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Active ageing and demographic change: challenges for social work and social policy

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EDITORIAL

Active ageing and demographic change: challenges for social work and social policy

Though demographic change has been a widely acknowledged and discussed topic for decades, its scope, social impact and above all related policy responses still leave us with many unresolved social issues. Demographic change is a reality for all European societies but they differ in the ways in which this is taking place. The general statement about demographic change, or in its most commonly reductionist terminology, the ageing of societies, masks not only differences in various social aspects of demographic change (social class, gender, urban–rural, migrants and so on), but also in cultural and social perceptions of the age structure of a specific society, which is the base for formulating social responses. The capacity of society to reveal and understand all aspects of demographic change is connected to its ability to address them through social policy and social work. This is particularly mirrored in the fact that demographic change is not an isolated phenomenon. As indicated by the recent Eurostat Report on Demography, the EU is still characterised by continuing population growth as well as by an ageing population (Eurostat, 2013). However, the change in population age structure is coupled with changing family structures, influenced by fewer marriages, more divorces and an increasing share of children born outside marriage.

The most frequently utilised indicator of demographic change is the old-age dependency ratio which indicates (following the Eurostat definition) the ratio between the total number of elderly persons of an age when they generally cease to be economically active (aged 65 and over) and the number of persons of working age (from 15 to 64). The projected old-age dependency ratio estimates the same ratio for the future. [Figure 1](#) nicely illustrates the significant rise of the old-age dependency ratio for the future and, even more starkly, the rise of differences between countries. It should be noted that the most unfavourable ratio is expected in the majority of Central and Eastern European countries and particularly in Southern European countries. A ratio of over 50 is expected in Bulgaria, Germany, Estonia, Italy, Latvia, Lithuania, Poland and Slovenia by 2050, and over 60 in Greece, Portugal and Spain by the same year. However, this is not only connected with low fertility rates but also with overall population change, as a majority of these Southern and Eastern European societies are those in which significant population decline is expected. To illustrate this and according to the Eurostat data, the population of Bulgaria will decline from 7.2 million to 5.7 million by 2050, Greece from 11 million to 9.1 million, Portugal from 10.4 million to 8.8 million, etc.

As already indicated, all these factors challenge cultural norms, ways by which society is structured and organised (traditional—modern—postmodern), and existing social policy and social work programmes and measures. Overall perceptions towards age and older people have changed but there are still mixed feelings in this regard. The majority of Europeans believe that people aged 55 years and over are perceived positively in society, but a significant minority (28%) feels that they are perceived negatively, the

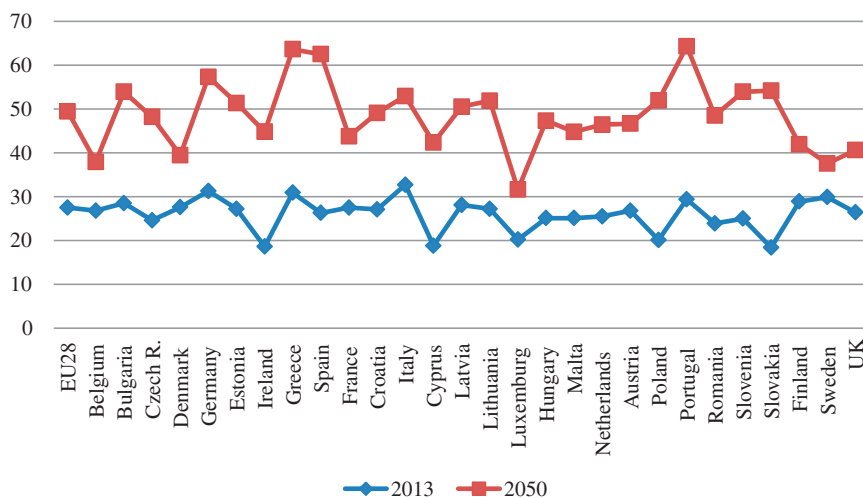


Figure 1. Old-age dependency ratio in 2013, and the projected old-age dependency ratio in 2050, EU28.

Source: Eurostat (2014).

percentage being very high (42%) in the 12 new member states (Eurobarometer, 2012). In addition, workplace age discrimination is the most widespread form of age discrimination. The same report indicates that one in five citizens have personally experienced or witnessed ageism at work, and those who do are again higher in number in the newer member states. Concerns increase over the statement that: 'lack of opportunities to retire gradually, exclusion from training and negative perceptions of older people among employees are perceived to be the main obstacles stopping people aged 55 years and over from working' (Eurobarometer, 2012, p. 8).

This brings us to the concept of active ageing. Active ageing, both as a concept and as a policy response to demographic ageing of populations, has been widely discussed, researched and utilised, informing both policy and practice as well as providing a common narrative framework to ageing. However, there continues to be a lack of clarity around its precise meaning (Clarke & Warren, 2007; Walker & Maltby, 2012).

As a concept, active ageing can be traced back to the 1940s and 1950s, when activity theory emphasised the efficacy of maintaining the type of typical active lifestyle patterns associated with middle age. Activity theory later acted as a counter to disengagement theory proposed by Cumming and Henry (1961), which placed emphasis on the gradual withdrawal of older people from society. The disengagement paradigm supported early retirement from the labour market and provided a policy solution in Western societies to the widespread youth unemployment of the 1970s and 1980s. Both disengagement and activity theory, although widely criticised, have played an important part in narratives on older people, ageing well and the role of activity (Boudiny, 2013).

Concerns about the demographic ageing of populations from the late 1980s, as well as economic and social consequences of the policy of earlier retirement, prompted a general reconceptualization of ageing, and terms such as 'productive ageing', 'healthy ageing' and 'active ageing' became more commonplace. Rather than the previous emphasis on deficits and decline associated with old age, these new narratives advocated the continued

participation of older people in society utilising their knowledge and experience (Bowling, 2005).

Faced with the implications of demographic ageing in most countries, the World Health Organisation (WHO) adopted the term 'active ageing' in the late 1990s (Marhánková, 2011; Walker, 2002). This formed the framework for their contribution to the Second United Nations World Assembly on Ageing (WAA), held in April 2002, in Madrid, Spain, 'Active Ageing: a policy framework' (WHO, 2002). In this document, active ageing is defined as: 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (p. 12). WHO further expanded this definition to explain:

It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. The word 'active' refers to 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. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. (p. 12)

The major outcome of the Second United Nations WAA was the Madrid International Plan of Action on Ageing (MIPAA). Although the MIPAA did not elaborate the definition above, it contains several policy recommendations pertinent to active ageing. These recommendations are concerned with active participation in society and development, access to knowledge, education and training, and health promotion and well-being throughout life (United Nations, 2002).

Active ageing has been reflected in EU policies. The European Year of Older People in 1993 marked the launch of a new active and productive discourse on ageing (Walker & Maltby, 2012). However, as the Lisbon 2000 social vision of Europe faced significant challenges and had been reduced to an economic approach (Daly, 2007), the concept of active ageing has also been reinterpreted more narrowly, as focused mainly on employment and the extension of involvement in the labour market beyond the pensionable age (Walker & Maltby, 2012, p. S123). The European Year of Active Ageing and Solidarity Between Generations, 2012 offered a new step forward by describing active ageing as 'growing old in good health and as a full member of society, feeling more fulfilled in our jobs, more independent in our daily lives and more involved as citizens' (Europa, 2012).

However, the concept of active ageing does not fit within all cultural understandings of 'successful' ageing. For example, the Iranian view involves becoming more dignified and leading a slower and more disengaged life and being naturally dependent upon younger generations of family (Torres, 2006, p. 131). The concept of active ageing therefore needs to be approached with caution in relation to its applicability to all cultural groups and a cross-cultural perspective is essential to appreciate a person's approach to later life and their understandings of what might be appropriate activity in their context. Many commentators (e.g. Crawford & Walker, 2008; Lymbery, 2005; Phillips, Ray, & Marshall, 2012) suggest that social workers should adopt a life course perspective in engaging with older people. Active ageing policies should also encourage life-enhancing activities from childhood, thus acknowledging that the path to old age is diverse and not predetermined and that patterns laid down in childhood impact on the way that we age

(Boudiny, 2013). As Walker (2006) points out, active ageing is not just for old people, it is for people of all ages.

Since the UN WAA and its two milestone publications have been proposed many definitions of active ageing, Boudiny (2013) has reviewed, critiqued and grouped these into three classifications, summarised and elaborated below:

(i) *Unidimensional approaches*—these studies relate to either economic approaches or physical activity. Economic approaches are popular as governments are particularly concerned with ageing workforces and the cost of pensions and health care. In this perspective on active ageing, continued labour-market participation, later retirement and economic aspects are central to active ageing policies. Proponents of physical activity as single-focused approaches are less common and emphasise the need for physical activity that increases endurance, strength, flexibility and balance.

Critics of such approaches (Boudiny, 2013) suggest that these perspectives contravene the WHO definition which explicitly states that active ageing includes continued participation in social, economic, cultural, spiritual and civic affairs; they do not align with older people's resistance to 'youthful' physical activities; they exclude those not involved in paid employment or who have severe physical limitations; and finally that an employment focus on active ageing reduces it to its predecessor 'productive ageing', largely seen as labour-market participation. In this context, 'productive ageing' excludes those involved in other types of non-productive activity.

(ii) *Multidimensional approaches*—the authors in this category describe active ageing as continuing engagement in several domains of life, such as economic, social (care and voluntary work) and leisure activities including sports and outdoor recreation, e.g., in clubs and societies (Boudiny, 2013).

The European Commission and the UN Economic Commission for Europe (UNECE), in the framework of the tenth anniversary of the second WAA, the second cycle of review and appraisal of the implementation of MIPAA and its European Regional Implementation Strategy (RIS), and the EY2012 offered a more articulated definition that included other unpaid but socially productive activities (e.g. care provision to family members and volunteering) as well as longer participation in the formal labour market and that people should be enabled to live healthy, independent and autonomous lives in their older ages (Zaidi et al., 2013).

Whilst these approaches are useful in highlighting the many areas of life the older people can be engaged in, they still view active ageing from a more youthful or middle-aged perspective (Clarke & Warren, 2007). Such approaches relate primarily to the young-old (60–75) and largely exclude the old-old (75+) due to upper age limits for some activities (such as volunteering) or grandchildren growing up and no longer needing care. Additionally, increasing likelihood of loss of cognitive and/or physical potential in very old age will be an additional constraint on engagement (Phillips et al., 2012). However, many older adults find that the time they gain once liberated from responsibilities of work or grown-up families gives opportunities to engage or re-engage with leisure activities and other aspects of life (Clarke & Warren, 2007).

It should be noted that distinctions between active and passive forms of leisure are subjective and what is passive for one person may be active for another. The emphasis on active leisure in such approaches fails to appreciate the heterogeneous nature of older populations and differences in the wishes, needs and capacities in older people whose age differences span 30 to 40 years. These approaches can give rise to unrealistic expectations amongst both older people and society in general about the expectations regarding

activity. Such expectations can impact upon self-esteem when activities become unattainable and can prove counter-productive. The main failing of this approach is that it concentrates too heavily on the young-old with the risk of further excluding more vulnerable and very old people (Boudiny, 2013).

(iii) *Transcending the behavioural level*—whilst the first two categories involve largely behavioural approaches, the final category of studies include health and independence indicating a lack of clarity about the constituents of active ageing and the conditions necessary to facilitate it (Boudiny, 2013). Good health may be necessary for some activities, but healthy ageing should not be viewed as a goal. Health and independent approaches to active ageing can be seen to exclude those who are already frail, ill, vulnerable and/or oppressed. The benefits of an active and engaged life may contribute to better health and good health may mean greater opportunity for activity. However, factors such as social class, racism and geographical location can contribute to reduced life chances and have a detrimental impact on health and morbidity (Phillips et al., 2012). In this context, the discourse on active ageing moves us on from healthy ageing and allows us to pose questions concerning how to remain appropriately active and engaged despite decline.

Economic resources are another determinant of active ageing: without adequate financial resources many are excluded from certain activities. Such discussions align more with debates concerning quality of life, which include adequate economic resources. Studies on the economic position of older people do help to inform policies within the active ageing framework in order to make a difference to the lived experience of older people experiencing financial disadvantage (Boudiny, 2013).

Moving the discussion on from the categorization of approaches, Boudiny (2013) further suggests three principles to help inform active ageing policies:

(i) *The power of adaptability*—the ability to participate in activities may be diminished by factors outside our control and trying to continue to perform such activities can lead to psychological distress. The challenge for active ageing policies and social work and social care practitioners is to facilitate people to adapt to changes and search for new ways to remain engaged (Baldock & Hadlow, 2001). Pre- and post-retirement programmes for the young-old need to emphasise the benefits of activities that enable older people to continue to remain engaged rather than focus only on financial concerns. Policies that acknowledge and enable a broad range of activities (e.g. in institutions) will facilitate active ageing for those with physical and cognitive challenges. Policy can also assist by informing people about technologies and tools to compensate for certain incapacities (Beech & Roberts, 2008).

(ii) *The human factor*—policies need to account for the social needs of people as they age. Life events and illness can disrupt social relationships and these transitions need to be accounted for by engendering social contact within communities (Bowling, 2005). Older people in long-term care situations often wish to be facilitated to maintain family and friendship networks. They could be enabled to share common interests with others, such as in hobby groups or reading or quiz sessions. Positive and meaningful contact with social work and social care staff is also important to older people in establishing their well-being, particularly in transition phases which means enabling social work and social care staff to have time for such individualised interaction (Glendinning et al., 2007).

(iii) *The primacy of agency over age-related structural barriers*—in order to enable people to continue to make their own choices, it is necessary to remove any structural barriers based upon age or dependency that limit people's chances to engage. Compulsory

maximum retirement age still exists in some countries and does not account for diversity in ageing. In this context, a competence evaluation system could replace ageist age-related retirement criteria. Boudiny (2013) cites an example of a telephone befriending service in Camden, UK aimed at reaching housebound and isolated older people, where even frail older people can act as telephone befrienders and be active and supportive of others.

Enabling older people in long-term care settings to maintain control over their lives is particularly important in helping them to be active participants in their own care instead of becoming passive recipients (Glendinning et al., 2007). The diversity of the older population should be borne in mind to prevent homogenous activities and practices. Older people have unique sets of experiences, abilities and perceptions of activity, so a 'one size fits all' approach is inappropriate (Crawford & Walker, 2008, p. 12). Similarly, older people need to be actively involved in making choices between types of care available and appropriate to them, such as home care or long-term care. In any setting elders should be listened to carefully for their preferences to maximise their decision-making potential and achieve a care partnership, in order to minimise any power imbalance (Phillips et al., 2012, chapter 5).

In conclusion, Boudiny (2013) suggests that a rise in the retirement age as an economic response to ageing populations is reasonable as a policy response in the context of active ageing, providing ageist barriers are removed. Promoting physical activity and healthy lifestyles for people of all ages also seems appropriate to active ageing policies. She further proposes that the challenge for policy-makers (and we would add for social work, social care and other practitioners) is to transform active ageing into a dynamic concept that is inclusive for all, including people who are frail, dependent and/or disadvantaged or oppressed. In order to achieve this, active ageing should be extended to engagement in all arenas of life and not only economic and physical activities. An age-friendly environment and supportive services here are of crucial interest, in line with the need to address the situation of those faced with multiple discrimination.

Across the life course, working in partnership with service users and other professionals to promote empowerment and adaptability, facilitating and sustaining close social relationships and promoting social justice by working towards the removal of structural barriers will increase service users' active engagement in all of life's phases (Lawrence & Simpson, 2009). Such approaches are in line with social work's core values and ethics (International Federation of Social Workers/International Association of Schools of Social Work [IFSW/IASSW], 2004) but need to be sensitively honed to the particular and specific wishes and needs of each older person. From a policy perspective, this can be viewed as a paradigm shift which will 'involve a departure from a "traditional" life course model consisting of three distinct phases of lifecycle (education, work and retirement) to a more horizontally distributed one called "age integrated", and involve the three milieus of work, education and leisure, family and community' (Walker & Maltby, 2012, p. S127).

However, is this comprehensive approach of active ageing visible in our social landscape? Is it understood and framed through policy responses and measures, visible in social policy and social work? Are we able to identify the challenges and even those long-lasting structural barriers that inhibit ageing well?

In response to some of the many issues that arise in the complexity of discussions on active ageing and demographic change, the first three papers in this special issue focus their attention on policy, service provision and the nature of social work with older people in specific countries, namely in the UK, Portugal and Nepal.

In their article, Lloyd and colleagues examine the policy interpretation of active ageing and how this has been configured in the UK with respect to the focus on individualism and

the government imperative to reduce the call on the public purse. They chart negative outcomes of the individualistic approach and the personalisation agenda for older people. While ideas of individual responsibility or choice are per se welcomed, the reductionist view of these in the context of cuts in spending of public welfare do not address adequately the empirical evidence of diversity and inequality in later life. The article underlines the need and discusses the possibility of community social work, i.e. of social workers to counter the individualistic culture as a main strategy for meeting the needs of older people.

Carvahlo addresses the theme with a discussion on the historical development of social work and social provision in Portugal and how more recently these have been shaped by a rapidly expanding older population along with restrictions in public finance. This article draws upon preliminary results of a large-scale research study that aims to critically analyse social work typologies and approaches to social work interventions with elders in that country. Of particular interest is how the traditional pattern of social security and taking care of older people epitomised in three levels of the Portuguese social welfare system [social security and social work at the macro level, social services and social work and the mezzo (local) level and social work, including the role of non-for-profit organisations at the micro level] is challenged by social change and the economic crisis. In the context of crisis and a shrinking welfare state, principles of human rights and social justice, as basic social work principles, have been jeopardised significantly.

Finally under this first section, Parker, Nikku and Khatri in their piece give an appraisal of the nature of social work, social policy and care for older people in Nepal, shedding light on an under-documented aspect of provision in that country, where social work is a new but rapidly growing profession. Although the ageing of society has been a relatively new phenomenon in Nepal, it has become a fact which has not been addressed by policy solutions. Newly developed policies, such as the pension system, do not take into account of the realities in Nepal inside which, for example, a significant part of population has problems in obtaining a birth certificate as a prerequisite for obtaining a social pension. The big problem is also the lack of trained professionals. From a comparative perspective, an interesting part of this article is a study of a lack of media interest in the ageing population. Media involvement is an important though relatively neglected issue in studying the policy-making in a specific area.

The following five articles take up the discussion of active ageing in terms of a variety of issues that impact on the gerontological social work practice landscape.

Lymbery discusses demographic change in the context of cuts to provision and practice budgets in response to the financial downturn following the banking crisis which began in 2008. Similarly to the article by Lloyd and colleagues, he is particularly critical of the personalisation agenda, which is based on two main premises: choice and control. However, in the context of demographic change and austerity measures, personalisation has opposite outcomes to those originally intended, i.e. it works primarily as a way for rationing of resources. Lymbery argues for a critical approach to gerontological social work that requires creative practices in the face of the cuts being experienced in the UK. This has implications not only for social work itself ('reconnecting its collective roots') but also for the employers of social workers.

Meanwhile, Chen's paper focuses on the quantity and quality of care workers in the provision of long-term care to older people. The article is based on a qualitative study about care workers in three countries, England, the Netherlands and Taiwan, which are faced with similar ageing processes but have different care systems, in line with the different social welfare regimes in which they developed. Although parameters of quantity (ageing-care worker ratios, support to work, ageing-care workers' stability) and

of quality (credentialing and further training mechanisms) cannot be fully reduced to welfare regimes typologies, differences among countries in this regard are at the same time important for understanding differences in relevant aspects of the workforce. The study clearly shows the importance of adequate pay, job satisfaction, the autonomy of consumer choice, and above all education, training and credentialing investments for the quantity and quality of care workers.

The contribution by Kalman and Andersson looks at the possibilities for engaging very frail dependent people actively in their own care decisions. The aspect of intimate care is here of a particular interest, as a relatively neglected aspect in home care services. The authors underline similarities and dissimilarities in handling intimacy in care work as compared with medical and nursing practice. The most important difference is that the care is provided in homes that were not adapted to such work. This factor is very much connected to the need to balance between an acknowledgement of the care recipient as a person and the need to maintain personal and professional distance, thus protecting personal integrity and identity. This raises an urgent need for care workers to be trained appropriately in all aspects of intimate care.

In the critical social work context, Pohlmann, Heinecker and Leopold examine the practice of 'social counselling' and its utility for social interventions with older people. The issue is the unclear position of social counselling for older people within social work in Europe. Based on a nationwide online survey among counselling professionals for older people in Germany, the article argues about the complexity of the social counselling, which can be described as being less than therapy but more than mere information to clients. The situation in Germany reveals a wide range of providers and a wide range of expertise in line with the need to serve very diverse and complex demands. The fact that social counselling included a mixture of different advice and psycho-emotional support raises the issue of defining social counselling and of providing an appropriate academic training, which should consist of a mix of competences.

Finally, in an examination of educational interventions in later life, Hafford-Letchfield proposes that a more critical approach in this aspect of intervention could produce more sustainable perspectives on self-care for elders. As a discipline, educational gerontology is concerned with education and learning in later life, and, as being capable of showing how learning and education can challenge ageism and decrementalism in social care, the convergence of educational gerontology with social policy and social care is particularly important. Different ways of learning and the context in which it is taking place should be recognised, which is a prerequisite for older people themselves and for social workers to assume the role of active and critical citizens.

It is our hope that the collection of papers in this special issue will inspire further debate on the way how social work is critically engaging with the theme of active ageing in light of or maybe as a reaction to the policy responses witnessed within the context of large-scale and rapid demographic change.

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