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## **Active and Successful Ageing: A European Policy Perspective**

### **ABSTRACT**

Over the past two decades ‘active ageing’ has emerged in Europe as the foremost policy response to the challenges of population ageing. This article examines the concept of active ageing and how it differs from that of ‘successful ageing’. In particular it shows how active ageing presents a more holistic, life course oriented approach than successful ageing. We provide a critical perspective on active ageing too by, first, tracing its emergence in Europe and then showing how, in practice, it has been dominated by a narrow economic or productivist perspective which prioritises the extension of working life. It has also been gender blind. Nonetheless it is argued that an active ageing approach has the potential to enable countries to respond successfully to the challenges of population ageing because of its comprehensive focus and emphasis on societal as well as individual responsibility. Finally, we set out the basic principles that need to be followed if the full potential of active ageing is to be achieved.

### **KEY WORDS**

**Labour market, life course, health, retirement, European Commission**

### **Introduction**

Policy responses to population ageing globally comprise both negative and positive strands: on the one hand old age is commonly portrayed as a period of inactivity and dependency while, on the other, often simultaneously, older people are viewed as a social and economic resource. Both successful and active ageing derive from the same scientific root, the activity perspective. Both have been employed, in research as well as policy, as alternatives to the inaccurate deficit model of older age, albeit on different sides of the Atlantic Ocean (Strawbridge, Wallhagen, & Cohen, 2002; Walker, 2009). Sometimes the two terms are wrongly used as synonyms. The main purpose of this article is to examine the idea of ‘active

ageing'. We do so from a European vantage point where it has become the leading scientific and policy conceptualisation of a later life characterised by well-being. Active ageing is contrasted with 'successful ageing', prevalent in ageing discourses in the USA, and shown to represent not only a more holistic, life course oriented approach but also one which, in policy terms, enlists organisational and societal actions as well as individual ones. In practice, however, active ageing policies have been dominated by a narrow economic or productivist perspective which prioritises the extension of working life and, therefore, overlooks those not involved in paid employment. This bias is illustrated with reference to European policy developments. Thus, in practice, active ageing actually comprises two distantly contrasting policy frameworks – one narrowly economic focussing on older workers and the other social, encompassing the whole life course. Then it is argued that a comprehensive life course active ageing strategy can provide a sound basis for countries to respond to the challenges presented by an ageing population. This strategy should be based on a partnership between citizens and society and aim for a comprehensive, non-coercive and inclusive approach to active ageing. Finally, drawing on the strategy outlined by Walker (2002, 2009), it extends the criteria for a comprehensive approach to active ageing and sets out the basic principles that need to be followed if policy makers are to achieve the full potential benefits of active ageing.

### **The emergence of successful ageing**

There is wide global variation in the terms used to encapsulate the notion of 'ageing well'. These include, successful ageing, active ageing, healthy ageing, positive ageing, productive ageing and competent ageing. Each one of these concepts implies a (sometimes subtly) divergent approach to the gains and potential of ageing (Barrett & McGoldrick, 2013). The most prevalent terms employed over recent decades have been successful ageing in the USA

and active ageing in the Europe (Constança, Ribeiro & Teixeira, 2012). While these terms are often used interchangeably (Lloyd, Tanner, Milne, Ray, Richards, Sullivan, Beech & Phillips, 2013) they are inherently different (Deeming, 2009) and neither is without criticism (Villar, 2012).

Active ageing is concerned with facilitating the rights of older people to remain healthy (reducing the costs of health and social care), remain in employment longer (reducing pension costs), whilst also participating in community and political life. However, despite its wide currency, the concept of active ageing lacks a precise universally agreed definition and is commonly used to mean ‘all things to all people’ (Walker & Maltby, 2012). This lack of uniformity can make the aim of developing and comparing policy implementation more complex, both internationally and nationally (Sidorenko & Zaidi, 2013). Notwithstanding this deficiency, it has been used widely in the past 10 years in Europe in particular, largely as a result of the efforts of the World Health Organisation (WHO) and European Commission (EC).

The emergence of successful ageing and active ageing can be traced back to the activity perspective in the US, during the early 1960s, as the antithesis of disengagement, the mutual withdrawal between ageing persons and society (Walker, 2002). Cumming and Henry (1961) assumed disengagement to be universal and inevitable. This first major gerontological theory was criticised for largely ignoring older adults' own perceptions about what engagement entailed and enforcing a deficit model (Hochschild, 1975). The model of successful ageing developed out of the activity perspective. To age well, individuals were to lead lives that avoided disability and disease, and thereby maintain mental and physical capacities that facilitated productive and social engagement in society (Rowe & Kahn, 1987, 1997). The key

to 'successful ageing' (Pfeiffer, 1974; Rowe & Kahn, 1987) was seen as the continuation of activity in older age and retention of values typical of those in middle age (Havighurst, 1963) denying the onset of old age (Walker, 2002). Productive ageing followed a decade later, in the US, and, after another decade, the global concept of active ageing (WHO, 1994).

Successful ageing and active ageing challenge the dominance of the deficit-model. Along with some variants of productive ageing they challenge the expectation that older people would exit the labour force at fixed (arbitrary) ages and exchange wages for pensions. There is a concern that this detachment from employment creates a situation in which older people are no longer in a socially defined 'productive' sector of society (Estes, 1979; Phillipson, 1982; Walker, 1981) which leads to a more general devaluation of the worth of older people (Walker, 1980). Rather than equating the oldest phase of life purely with a period of rest, active ageing and successful ageing discourses seek to enable the participation of older adults in society (Barrett & McGoldrick, 2013). However, if narrowly applied, both risk the creation of a two-tiered view of the older population with a minority of people (predominantly the young old) aspiring to meet standards of success or activity (linked to employment), which remain unattainable for many (old old) due to severe illnesses or disabilities (Holstein & Minkler, 2003; Scheidt, Humpherys & Yorgason, 1999).

First coined 40 years ago by Butler (1974) successful ageing began to increase in popularity following an article by Rowe and Kahn (1987) where it was argued that ageing and illness are distinct processes. Ageing research tends to focus on notions of loss and decline, with the product of illness being attributed to ageing. Rowe and Kahn (1997) elaborated on their initial model of successful ageing to include three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and

active engagement with life. In America successful ageing began to become a reference point in discourses around ageing, contributing to the rejection of older age as being inextricably linked to an inevitable succession of losses (Boudiny, 2013). This has changed the focus of research from those who suffer illness and disabilities as they age to those who experience positive outcomes. This also led to a shift in focus from those 'doing poorly to those doing well' (Strawbridge et al., 2002).

Successful ageing prioritises the achievement of clinical and medically inspired criteria, while social aspects (engagement with life, in Rowe and Kahn's model) occupy the lowest position in the hierarchy of success. As such, Rowe & Kahn's (1987, 1997) model of successful ageing has the potential to lead policy makers and older people themselves to aspire to an unrealistic ideal of ageing. Rowe & Kahn (1987) over-estimated the prevalence of older individuals progressing through old age disease-free when evidence from centenarian studies shows that reaching old age without ill-health or disability is uncommon (Motta, Bennati, Ferlito, Malaguarnera & Motta, 2005). 'Successful' implies there are winners and losers, all too often true in policy developments, but most gerontologists are uncomfortable with labelling someone unsuccessful because they are disabled or have ill-health (Strawbridge et al., 2002). The processes of defining and measuring successful ageing have been problematic as they have been concerned with how older individuals should age, rather than with how people come to view themselves as ageing successfully (Chapman, 2005; Pruchno, Wilson-Genderson, Rose & Cartwright, 2010). For instance, even if older adults experience ill health or disability, they may not identify themselves as ageing unsuccessfully and may still engage in a variety of activities (Tate, Leedine & Cuddy, 2003). There is a risk that it is reduced to an exclusionary, ageist, and even discriminatory perspective - a professional dogma with no room for human agency.

Successful ageing is an individualistic concept because it does not take into account the fact that changes in peoples' lives and in social structures are fundamentally interdependent (Riley & Riley, 1994). In practice ageing is a social process that involves the interplay between human development and the complementary dynamic of structural change (Depp & Jeste, 2006). Various improvements in older people's lives are contingent upon societal interventions and measures including life-long education (Davey, 2002), anti-age discrimination policies (Walker & Maltby, 2012), leisure (Walker, 2009) and opportunities to volunteer (Deeming, 2009). In practice there is a 'dependence of successful (and active) aging upon structural opportunities in schools, offices, nursing homes, families, communities, social networks, and society at large' (Riley, 1998, p. 151). Social and cultural settings contextualise individual ageing and vary considerably in terms of the demands they involve and the opportunities and resources they offer (Villar, 2012).

### **The concept of active ageing**

The concept of active ageing began to develop in the 1990s with an emphasis on the link between activity and health (WHO, 1994). It emerged at a time when the issue of global greying resulted in the dismantling of the traditional conception of the life course that equated the oldest phase of life with inactivity (Boudiny & Mortelmans, 2011). The active ageing discourse focuses on encouraging the participation of older adults in society and emphasises the competence and knowledge that older people possess (Daatland, 2005). The most widely used definition is from the WHO: as 'the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age'. Importantly 'active' was defined as 'continuing participation in social, economic, cultural, spiritual and

civic affairs, not just the ability to be physically active or to participate in the labour force' (WHO, 2002, p. 12). This perspective further challenged stereotypes of older age characterised by passivity and dependency, placing an alternative emphasis on autonomy and participation. Active ageing refutes the 'decline and loss paradigm' commonly associated with the consequences of physical decrecence (Townsend, 2007) and emphasises the active roles older people occupy in society. It highlighted the need for a distinction between notions of activity and passivity, where being active involves living by one's own rules as opposed to being 'normalised' by others in order to avoid denunciation (Walker & Foster, 2013). It also includes the need for activities designed to ensure the protection, dignity and care of older people (Stenner, McFarquhar & Bowling, 2011). In theory at least, it emphasised the need for a departure from notions of ageing in purely economic terms towards a more holistic approach including quality of life, mental and physical well-being and social participation (Foster & Walker, 2013; Walker, 2002). Therefore, it is important that activity aims to enhance well-being if it is to be incorporated into an active ageing model. Increasing employment of older people in itself is not a holistic active ageing measure, it needs to be accompanied by measures to combat age discrimination in the workplace, promote age diversity, more flexible forms of employment and/or training opportunities (Corsi & Samek, 2010).

Like successful ageing the notion of active ageing is not without criticism. For instance, it has been suggested that a process of idealisation of active and (successful ageing) might end up being counterproductive and oppressive (Holstein & Minkler, 2007). There is a danger that policy makers will overemphasise physical activity to the neglect of mental capacity and over-idealise a productive model of active ageing (Walker & Maltby, 2012; Barrett & McGoldrick, 2013). Thus there needs to be room for alternative lifestyles and definitions of



activity (Calasanti, Slevin & King, 2006). Even advocates of active ageing recognise the risk ‘that this sort of strategy will become coercive’ (Walker, 2002, p. 134). Therefore, it is necessary to avoid the imposition of top-down generalities by attending to the specificities of varied positive and negative lived realities of older people (Stenner et al., 2011). The expectations for active ageing are typically framed by policy makers and researchers, who tend to define activity according to middle-aged or youthful perspectives which may not be congruent with the experiences of older people (Reed, Cook, Childs & Hall, 2003). Therefore, there is a need for older people themselves to be more closely involved in determining what role active ageing could play in their lives (Walker & Foster, 2013).

The heterogeneity of the older population means that it is difficult to measure the concepts of successful and active ageing. A strict rubric of success or activity excludes too many and fails to embrace differences observed in older people. However, more comprehensive definitions of active ageing seem less deterministic, either as an outcome or as a process of achieving it (Constança et al., 2012). It is a broader-based concept than successful ageing (Boudiny & Mortelmans, 2011) and, as such, appears to offer greater positive policy potential than other ageing discourses.

### **Active ageing policy in Europe**

Ageing first arose as a central European policy issue in the early 1990s, when the EC established an ‘observatory’ to study the impact of national policies on ageing. The first proclamation at this level of the key elements of a new active and participative discourse on ageing was found in the European Year of Older People in 1993 (Walker & Maltby, 1997). There was an emphasis on discourses of deservingness, and the inclusion of older workers

through equal opportunities measures. The United Nations' (UN) Year of Older People 1999 was the next major step in the development of a European active ageing agenda outlining the significant challenge Europe faced to reverse its early-exit labour force culture (European Commission, 2001; Kohli, Rein, Guillemard & Van Gunsteren, 1991). The active ageing strategy and employment strategy were justified by the need to raise employment levels, especially given ageing populations and projected pension cost increases (Carmel, Hamblin, & Papadopoulos, 2007).

The policy document, 'Towards a Europe for all Ages' (1999), identified four challenges: the decline of the working-age population; expenditure on pensions systems and public finances; the increasing need for care; and diversity among older people's resources and risks. These challenges in turn led the Commission to four policy conclusions: to increase the employment rate in Europe (by promoting lifelong learning, flexible working arrangements and improving work incentives); to improve social protection policies and reverse early retirement trends; to support research relating to health policies and old age care; and to develop policies against workplace-based discrimination and social exclusion. However, despite the all-encompassing potential of active ageing it was subsequently narrowed as employment became the Commission's main focus (Walker, 2009). In doing so, those not in paid employment are excluded from ageing actively, and the valuable contributions they could make to society risk being ignored, reducing the discourse to its precursor 'productive ageing' (Boudiny, 2013). This productivist and rather utilitarian vision advocates the need for older workers to be 'activated' to enhance economic growth. At the same time an individualisation of the responsibilities of the activated older worker is promoted (Casey, 2012). Longer employment is advocated in an increasingly insecure labour market (Carmel et al., 2007) and pensions have been increasingly subject to individualized exposure to financial market risks

(Ebbinghaus & Wiß, 2011; Foster, 2012). In practice, retirement is influenced by a variety of factors including health, wealth, work decisions including involuntary redundancy, caring obligations and job satisfaction (Brown & Vickerstaff, 2011).

Although some EU documentation considers a wider range of measures and services, such as lifelong learning, engaging in capacity-enhancing and health promoting activities and being active after retirement (CEC, 2002), the aim is overwhelmingly to extend the working lives of older people (Hamblin, 2010). This focus was reflected in the so-called Lisbon target to raise the employment rate of those aged 55-64 to 50% by 2010, a target which none of the EU countries managed to attain (Zaidi & Zolyomi, 2011). In 2009 the European Commission's 'Ageing Report' emphasised a productivist approach to ageing maintaining that increasing the retirement age, limiting access to early retirement schemes, and stronger links between pension contributions and pension benefits may provide a better incentive to remain in the labour market (Walker, 2009). Yet, a year later, a more comprehensive approach was highlighted by the EU Council (2010, p. 5):

active ageing means creating opportunities for staying in the labour market longer, for contributing to society through unpaid work in the community as volunteers or passing on their skills to younger people, and in their extended families, and for living autonomously and in dignity for as much and as long as possible.

In sum EU policy discourses on active ageing over the last two decades has comprised two contrasting models. The more dominant emphasis has been on a narrow productivist approach focusing on the extending working life. In contrast, there is also a comprehensive approach to active ageing supported by the WHO and UN, as well as some parts of the EC. Although there is some evidence that these two approaches are starting to come together, in practice the actual policy instruments still focus primarily on employment (Walker, 2009).

For the first time since 1993 The European Year of 2012 focussed on ageing. The European Year of Active Ageing and Solidarity Between the Generations provided the potential to implement a more comprehensive approach to active ageing. Unfortunately however, although a range of themes were identified, the employment one was dominant: the aim was ‘to help create better job opportunities and working conditions for the growing numbers of older people in Europe, help them take an active role in society and encourage healthy ageing’ (EC, 2010c). Thus in the European heartland of active ageing policy there appears to be, at best, ambivalence about its focus and potential. Therefore, in the last section, we outline a vision for a comprehensive strategy for active ageing.

### **A vision for active ageing in Europe**

Although the EC has played a major role in framing active ageing, a comprehensive policy approach has not yet materialized. To fully comprehend the scope and prospective impact of active ageing, it is necessary to outline what a comprehensive strategy should constitute and its underlying principles. Building on and expanding the WHO (2002) definition Walker (2002, 2009) proposed seven key principles as the basis for a comprehensive strategy on active ageing. First ‘activity’ should include all meaningful pursuits that contribute to individual well-being. Therefore, activities such as volunteering should be as valued as paid employment and should be characterized by a removal of age barriers, against which no legal protection exists in many countries (Boudiny, 2013; Deeming, 2009; Lloyd et al., 2013). There is also considerable evidence that increased engagement in leisure activities has the potential to improve health and well-being (Boudiny & Mortelmans, 2011). This wider focus is particularly important for many older women (and men) who fulfil important unpaid roles in society including caring responsibilities and are often excluded from productivist

definitions of active ageing (Foster & Walker, 2013). Older adults may stop work in order to care for their grandchildren and by doing so enhance the work-ability of the intermediate generation (Eurofound, 2011).

Second, it should be largely a preventative concept, involving all age groups in the process of ageing actively across the life course. Within this context the promotion of preventative health interventions to tackle the lifestyle, diet and consumption patterns are influential in determining ill-health at all ages (ActivAge, 2005). Third, active ageing should encompass all older people, including those who are frail and dependent. A focus only on the 'young-old' is likely to exclude the 'old-old'. Active ageing in practice in the EU has largely been concerned with the young-old rather than the old-old where the probability of experiencing sizeable losses in cognitive and physical potential increases substantially (Baltes & Smith, 2003). Fourth, intergenerational solidarity should be a key feature of active ageing involving fairness between generations.

Fifth, the concept should include both rights and obligations. Therefore, rights to social protection, lifelong education and training should be accompanied by obligations to take advantage of education and training opportunities and, wherever possible, to remain active in other ways. Sixth, active ageing strategies should be empowering with top-down policy action to facilitate activity, but also opportunities for citizens to take action from the bottom up. The ability to make use of personal freedom to participate in activities is in part dependent on financial status, health and mobility (Bowling, 2005). Therefore, encouraging older people to be actively engaged with their local communities requires the input of resources (Lloyd et al., 2013).

Seventh, and lastly in Walker's (2002) model is the importance of active ageing respecting national and cultural diversity. There are large variations across Europe in both activity patterns and norms concerning activity. Within countries there are also large variations between ethnic groups in their preferences for different forms of activity. Active ageing policy should take account of diversity but should not go so far as to condone practices that transgress national and international equality and human rights objectives and laws (Bowling, 2009). At the same time it must be recognised that implementing such a principle is difficult without first deciding what national and international equality, human rights objectives and laws are to be held as standards. Beyond Europe and Westernised contexts there is evidence of cultural difference and divergence in ideas about active ageing, which are linked to socio-economic conditions (Danyuthasilpe, Amnatsatsue, Tanasugarn & Kerdmongkol, 2009). Indeed a lack of financial support in older age is likely to lead to working longer but, depending on occupation, may also be detrimental to health and well-being in older age (Lloyd et al., 2013).

In its most comprehensive form active ageing has the capacity to embrace structural and economic issues which impact on older people. Economic resources should be interpreted as determinants of active ageing given that an individual's financial situation influences their ability to afford elements of active ageing (Boudiny, 2013). Furthermore, longevity differs substantially between socio-economic groups and is unequally distributed spatially both within and between countries: 'death is not democratic' (Esping-Andersen, 2009, p. 147). Tackling these inequalities is an important part of a comprehensive active ageing strategy which aims to provide normatively fair solutions. It must also recognise country specific challenges to the implementation of particular active ageing policies including those

associated with extended employment when levels of unemployment remain high, such as in Spain, Greece and Italy (EC, 2011).

Building on these challenges we suggest the addition of an eighth principle to active ageing. It is vital that a comprehensive approach is flexible. It must contend with individual ageing throughout the life course and changing notions of what active ageing means to different people and the resources required to age well. Activities also change with increasing age due to alterations in preferences and constraints. Boudiny (2013) states that adaptability is required, active ageing policies need to assist people to accept changes and integrate them into their lives. Unfortunately current approaches to active ageing (and successful ageing) tend to set relatively high standards or expectations and fail to fully grasp the impact of structural inequities and changing circumstances (Depp & Jeste, 2006). Policy can promote new ways of ageing actively and assist people to integrate changes into their lives. This may be in the form of practical training interventions (and not only those associated with employment) (Davey, 2002), information technology (Corsi & Samek, 2010), environmental modifications and assistive devices (Schieber, Fozard, Gordon-Salant & Weiffenbach, 1991). In addition active ageing must be flexible with regard to cultural and religious differences while embracing human rights, flexible in comprehending how socio-economic status influences ageing and resources, and flexible in understanding the gendered nature of ageing.

## **Summary**

An effective active ageing strategy should be based on the combined contributions of the citizen and society. In EU policy terms, the promotion of active ageing involves linking hitherto independent policy domains: employment, health, social protection, pensions, social

inclusion, technology and economic policy for instance (Walker & Foster, 2013). The translation of this approach into concrete social policies would mean the transformation of a wide range of policy arenas, such as the labour market and health, towards more active interventions to prevent the causes of individual loss of function and loss of skills in the latter part of the life course. At the policy level a redistribution of resources from acute to preventative health is essential, as are pension policies that do not create a barrier between employment and retirement and which facilitate post-work participation (Foster, 2014). Underpinning this focus is the belief that chronological age is not an effective predictor of performance (Walker, 2002). In fact, a life-course perspective reinforces the preventative dimension of the active ageing agenda in that ageing well requires strategies to promote health and well-being prior to older age being reached. However, the new active ageing paradigm set out here seeks to facilitate the maintenance of both physical and mental capacity, which would enable older people to work longer if necessary, but also create healthier and more fulfilled post-employment years (Walker & Foster, 2013).

## **Conclusion**

A comprehensive concept of active ageing can provide a framework for the development of global, national and local strategies relating to population ageing. It has the potential to unify the interests of all key stakeholders: citizens, non-governmental organisations, business interests and policy makers (Walker & Foster, 2013). However, in its current form it over-emphasises employment (Walker & Maltby, 2012). The active ageing strategy outlined here operates simultaneously at the micro, meso and macro levels reflecting the need for a partnership between citizen and society. It is a flexible approach to active ageing, which recognises diverse needs in policy and practice in a non-coercive and inclusive fashion. It is



also in line with the desires of ageing workers for more flexibility in retirement (Smeaton, Vegeris & Sahin-Dimen, 2009) and those not in employment for a recognition of the diverse nature of activity (Boudiny, 2013). Therefore, to be a more effective policy tool, active ageing should be a ‘dynamic, life course-driven concept that taps into people’s perceptions and enables them to create their own forms of activity, instead of focusing on a predetermined, limited number of domains, usually developed from an ‘expert’ perspective’ (Boudiny & Mortelmans, 2011, p. 12).

Active ageing provides a potential platform for consensus building in ageing policy that addresses the concerns of multiple individuals, sectors and regions. However, policy proposals and recommendations are of little benefit unless they are accompanied by appropriate actions (Kalache, Barreto & Keller, 2005). The short history of active ageing has seen it rise to a prominent rhetorical position in European policy agendas but, unfortunately, very few resources have been devoted to it beyond the labour market (Barrett & McGoldrick, 2013). Like successful ageing, active ageing is too often focussed on ‘youthful’ activities which emphasis health and independence (Reed et al., 2003). Overly ambitious formations of active ageing are problematic (as is the case with successful ageing), as they may serve as a form of ageism (Boudiny, 2013). There is also a danger that the ‘health and well-being’ narrative retreats to become the preserve of a ‘fourth age’ characterised by biological decline and consumption of welfare resources (Moulaert & Biggs, 2013). There is also a concern that the economic downturn in different parts of Europe and beyond will result in material hardship and a consequent loss of opportunities for activity. Therefore, these structural and economic barriers to active ageing must be addressed for a comprehensive approach to work in practice.

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