



**Smart  
Against  
Ageism**



# **COMPENDIUM**

## **RESPONDING TO AGEISM**



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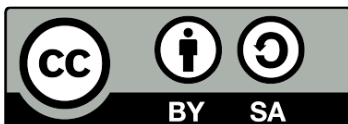
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## Credits

We would like to thank all the respondents who kindly agreed to share their stories with us. Their names and some of the features have been changed to protect their anonymity. We would also like to thank the experts who agreed to talk to us and gave us insights into national characteristics.

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# Introduction

Ageism is a widespread but understudied issue. Generally, it is understood as the unequal treatment and discrimination of people based on their age. Ageism can be directed at people of all ages but mainly affects children and young people, as well as older and very old people. Discrimination arises from stereotypes, legal regulations or the built environment, among others, and leads to exclusion and limitations.

In the [Smart Against Ageism](#) project, we focus on the affected group of older people and want to promote awareness of the issue of discrimination due to old age. For this purpose, interviews and desk research were conducted in the partner countries Portugal, the Netherlands, Lithuania, Bulgaria as well as in Germany where older people shared their experiences. These interviews formed the basis for this compendium.

We invite you to use the compendium to get an overview of the situation. It is intended to be a low-threshold entry into the topic of age discrimination. The compendium is part of an educational offer and will be supplemented by a digital learning platform and other materials found on: [www.saa-game.eu](http://www.saa-game.eu).





## What is your opinion?

Ageism, like other forms of discrimination, has a lot to do with stereotypes and prejudices. We see certain characteristics and think we know what people, as bearers of these characteristics, are like. We think in categories and imagine people as being part of a specific, always homogeneous group. With this compendium, we want to promote a critical examination of such a mindset and counter schematic thinking with a positive image of individuals with unique strengths and weaknesses, wishes and needs. Our aim is to dissolve age as a deficit category and to focus on the specificity of individuals.

Within the compendium we have included little incentives for discussion. Please take some time to think about them and learn more about your own ideas and assumptions about age. You can also discuss the questions with a friend and share your associations.



## What is age discrimination?

Perhaps you also know the feeling of being treated differently or even worse by another person because of your age. Perhaps you can recall situations in which people you know have been treated in this way. This might have been at the doctor's office, on public transport or at the supermarket. If so, you may have already experienced the phenomenon of age discrimination.

Age discrimination is the term also used to describe people being denied access to various services and structures because of their age. The University of Cologne states in one of their studies: "Ageism is widespread and a practice that has harmful effects on the health of older adults. For older people, age discrimination is an everyday challenge (Universität Köln 2022)

### Definition of ageism

"Ageism refers to stereotyping (how we think), prejudice (how we feel) and discrimination (how we act) against others or oneself because of age (World Health Organisation 2022).





## What is normal?

Living together in a society means that we meet many different people with individual characteristics, strengths and needs. What might be an easy task for some can be an enormous challenge for others. Many different factors can be decisive for this, such as education, income, origin, place of residence, age or physical constitution. **As a rule, not one factor is decisive, but the individual situation results from a combination of different factors.**

However, in our society, we often face such individual situation with very schematic ideas, reflected in regulations, offers or within public and private infrastructures. A good example is the built environment. While stairs and landings are not a challenge for most people and are hardly noticed in everyday life, they might be enormous obstacles for people with physical impairments and can, thus, cause exclusions. Toilets are often neither independently usable for children, nor accessible for people in wheelchairs. Many such examples can be found. These environments are planned for healthy adults who are the normative blueprint, that is thought of as being "normal". Under the heading of accessibility or age-appropriate environments, efforts have been made for many years to review built environments and adapt planning processes to enable as many people as possible to participate. An example regarding regulations is for instance the fact that in many countries voluntary work has an age limit, which excludes a lot of older people who still want to participate within their communities and society.

In many European countries, one's job plays an important role in one's position in society and self-esteem. Many, like unemployed people, and people with disabilities but also older people are often devalued because of the absence of a paid job or even seen as a burden for society. For instance, one survey shows that nearly 61% of the respondents perceive that long-term unemployed are having a comfortable life at the cost of society (Heitmeyer 2008: 25). The SAA Consortium works to raise awareness of this issue and focuses on valuing all people regardless of their position or needs. Older people are an important part of the voluntary workforce. In the Netherlands

### SHAFE and Net4Age-Friendly



SHAFE Foundation

Smart Healthy Age-Friendly Environments

There are several projects at European level working on the issue of age-friendly environments. The NET4Age-friendly COST Action and the SHAFE network promote interdisciplinary approaches and innovative concepts for age-friendly environments.

<https://shafe.eu/> /

<https://www.net4age.eu/>

and Germany, for example, over 30% of all citizens 65+ participate in voluntary activities (Eurostat 2019).

Voluntary work and informal caregiving are usually unpaid and socially less visible. Care work is done to an above-average extent by women. Older women in particular - and increasingly men as well - play an important role in looking after grandchildren and ensuring that work and family can function side by side (Eurostat 2019). Thus, older people play an important role in these informal areas, especially since there are not enough, respectively low-threshold childcare support options for single parents, for example.

Older people are indispensable in these areas, but this fact is not sufficiently valued by politics or society. On the contrary, older people are often confronted with expectations that leave them with no choice but to take over the role of caretaker. When e.g. older people implicitly have to care for their grandchildren because of personal or societal norms or expectations.

Finally, it has to be stressed that these contributions of older people are by no means a justification for old people's worth. The prior paragraph is merely an attempt to debunk ageist stereotypes and should under no account imply that ageism may be contrasted because older people have a specific economic value.





## Effects of ageism on older people

Ageist behaviour and attitudes can have various negative impacts on those affected. They might have a negative effect on their self-perception and performance. Many victims of ageism also withdraw and no longer actively participate in social life. The World Health Organisation (WHO) states that ageism can be the cause of poorer physical and mental health, greater isolation and loneliness, financial insecurity and a generally poorer quality of life and even a shorter lifespan (WHO 2022).

To gain insights from older people affected, six to eight qualitative interviews in the participating partner countries were conducted. Older persons aged 65 were questioned about their everyday experiences in which they had the feeling of being devalued or of being treated inappropriately. The interviews conducted as part of this project show similar results as described above. Our interviewees report that they felt degraded and insulted by discriminatory actions and statements resulting in a feeling of helplessness and anger.

### Lack of perception of age discrimination

Surveys on the perception of age discrimination yield very low figures, often in the single-digit percentage range. However, according to many experts, these figures do not reflect reality.

In a Europe-wide study (European Commission 2019: 75), respondents were asked how widespread they thought age discrimination was. While 52% of people in Portugal (only France has higher figures at 54%) said it was very widespread, Germany brought up the rear in the survey with 20%. The survey shows that there is a very different level of awareness on the topic of age discrimination in the European comparison.

The widespread use of stereotypes and the low level of sensitivity to the issue contribute significantly to the normality of this form of discrimination. Because of this, a high number of unreported cases of age discrimination is suspected.

At the same time, ageism also showed to have an impact on the interviewee's self-esteem. Several responded that solely because of their age they gave up certain social activities, such as dancing, even though they enjoyed the activity.

## Hermine, 86

Hermine is single and lives in a more rural area in an apartment building that belonged to a state organisation in the Soviet Union. In the 1990s during the privatisation of the housing sector, her neighbour fraudulently privatised a common area (a hall) adjacent to Hermine's apartment and converted it into a music room for his son. Now he makes a huge racket at times of the day and night, which is why Hermine cannot concentrate on her everyday tasks and cannot sleep well. She reported it to the local police and the community but got no support. A neighbour told her that "no one will listen to a stupid old woman". Hermine thought that her neighbour was probably right.



### Context

Many older people, like Hermine, are used to being treated disrespectfully or not taken seriously. By referring to her age, Hermine's needs and complaints are ignored. In this case, she adopts the negative stereotypes as well. This phenomenon occurs in all the countries we studied and leads to older people's self-perception and self-assessment being negatively affected. This makes older people less confident in their activities and may result in withdrawing from social life.

### Questions for self-reflection

How do you actually imagine Hermine? Is Hermine a desperate woman who is exposed to immense noise pollution and is left alone? Or is she perhaps rather a person who does not allow young people to enjoy music and insists on a traditional order?

Take a moment and think about it. What image of Hermine do you have? Do you believe Hermine's version of the story or do you suspect that it might be different after all? What experiences have you had and how does this influence you?

## Labour market

Within the labour market, older persons do not have the same possibilities as their younger counterparts. Current research has shown that older workers are discriminated against within recruiting processes, within their job itself – for instance via behaviours of others – as well as regarding the decision when to retire (UNECE 2019: 3). Those discriminatory acts are mostly driven by stereotypical imaginations regarding older workers. Those include that older workers are on the one hand more reliable and committed but on the other hand, they are less productive, and efficient and are not capable anymore to learn new things (UNECE 2019: 5). In this regard, the European Commission gathered some data via a special Eurobarometer. It was found that around 70% of the respondents thought that people are falling out of employment because older people are being excluded from training in the workplace or because they are not viewed positively by employers (European Commission 2012: 47).

This was confirmed during the interview process. Many people, we interviewed, also experienced age discrimination in the labour market. This is probably the area where most of us are confronted with this form of discrimination for the first time. A possible contributing factor is that the end of working life and entering retirement age is a very symbolic step in life, resulting in many people being primarily seen as old.

### Johanna, 65

Johanna works as a process manager in a large city. When she turned 65 her company told her that she has to leave her permanent job. She was given the opportunity to take another job in the company, but it was significantly lower paid and therefore not attractive. She really liked her job. Also, her team leader wanted to keep her for at least another year. The problem was that the Law on Civil Service provides the regulation that people cannot have a fixed contract after entering the retirement age limit.





**Susanna, 83**

Susanna lives in a city and works as a counsellor. She had signed a two-year fixed-term contract with her company. After its end, her supervisor wanted to take her on permanently because she had done a good job. However, this was not possible due to internal regulations related to employees' age. Now Susanna works as a self-employed consultant for the company because they denied her permanent employment.

**Questions for self-reflection**

What 5 words spontaneously come to mind when you think of older workers? Why don't you write them down?

Do your terms describe more positive or more negative attributes? What characteristics do the attributes have?

**Felix, 64**

Felix works in a large city in a national public authority. One day, younger staff set up a specific committee that was often approached for advice and got support from the management of the department. Together with older representatives, Felix and other colleagues founded a similar staff representation for older employees because they also wanted to bring in their personal concerns. In the process of

setting up this representation, they interviewed several older employees. They told Felix and his colleagues that they had been refused training because of their age. The supervisor felt that further training for an older employee was a waste of money and time because of his age and retirement in 10-15 years.



## Solutions strategies for the labour market

In the labour market, there are already some initiatives and programmes that address the issue of age discrimination. In the Netherlands, for example, the Ministry of Social Affairs has an initiative that draws the attention of companies that publish age-discriminatory job advertisements to the problem. At the same time, companies are given tips on how to prevent this in the future. A checklist for the textual design of job advertisements was also developed to prevent cases of discrimination in the future.

## Discrimination in the labour market

The labour market is the area where age discrimination has been reported in all consortium partner countries at manifold levels, whether it is already in the application process, when young employees are sought, or older people are simply not even invited to job interviews. The case studies show that older people are discriminated against both on a personal and structural level. Sometimes it is the company's decision to rejuvenate the team for a more youthful perspective and attitude, or internal regulations impose age limits. Explicit age limits (retirement age) are even provided in the Acts of Law. Also, in voluntary work age limits may exist and are criticised by the interviewees.



## Everyday life

Ageism thus runs through all areas of personal life. In this sense, it also affects the private and social environment. Older people experience also discrimination in their social environments such as friends, neighbours or even family (Bytheway et al. 2007: 67). Examples in this regard are for instance when children try to manage the daily schedule of their older parents even if the older person still feels capable to manage it him/herself. It could also happen that a friend or another known person reproduces stigmata for instance that as described older people have to behave or dress a certain way.



### Mathilda, 69

Mathilda is a recently retired woman who is committed to voluntary work. Mathilda is very sociable and enjoys going to parties and meeting friends although she feels some frustration at being discriminated against by younger people when they want to go dancing or take part in group discussions. She is most bothered by the fact that they judge her when she is looking for new romantic relationships. Some of her younger friends have already told her that she is too old to be in a relationship with other people, especially if they are younger than her. This kind of behaviour makes her feel very sad and offended.

She does not make any suggestions about what could be done to prevent such situations, but she calls for more understanding from the side of younger people. "It's not like you can't fall in love just because you are older".

### Lucia, 66

Lucia lives in an urban environment in Portugal. She has decided to continue working as an office worker beyond retirement age to stay active and continue to have opportunities to socialise. She likes to go to work in a good mood and dresses in bright colours and youthful and trendy designs as she always has. However, during breaks at work, she overheard discriminatory comments from her colleagues about her behaviour. They say that she looks ridiculous and should dress her age.

This kind of behaviour makes her very sad and offends her. After all, people should be able to dress the way they want and not have to listen to comments about it. There are no dress styles for a certain age, people are different.





### Questions for self-reflection

What do you think of Lucia and Mathilda's behaviour? Do you think to yourself: "Oh how nice that they both have so much joy in life?" Or do you honestly catch yourself thinking that you don't find the behaviour appropriate?

Take a moment and think about it. What feelings does it trigger, and what do you possibly find irritating?



**Piet, 70**

Piet from the Netherlands is very active in his social circle as a caregiver for others and as a volunteer. With the COVID-19 pandemic at its peak, a public discussion on Dutch television takes place about the extent to which older people could be denied medical services to save more younger people. In this context, older people are called "old dry wood" on TV, making Piet feel personally attacked. This framing of older people makes him very angry, and he writes a letter of complaint to the TV station.

### Maria, 73

Maria lives in a suburb of a big city. From time to time, she likes to watch TV. There she notices that older people are usually portrayed as sick and unstable in advertisements, which in her opinion does not reflect reality. She finds also portrayals of older people becoming completely different people after taking certain creams or medicines. In one advertisement an older woman with knee problems can dance again directly after applying a brand-name ointment. Overall, Maria feels misrepresented in advertising and underrepresented in other contexts that have nothing to do with illnesses or other ailments.



## What is appropriate?

In the context of age discrimination, the word "appropriate" comes up again and again. But how is this measured? What is appropriate and for whom? Here it becomes clear how strongly stereotypes and prejudices influence people's lives (Bundeszentrale für politische Bildung 2014). The behaviour of Mathilda and Lucia is probably seen by many people as not fitting their age. The widespread idea of older people is rather passive and imagined them as withdrawn. Partying or the need for relationships and physical closeness, on the other hand, are not attributed to older people.

These images have many different causes but are also shaped by images in the media and advertising. Some of our interviewees reported that they felt misrepresented by media portrayals of older people. Neither will medicines rejuvenate people nor are old people in general ill.

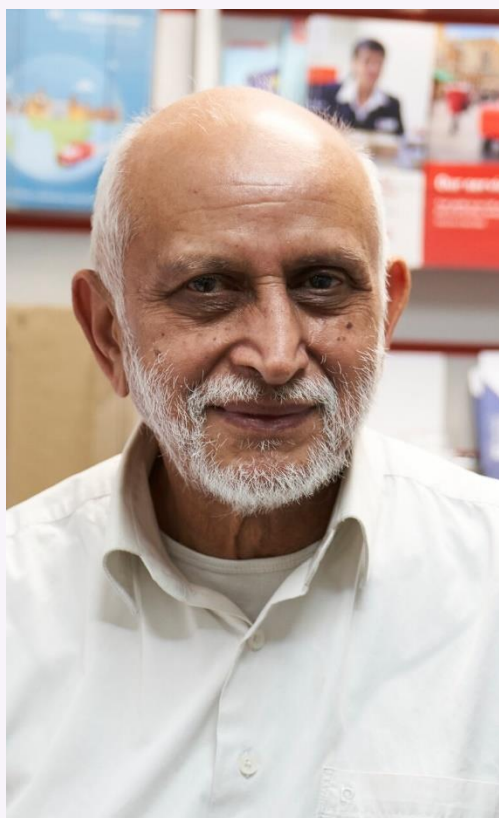
### Statement/Citation – Discrimination in Social Environment

*„I was too overprotective and overburdened and unsettled my parents with too many offers.“* – Adult caring for a parent

*„One is quickly tempted to take the decision away from one's parents or to anticipate it.“* – Adult caring for a parent

## Health

In the context of discrimination against older people, the issue of health plays a very central role. It is a fact that with increasing age, illnesses can occur more frequently or health-supporting measures become necessary (BMBF 2022). However, the resulting prejudices generalise this fact and attribute health problems to all older people. Growing older is seen in this sense as a progressive process of decay in which individual situations fade into the background. This has been already shown in different international studies. Recent research in this context has for instance examined that based on this stereotype of older people and ageing medical students partly think of the care for older patients considered a less interesting field of study and work (cf. Higashi et al. 2012). In addition, medical care for older patients suffers because they cannot be provided with adequate medication due to being overlooked in clinical trials cf. Cherubini et al. 2010.



### Marc, 65

Marc has pain in his groin after lifting something heavy and thinks he may have suffered a hernia as he has heard a cracking sound. He goes to see his family doctor. After an examination, both the doctor and his assistant agree that everything is fine. Marc asks for a referral to the specialist at the local hospital for a second opinion. The doctor refuses. After a long and persistent debate, Marc goes to the hospital with a referral. The specialist examines him and finds a ruptured groin. After the operation, the specialist tells Marc that he will have to come back if there are complications. At home, he actually feels that there might be a complication. At his GP's practice, he is told to make an appointment for the next day. Instead, Marc goes straight to the hospital. The doctor examining Marc considers the complication a big risk and helps him directly. Marc does not feel taken seriously by his GP, and believes that his health was saved because he himself prevailed. Others may not have been so lucky.



**Monika, 69**

Monika has recently retired and sees the doctor because of recurring painful symptoms in her left ankle. When Monika reports her recurring symptoms, the doctor makes a comment which includes that this is normal due to the ageing process and suggests taking painkilling medication.

When Monika suggests trying another treatment method that she found on the internet, the doctor says that this is useless because she is already too old for such treatments. Monika is very upset about this and feels humiliated because the doctor does not trust her and does not even think about alternatives. She would have found it trustworthy if the doctor had listened to her considerations and not tried to get rid of her by prescribing a painkiller. This suggested that her health was worth less than that of a younger person, which made her feel helpless and powerless.

**Questions**

Marc prevailed in this difficult situation and found the strength to stand his ground. Monika, on the other hand, had an idea and was not heard. She feels worthless and powerless afterwards. Imagine the two of them swapping situations. What could be the consequence?

Take a moment and think about it. The two are almost the same age. What other factors could play a role here and be relevant for both of them?

**Context**

Marc's story is an example of what many people experience on their health, regardless of their age. The evaluation of medical examination results requires a high degree of health literacy, a feeling for one's own body and, above all, assertiveness in case of doubts about the diagnosis. However, older people are particularly vulnerable in this situation. They are denied up-to-date expertise, their judgement is doubted, and pain is imagined as a normal part of the ageing process. Combined with uncertainty and fear on the part of older people, this can have serious medical consequences.



### **Barbara, 77**

Barbara lives in a large city. She is very active physically, maintaining her own small garden, attending a sports class and helping neighbours who are physically restricted. Barbara knows her body and its signals very well.

When Barbara got sick, her daughter drove her straight to the doctor, suspecting that it was something more serious than a cold. The doctor advised her daughter to tell her to just rest for a while and did not even examine Barbara further. Barbara then felt as if she was not present in the room and felt devaluated and humiliated, as she knows her body very well and is still more than able to express herself.

## **Multidimensional experiences**

Marc, Monika and Barbara all had made very similar experiences with doctors. Although not exclusive to people, their experiences are specific. All three are perceived as being old by the doctors which is affecting their treatment consciously or unconsciously. Perhaps the doctors assume that pain is part of old age, or perhaps they have the prejudice that older people imagine illnesses. We cannot claim, but it is very likely that certain stereotypes play a role here. Furthermore, Monika and Barbara are women, Marc is a man. What sounds trivial at first also brings along certain prejudices and stereotypes. Was Marc able to stand his ground better because this is considered normal for men? Did the two women appear more defensive? Does Monica blame herself because of her socialisation? Or does it have nothing to do with gender? Again, we don't know for sure. But asking these questions and thinking about the impact this has on people's lives is an important step in perceiving the three as individuals and fighting ageism in all its forms.

## **Discrimination in the health sector**

Various forms of discrimination occur in the healthcare sector. Our interviewees report not having been taken seriously, not receiving certain therapies or, as in the example above, having to put up with insulting statements from medical staff. Older people often feel that their personal health is less valued than that of younger people, as doctors often do not take enough time for their patients. At the same time, our respondents felt that doctors interfered in their own decisions and considerations by talking them out of treatments or operations, or not informing them at all.

Also, our respondents reported that many medicines are often not suitable or even dangerous for older people and are prescribed anyway. This is because older people are underrepresented in

pharmacological research. Older people are hardly ever used as test persons in clinical studies and therefore the risks and side effects for them are not tested enough or not at all. Within medical science, there has been a heated debate on that for some years now (cf. Cherubini et al. 2010). Also, the treatment of older people may be considered uninteresting by medical professionals (cf. Higashi et al. 2012), which is why only a few specialise in medicine and techniques for the treatment of disease symptoms related to the ageing process. Thus, older people are not only underrepresented and underserved with appropriate treatment methods, but also face a lack of structure of specialised doctors. In the health sector, we find age-discriminatory ways of thinking and behaving on an interpersonal level as well as structural conditions that make it difficult for older people to access good medical care that is tailored to them.





## Care

Similar to the health sector, care is a frequently mentioned area in the interviews. In the context of this compendium speaking of the care sector includes the care for patients in hospitals as well as in social facilities such as retirement homes. The problematic aspect in this regard is that there is a great dependency of older people on the people providing care, be it informal or formal caregivers. Studies show that it is particularly difficult for those affected by discrimination to defend themselves against a highly dependent relationship. In this regard, it is hard for people that are dependent on others to formulate critics or to take independent decisions. Studies further pointed out that in the long-term and medical care sphere submissive and uncritical behaviour of older people is mostly evaluated positively by the caring staff. This leads to the situation that older people are being forced to behave in the manner which is expected from them to get attention and to get treated well (Lukas 2007: 44-46).

### Theresia, 62

Theresia's mother is 90 years old and lives in a nursing home where Theresia visits her regularly. She notices that she does not like the tone in which her mother is regularly addressed. She is spoken to like a little child by some of the caregivers and treated as if she can no longer decide or contribute anything herself, not even what has to be done for her or when she would like to drink her coffee. Theresia was very annoyed by this as she felt that her mother's self-determination was restricted here and the nursing staff's behaviour was disrespectful.



### Elderspeak

Different forms of ageism in the field of care were reported by our interviewees. It is quite common for older people to be addressed in childish language or tone. This concept is called "elderspeak" or "secondary baby talk". This form of addressing is based on the stereotype of older people in care that their cognitive and sensory competences decline to such an extent that communication must be as simple as with a child. However, this makes many older persons in care feel that they are no longer taken seriously as an adult person. This ultimately has a negative impact on older people's self-assessment.

### Questions for self-reflection

Older people are denied independence and decision-making competence as they get older in several contexts and situations. Have you also had this experience or have you perhaps had such thoughts yourself about older relatives or friends?

Take a moment to think about this. Why do you think this happens? What reasons could there be to deny older people this competence?



#### **Irina, 60**

Irina's mother, 87, lives in a nursing home. Irina goes to visit her often and during the lockdown period, she had spoken to her mother every day on the phone. Her mother told her that she felt uncomfortable in the nursing home. The reason was that the nursing staff were very rough with her. On the one hand, she reported that the staff members shouted at her as if she could hardly hear and that they would be very rough with her during washing, changing and examinations such as taking blood samples. Furthermore, she says that food is sometimes simply slammed on the table with a big thud.

Irina got worried and tried to get in touch with the nurses. They retorted that her mother was just imagining things and that she was very difficult to take care of anyway. Irina did not believe this version. After her mother's radio was taken away because she was accused of listening to music too loudly, Irina had enough. She wrote a letter to the home's management and exchanged views with those responsible. After some internal enquiries, it turned out that this was not the only complaint about these specific caregivers. They were suspended with immediate effect, and Irina's mother got her radio back.

## From devaluation to violence

In the example with Irina, verbal and physical violence contradict the rules and principles of professional care. Our interviewees reported examples in which the person being cared for was decided over the head. Verbal and even physical assaults were mentioned, however, less frequently. This behaviour is mostly based on the stereotype that people who need care are no longer able to make decisions for their own well-being.

In this drastic example, however, it becomes clear how the devaluation and expropriation of skills and qualifications of older people can ultimately end in violent circumstances. The denial of one's own competence to act can be considered "a first step". Based on the interviews it seems that once this mental line has been crossed it might be easier for the perpetrators to justify their actions by the supposedly inappropriate behaviour of older humans.





## Dealing and coping strategies

In our interviews, we learned about many examples of discriminatory behaviour and its impacts on the victims. It was very difficult for them to deal with these situations, which triggered feelings of insecurity, sadness and anger.

Due to the experience of being powerless, it was difficult for most interviewees to even name possibilities to deal with such situations. Some respondents mentioned verbal protest, for example, standing up against discriminatory behaviour, reacting disapprovingly and expressing their displeasure. Another person reported that having limited contact with some relatives after a negative experience of having been patronised.

But the interviewees told us about different approaches to solutions that could be used to counteract the problem of age discrimination in the future. On the one hand, within the medical field, specialising in gerontology and other age-relevant areas should be made more attractive. Increased and improved conditions could reduce the tight staffing in the medical field for older people and create more time for the treatment process. Also, it was emphasised that already in children's and youth education, topics of discrimination and equality should be focused on to the advancing demographic change more strongly to create more understanding of the life situation of older people.





## What can we do?

Ageism is a multi-faceted problem. Therefore, a simple solution strategy is not in sight. The reports from the partner countries provide various good practice examples on political projects and initiatives to work towards more equality and corresponding legal and political guidelines. In addition, there are ombudspersons or anti-discrimination offices in all European countries where victims can seek help if the incidents are justiciable and or demonstrable acts. However, many of the incidents described here can be considered discriminatory, but from a legal point of view, they are not punishable.

The Smart Against Ageism project is especially dedicated to a pre-legal space and wants to draw attention to the stereotypes and prejudices underlying discrimination. By addressing the questions in this compendium, you have already taken a big step to understand and unroot ageism. To engage critically with ageism means first reflecting on our own perceptions and stereotypes. This is certainly not always easy and may confront us with negative attitudes. However, this process also makes it possible to interact more openly and overcome discriminatory behaviour.

In the following paragraphs, we are presenting some methodological approaches with which an independent confrontation with the topic of age discrimination can succeed. The approaches stem from educational anti-discrimination work and have been tailored to the issue of ageism. Some methods can be used to deal with the topic on one's own. Other methods are more suitable for deepening this discussion with other interested people in larger or smaller groups.

## Become practical

### WHO AM I?

#### Material

Pen, paper, stopwatch

#### People

Min. 2 people, larger groups are also welcome

#### Task

Set a stopwatch for three minutes. In these three minutes, you have time to find three things that characterise you. What do you think are the three characteristics that best describe you? When you are ready, start the stopwatch and write down those three. Good luck!

#### Evaluation

We hope you were successful. Were you? It is not so easy to find only three terms, is it? Read the terms to each other and exchange ideas about your terms. Maybe the following questions will help you: Do you think the other participants' terms are correct? Would you have chosen different terms or the same ones? How do you feel about your three terms after you have introduced them and heard your partners' terms? In retrospect, would you have preferred to choose other terms, or do you find the other participants' terms more appropriate?

#### Background

As you may have noticed, it is quite difficult to find three terms that describe you well. As we have seen when using this method in workshops, it is actually impossible. Have you perhaps chosen "cheerful" as an attribute? But does that really always fit or are there also melancholic moments? No matter which attributes you have chosen, they will never describe you always and in all situations in life. And only three attributes will not be enough to describe you in all your individuality. But when we perceive people based on stereotypes, this is exactly what happens. Old, woman, small - and we already have the feeling that we know who and how the person is. This system also works with ageism.

With this knowledge, you can help yourself and others to quickly recognise age stereotypes as such and to act differently. You are on the right track!

## EXPERIENCES = EXPERIENCES?

### Persons

Min. 4, larger groups are also welcome

### Tasks

Designate one person from your group to lead. This person will ask you the prepared questions. Each time they can answer yes to one of the questions, please report back. Remember that it is not about right or wrong, but about individual experiences.

### Questions

1) When I get on the train or bus, I worry about getting a seat. 2) With doctors I do not let myself be fooled. I look up the diagnosis on the internet. 3) I always have a bad feeling about emails because I never know if I am clicking on the wrong place. 4) I prefer not to go on some trips because I do not know if there are toilets and places to sit. 5) I try to get home before dark, after that it gets scary. 6) I do not mind driving in a big city. The many cars do not stress me out. 7) I sometimes feel that my position is not heard. 8) I know the currently popular technical apps and programmes and know what to do with them. 9) I am interested in pop music and new releases. 10) I can recite at least two poems by heart.

As the game leader, you are welcome to add more questions.

### Evaluation

You will certainly have noticed that all the participants answered the questions differently. It is very unlikely that everyone in the room positively answered the same questions, because everyone had different strengths, weaknesses and experiences. This method helps to visualise this. If you like, you can discuss in the group what could be decisive for these different experiences.

### Background

Not all experiences are the same. Everyday situations are perceived differently by people, which has to do with people's individual strengths, weaknesses and idiosyncrasies. People are also treated differently in the same situation. This depends strongly on how the person is perceived. Is he or she recognised as a woman or as a man, as a child or as an old person, as rich or as poor? Depending on which category the person is associated with.

## PRIVILEGE TEST

### Persons

Alone or in a small group

### Task

Read through the following story. At various points in the story, you will be asked what it would be like for you in this situation. Take the time to answer the question of how you would feel in this situation.

### Story

Irina (84) lives on the ground floor of a four-storey building in a medium-sized European city. She took an early interest in computers, which came easily to her as she is mathematically gifted and interested. Join Irina for a walk around the city:

Irina leaves the house to go shopping. The shop is a bit further away, but she always walks there. For a year now she has needed a small trolley that she pulls behind her. Before, she always carried a backpack, but it gets too heavy for her. (Question 1: What about you?). Irina must cross some roads. Here, too, she has got into the habit of preferring to use the traffic lights and takes a diversion to do so. Without traffic lights, she is not sure if she is fast enough (Question 2: What about you?). When she arrives at the shop, she picks things off the shelf. She must ask someone else for her favourite yoghurt, it is too high up (Question 3: What about you?). At the checkout, she prefers to pay with her smartwatch. It's easy and she sometimes must ask for help when counting out the change when she uses money (Question 4: What's your situation?). On the way back, she makes good time but prefers to take a break on a bench in the shade. When she didn't do this, she once felt dizzy and had to lean against a house for a long time. This made her uncomfortable (Question 4: What is it like for you?). When she gets home, she rings the bell in the flat above her. Her grandson comes down and helps her put the shopping away. The grandson is having his lunch break and they both have a coffee together (Question 5: How is it with you?).

### Evaluation

How were you able to answer the questions? Did you have similar experiences to Irina in questions 1 and 2 or does it not matter to you where you cross the street and are you perhaps often quicker at your destination? As with question 3, do you sometimes have to ask for help because something is very high up or are you tall enough to reach everything? Do you sometimes bump your head in low rooms? Is your eyesight good or do you avoid certain situations where you need to see something quickly and under time pressure? Like Irina at the cash register? Is your physical condition sufficient for everyday walking or do you, like Irina, prefer to sit down occasionally? And do you have the luxury of having loved ones living close by and able to spend time with you, as in question 5?

That's a lot of questions. When you have answered them, you will become aware of many privileges. Maybe about the ones you have, maybe about the ones Irina has.



## Background

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Privileges are random and yet substantially determine our lives. On the one hand, these are structural things. How much money do we have, how much money did our parents have, where did we grow up, are we trusted to work as a woman or as an old person, do we have a European passport or not? All that is decisive. But what is also decisive is what hurdles we find in our everyday lives and how we manage to deal with them. The smartwatch solves the problem with cash, but do I trust myself to use this technology?

To combat ageism, it is helpful to become aware of privileges. If you are aware of them, you can see opportunities to stand up for more equality. You are on a good path.

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