The active ageing approach has become a leading global response to population ageing, having been widely adopted as a policy direction across the European Union (EU) and various national and local governments. This trend has been greatly influenced by the World Health Organization publication of *Active Ageing: A Policy Framework* (WHO 2002), which has provided the basis for many national policies. The framework defined active ageing as ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO 2002: 12). The WHO model conceptualises active ageing broadly 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’, and highlights the importance of maintaining autonomy and independence (WHO 2002: 12). Both culture and gender are recognised in the WHO model as cross-cutting factors that have a major influence on active ageing. Given that it is over a decade since the release of the WHO Active Ageing Framework, it is timely to consider the impact of this initiative, particularly on how older people from different cultures and groups experience active ageing.

**Conceptualisations of ageing**

Active ageing has its roots in Activity Theory, which was popular in the 1940s and 1950s and stressed the importance of an active lifestyle (Boudiny 2012). Active ageing incorporates elements of previous conceptualisations of ageing, including successful, healthy and productive ageing. Taken as a whole, these approaches represent a move away from an earlier deficit model of ageing that focused on increasing ill health and disengagement from society and, instead, focus on ways to age well by maintaining healthy lifestyles, social connections, and continuing contributions to society (Venn and Arber 2011, Moularet and Biggs 2013). Each of these earlier models focuses on different aspects of the ageing experience: for example, successful ageing focuses on avoidance of disease and maintenance of physical and cognitive functioning (Rowe and Kahn 1987); productive ageing focuses on continued participation in the paid and unpaid workforce (Hank 2011b); whereas active ageing embraces both health and participation. These models are theorised to have different component structures, incorporating factors...
such as physical, mental or social functioning, independence, financial security and productive engagement (Depp and Jeste 2006, Peel et al. 2005).

A recent review of research attempting to identify the core components of ageing well found no consistent pattern in the use of each of the models of ageing in the academic literature as well as considerable overlap between them, suggesting that the models are largely interchangeable (Hung et al. 2010). The review authors noted that academic conceptualisations of ageing tended to be simpler, emphasising physical, mental and social functioning as the three key domains, whereas those based on the views of older people emphasised a broader range of domains including independence, spirituality and personal growth. No studies have attempted to compare these academic and lay perceptions of ageing, leading the reviewers to call for a more integrated and holistic model of ageing. A further limitation identified was the focus on Western countries, with little attention to Eastern or other perspectives.

The diversity in lay conceptions of ageing was exemplified in a recent qualitative study in the UK on the meaning of active ageing to older people (Stenner et al. 2011). While some participants thought the term was meaningless, others defined it in varying ways, including the following:

- Keeping active: ‘Well it’s what I do. I can walk 5 miles without any problem. I drive. I have multiple interests. I do my own washing, ironing’ (male, 87).
- Personal autonomy: ‘Just, I think it’s being active, it’s being able, to me it’s being able to do what I want, when I want’ (female, 73).
- Meeting the challenges of ageing: ‘It’s not giving in, not saying to yourself “I am old”‘ (female, 72).

(Stenner et al. 2011: 471–2)

The above conceptions align with the WHO model in terms of staying active and maintaining autonomy and independence in later life. While on the surface this would appear to be a positive approach, it has been argued that all active ageing approaches are essentially productivist, and that their true focus is on containing the costs of ageing, including reducing the reliance on social welfare (Sánchez and Hatton-Yeo 2012). Active ageing has been seen as pursuing a neo-liberal agenda, promoting individual responsibility for ageing rather than welfare dependency (Moulaert and Biggs 2013). This productivity focus is restrictive, as it prevents consideration of non-productive activities (Ervik 2006), overlooks the person as a whole (Martinson and Halpern 2011) and excludes the old old and those in poor health (Villar 2012), those with disabilities (Jacobs 2005), or different sexual orientations (Van Wagenen et al. 2013). The productive approach may actually endanger intergenerational solidarity because it targets individual responsibility rather than interrelationships (Sánchez and Hatton-Yeo 2012).

What is normal activity in ageing?

Negative stereotypes of ageing are increasingly challenged as contemporary experiences reveal a diverse and changing picture (Jones and Higgs 2010), raising the question: what is normal activity in ageing? Sexual activity is a prime example (Katz and Marshall 2003). While sexual decline had been seen as a normal part of the ageing process, modern pharmacological advances have changed expectations. Sexual decline is now regarded as a treatable condition, making age without sex old-fashioned and those not taking advantage of medicinal aids somehow dysfunctional (Katz and Marshall 2003).

It is only in recent years that the unique ageing challenges of lesbian, gay, bisexual and transgender (LGBT) older adults have been explored. Research has found that the traditional Rowe and Kahn (1987) definition of successful ageing (avoidance of disease and maintenance
of physical and cognitive functioning) does not necessarily apply to LGBT older adults. A study conducted by Van Wagenen and colleagues (2013) revealed that LGBT participants’ experiences of ageing were broadly split into three groups: Surviving and thriving; Working at it; and Ailing. The importance of coping was highlighted by respondents, whether with regard to issues to do with LGBT status, or ageing in general.

Individual perceptions about what is and is not an activity are also revealing. In a qualitative study of 62 older people’s attitudes to daytime sleep, 26 accepted their need to sleep during the day in order to maintain their energy levels, whereas 31 were resistant to napping, seeing it as a waste of productive time (Venn and Arber 2011). These findings demonstrate the moral valence placed on appropriate or productive activities and how it impacts on individual perceptions and behaviours, as highlighted in the following excerpt:

‘No, I don’t believe I would ever [nap] because I think that it is the work and play ethic again, isn’t it?’ (Debora, aged 70).

(Venn and Arber 2011: 203)

The prescriptive nature of an activity approach, and the pressure that can be felt by older people, was also highlighted in another qualitative study of older people in a retirement community, as the following excerpts from Katz (2000: 144–6) illustrate:

‘It isn’t that I want to be nonactive, though, it is that I want to choose’ (Agnes, 62).
‘You have no idea—exercise—it’s just like you were back at school, as if you’re such imbeciles you couldn’t think of a thing to do yourself’ (Dorothy).

Cultural perspectives on activity and active ageing

The concept of active ageing, and what are considered to be worthwhile activities in later life, also varies between cultures (Ervik 2006, Martinson and Halpern 2011). Katz (2003: 255) has argued that activity studies often focus on activities connected to traditional moral values, having been shaped by ‘white, masculine, heterosexual, middle-class values and cultural patterns’.

Using the example of older indigenous Australians, Ranzijn (2010) questions whether current models of ageing are appropriate for older people from non-dominant cultures or living in remote areas. He argues that the focus on healthy ageing and activities such as exercise and formal volunteering do not fit well with the lived experiences of aboriginal elders. Ranzijn goes on to say that the Western approach to health and ageing values independence and self-reliance, in contrast with the aboriginal worldview that is characterised by acceptance of ageing and ill health, interdependence, reciprocity and an intricate kinship system.

Another area needing more consideration is the experience of ageing in developing countries and the looming impact of population ageing in these countries (Cloos et al. 2010). It has been argued that there has been a 50-year lag in the onset of population ageing between developed and developing countries and that the environments of ageing are markedly different in developing countries due to the impact of globalisation, financial and political insecurity, and the shifting pattern of disease, including the advent of HIV/AIDS (Eldemire–Shearer 2008). Developing countries will need to employ different strategies to those used in developed countries (Eldemire–Shearer 2008, Sibai et al. 2004).

The challenge for developing countries has been demonstrated in the Caribbean, where conceptions of active ageing and access to the health and social services needed to age well have been explored through qualitative research with older people from six countries: the Bahamas,
Barbados, Guyana, Jamaica, Suriname, and Trinidad and Tobago (Cloos et al. 2010). The authors concluded that ‘the factors that promote “active ageing” are very unequally distributed among elders in the six countries, with marked differences between the well-off and the poor and between rural and urban areas’ (Cloos et al. 2010: 94). The capacity to age well and engage actively in the community was noted to be a function of the local context, including poor economic conditions, changing intergenerational relations (with younger family members moving overseas for economic reasons) and reducing access to health care services and social supports.

Financial insecurity has also been found to be a key determinant of ageing well for older people in more developed Asian countries such as Korea and Taiwan (Hsu 2007, Jang et al. 2009). Financial insecurity can impact on capacity to age well in many ways, including access to educational opportunities, which in turn impacts on future employment and income opportunities, and health literacy (Jang et al. 2009, Tam 2011). In addition to the impact of financial security, the broader socio-political environment was highlighted as a key factor in Taiwan (Hsu 2007).

The need to consider cultural traditions like filial piety and gender roles is important in Asian countries and in some developing regions such as Jamaica, Africa and in Arabic countries (UNFPA and HelpAge International 2012, Eldemire-Shearer 2008). In the case of East Asian women, it is argued that migration, demographic changes and globalisation have led to a breakdown in traditional values, resulting in older women losing their social identity and purpose (Mjelde-Mossey and Walz 2006). The strict gender roles evident in Arabic countries may create barriers for women, particularly older widows, in accessing services and employment opportunities (UNFPA and HelpAge International 2012, Sibai et al. 2004). In Caribbean countries, the interaction between gender and ageing is more complex, with older men more likely to be educated and employed, or receiving pensions. However, they were also at greater risk of social exclusion and less likely than older women to live with their children (Cloos et al. 2010).

In an increasingly globalised world, it is important to recognise the diversity of the ageing population within countries. In Australia, for example, 36 per cent of those aged 65 and over were born overseas (Australian Bureau of Statistics 2012) and their needs and challenges are little understood. A study undertaken in Queensland, Australia, explored the perspectives of older people and key stakeholders to identify the issues and develop strategies to support them (Warburton et al. 2009). It concluded that culturally appropriate practice needs to:

- Recognise the diversity within;
- Build on existing strengths—including utilising the expertise from existing services, community champions and older people themselves;
- Develop cultural competencies—including capitalising on bilingual staff;
- Cultivate tolerance and antidiscrimination;
- Provide information and improving communication—including language lessons, translated documents and access to translators;
- Work in partnership with key stakeholders, including different levels of academia, government, service providers, family and friends and older people themselves.

**Measuring cross-cultural differences in ageing**

As outlined in the previous section, there is considerable diversity in the experience of ageing across cultures. This has led to extensive efforts to operationalise ageing and make comparisons across countries, starting with the extensive work on successful ageing, including the MacArthur Studies (Seeman et al. 2001). While the successful ageing concept was conceived in the United States, it is the predominant model in research internationally (Hung et al. 2010).
Fernández-Ballesteros et al. (2010) explore these cultural differences by replicating earlier research on the experience of ageing among Caucasian and Japanese Americans and with native Japanese, extending the sample to include Latin American and European countries. While the Caucasian and Japanese Americans and the European and Latin Americans largely agreed about the core components of successful ageing (good health; satisfaction with life; feeling life has purpose; independence; and, good relationships with family and friends), the Japanese respondents did not see the following as important: staying involved; making choices; meeting needs and wants; feeling good; coping with challenges; and ability to act according to one’s own inner standard. The authors note that while the Japanese culture is distinct from the others, the agreement on five key areas supports the universality of a broad ageing–well concept.

A 2011 study has estimated the prevalence of successful ageing in 14 European countries and Israel, using baseline data from the Survey of Health, Ageing, and Retirement in Europe (SHARE) (Hank 2011a). The prevalence ranged from 1.6 per cent in Poland to 21.1 per cent in Denmark. The average across all countries was 8.5 per cent, which is lower than 10.5 per cent reported for the US, based on similar data from the Health and Retirement Survey (HRS). Higher prevalence was associated with more egalitarian countries and welfare states (e.g. elder health care and preventative services). It is interesting to note the relatively small prevalence rates in all countries, showing how difficult it is to age successfully and supporting the argument that successful ageing overemphasises the positive and fails to reflect the realities of ageing (Boudiny and Mortelmans 2011).

In addition to cross-country prevalence rates, some thought has been given to how prepared countries are to respond to population ageing and facilitate active ageing. One approach to compare the readiness of countries is the Global Ageing Preparedness (GAP) Index (Jackson et al. 2010), which uses projections to 2040 to create an index of government fiscal sustainability (pensions, health, tax etc.) and an index of living standards for 20 countries, including major developed countries and selected developing countries. Most countries did better on one index than the other, highlighting the trade-off between fiscal sustainability and living standards for older people. For example, the Netherlands is ranked first in terms of living standards and second last in terms of sustainability over the long term, with the opposite finding for Mexico.

Another attempt to make cross-country comparisons is the Active Ageing Index (AAI) that attempts to measure ‘the untapped potential of older people for active and healthy ageing across countries’ (see Sisene 2014). The AAI is an initiative of the 2012 European Year for Active Ageing and Solidarity between Generations and enables comparisons between 27 EU countries on the overall AAI score and on the four domains of employment, social participation, independent living, and capacity to support active ageing. While the focus on the ‘untapped potential of older people’ clearly reflects the productivity agenda referred to earlier, the AAI shows the value of establishing measures to assess cross-country differences in the experience of ageing and preparedness to respond to population ageing.

Active ageing in community settings: what works?

The majority of active ageing programmes are found in community settings but vary enormously in their focus, duration, approach and effectiveness. A recent review by the National Ageing Research Institute and the Council on the Ageing (Victoria) (NARI & COTA Victoria 2012) categorised active ageing strategies as: management of health; healthy eating; physical activity; tobacco and alcohol use; participation; ageism; environments that improve health and programmes that target multiple areas. Over 100 programmes were selected for review because they had a definable strategy; however, strong evidence of effectiveness was found in only 17
programmes. The key factors contributing to the success of these programmes included: holistic approaches; tailoring to individual needs and promotion of self-efficacy; social engagement; multi-disciplinary teams including education and collaboration between research and service provision; and the use of cognitive-behavioural approaches.

The use of collaborative multi-disciplinary teams is exemplified by recent Hong Kong government support for community-based programmes to support active ageing, including funding Elder Academies and Elder Shops. Elder Academies are partnerships between schools, universities and non-government organisations to provide learning opportunities for older people, with over 100 now established (Tam 2011). Elder Shops have also been established across Hong Kong to help engage older people in commercial activities by providing business mentoring and fostering partnerships with non-governmental organisations (Lueng 2009). The Elder Shops combine a traditional store and a community hub. The range of services has grown to include after school care, cleaning, and home repairs, with the profits going to support ongoing activities (Ng and Pong 2009).

Another example of a community-based programme is the Canadian Evergreen Action Nutrition program, which was developed by nutritionists in partnership with older adults to help older people eat better through a range of community activities, including demonstrations, workshops, support groups and cooking groups (Keller et al. 2005). A 3-year evaluation showed that the food demonstrations produced the greatest change in eating behaviour, perhaps because of the involvement of older people in the planning and implementation, small group sizes and focus on social interaction, reflecting many of the strategies highlighted in the review above (NARI & COTA Victoria 2012).

The challenges of establishing such community-based initiatives are numerous. A UK study of community-based activities in a deprived, diverse community in East London utilised focus groups with participants along with interviews with local support staff (Deeming 2009). While participation was found to enhance quality of life, benefit the local community and increase the sense of community, lack of sufficient funding was a problem in many settings.

One of the limitations of programmes aimed at promoting healthy ageing is that there is often little attempt to evaluate the outcomes for the participants or providers, other than citing the amount spent and the number of participants (Tam 2011, Molpeceres et al. 2012). While there is a clear need for rigorous evaluation to be incorporated into intervention programmes (NARI & COTA Victoria 2012), this can be very challenging for government-funded programmes and/or those run by community organisations where the staff have little or no training in research methodology. This was highlighted in a series of pilot projects developed by community organisations to target the prevention of social isolation in older people, leading the authors to develop a set of best practice guidelines to inform future social isolation interventions (Bartlett et al. 2012).

Conclusion

While active, successful and healthy ageing approaches have played an important role in moving away from the earlier deficit model, the focus on the positive and productive aspects may be as narrow and prescriptive as the earlier negative conceptions and fail to recognise the diversity of the ageing experience (Boudiny and Mortelmans 2011), including culture, gender, sexual orientation and disability (Ranzijn 2010, Villar 2012, Jacobs 2005, Van Wagenen et al. 2013). All of these factors need to be considered when designing interventions to promote ageing well.

It is time to look beyond activity models of ageing and focus more on ways to age well (Sánchez and Hatton-Yeo 2012, Ranzijn 2010). A more inclusive approach to ageing is called for,
one in which activity means more than employment, involves a life course approach, encompasses people of all ages including the old old and recognises differences between cultures, gender etc. (Sánchez and Hatton-Yeo 2012, Boudiny and Mortelmans 2011, Cloos et al. 2010). Such an approach will need to be informed by more research on the specific needs of different groups, including different cultures, those in developing countries and those who are more frail and dependent, including the possibility of successful frailty (Boudiny and Mortelmans 2011). It is clear that much of the implementation of ageing policy has been based within community groups and NGOs, with little evaluation (NARI & COTA Victoria 2012), and such is likely to be the case even to a greater extent in developing countries without the resources for major government initiatives (Cloos et al. 2010, Eldemire-Shearer 2008, Sibai et al. 2004), so attention needs to be paid to supporting these activities and ensuring their sustainability.

References


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