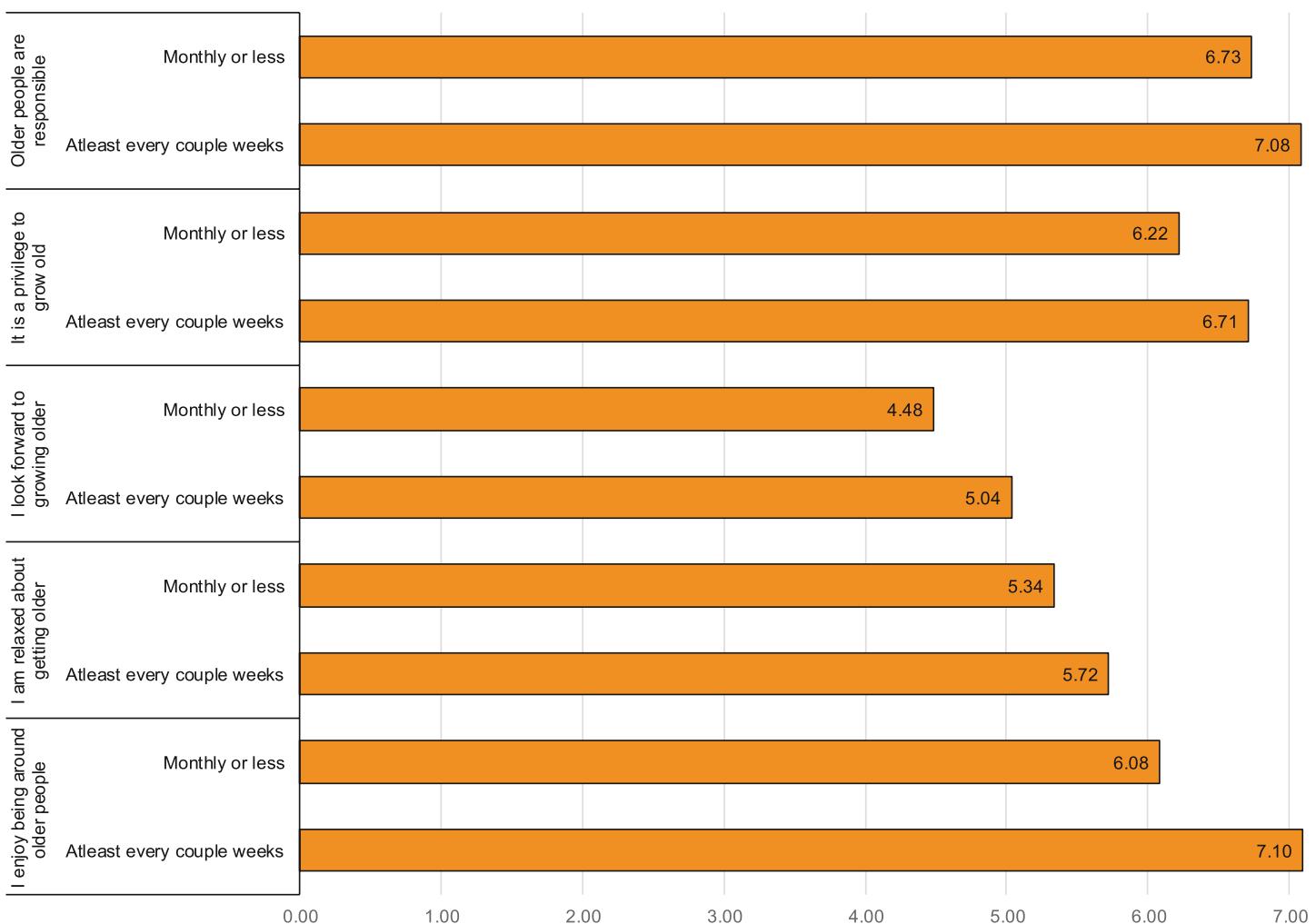
IMPACT OF CONTACT WITH OLDER PEOPLE

CONTACT IN SOCIAL LIFE
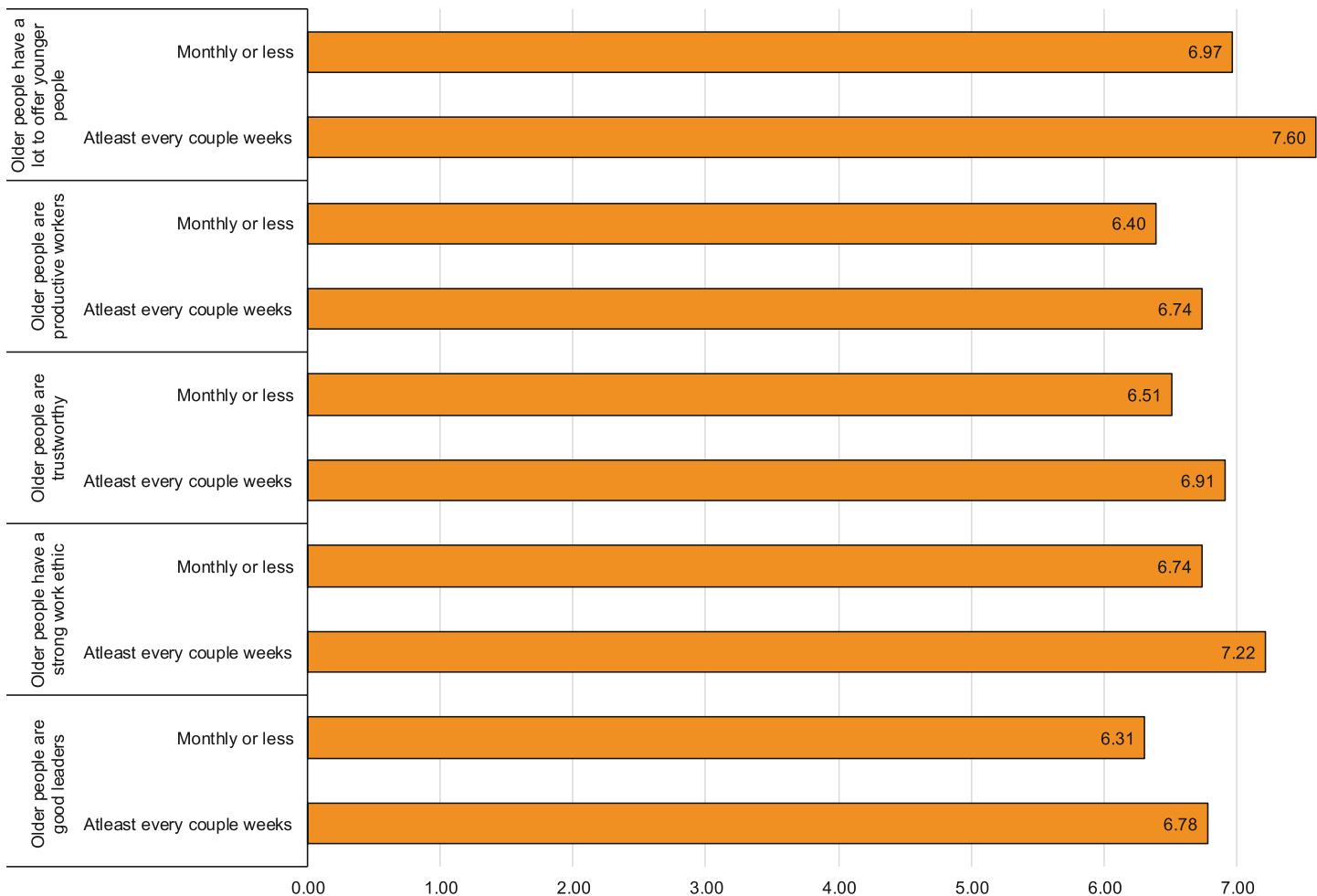
The attitudes of respondents who had contact with people aged 65+ in their social life at least every couple weeks were contrasted with those of respondents who only had contact once a month or less. The average ratings (out of ten) of agreement with various statements were calculated and contrasted for the two groups. Respondents who had more contact with people aged 65+ were more likely to agree with positive statements about ageing and older people, and less likely to agree with negative statements.

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your social life?

		Value
Older people are responsible	Monthly or less	6.73
	Atleast every couple weeks	7.08
It is a privilege to grow old	Monthly or less	6.22
	Atleast every couple weeks	6.71
I look forward to growing older	Monthly or less	4.48
	Atleast every couple weeks	5.04
I am relaxed about getting older	Monthly or less	5.34
	Atleast every couple weeks	5.72
I enjoy being around older people	Monthly or less	6.08
	Atleast every couple weeks	7.10

CONTACT IN SOCIAL LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your social life?

Statement	Contact frequency	Value
Older people have a lot to offer younger people	Monthly or less	6.97
	Atleast every couple weeks	7.60
Older people are productive workers	Monthly or less	6.40
	Atleast every couple weeks	6.74
Older people are trustworthy	Monthly or less	6.51
	Atleast every couple weeks	6.91
Older people have a strong work ethic	Monthly or less	6.74
	Atleast every couple weeks	7.22
Older people are good leaders	Monthly or less	6.31
	Atleast every couple weeks	6.78

CONTACT IN SOCIAL LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your social life?

Old age makes me think of death	Monthly or less	6.02
	Atleast every couple weeks	5.55
Old age is mainly a time of loss	Monthly or less	5.01
	Atleast every couple weeks	4.60
Getting older is depressing	Monthly or less	5.63
	Atleast every couple weeks	5.11
I feel awkward around older people	Monthly or less	3.70
	Atleast every couple weeks	2.62

CONTACT IN SOCIAL LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your social life?

Older people are a drain on the economy	Monthly or less	3.87
	Atleast every couple weeks	3.22
Older people struggle with technology	Monthly or less	6.40
	Atleast every couple weeks	6.10
Older people tend to have poor health	Monthly or less	5.86
	Atleast every couple weeks	5.57
I associate old age with being a burden on family	Monthly or less	4.43
	Atleast every couple weeks	4.03

CONTACT IN SOCIAL LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your social life?

Statement	Contact Frequency	Score
Older people tend to have poor health	Monthly or less	5.86
	Atleast every couple weeks	5.57
Older people are not interested in sex or intimacy	Monthly or less	4.41
	Atleast every couple weeks	3.81
Older people are not interested in the outside world	Monthly or less	3.83
	Atleast every couple weeks	3.38
Older people are unattractive	Monthly or less	4.36
	Atleast every couple weeks	3.69

CONTACT IN FAMILY LIFE

The attitudes of respondents who had contact with people aged 65+ in their family life were contrasted with the attitudes of people who had contact only once a month or less. Contact with people aged 65+ within family life was shown to correspond with higher average levels of agreement with positive statements regarding ageing and older people, and lower average levels of agreement with negative statements.
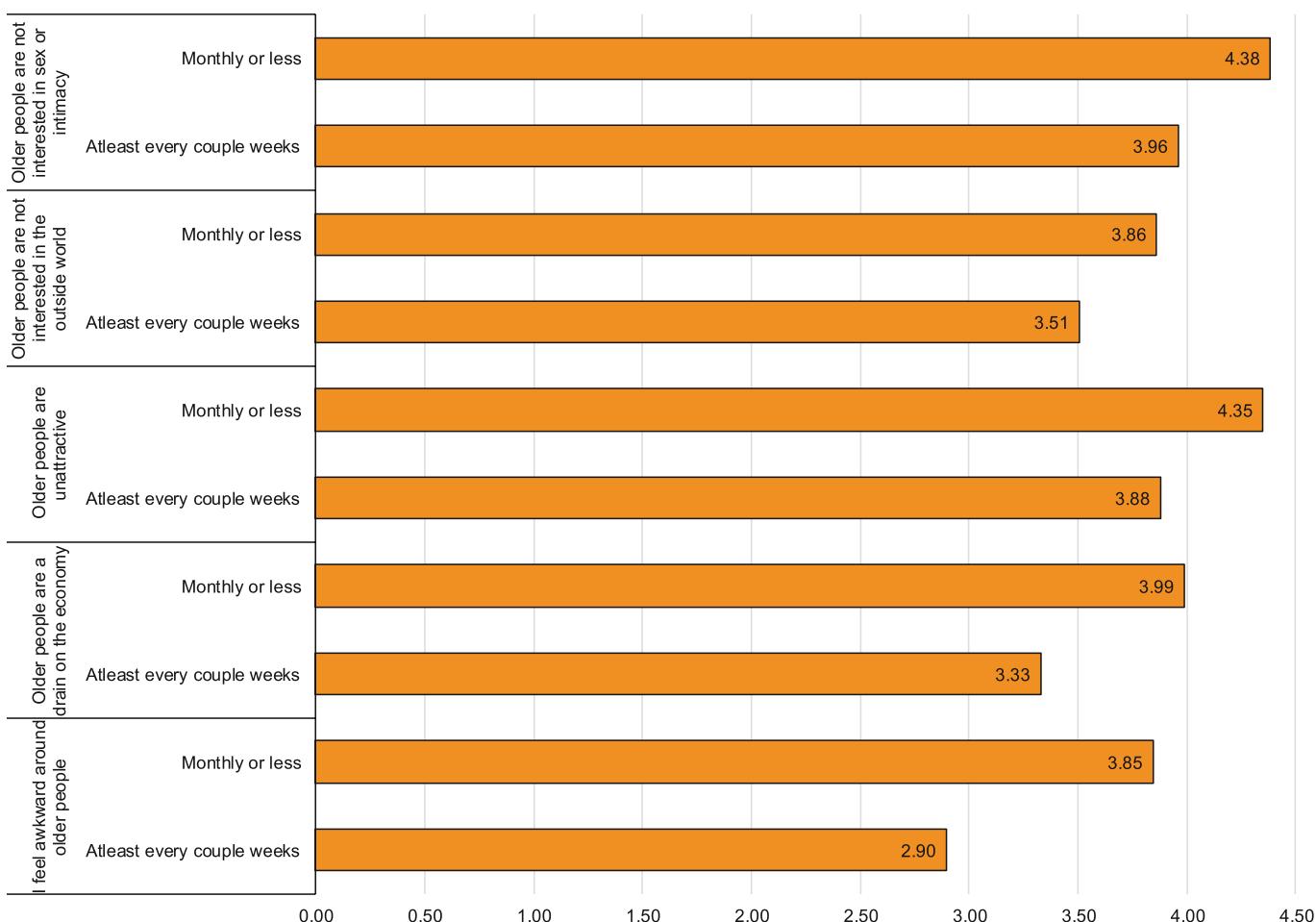
Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your family life?

CONTACT IN FAMILY LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your family life?

Older people are good leaders	Monthly or less	6.36
	Atleast every couple weeks	6.64
Older people are responsible	Monthly or less	6.65
	Atleast every couple weeks	7.03
It is a privilege to grow old	Monthly or less	6.13
	Atleast every couple weeks	6.61
I enjoy being around older people	Monthly or less	6.11
	Atleast every couple weeks	6.72

CONTACT IN FAMILY LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your family life?

		Value
Older people are not interested in sex or intimacy	Monthly or less	4.38
	Atleast every couple weeks	3.96
Older people are not interested in the outside world	Monthly or less	3.86
	Atleast every couple weeks	3.51
Older people are unattractive	Monthly or less	4.35
	Atleast every couple weeks	3.88
Older people are a drain on the economy	Monthly or less	3.99
	Atleast every couple weeks	3.33
I feel awkward around older people	Monthly or less	3.85
	Atleast every couple weeks	2.90

CONTACT IN WORK LIFE

As with contact with people aged 65+ in family life and social life, respondents who had higher levels of contact with people aged 65+ in their work life showed, on average, higher levels of agreement with positive statements and lower levels of agreement with negative statements about ageing and older people.

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your work life?

CONTACT IN WORK LIFE

Question: Please rate your level of agreement with the following statements, plus how often do you have contact with people aged 65+ in your work life?

|		
Older people are not interested in sex or intimacy	Monthly or less	4.44
	Atleast every couple weeks	4.02
Older people are not interested in the outside world	Monthly or less	4.03
	Atleast every couple weeks	3.56
Older people are unattractive	Monthly or less	4.50
	Atleast every couple weeks	3.87
Older people are a drain on the economy	Monthly or less	4.09
	Atleast every couple weeks	3.47
I associate old age with being a burden on family	Monthly or less	4.54
	Atleast every couple weeks	4.13
I feel awkward around older people	Monthly or less	3.84
	Atleast every couple weeks	3.03

HOW OUR ATTITUDES AND BEHAVIOURS REGARDING AGE CHANGE AS WE GET OLDER
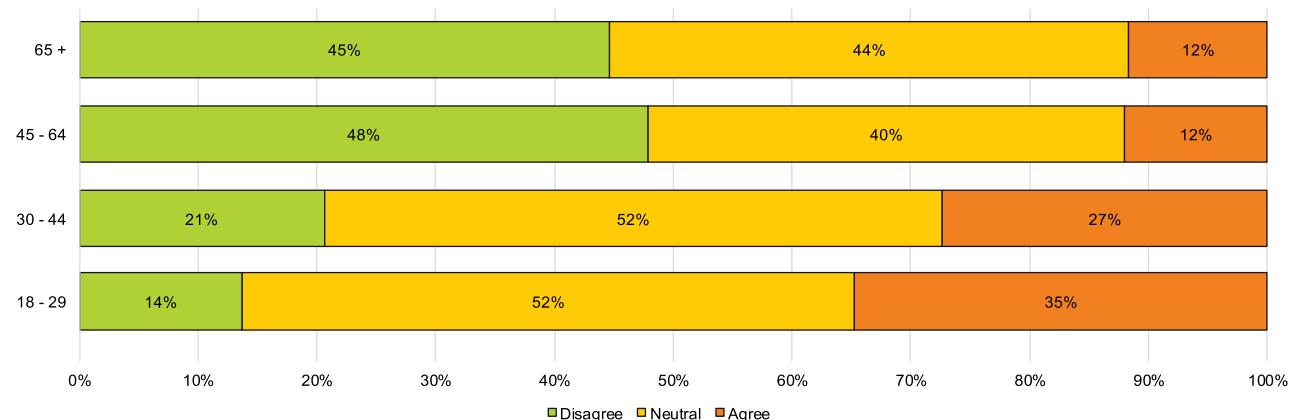
ATTITUDES AND BEHAVIOURS THAT DECREASE WITH AGE

There were negative significant relationships between the age of respondents and many reported attitudes and behaviours regarding older people and ageing.
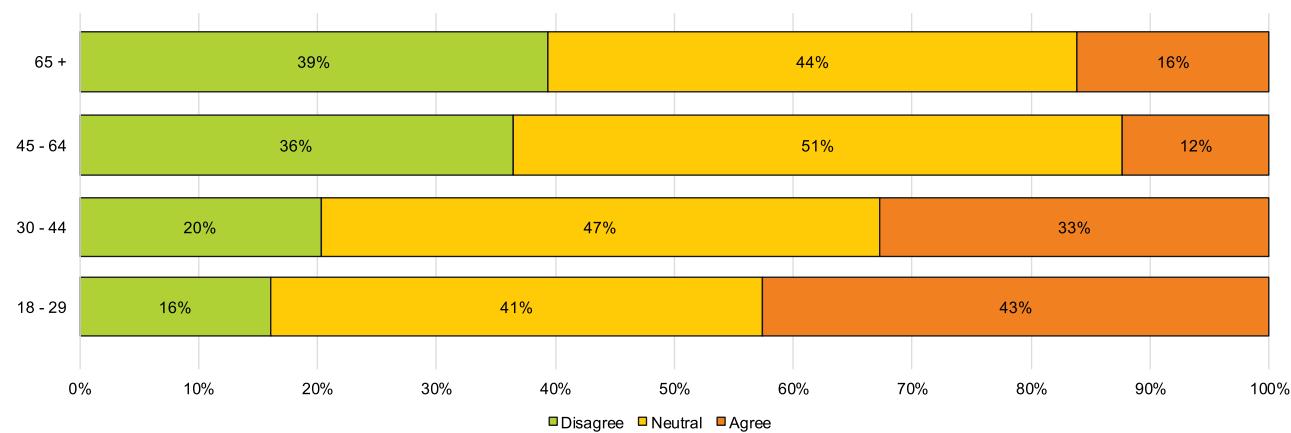
The strongest negative relationships were shown to be between increased age and the statements:

- Governments give older people a better deal than younger people
- Employers will get better value out of training younger than older people
- Older people are not interested in the outside world
- Older people are a drain on the economy

Question: Please indicate your level of agreement with the following statements about older people: governments give older people a better deal than younger people.
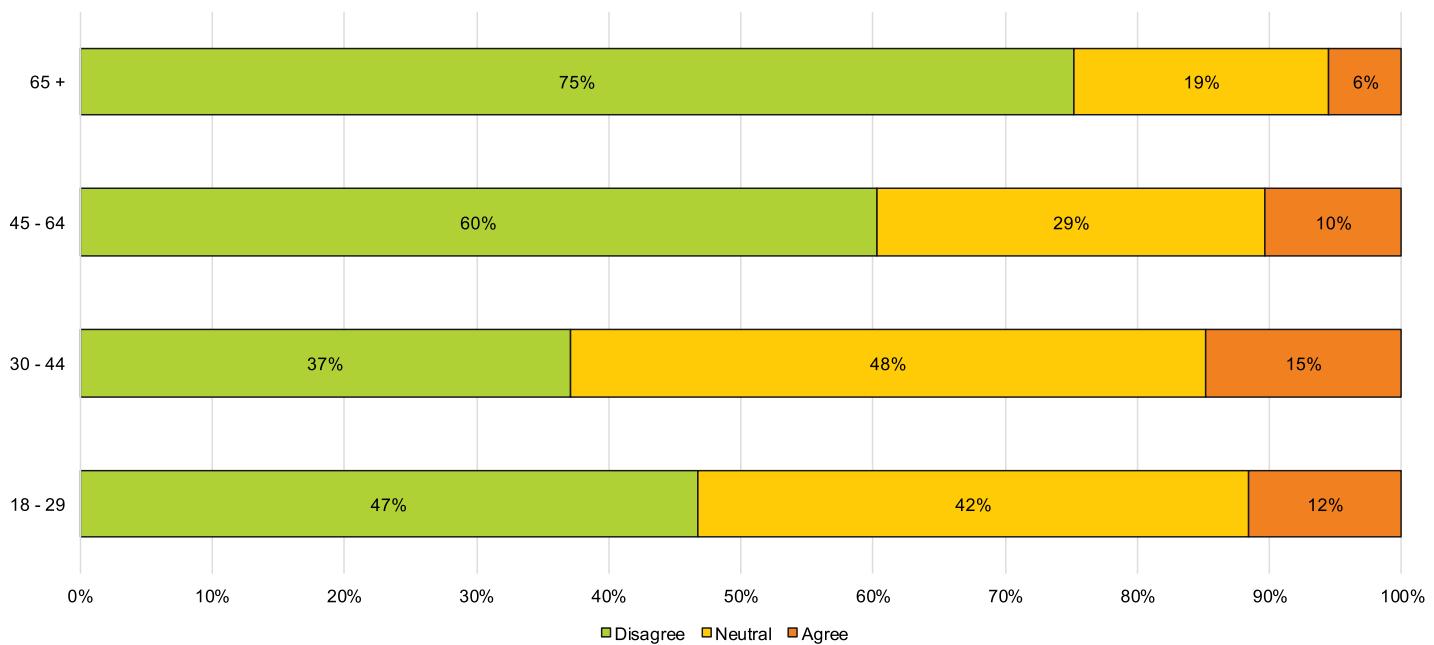
Question: Please indicate your level of agreement with the following statements about older people: employers will get better value out of training younger than older people.
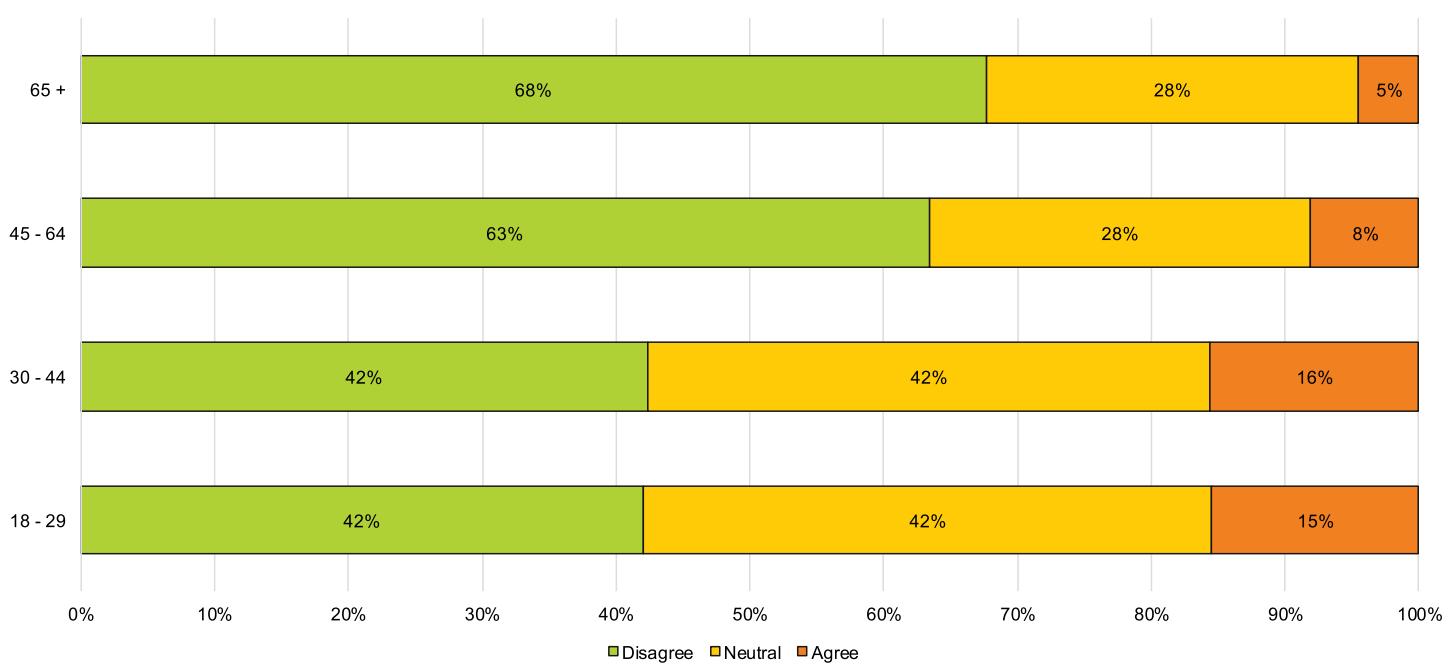
ATTITUDES AND BEHAVIOURS THAT DECREASE WITH AGE

Question: Please indicate your level of agreement with the following statements about older people: older people are not interested in the outside world.

Age	Disagree	Neutral	Agree
65 +	75%	19%	6%
45 - 64	60%	29%	10%
30 - 44	37%	48%	15%
18 - 29	47%	42%	12%

☐ Disagree ☐ Neutral ☐ Agree

Question: Please indicate your level of agreement with the following statements about older people: older people are a drain on the economy.

Age	Disagree	Neutral	Agree
65 +	68%	28%	5%
45 - 64	63%	28%	8%
30 - 44	42%	42%	16%
18 - 29	42%	42%	15%

☐ Disagree ☐ Neutral ☐ Agree

ATTITUDES AND BEHAVIOURS THAT DECREASE WITH AGE

Other negative statements that respondent's were less likely to agree with if they were older older included:

• Health services should ration the amount of money they spend on keeping very old people alive

• Older people are set in their ways

• Older people are not interested in sex or intimacy

• Older people are unattractive

• Older people struggle with technology

• Older people tend to have poor health

• I associate old age with being a burden on family

• Old age makes me think of death

• As you get older, you lose your independence

• Old age is mainly a time of loss

• Getting older is depressing

• People should expect to have less independence as they get older

Other statements promoting discrimination that respondents were less likely to agree if they were older included:

• Employers should be able to make employees take on a reduced work role at a certain age

• Employers should give priority to promoting younger people

• People who do not retire at 65 are taking jobs away from younger people

• The way media (e.g. TV, newspapers) presents older people is accurate

Younger respondents were more likely to agree that it was a family's responsibility to look after family members as they age.
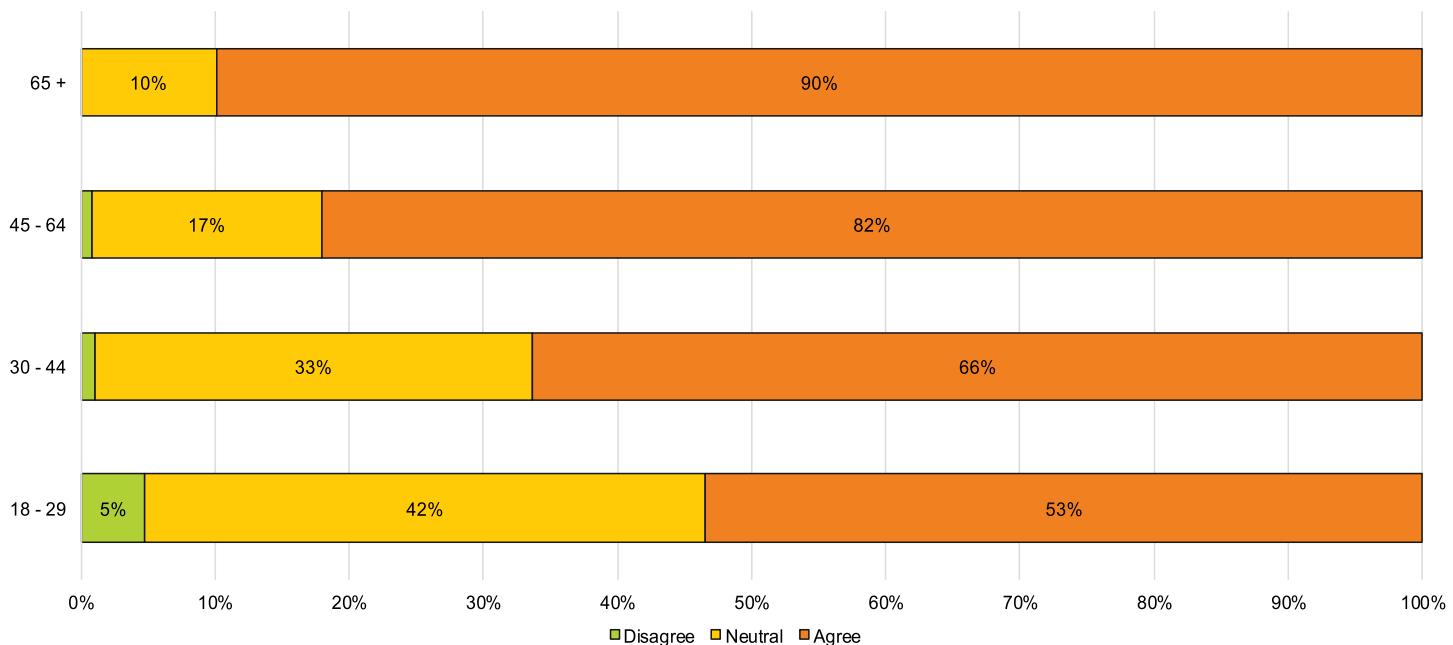
THOUGHTS AND ACTIONS THAT INCREASE WITH AGE

There were also positive significant relationships between increasing age and reported attitudes and behaviours regarding ageing and older people.

The strongest positive relationship between increasing age and certain attitudes were with regard to the statements:
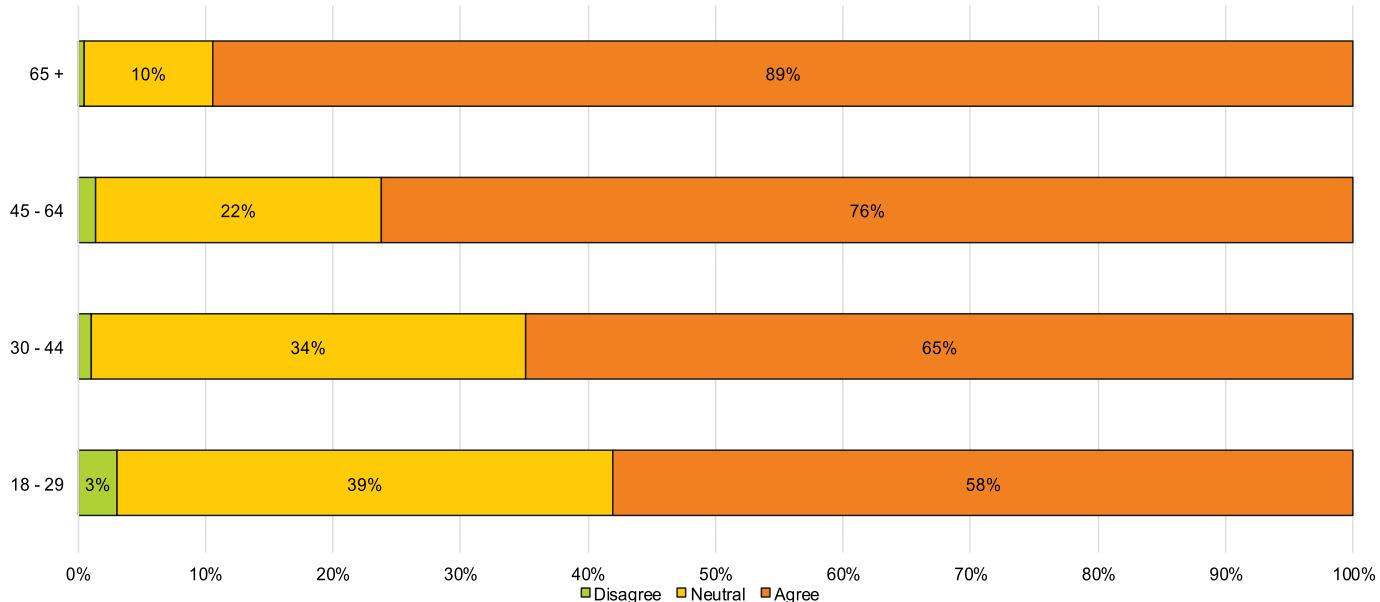
• Older people have a lot to offer younger people

• Healthy people aged 80 or over should be able to access travel insurance

• Older people are productive workers

• Older people have a strong work ethic

Question: Please indicate your level of agreement with the following statements about older people: older people have a lot to offer younger people.

ATTITUDES AND BEHAVIOURS THAT INCREASE WITH AGE

Question: Please indicate your level of agreement with the following statements about older people: healthy people aged 80 or over should be able to access travel insurance.
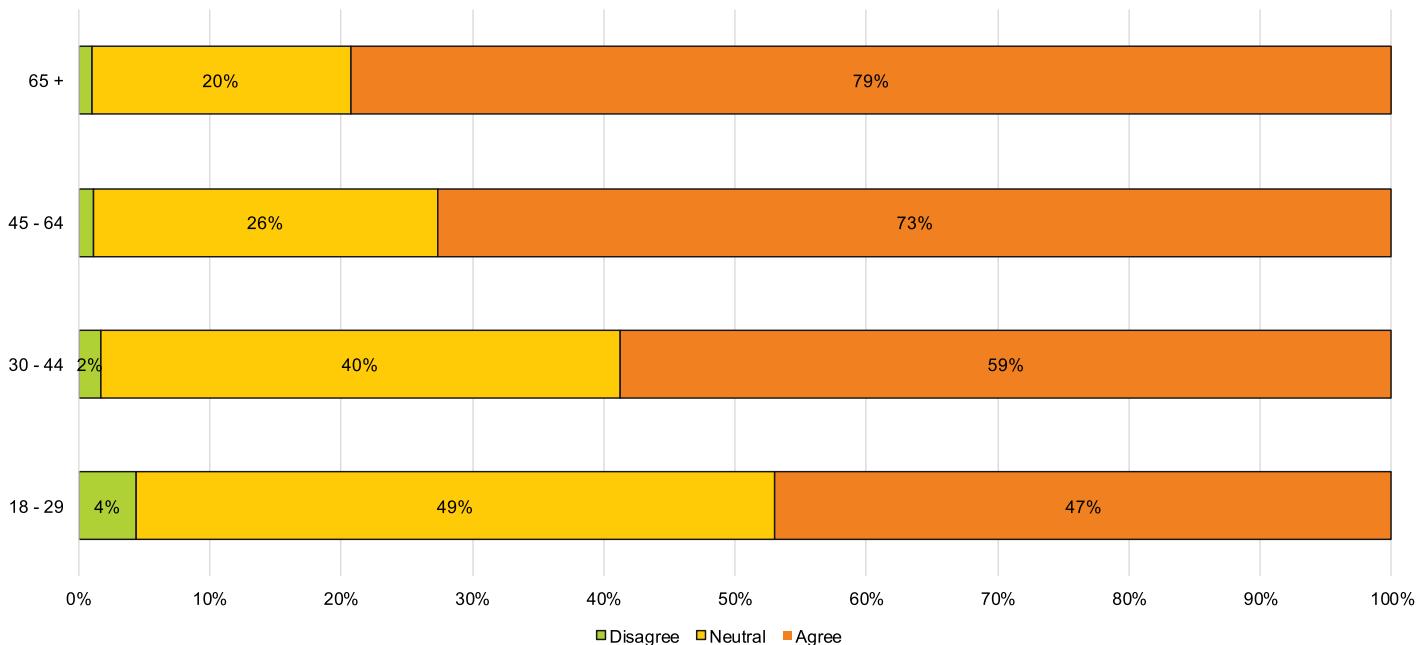
Age group	Disagree	Neutral	Agree
65 +		10%	89%
45 - 64		22%	76%
30 - 44		34%	65%
18 - 29	3%	39%	58%

Question: Please indicate your level of agreement with the following statements about older people: older people are productive workers.

Age group	Disagree	Neutral	Agree
65 +		32%	68%
45 - 64	2%	32%	66%
30 - 44	4%	51%	45%
18 - 29	6%	56%	38%

ATTITUDES AND BEHAVIOURS THAT INCREASE WITH AGE

Question: Please indicate your level of agreement with the following statements about older people: older people have a strong work ethic.

Disagree Neutral Agree

As respondents increased in age, the were also more likely to agree with positive statements regarding ageing and older people, including:

- I am relaxed about getting older
- Older people are financially responsible
- Older people are trustworthy
- Older people are good leaders
- Older people are wise

- Older people are responsible
- Older people have more free time
- Older people are more accepting of themselves
- It is a privilege to grow old
- Wisdom comes with age

Older respondents were also more likely to agree with the need for services and support for older people, and the rights of older people to a good life:

- Big business should improve customer service to older people
- Significant funds should be spent on upgrading public and private places to make them physically accessible for older people

- Everyone has a right to a good life, especially as they grow older
- Older people deserve a good life because they have contributed to society

As respondents increased in age, they were more likely to agree that it is an individual's responsibility to set themselves up for old life.

VARIATION IN ATTITUDES AMONG 65+ AGE GROUPS
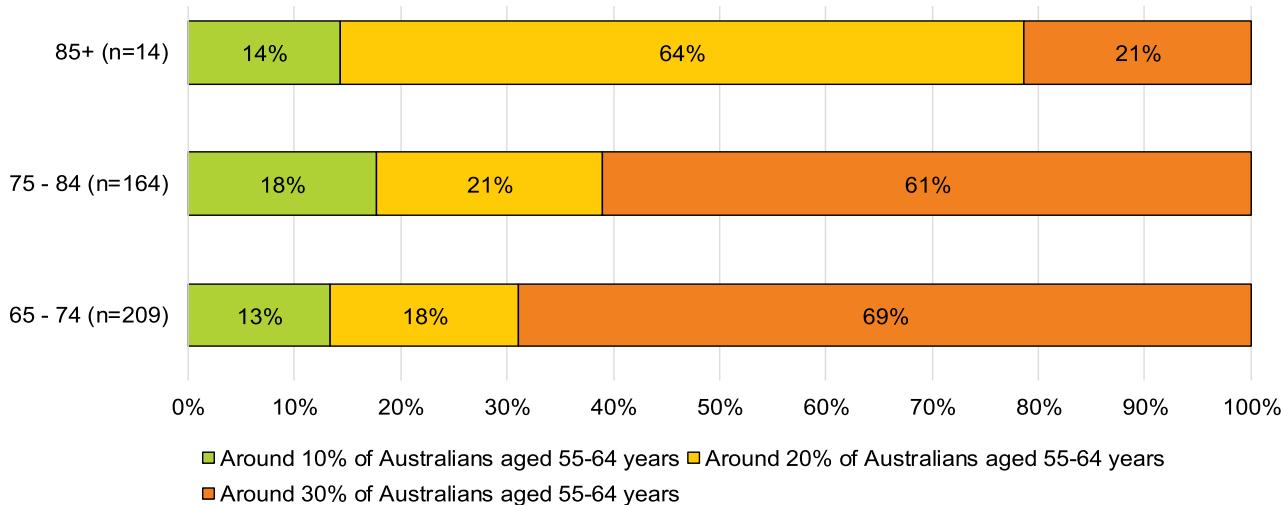
Comparisons were performed on the attitudes displayed by survey respondents aged:

- 65 to 74 (n=209)
- 75 to 84 (n=164)
- 85 plus (n=14)
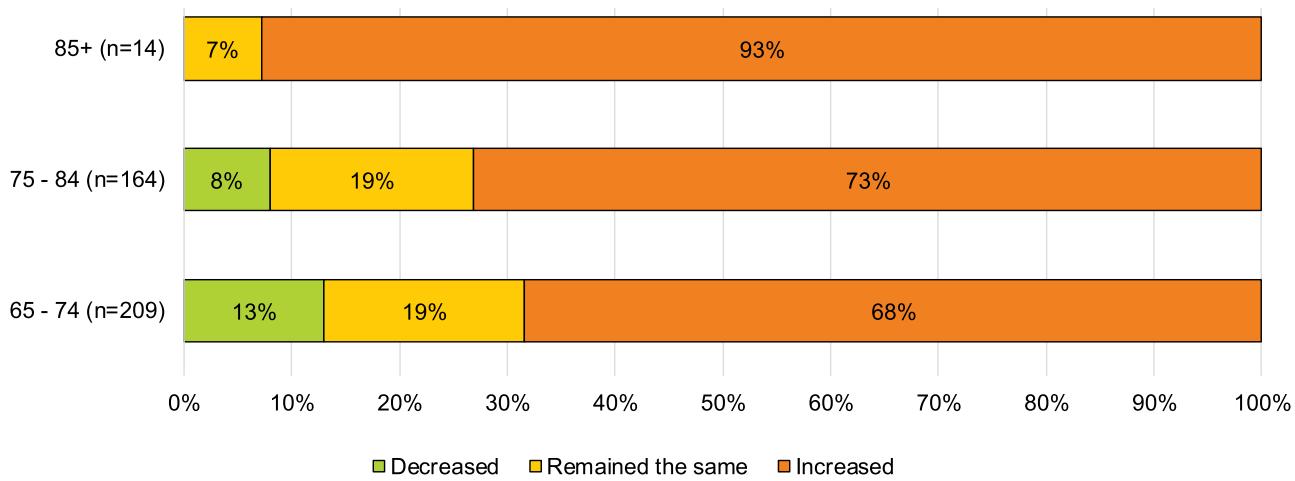
The results showed differences between the attitudes and beliefs of these age groups. However, statistical significance testing could not be performed on these age groups, due to the small sample size of the 85 plus age group. These results show broad trends.

KNOWLEDGE OF OLDER PEOPLE

Around what proportion of Australians aged 55-64 years do you think have experienced discrimination based on their age?

Age group	Around 10% of Australians aged 55-64 years	Around 20% of Australians aged 55-64 years	Around 30% of Australians aged 55-64 years
85+ (n=14)	14%	64%	21%
75 - 84 (n=164)	18%	21%	61%
65 - 74 (n=209)	13%	18%	69%

□ Around 10% of Australians aged 55-64 years □ Around 20% of Australians aged 55-64 years
□ Around 30% of Australians aged 55-64 years

Over the past few years, do you think the proportion of Australians aged 65 years and older who receive the age pension has increased, decreased, or remained the same?
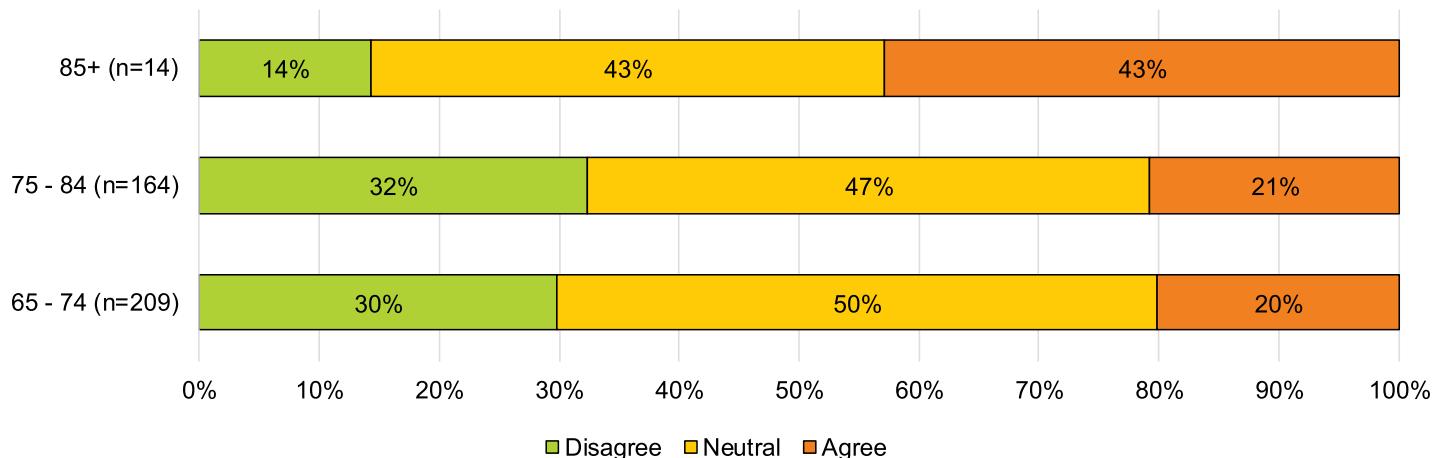
Age group	Decreased	Remained the same	Increased
85+ (n=14)		7%	93%
75 - 84 (n=164)	8%	19%	73%
65 - 74 (n=209)	13%	19%	68%

□ Decreased □ Remained the same ■ Increased
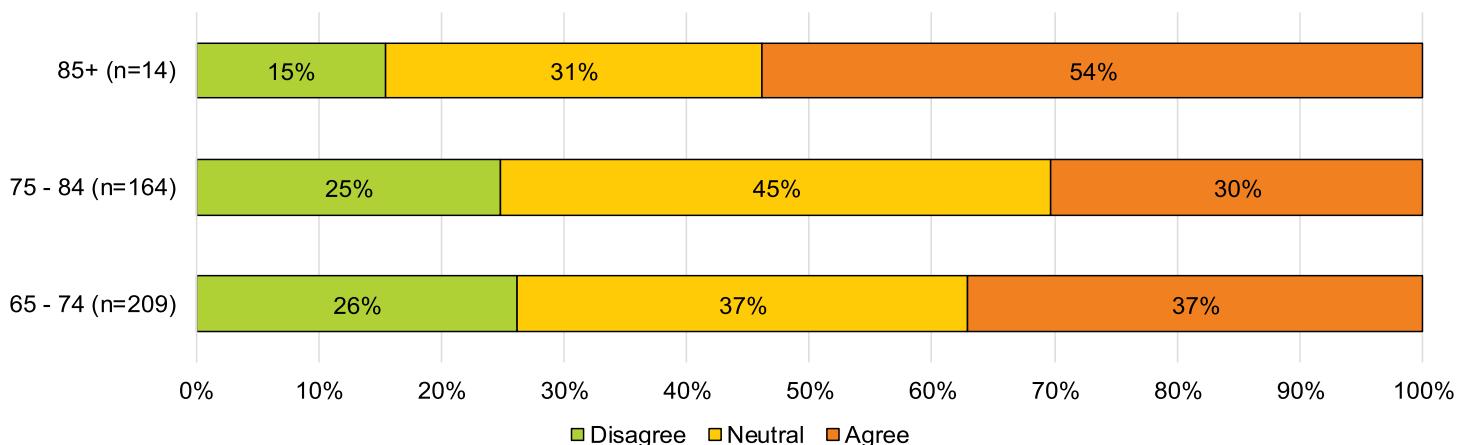
NEGATIVE ATTITUDES AND ASSOCIATIONS

Old age is mainly a time of loss
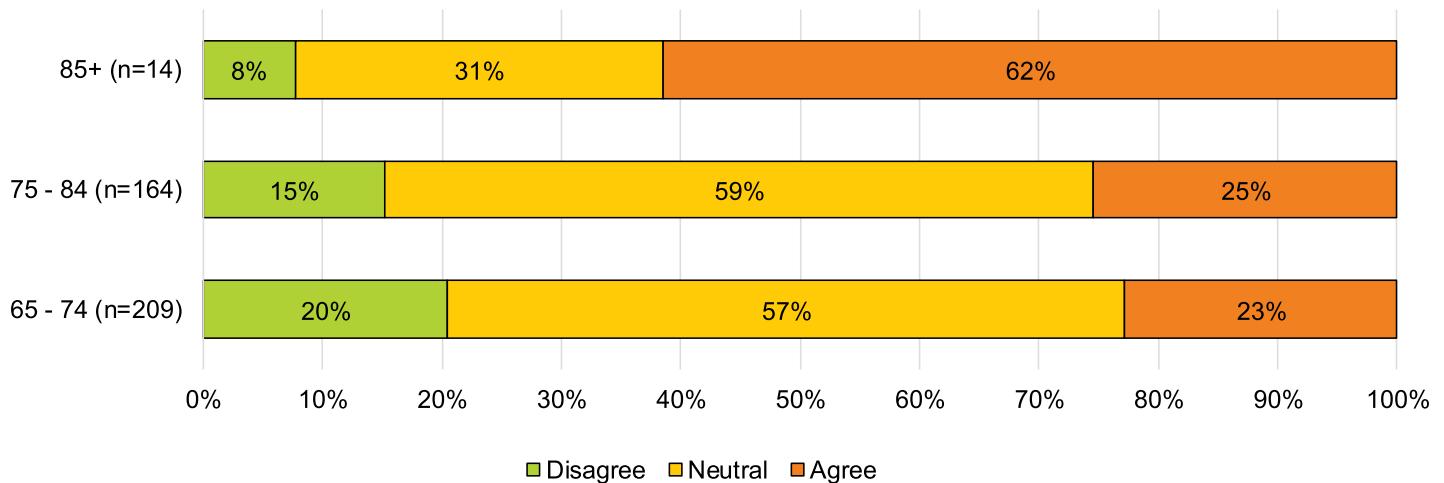
Age group	Disagree	Neutral	Agree
85+ (n=14)	14%	43%	43%
75 - 84 (n=164)	32%	47%	21%
65 - 74 (n=209)	30%	50%	20%

Legend: ■ Disagree ■ Neutral ■ Agree

Old age makes me think of death

Age group	Disagree	Neutral	Agree
85+ (n=14)	15%	31%	54%
75 - 84 (n=164)	25%	45%	30%
65 - 74 (n=209)	26%	37%	37%

Legend: ■ Disagree ■ Neutral ■ Agree

I associate old age with being a burden on family

Age group	Disagree	Neutral	Agree
85+ (n=14)	46%	23%	31%
75 - 84 (n=164)	47%	42%	10%
65 - 74 (n=209)	54%	34%	11%

Legend: ■ Disagree ■ Neutral ■ Agree

NEGATIVE ATTITUDES AND ASSOCIATIONS

Older people tend to have poor health

Age group	Disagree	Neutral	Agree
85+ (n=14)	8%	31%	62%
75 - 84 (n=164)	15%	59%	25%
65 - 74 (n=209)	20%	57%	23%

■ Disagree ■ Neutral ■ Agree

Older people struggle with technology

Age group	Disagree	Neutral	Agree
85+ (n=14)	8%	31%	62%
75 - 84 (n=164)	12%	41%	48%
65 - 74 (n=209)	16%	45%	39%

■ Disagree ■ Neutral ■ Agree

Older people are set in their ways

Age group	Disagree	Neutral	Agree
85+ (n=14)		31%	69%
75 - 84 (n=164)	7%	48%	45%
65 - 74 (n=209)	10%	44%	46%

■ Disagree ■ Neutral ■ Agree

NEGATIVE ATTITUDES AND ASSOCIATIONS

Older people need more time to do things

Age group	Disagree	Neutral	Agree
85+ (n=14)		14%	86%
75 - 84 (n=164)	4%	35%	62%
65 - 74 (n=209)	8%	44%	48%

■ Disagree　■ Neutral　■ Agree
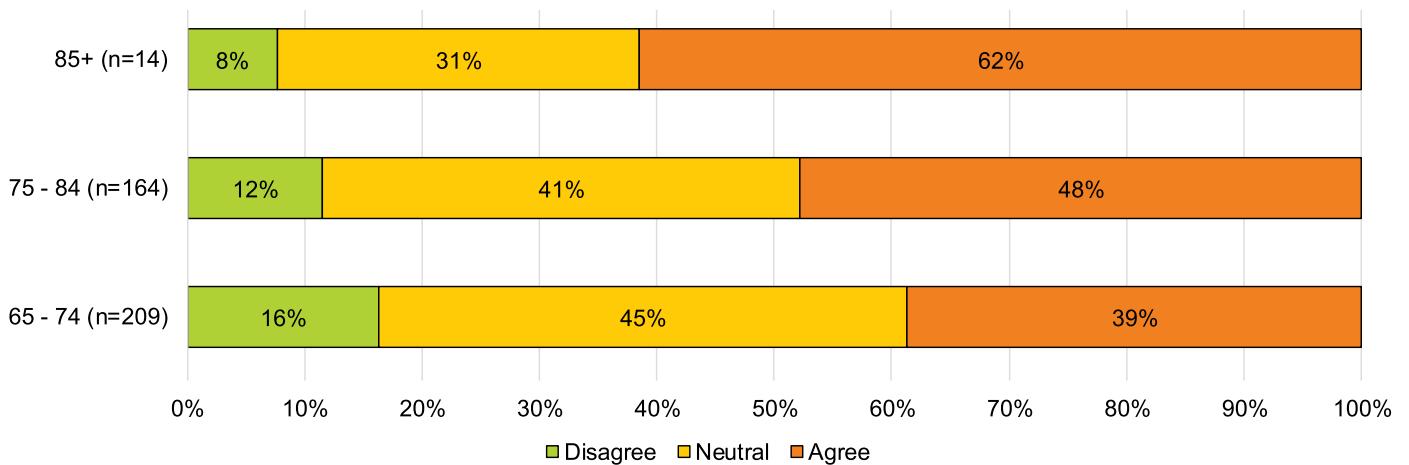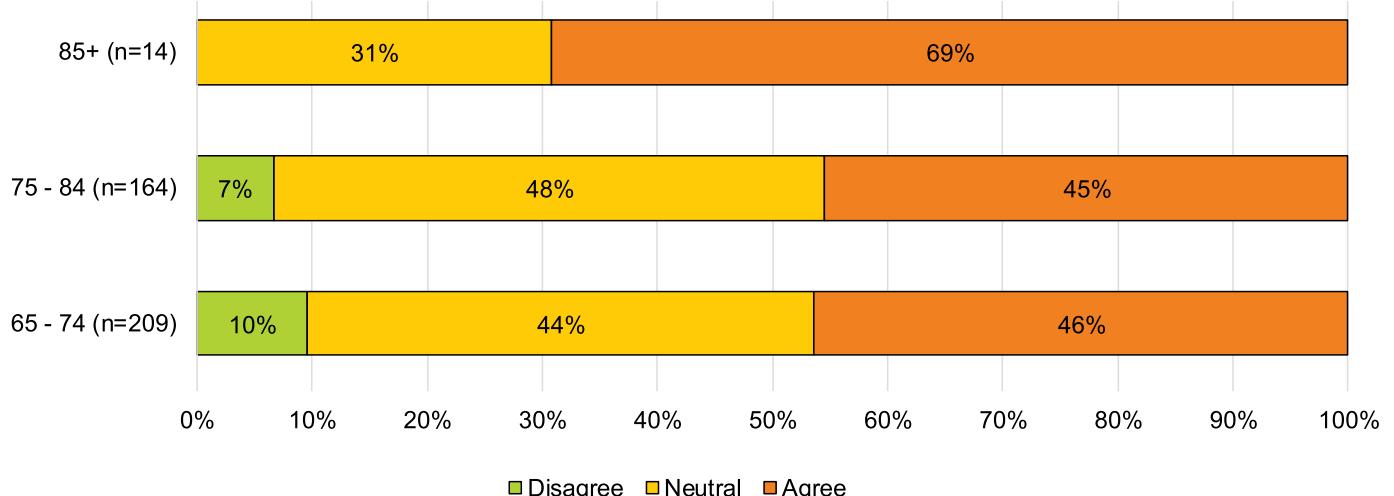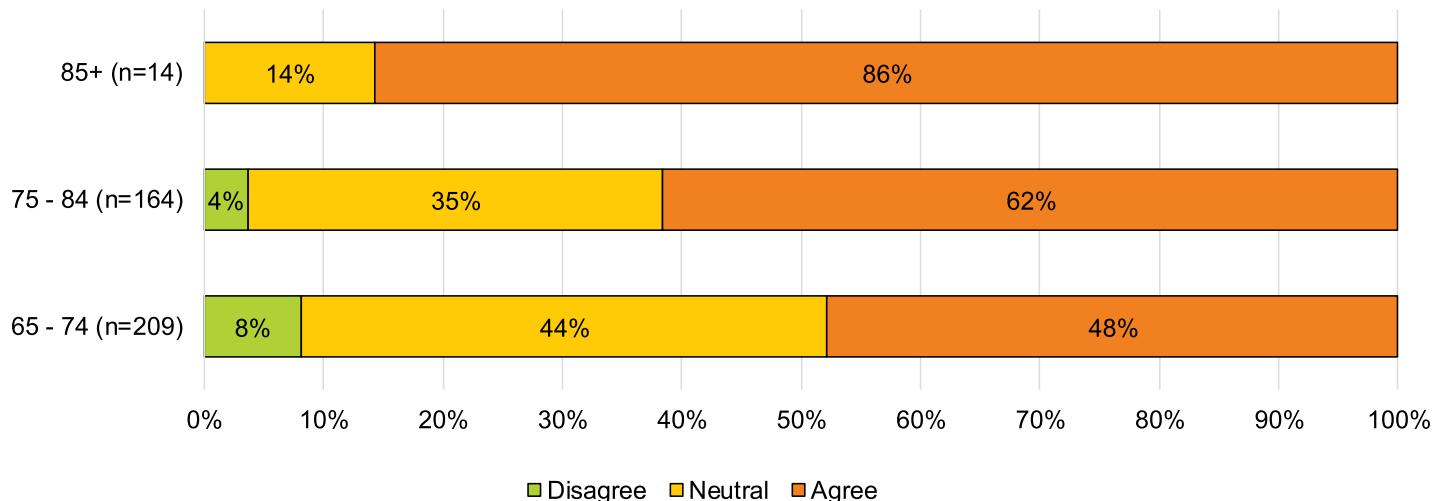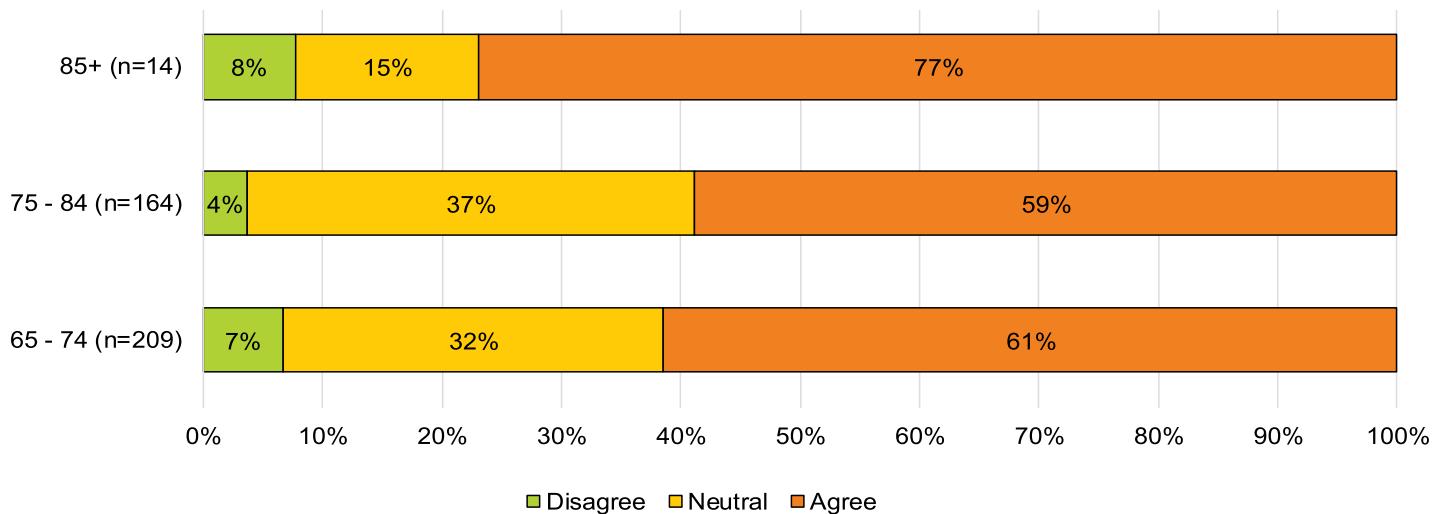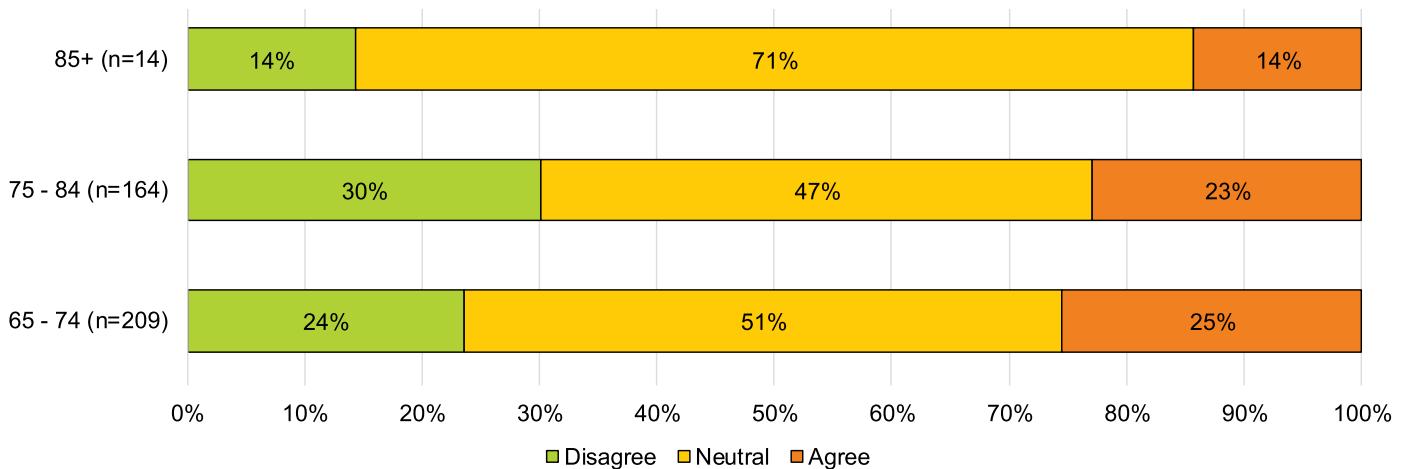
Statement	Ages 65 - 74		Ages 75 - 84		Ages 85+	
	No. of responses	Rating / 10	No. of responses	Rating / 10	No. of responses	Rating / 10
Old age is mainly a time of loss	209	4.59	164	4.59	14	5.59
Old age makes me think of death	209	5.24	164	5.18	14	6.08
I associate old age with being a burden on family	209	3.42	164	3.59	14	4.47
Older people tend to have poor health	209	5.08	164	5.39	14	6.10
Older people struggle with technology	209	5.72	164	6.24	14	6.42
Older people are set in their ways	209	6.13	164	6.29	14	6.87
Older people need more time to do things	209	6.25	164	6.79	14	7.50

POSITIVE ATTITUDES AND ASSOCIATIONS

I am relaxed about getting older

Age group	Disagree	Neutral	Agree
85+ (n=14)	8%	15%	77%
75 - 84 (n=164)	4%	37%	59%
65 - 74 (n=209)	7%	32%	61%

Disagree ■ Neutral ■ Agree

I look forward to growing older

Age group	Disagree	Neutral	Agree
85+ (n=14)	14%	71%	14%
75 - 84 (n=164)	30%	47%	23%
65 - 74 (n=209)	24%	51%	25%

Disagree ■ Neutral ■ Agree

Older people are responsible

Age group	Disagree	Neutral	Agree
85+ (n=14)		8%	92%
75 - 84 (n=164)		21%	78%
65 - 74 (n=209)		22%	78%

Disagree ■ Neutral ■ Agree

POSITIVE ATTITUDES AND ASSOCIATIONS

Older people are wise

	Disagree	Neutral	Agree
85+ (n=14)		62%	38%
75 - 84 (n=164)	2%	35%	63%
65 - 74 (n=209)		31%	69%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Disagree ■ Neutral ■ Agree

Older people are good leaders

	Disagree	Neutral	Agree
85+ (n=14)		50%	50%
75 - 84 (n=164)		37%	63%
65 - 74 (n=209)		27%	72%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Disagree ■ Neutral ■ Agree

Older people have a strong work ethic

	Disagree	Neutral	Agree
85+ (n=14)		31%	69%
75 - 84 (n=164)		20%	79%
65 - 74 (n=209)		12%	87%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Disagree ■ Neutral ■ Agree

POSITIVE ATTITUDES AND ASSOCIATIONS
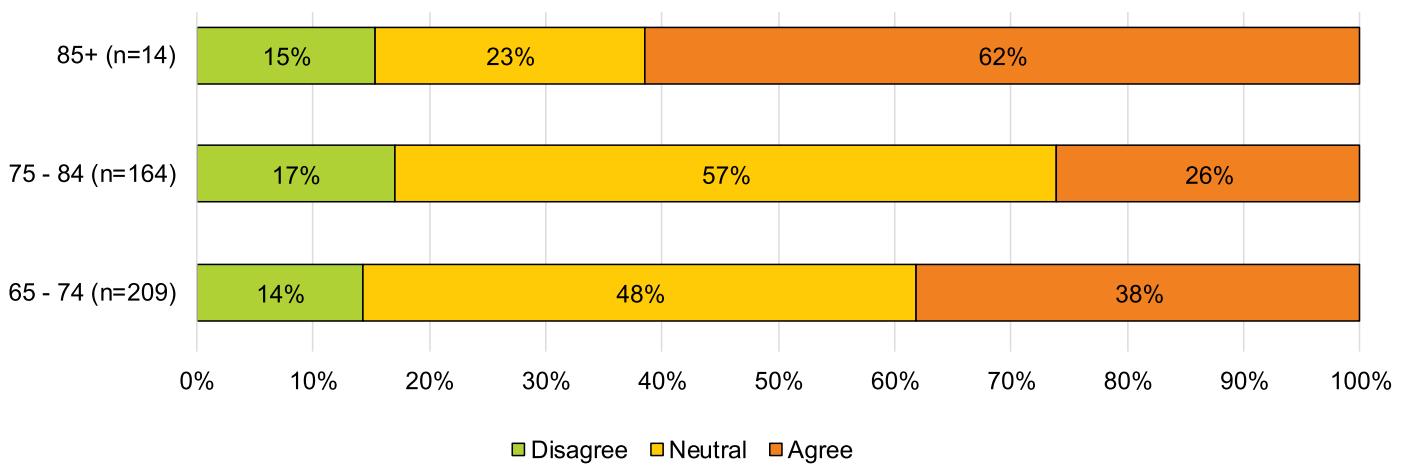
Statement	Ages 65 - 74		Ages 75 - 84		Ages 85+	
	No. of responses	Rating / 10	No. of responses	Rating / 10	No. of responses	Rating / 10
I am relaxed about getting older	209	6.78	164	7.52	14	7.52
I look forward to growing older	209	4.94	164	4.77	14	4.77
Older people are responsible	209	7.59	164	8.25	14	8.25
Older people are wise	209	7.22	164	6.60	14	6.60
Older people are good leaders	209	7.27	164	6.38	14	6.38
Older people have a strong work ethic	209	7.97	164	7.48	14	7.48

RESPONSIBILITIES

It is an individual's responsibility to set themselves up for old age
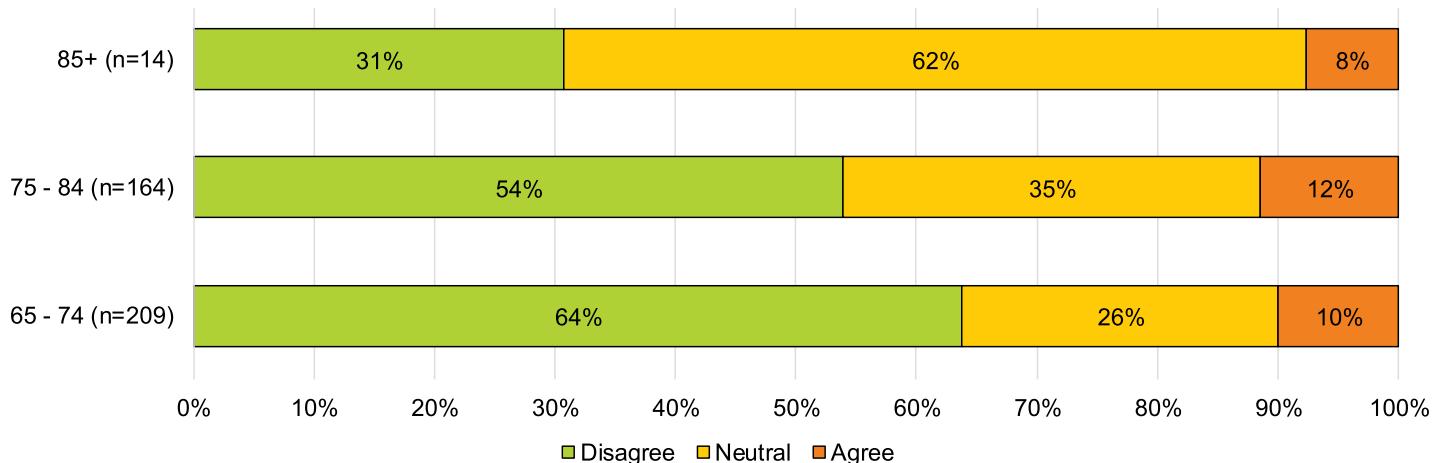
Age group	Disagree	Neutral	Agree
85+ (n=14)		8%	92%
75 - 84 (n=164)		25%	74%
65 - 74 (n=209)		23%	76%

Legend: ■ Disagree ■ Neutral ■ Agree

It's a family's responsibility to look after older relatives

Age group	Disagree	Neutral	Agree
85+ (n=14)	15%	23%	62%
75 - 84 (n=164)	17%	57%	26%
65 - 74 (n=209)	14%	48%	38%

Legend: ■ Disagree ■ Neutral ■ Agree
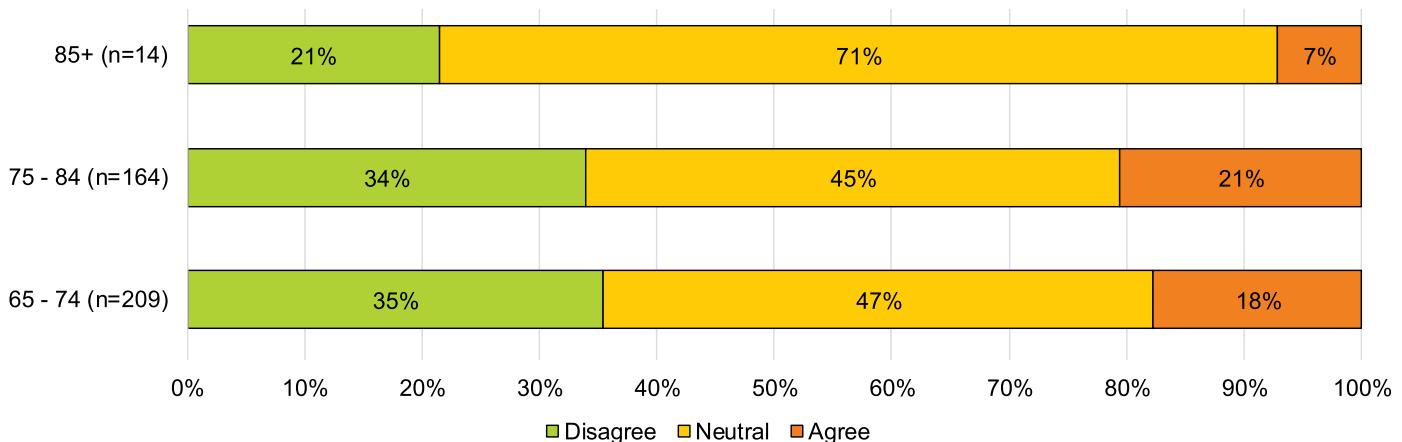
| Statement	Ages 65 - 74		Ages 75 - 84		Ages 85+	
	No. of responses	Rating / 10	No. of responses	Rating / 10	No. of responses	Rating / 10
It is an individual's responsibility to set themselves up for old age	209	7.63	164	7.41	14	7.71
It's a family's responsibility to look after older relatives	209	5.63	164	5.46	14	6.54

TREATMENT OF OLDER PEOPLE
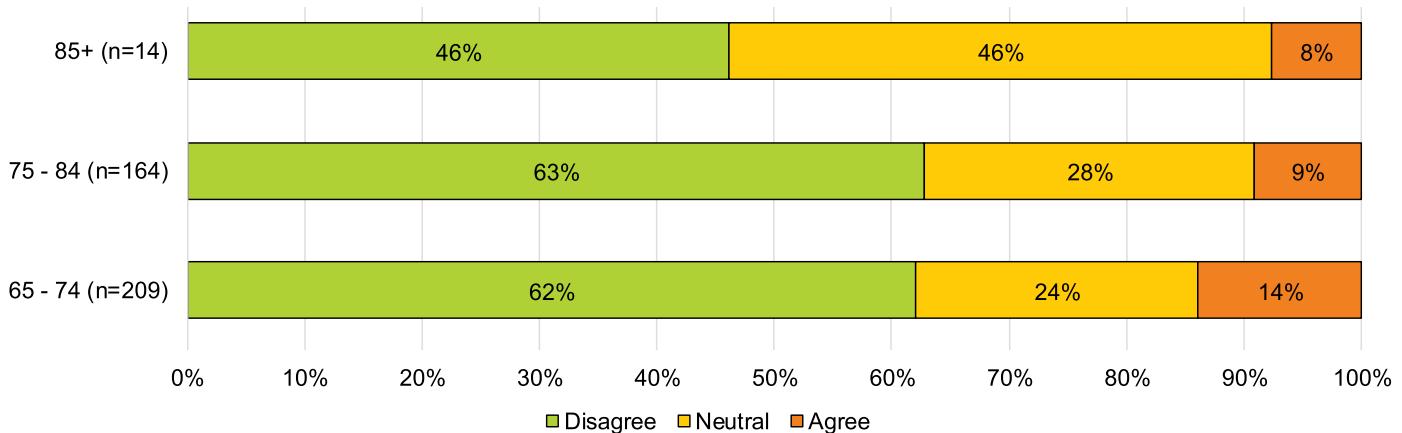
People who do not retire at 65 are taking jobs away from younger people

	Disagree	Neutral	Agree
85+ (n=14)	31%	62%	8%
75 - 84 (n=164)	54%	35%	12%
65 - 74 (n=209)	64%	26%	10%

□ Disagree □ Neutral ■ Agree

Employers should be able to make employees take on a reduced work role at a certain age

	Disagree	Neutral	Agree
85+ (n=14)	21%	71%	7%
75 - 84 (n=164)	34%	45%	21%
65 - 74 (n=209)	35%	47%	18%

□ Disagree □ Neutral ■ Agree

Health services should ration the amount of money they spend on keeping very old people alive

	Disagree	Neutral	Agree
85+ (n=14)	46%	46%	8%
75 - 84 (n=164)	63%	28%	9%
65 - 74 (n=209)	62%	24%	14%

□ Disagree □ Neutral ■ Agree

TREATMENT OF OLDER PEOPLE

Statement	Ages 65 - 74		Ages 75 - 84		Ages 85+	
	No. of responses	Rating / 10	No. of responses	Rating / 10	No. of responses	Rating / 10
People who do not retire at 65 are taking jobs away from younger people	209	2.88	164	3.50	14	4.36
Employers should be able to make employees take on a reduced work role at a certain age	209	4.13	164	4.32	14	4.39
Health services should ration the amount of money they spend on keeping very old people alive	209	3.03	164	2.96	14	3.12

THOUGHTS AND ACTIONS THAT DO NOT CHANGE WITH AGE

There was no relationship between age and several attitudes including:

- How important ageism is to the respondent
- Older people need more time to do things
- As you get older, mental and physical deterioration are inevitable
- I look forward to growing older
- I enjoy being around older people

As people get older they spend more time with older people in their family and social life, however there is no relationship between time spent with older people in the workplace and age.

ATTITUDES TOWARDS OLDER PEOPLE DISPLAYED BY DIFFERENT DEMOGRAPHIC GROUPS

HEALTHCARE WORKERS

There were significant differences in reported attitudes of people who worked in healthcare, compared to non-healthcare workers. Healthcare workers were:

- Less likely to agree that older people are financially responsible
- Less likely to agree that older people are responsible
- Less likely to agree that older people are set in their ways
- Less likely to agree that as you grow older you lose your independence
- Less likely to say that they feel awkward around older people
- More likely to agree that they enjoy being around older people

(Number of healthcare workers in sample = 52)

LANGUAGE SPOKEN AT HOME

People who speak a language other than English at home are less likely to agree with:

- Older people are productive workers
- Older people have a strong work ethic
- Older people are unattractive
- Older people are more accepting of themselves
- It is a privilege to grow old

People who speak a language other than English at home are more likely to agree with:

- Employers should be able to make employees take on a reduced work role at a certain age
- Big business should improve costumer service to older people
- Significant funds should be spent on upgrading public and private places to make them physically accessible to older people
- Governments give older people a better deal than younger people
- Health services should ration the amount of money they spend on keeping very old people alive

(Number if people in sample who speak a language other than English at home = 155)

CARERS

Carers displayed different attitudes towards older people than people who were not carers.

Carers (both formal and informal) were more likely to agree with the statements:

- Big business should improve costumer service to older people
- Significant funds should be spent on upgrading public and private places to make them physically accessible for older people
- Older people need more time to do things

Formal carers (but not informal carers) were more likely to agree with the statements:

- The way media portrays older people is accurate
- Older people are trustworthy
- Older people have a strong work ethic
- Older people are good leaders
- Older people struggle with technology

Informal carers (but not formal carers) were more likely to agree with the statements:

- People should expect to have less independence as they get older
- Older people tend to have poor health
- I associate being old with being a burden on family
- As you get older you lose your independence
- Old age is mainly a time of loss
- I look forward to growing older

(Number of formal carers in sample = 39, number of informal carers in sample = 91)

EDUCATION

Level of education had a significant impact on the attitudes displayed by respondents.

Compared to people who's highest level of education was high school, people with a bachelor's degree were more likely to agree with:

• Older people are a drain on the economy

• Older people are unattractive

Compared to people who's highest level of education was high school, people with a bachelor's degree were less likely to agree with:

• Older people have a lot to offer younger people

• Older people are responsible

• Older people are wise

• Older people are good leaders

• Older people have a strong work ethic

Compared to people who's highest level of education was high school, people with a diploma/advanced diploma or bachelor's degree were more likely to agree with:

• Health services should ration the amount of money they spend on keeping very old people alive

Compared to people who's highest level of education was high school, people with diplomas / advanced diplomas are more likely to agree with:

• Older people are more accepting of themselves

Compared to people who's highest level of education was high school, people with a diploma/advanced diploma were less likely to agree with:

• Older people tend to have poor health

• Employers will get better value out of training younger people than older people

Compared to people who's highest level of education was high school, people with a bachelor degree or graduate diploma / certificate were less likely to agree with:

• Older people struggle with technology

(Number of high school graduates = 278, number of people with undergraduate degrees = 254, number of people with diplomas/advanced diplomas = 160)

GENDER

Compared to men, women were more likely to agree with:

- Older people have a lot to offer younger people

- Older people have a strong work ethic

- It is a privilege to grow old

Compared to men, women are less likely to agree with:
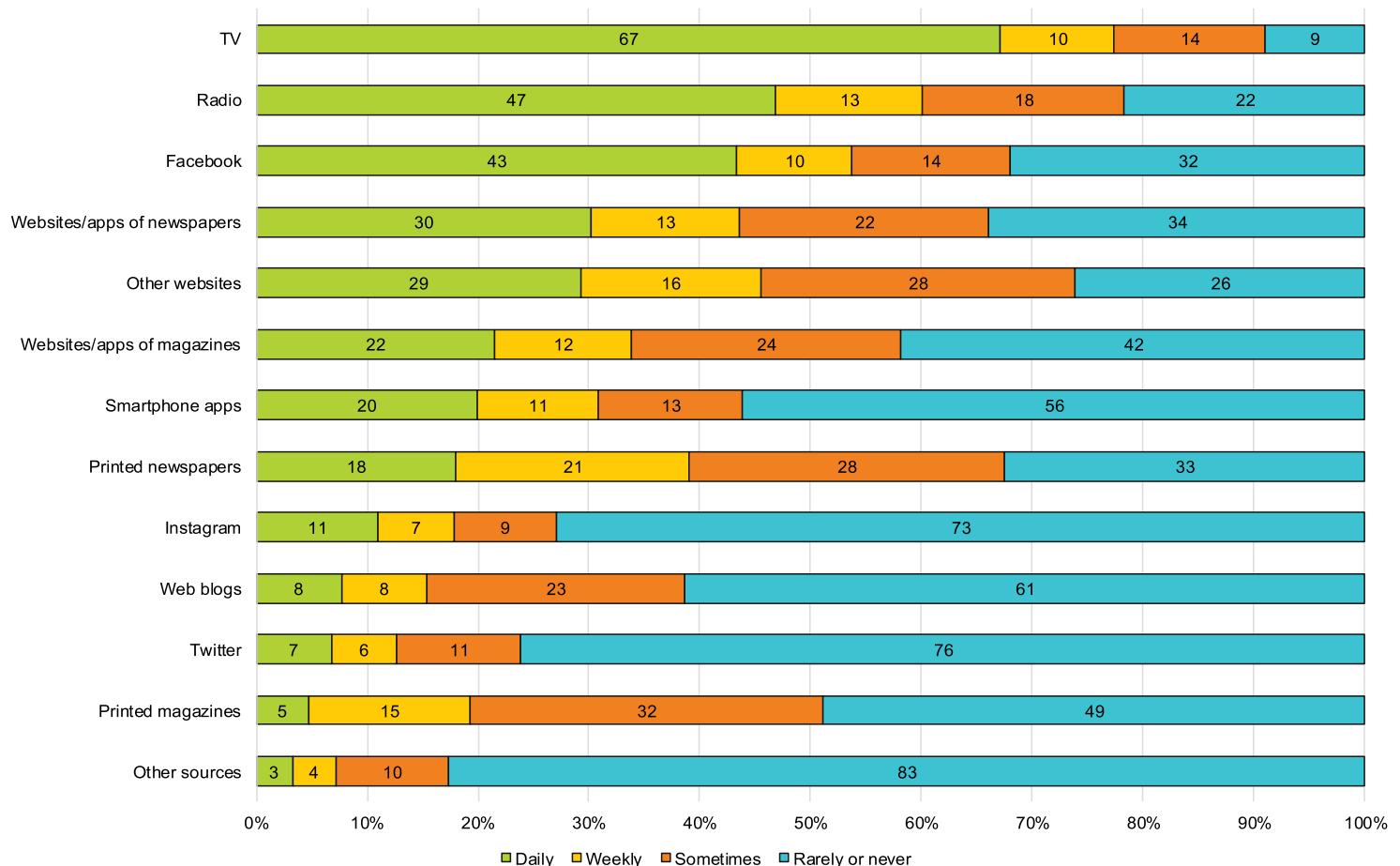
- Older people are not interested in the outside world

- Older people are unattractive

- Older people are a drain on the economy

- I am relaxed about getting old

- I feel awkward around older people

(Number of females = 553, males = 529, other = 1)

MEANS OF PROMOTING A CAMPAIGN
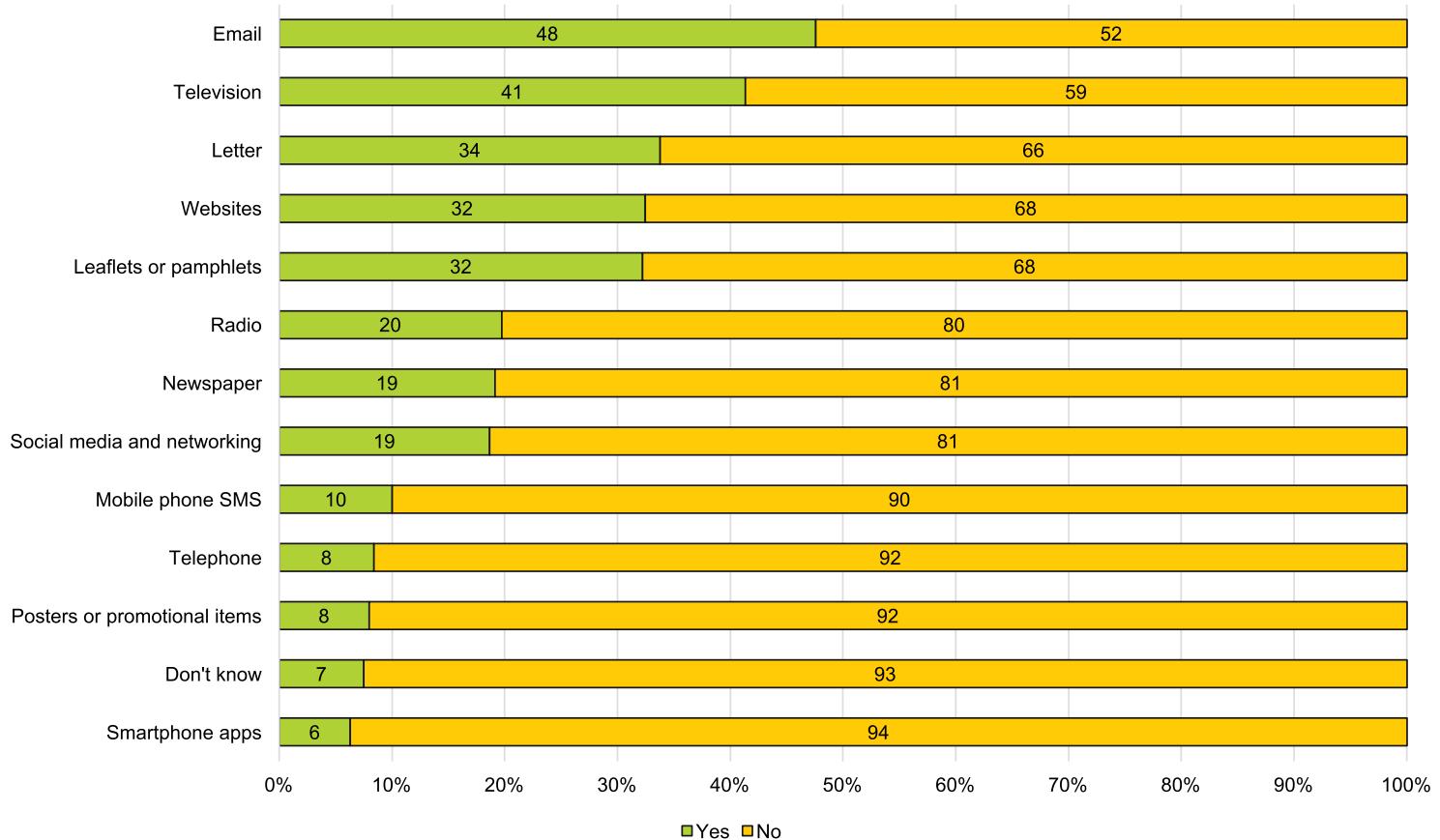
HOW RESPONDENTS OBTAIN INFORMATION
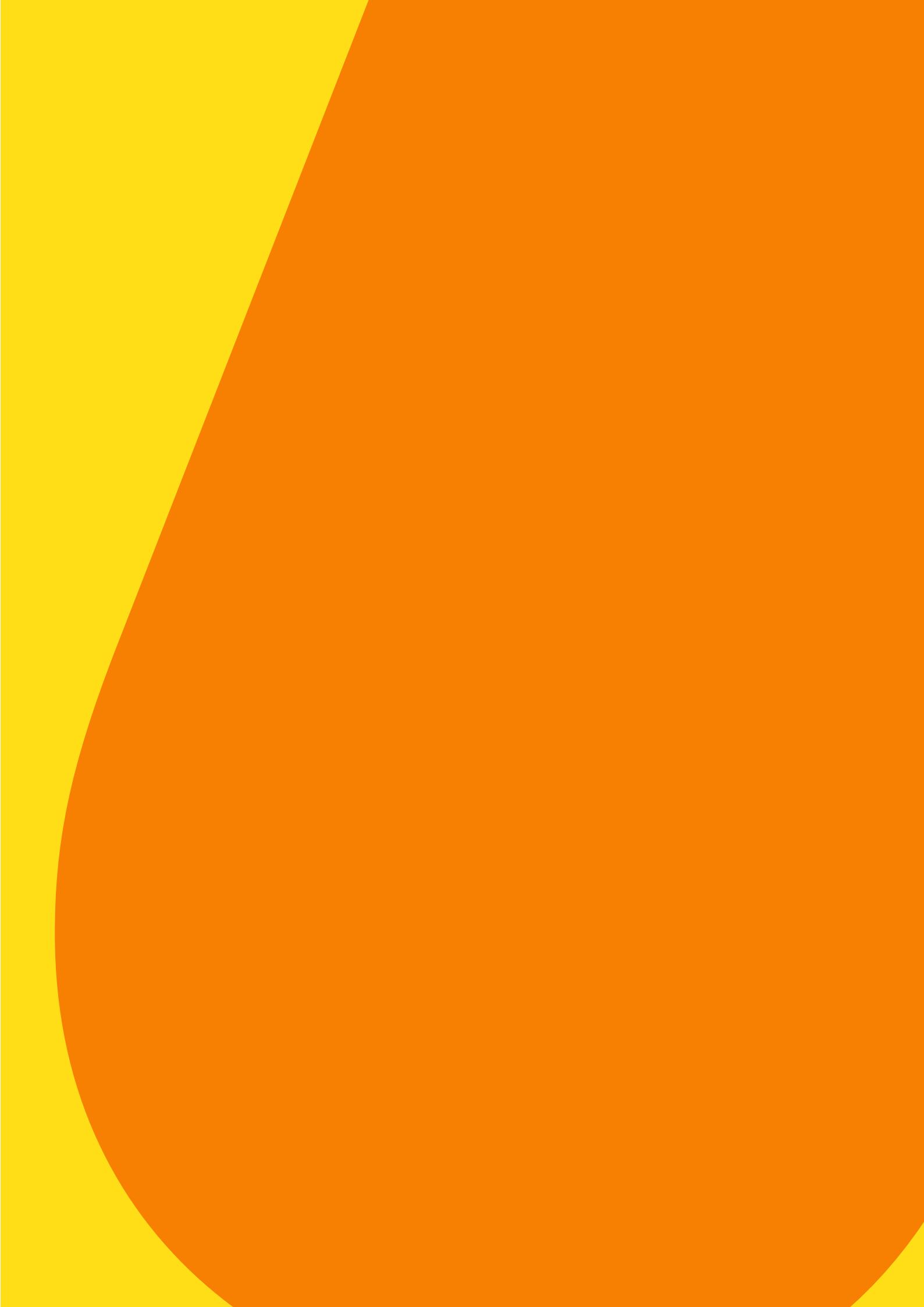
Question: Please indicate how often you use the following sources to obtain news and information

Source	Daily	Weekly	Sometimes	Rarely or never
TV	67	10	14	9
Radio	47	13	18	22
Facebook	43	10	14	32
Websites/apps of newspapers	30	13	22	34
Other websites	29	16	28	26
Websites/apps of magazines	22	12	24	42
Smartphone apps	20	11	13	56
Printed newspapers	18	21	28	33
Instagram	11	7	9	73
Web blogs	8	8	23	61
Twitter	7	6	11	76
Printed magazines	5	15	32	49
Other sources	3	4	10	83

MEANS OF CONTACT

Question: How do you prefer to receive information from non-government organisations?

Means	Yes	No
Email	48	52
Television	41	59
Letter	34	66
Websites	32	68
Leaflets or pamphlets	32	68
Radio	20	80
Newspaper	19	81
Social media and networking	19	81
Mobile phone SMS	10	90
Telephone	8	92
Posters or promotional items	8	92
Don't know	7	93
Smartphone apps	6	94

TBS AGE 0917