



A critique of the Active Ageing Index



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ABSTRACT

Active ageing and successful ageing are ubiquitous concepts in contemporary societies. In the European Union, active ageing is monitored and promoted chiefly by the Active Ageing Index, a policy tool in use since 2012. We acknowledge that the AAI may contribute to sensitizing people, including policymakers, to the multidimensionality and complexity of the process of “ageing well”. However, we note that despite being widely used and promoted, the Active Ageing Index remains under-scrutinized. In this article, we undertake a comprehensive critical analysis of the Active Ageing Index. This critical analysis is supported by the Theory of Model Ageing, the Capability Approach and, to a lesser extent, by relevant literature on composite indices. We conclude that the Active Ageing Index was developed with the paradoxical aim of deriving “the solution” from “the problem”. It is an under-theorized and narrowly conceptualized index that contributes to the process of Model Ageing, as its conceptual foundation, and its domains and indicators, convey a certain model of active ageing. This model is expert-based and ingrained with a priori assumptions about the potential of older people, the domains of life and activities they value and how strongly they value them. Finally, the Active Ageing Index measures current achievements, not capabilities (i.e. the opportunity set of achievable “doings” and “beings”), resulting in a valuable but incomplete tool for policymaking purposes. We hope that this critical analysis will initiate a debate on the Active Ageing Index that, in our view, is overdue.

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Introduction

Successful ageing and active ageing are widely-used concepts in social research, public policy, professional practice and the media (Timonen, 2016). An extensive literature critically debates the meanings of these concepts (e.g.: Timonen, 2016; Foster & Walker, 2015; Katz & Calasanti, 2015; Martinson & Berridge, 2015). In this article, we first offer a succinct overview of the concept of active ageing and how it has been developed and contested. However, our main aim is to interrogate a practical “manifestation” of active ageing ideation, namely the Active Ageing Index (AAI), a composite index in use in the European Union (EU) since 2012, which aims to compare the extent and progress towards active ageing in EU countries. We then proceed to offering a conceptual-theoretical and a methodological critique of the AAI, and reflect on alternatives that could better encapsulate both inter- and intra-country differences, and more nuanced understandings of what it is to age well.

Active ageing

Contrarily to the concept of successful ageing that has its theoretical roots in the Activity Theory (Havighurst, 1961), the concept of active ageing is “primarily a policy concept” (Lassen & Moreira, 2014: 33) that reflects a “translation” of successful ageing into the policy domain (Timonen, 2016). The World Health Organization (WHO) defines active ageing as: “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. (...) 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” (WHO, 2002: 12; see also Walker, 2002; São José & Teixeira, 2014). Active ageing rhetoric features in several polities, perhaps most prominently in the EU, where 2012 was designated the European Year for Active Ageing and Solidarity between Generations, and guiding principles for active ageing have been proposed by the Social Protection Committee and the Employment Committee (Council of the European Union, 2012).

Active ageing and successful ageing are “positive ageing discourses”, which have become central pieces in national and international strategies “governing aging populations, gerontological theory and research,

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and popular media” (Rudman, 2015: 11). From a governmentality perspective, the successful and active ageing discourses can be conceived as “biopolitics” (Nadesan, 2008), which promote certain settings (e.g. health clubs) and disciplinary practices (e.g. physical exercise), as well as “technologies of the self” (Foucault, 1988), i.e. technologies through which the individuals act over their own bodies and lives (see also Katz, 2000). Hence, “these discourses establish new standards for ‘aging well’ and shape new types of ‘active’ aging citizens” (Rudman, 2015: 11). Ultimately, these discourses “model” (verb) old age and those who are perceived as old, producing models (noun) of ageing and of being old (Timonen, 2016).

We will now briefly outline the two approaches that we find most conducive to both conceptual and methodological analysis of the AAI, namely the Theory of Model Ageing, as put forward by Timonen (2016) and Sen’s (1985) Capability Approach.

Model ageing and the capability approach

Timonen (2016) offers a critique of the active and successful ageing paradigms that culminates with the Theory of Model Ageing. “Blinded for review” uses the term “model” in two different but inter-related ways: as a verb, referring to the process of modelling old age and older people, and as a noun, referring to the outcomes of this modelling, i.e. the models “of what are good, appropriate, proper ways to age” (Timonen, (2016): 88). Therefore, the central argument of the Theory of Model Ageing is that discourses of active and successful ageing model the social representations of later life, as well as the practices and narratives of older people, in a very particular way. This process of modelling has several inter-related properties or characteristics, among which we highlight the following ones.

First, older persons themselves are conceived as a “solution” to “the problems” that they have allegedly caused or that they can potentially cause. There are many examples of this approach of “turning the problem into the solution”, such as exhorting older people to stay in the labour market and looking after other old people and children (Timonen, 2016).

Second, “solutions” to the “problem” of population ageing are progressively less collectivist and increasingly individualistic, and therefore unrealistic to many older people. For example, in the policy domain, the ideation of active ageing is drawn from the image of “active agers” who assume their individual responsibilities to remain healthy, to continue in the labour market and to undertake unpaid work for the benefit of their communities and families. If we consider, on the one hand, the heterogeneity of the older population in terms of their resources and capacities and, on the other hand, the absence of effective public supports to actively age, this ideation is revealed to be unrealistic to the older people who have few resources and capacities.

Third, the process of modelling ageing does not produce the same consequences for all older persons, given that this process is not calibrated to the differential capacities of population groups to respond to certain expectations (e.g. working longer). Exhorting the same from all older people, apart from being unrealistic and unfair, gives rise to the risk of reproducing, and eventually deepening, social inequalities, as well as of creating new social divisions, such as between the “active agers” and the “passive agers”.

Fourth, as a corollary of the insensitiveness of the process of modelling ageing to the differences between older people, more is expected from the older persons who are in the most disadvantageous positions than from those who have abundant resources and lifestyles consistent with the models of ageing. In addition, the older persons who are in the most advantageous positions can also choose to remain outside the prescriptions of model ageing for instance by retiring early with the help of accumulated wealth.

To further aid our critical interrogation of the AAI, we draw on the Capability Approach (Sen, 1985), which provides an interdisciplinary framework for conceptualizing and evaluating individual well-being

and social arrangements, as well as for designing public policies (Robeyns, 2005; Alkire, Qizilbash, & Comim, 2008). The Capability Approach has two components: functionings and freedom (Alkire, 2005). Functionings are valuable ways of being and doing, “the various things a person may value doing or being” (Sen, 1999: 75), such as working and cooking, and being healthy and respected. Freedom consists in “the real opportunity that we have to accomplish what we value” (Sen, 1999: 74). In this vein, capability “represents the various combinations of functionings (beings and doings) that the person can achieve (...) reflecting the person’s freedom to lead one type of life or another (...) to choose from possible livings” (Sen, 1992: 40).¹

Capabilities are at the center of the Capability Approach, as its main focus is on “what people are effectively able to do and to be”, contrasting with other approaches which focus exclusively on people’s happiness, income or consumption (Robeyns, 2005: 94). According to the Capability Approach, evaluating human well-being with a focus exclusively on achieved functionings is, in the vast majority of situations, incomplete (Alkire, 2005; Robeyns, 2005), as in this case we do not know to what extent the achieved functionings resulted from real choices. The Sen–Stiglitz–Fitoussi Commission advocated for a strategy to measure quality of life that goes beyond the observed achievements (Stiglitz, Sen, & Fitoussi, 2009; Alkire, 2015). This aspect is very important, given that the Capability Approach conceives well-being “as the freedom people have to enjoy valuable activities and states” (Alkire, 2015: 3). In this vein, well-being can only be appropriately measured if we look, not only at achievements, but also, at capabilities.

Therefore, the Capability Approach advocates that, “social arrangements should be evaluated according to the extent of freedom people have to promote or achieve functionings they value” (Alkire, 2005: 122). This means that the aim of public policies should be to expand the freedom that people have to achieve valuable functionings (Alkire, 2005). The Capability Approach puts human agency at centre stage, and for doing so it has been accused of being too “individualistic” (Robeyns, 2005). However, this approach clearly recognizes that capabilities (the opportunity set of achievable functionings) are shaped not only by individual factors (e.g. physical condition), but also by social factors (e.g. social norms) and environmental factors (e.g. geographical location) (Alkire, 2005; Robeyns, 2005).

In sum, the Theory of Model Ageing clarifies the mechanics and consequences of the process of modelling ageing, emphasizing, in particular, the risks of individualistic and “one size fits all” solutions to the challenges of population ageing. In turn, the Capability Approach calls our attention to the importance of looking at capabilities, and their structuring factors, in measuring individuals’ well-being. We believe that these theoretical perspectives are particularly well suited to aid critical analysis of manifestations of active ageing ideation, such as the Active Ageing Index, a task we turn to next.

The Active Ageing Index: main features and pitfalls

In the European context, the AAI is the main tool for monitoring active ageing policies both at European and national levels. The European Commission attributes a major role to the AAI in monitoring the implementation of the Social Investment Package, a set of guiding principles intended to help the Member States to implement social investment policies (European Commission, 2015; see also Taylor-Gooby, 2008).² Several national governments, including the Czech Republic, Malta and Poland, have made use of the AAI in the implementation and assessment of their policies on ageing (Perek-Bialas, 2016). Currently, the AAI

¹ The Capability Approach focuses only on the functionings which persons “have reason to value”, excluding evil or harmful functionings (Alkire, 2005).

² Active labour market policies are an example of social investment policies. They are designed to strengthen individual skills and capacities (for example, through training) and to support citizens’ participation in the labour market (for example, through counseling and job-search programmes).

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