



## Active ageing

Frode F. Jacobsen

Western Norway University of Applied Sciences

Email: [Frode.Fadnes.Jacobsen@hvl.no](mailto:Frode.Fadnes.Jacobsen@hvl.no)

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### Abstract

*Background:* The concept of active ageing has been gaining prominence in the Nordic countries and beyond. This has been reflected in policy papers in Norway and other Nordic nations.

*Aims:* The aim of this article is to analyse the topic of active ageing in five Norwegian White Papers (2002 to 2015) and discuss those policy documents in context of relevant research literature.

*Methods:* A qualitative document analyses is employed focusing on how active ageing, and ageing in general, is described and which concepts are employed. No ethical approval was needed.

*Findings:* The general theme of ageing and the specific theme of active ageing are increasingly prominent in the Norwegian White Papers studied. In all documents, some assumptions regarding ageing and active ageing seem implicit, such as independence being more important than (inter) dependence. 'Productive' activities like participation in working life are stressed, while others, like reading, watching TV or watching children playing in the street, are ignored.

*Conclusions:* The policy documents demonstrate that the topic of active ageing is growing in importance. The documents increasingly seem to stress 'productive' activities – those related to working life, voluntary work or sports and physical training. They exclude activities that are meaningful for many older people, like watching their grandchildren play or reading books.

*Implications for practice:*

Practitioners in older people's care could consider reflecting on:

- Government documents dealing with their own practice
- The prevalent concept of active ageing
- The trend of active ageing as a facilitating or hindering factor for good care work
- How present discourse on active ageing may influence their attitude towards frail older persons
- How they wish to relate to active ageing in their own practice

**Keywords:** Active ageing, older people, health policy, White Papers, tacit assumptions

## Introduction

Current discourses on ageing in Nordic countries are characterised by certain themes that receive much public attention and by a notable absence of other themes, such as the potential benefits of meaningful activities for older people with frailty and ill health. One topic that is given great prominence in the media, in White Papers and other government publications is 'active ageing'. The year 2012 was the European Union's Year For Active Ageing and Solidarity Between Generations, a commitment that has been referred to and reflected on in Nordic health policy documents in the five years since then (Norwegian Ministry of Health and Care Services, 2012-13a; 2014-15).

In 2012, the EU journal *Population Europe* stated:

*'Never before has Europe enjoyed such a large proportion of healthy older people.'*

In line with this development, a prolongation of working life is taking place in Nordic countries and beyond, with real or planned rises in pension ages and those of pensionable age increasingly maintaining some part in working life. In the case of Norway, the Minister of Health recently said:

*'There is a need for a change of attitude with regard to the participation of seniors in society. Many older people want to participate in working life, in voluntary work or in other ways. They should be allowed to. We have therefore raised the age limit in the Working Environment Act from 70 to 72 years and increased the age limit with regard to the duration of authorisation and license for health staff'* (Norwegian Government, 2015).

## Background

While older people are increasingly healthy and working to an older age (EU, 2012), the definition of an 'older person' has not been reviewed or renegotiated in public policy documents. If the definition was raised to, say, 75 years of age, the perception of a rise in the elderly population would be sharply reduced in the view of the wider public.

The concepts of 'old' and 'ageing' are, naturally, not fixed within Nordic or other societies, not even in relation to the age criterion. As an example, Norwegian surveys reveal that respondents in 1993 on average estimated that people are 'elderly' (*eldre* in Norwegian) from around 64 years of age, while they become 'old' (*gammel*) at around 78 (Daatland, 2008). In 1969, the difference between the two categories was less pronounced, with respondents then indicating that people became elderly at 70 and old at 73 (Daatland, 2008). The definitions therefore seem fluid, implying that the concept of active ageing will, at any given period of time, relate to the contemporary concept of ageing.

The policy of encouraging and supporting active ageing seems related to modernisation processes in Nordic welfare states and those in other nations during the past four decades. In this context, the state and the public sector are gradually moving away from a model of providing for, caring for and protecting the general population towards a concept of activity and involvement (Torfing, 2004 *in* Munksgaard, 2016, p 217). The activity concept, as expressed in prevailing public debate and in policy documents, includes dimensions of accountability and self-management (Torfing, 2004 *in* Munksgaard, 2016, p 217).

Not being active in the ways defined by those policy documents may thus imply not being accountable and not managing one's own life. However, do positive alternatives to this active ageing exist? And how do the justifications of health and social care authorities in the Nordic countries and the EU for employing the concept influence its popular use? Who is responsible for achieving active ageing? Older people themselves, their families, civil society, or the health authorities and the state?

### Aims and research questions

The aim of this article is to analyse public discourse on ‘active ageing’ in Norway, with a particular focus on White Papers spanning 2002 to 2015. In the discussion section, those documents will be discussed in the context of Danish policy papers, as analysed in Danish health science and social science literature. The reasons why Denmark is chosen for comparison is that there is more critical academic literature available for its active ageing policies than for Norway’s and that the welfare states of the two nations have several aspects in common (Kildal and Kuhnle, 2005).

The relatively recent idea of active ageing prompts a number of questions relating to phraseology and use of language. When concepts such as ‘active’ and ‘ageing’ come together, the combination is likely to represent something more than the sum of its parts. But how can this ‘more’ be understood? What is the ‘more’ of active ageing? Does being active mean something else for older persons than for others? And does the focus on active ageing influence public perceptions of older persons?

These questions will be dealt with based on analysis of recent health policy documents, looking at what the concept of active ageing seems to highlight and what it makes invisible in terms of older persons who do not fit in with the concept. The article will also consider what seems to be taken for granted with regard to political objectives and assumptions.

### Methods

A qualitative document analysis has been used, where both the potential meaning of words and wording of meaning have been considered (Clark, 2011). The policy papers have been analysed with regard to the concept of ‘active ageing’ and related ideas, in terms of their usage and its frequency and extent.

The five Norwegian White Papers analysed include all four in the area of public health issued between 2002 and 2015. (White Papers are understood to be authoritative documents for guiding, problem solving, and decision making.) The analysis excludes Green Papers, which have the status of government proposals. The fifth White Paper, *Future Care* (Norwegian Ministry of Health and Care Services, 2012-13b), concerns municipal care services. An overview of the White Papers is provided in Table 1 below:

| White Paper number/<br>year of publication* | English title  | Norwegian title  |
|---|--|--|
| 16 (2002-03)                                | Prescriptions for a Healthier Norway. A Broad Policy for Public Health | Resept for et sunnere Norge.<br>Folkehelsepolitikken     |
| 20 (2006-07)                                | National Strategy to Reduce Social Inequalities in Health              | Nasjonal strategi for å utjevne sosiale helseforskjeller |
| 34 (2012-13a)                               | Public Health Report: Good Health. A Common Responsibility             | Folkehelsemeldingen: god helse – felles ansvar           |
| 19 (2014-15)                                | Public Health Report: Coping and Opportunities                         | Folkehelsemeldingen: mestring og muligheter              |
| 29 (2012-13b)                               | Future Care  | Morgendagens omsorg                                      |

\*Norwegian White Papers are numbered sequentially within each year

Both continuity and change will be demonstrated through looking at extent of coverage of the topic of active ageing and how it is dealt with, and through identifying important topics that are not dealt with and are therefore silent. Danish policy papers will be consulted indirectly, through analysis in the social science literature.

### **Findings: ageing and active ageing in Norwegian policy papers**

The origin of a concept and its original meaning, and its present written and oral use are two different matters. Well-known and influential concepts such as 'social capital' or 'empowerment', can be transformed through usage in ways that lead to the public understanding of them being far removed from their original sense, without leaving any trace of the changes in meaning (Jacobsen, 2007). However, by comparing written sources from different periods that employ the concepts in ways typical of those periods, it is possible to trace some of these important changes.

#### ***Coverage of the topics of ageing and active ageing***

Norwegian public policy papers have shown an increasing focus on age and older people. The first proper public health report from the Norwegian government was White Paper 16, entitled *Prescriptions for a Healthier Norway. A Broad Policy for Public Health* (Ministry for Social Affairs, 2002-03) It is 184 pages long, yet only a quarter of one page concerns age-related conditions (p 123); there is no section dedicated to older people, and no mention of active ageing. The next public health policy report was White Paper 20, the *National Strategy to Reduce Social Inequalities in Health* (Norwegian Ministry of Health and Care Services, 2006-07). Older people are mentioned five times in the document, mostly in relation to vulnerable groups and social inequalities in health, and there is still no dedicated section for older people and old age.

However, the picture has changed since then. White Paper 34, *Public Health Report: Good Health. A Common Responsibility* (Norwegian Ministry of Health and Care Services, 2012-13a), has nine pages concerning ageing and older people. In the most recent report, White Paper 19, *Public Health Report: Coping and Opportunities* (Norwegian Ministry of Health and Care Services, 2014-15), a separate chapter of 19 pages is devoted to older people (pp 85-104). Most interestingly, the chapter is entitled 'Active ageing'.

In White Paper 34, older persons' participation in working life is an important theme, occupying more than one page (pp 114-115), under the general heading 'Lifelong health'. In White Paper 19, participation in working life is given greater prominence, with six pages (pp 87-93) devoted to this theme, under the heading 'Active older people'.

#### ***Participation in civil society***

However, coverage of another significant theme related to active ageing – participation in civil society – has gone the other way. In White Paper 34, the theme occupies three pages; this goes down to just two in the more recent White Paper 19. In White Paper 34, the following sub-topics of participation in civil society appear:

- Influence through councils for senior citizens. The policy paper stresses that active participation in these councils is an important form of involvement for older people
- Participation in voluntary work. While the White Paper acknowledges high senior citizen participation in a range of voluntary activities, it highlights low participation in sports associations
- 'Contact and solidarity between the generations'. The White Paper stresses that most older people interact with their children and grandchildren and are in regular contact with them. It points out, however, that the relatively high divorce rate could have an impact on this situation in the future

In the subsequent White Paper 19, the two first topics – councils for seniors and participation in voluntary work – are included. However, the topic of solidarity between the generations is left out, with the exception of a brief mention in the introduction, which makes no specific mention of contact with children and grandchildren:

*'The (Norwegian) senior policy is to be further developed and the government is presenting a general and integrated modern strategy for this. The aim is to promote increased participation in working life, activity, health, safety and solidarity between the generations. Older people who want to participate longer in working life will have the opportunity to do so. The government will work towards achieving increased participation in working life by raising the employment age limit, strengthening senior politics and further including working life in dialogue with all social partners. This strategy of a modern senior policy will also look into how technological development, local environment development, transport policy and housing policy may strengthen the opportunities for older people to participate in society. The importance of the voluntary sector and cultural life will increase. Health and care services will pay more attention to early detection of disease and coping strategies for older people living with illness'* (Norwegian Ministry of Health and Care Services, 2014-15, p 18, author translation).

This text is unique among the five policy documents analysed, in explicitly dealing with relationships between older people and other generations. However, its main focus is not on relationships between the generations but rather increased participation in society – not least, participation in working life.

### **Co-creation as participation**

While the concept of solidarity between the generations may include contact with children and grandchildren, another dimension of the concept seems to be more prominent in Norwegian debate, namely the participation of family and relatives in caring for frail older people. The increasingly popular idea of 'co-creation', featuring in several EU policy documents (Munksgaard, 2016), relates to participation of family and volunteers working together with governments and professionals in caring for frail older people and others in need of extensive support.

Co-creation implies a grand-scale plan for involvement of the general public, and not merely with frail older people and others in need of help. In the abridged English version of White Paper 29 *Future Care* (Norwegian Ministry of Health and Care Services, 2012-13b), co-creation is linked to notions such as 'responsible citizenry':

*'This White Paper incorporates terms such as responsible citizenry, co-creation, peer support and user control, and it invites users and their representatives to take an active part in the caregiving community of tomorrow'* (p 19).

The quotation makes clear that the rights of citizens in need and the related responsibility of the state, which has been a prominent theme in Norwegian and wider Nordic discourse since the Second World War, is no longer the only game in town. The quote illustrates the already mentioned change witnessed during the past four decades, whereby the welfare state has gradually been moving away from a model of providing for its citizens towards one of activity, involvement and co-responsibility. In the full Norwegian version of the policy paper this is made even clearer, in a separate chapter entitled 'Samfunnets omsorgsressurser' ('Society's resources for care', author translation), under the subheading 'Samskaping' ('Co-creation'):

*'The municipalities have traditionally covered the needs of users mainly with resources from within their own organisations. The challenges of the future create an obvious need to bring together groups across organisational divides and across the division between the public sector and civil society. At the core of this are new relationships between users, families, professional staff, experts and other relevant actors'* (Norwegian Ministry of Health and Care Services, 2012-13b, p 51, author translation).

In this new drive, as with several other efforts to reform the public sector in Norway and the Nordic countries, the Norwegian government, at different levels, is supposed to learn from private companies and the private sector. The stated goal is to design welfare services with, rather than for, the population:



*'This method has been used in the private sector for a long time in order to develop new products and concepts. By inviting customers and experts to be part of the development processes of the company, social interaction and innovation will result'* (Norwegian Ministry of Health and Care Services, 2012-13b, p 51, author translation).

### **The ideal 'service users' in co-creation**

The ideal service users in this co-creation are mostly portrayed as independent, autonomous and active citizens. The abridged English version of White Paper 34 states:

*'Active and secure ageing is not just about health services and care for the elderly – it is also about participation in physical, social and cultural activities. When an individual's health deteriorates, it is important to facilitate housing and accessible surroundings, as well as adapted nursing and care services and the provision of training and rehabilitation programmes. Not least, this is about maintaining the individual's independence, freedom, and influence over his or her own life, regardless of illness or decreased functional ability'* (pp 43-44).

The 'ideal' older people are those who can be trained and rehabilitated, maintaining independence even in the event of decreased functional ability. In the policy documents analysed for this article, and exemplified by the above quote, there is little place for dependency. In general, words like 'dependence' and 'interdependence' appear rarely in Norwegian care policy papers, and when they do, they mostly carry a negative connotation like 'drug dependency' or 'being dependent on public care services' in the sense of not managing one's own life. By contrast, words like 'autonomy' and 'independence' are seen more frequently and carry exclusively positive connotations (Jacobsen, 2011).

The ideal older people are portrayed as active in sports or going to the gym and participants in voluntary organisations, rather than spending time watching soap operas, enjoying horse races or other activities possibly more associated with a working-class than an educated middle-class lifestyle. In pursuing the desired independence, freedom, and influence over their own lives, they are represented as engaging in activities perceived as health-promoting and productive by (mostly) educated middle-class politicians and policymakers.

### **Discussion: the two Nordic contexts**

#### ***Visible and invisible dimensions of active ageing in the policy documents***

With regard to what 'activity' means in the combined concept of active ageing, it has already been pointed out that participation in working life, voluntary work and councils for senior citizens are prominent themes. In addition, physical training and activities are frequently mentioned in Norwegian health policy documents. Yet many activities that are often important to older people are not mentioned, such as reading newspapers, knitting, watching favourite TV programmes, playing card games, watching children playing or frequenting cafés. Some of these activities can be easily overlooked by both health workers and policymakers. For the gerontologist and sociologist Jaber Gubrium, however, such activities may be the most vital and meaningful for the most frail older persons, as illustrated by this quote relating to research in a residential home:

*'Patients and residents also pass time by what they call watching or looking ... One of the favourite pastimes ... is watching cars. This is more a patient than a resident practice. The former are less ambulatory and are more limited to the confines of their floors when they "sit around" ... To those who engage in it, watching is serious business. Its significance is understandable in the context of the lives of those whose business ... is largely passing time'* (Gubrium, 1997, pp 180-181).

While interaction with children and grandchildren seems notably absent from Danish discourse on active ageing according to Danish gerontologist Anne Leonora Blaakilde (Blaakilde, 2012), the Norwegian White Paper 34 does devote some space to this topic, as mentioned earlier. This may, however, be an exception, given its general absence in public policy reports, mass media coverage and specialist literature for healthcare staff curricula.

In general, the activities for 'active older people' that are absent in Norwegian White Papers are also missing in Danish policy documents. As Blaakilde makes clear:

*'In Danish health reports and other policy documents, the concept of activity is frequently restricted to mean physical activities, leisure activities, working life activities, or linked to discussions on functional limitations in activities of daily living (Blaakilde, 2012, author translation).*

Even the concept of leisure activities seems to exclude pursuits such as camping or caravanning – activities popular among many older people that seem not to be considered active enough (Blaakilde, 2012). Blaakilde states:

*'Research demonstrates that people's own subjective perception of their level of activity varies quite a lot. In one sociological study of older people spending a lot of time caravanning, the sociologists encountered a group of people who spent a substantial amount of time in and around their caravan during the whole summer period. The campers described themselves as more active than other seniors since they enjoyed much social interaction with other caravanners and spent much time outdoors' (Blaakilde, 2012, author translation).*

One possible question in this regard, is to what extent 'active ageing' is defined by the educated middle-class, who may be less likely than people of a working class background may to spend time caravanning. Middle-class politicians, policymakers and bureaucrats may be more likely to go hiking or to the gym than to spend time knitting, caravanning or watching TV (Blaakilde, 2012). So there seems to be a 'class bias' in Norwegian and Danish policy papers, where an educated middle-class outlook on life is taken for granted and where people from other walks of life, not the least those with a working-class identity, are made invisible and their perspectives made irrelevant.

A question that follows, therefore, is to what extent older people want to become active in the ways defined by the EU and national and local governments, especially when they experience illness and loss of functional abilities. An EU investigation concludes rather bleakly that older persons receiving health and other public services in general do not want to take on responsibility, do not want to participate as 'users' and are passive (EU Commission, 2012 in Munksgaard, 2016, p 230). However, in a recent Danish investigation, senior 'users' in Danish homecare services appear not to get across their own definition of what are meaningful activities and frequently object to offers of activities that feature on the forms that care staff must fill in to report their work. These predefined activities are dictated by the 'purchaser' to the healthcare provider, as part of the widespread 'purchaser-provider split' in Danish municipal care (Munksgaard, 2016) – a trait shared by the majority of Norwegian municipalities (Vabø et al., 2013).

In the Norwegian and Danish contexts there seems to be a triple challenge. First, older people are given insufficient opportunity to speak on their own behalf about what they see as meaningful activities and how they define being active. Second, activities that older people are actually engaged in are often overlooked. Finally, the extent to which older people are engaged in activities approved by the policy documents, such as work in voluntary organisations, is barely acknowledged in policy papers. A recent Norwegian survey found that the proportion of people aged 67 or older who are active in voluntary work is substantially higher than for younger age categories (Folkestad et al., 2015).

### **Active ageing and gender**

Gender appears to be an important factor in active ageing policy, where women are expected to be more active than men into advanced age. This concern is aptly expressed by Blaakilde (2012) with regard to Denmark:

*'According to Statistics Denmark, the housewife ceased to exist in 2001, when the statistics cease to employ the concept of housewife as employment category. Now both women and men are expected*

*to be active in working life until pension age. At the same time, the expectation of women being primary caregivers has survived both culturally and politically'* (author translation).

So it appears that active ageing may place a greater responsibility and burden on women than on men.

Although none of the policy papers explicitly sets out higher expectations for women, a complex situation may be present where the survival of older cultural models, to some degree in conflict with more recent models, contributes to gender inequality. Several sociologists have expressed this concern with regard to Norwegian society (for example, Wærness, 2004; Christensen, 2012). However, one publication from a larger Norwegian survey points to substantial informal care contributions from sons of frail older parents; the author suggests that the potential of sons to provide such informal care is underestimated in modern societies (Romøren, 2003). And a recent scoping review concludes that factors hindering male contributions to care for spouse or parents with dementia may be overcome by support from professionals and the wider society (Robinson et al., 2014). So, even though current active ageing policies may potentially increase gender inequality in informal care, there is no reason to perceive such a development as natural and inevitable.

### ***Some consequences of current active ageing policies***

As has been suggested, important class and gender dimensions to active ageing policies appear to be present in the policy documents. The expectations expressed seem to place higher demands on women than men, while educated, middle-class perspectives are prominent and taken for granted while other perspectives are left out. There is also another challenge related to the emphasis on active ageing: the activities mentioned in the policy documents mostly presuppose relatively good health and levels of functioning. This prompts the question: when the government gives increasing attention and resources allocation to its active ageing policies, how might this affect the care for people who do not have the necessary resources to be active in the ways encouraged in the policy documents?

Although the government's and society's responsibility for taking care of the needs of frail older people features in the documents, there seems to be a development towards the government increasingly stepping back, gradually leaving more responsibility to the older persons themselves and their family members. First, older persons are expected to develop their own mental and physical resources and remain active in the areas defined in the documents. Second, family and relatives are expected to support older people in achieving this, by investing in so-called co-creation together with government and professionals. In the case of severe ill health and functional decline, when it becomes difficult to be active, the frail older person and the family may experience dwindling support and resources from government. For example, older Norwegian people with severe mental health conditions appear not to receive the services to which they are entitled under the Norwegian universal healthcare legislation (Briseid, 2017).

Another question arises from the active ageing policy: is there no room for voluntary disengagement? Some decades ago, Cumming and Henry (1961) suggested that older people tend intentionally to decrease their social activities and withdraw from society. In the same period, Havighurst (1961), by contrast, highlighted 'adding life to years' and 'getting satisfaction from life', where a high level of involvement in activities is perceived as vital for successful ageing. Subsequent research has supported both positions, demonstrating that finding substitutes for involvement in working life and loss of relatives and friends is important for wellbeing, and also that some level of disengagement may be beneficial (Nimrod and Adoni, 2006). There seems, however, to be no place for such disengagement as a potentially positive strategy in the policy documents analysed here.



### ***Active ageing in the context of welfare state sustainability***

Much of the background to the concept of active ageing has been dealt with in this article. However, one key reason for its current popularity has so far not been addressed – namely concerns over the sustainability of taxpayer-funded welfare state services. Norwegian policy papers, in common with Danish equivalents and other public reports, have been expressing such concerns for several decades:

*‘In the 1980s, welfare discussions within the public sector highlighted a concern for a perceived continuous increase in the spending of the public sector. For this reason, both conservative and socialist governments have pursued a new politics of governance since then, namely New Public Management’ (Munksgaard, 2016, p 215).*

‘New Public Management’ represents a reform wave in which the public sector has been heavily influenced by models from the private sector, with an emphasis on competition, standardisation and performance management (Pollitt and Bouckaert, 2011). The concept of co-creation does not merely imply learning from the private sector – it presupposes active involvement of the private for-profit sector (Munksgaard, 2016). As noted earlier, this broad mobilisation of a range of sectors in society is seen as going hand in hand with active ‘users’ of welfare services and active older people. One important effect of such combined efforts is economic, as expressed in Norwegian White Paper 19 (2014-15):

*‘A politics of active ageing is in line with the need for sustainable development and is part of the solution for meeting future challenges. High labour force participation among men and women and a highly competent labour force are the most important resources for Norwegian economic and social development. The significance of the contribution of older people to the labour pool increases as the income from the petroleum sector decreases’ (p 85, author translation).*

On the one hand, the increasing participation of seniors in working life is legitimised, in Norwegian, Danish and other European policy papers, by pointing to benefits with regard to increased longevity and better health and wellbeing. On the other hand, the same policy papers underline the perceived economic importance of such participation.

Danish health policy has gone through a similar development as that in Norway, with growing concerns that the demands of an ageing population may threaten the sustainability of the welfare state. The Danish authorities have worked along five main lines in order to avoid such a scenario (Munksgaard, 2016, p 216):

- Efforts to keep people in working life longer
- A reduction in public sector pensions
- An inclusive working environment, with flexible solutions for people with health and functional problems
- Health promotion and preventive health strategies
- Active citizenship

This article’s analysis of Norwegian policy papers, and to some extent in the Danish health policy debate, does not imply that the policy papers are united in their approach to active ageing, ageing and care. As has been demonstrated elsewhere, Norwegian government policy papers are characterised as much by incongruences as by consistent themes and approaches (Jacobsen, 2015). Sometimes the unavoidable deterioration in the health of frail older people is acknowledged, alongside promoting the vision of active ageing and preventive healthcare.

### ***Democratisation movements and other roots of the concept of active ageing***

Moreover, the idea of active ageing cannot simply be ascribed to trends inspired by New Public Management. Active ageing may also be perceived as being founded on political forces such as the democratisation movements that began in the 1970s, which emphasise user participation and empowerment in healthcare, rehabilitation and beyond (Thuesen, 2016). Another important origin relates to so-called patient-centred care in the 1950s as an alternative to a perceived paternalistic and dehumanising medical tradition (Thuesen, 2016) – a tradition where being old mostly carried negative connotations (Kirk, 1995). Following such a development, the concept of person-centred care has become increasingly relevant to care services, defined by McCormack et al. (2010, p 13) as:

*‘An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, patients and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding.’*

Still, the growing prominence of the active ageing concept in the policy papers analysed in this article indicates a recent change in direction of government approach to older people and old age, to which health practitioners, policymakers and researchers would be wise to pay close attention. The range of taken-for-granted assumptions in relation to the concepts involved need to be made explicit as part of a public debate about what kind of society is developing and what the implications might be for people regarded as ageing, in general, and for frail older people in particular.

### **Conclusions**

This analysis of health policy papers is not intended to suggest a narrow or ‘one-eyed’ vision on the part of the government. Still, it does demonstrate something of a sea change, with regard to which topics and points are omitted, which are included and how much space is accorded to them in the documents. This seems particularly evident in Norwegian public health policy papers, with increasing attention being paid to older people and the theme of active ageing getting greater coverage. There also seems to be a drive to define what ‘active’ means, in the process excluding activities that remain meaningful for many older people, in Denmark as well as Norway. There is a sense that the prescribed activities may be less meaningful for working-class people than for those who produce the White Papers, and may also have less to offer older people experiencing ill health and age-associated frailty. Pleasurable activities such as watching TV or sitting by the window observing neighbours coming and going and children playing are overlooked. Moreover, some dimensions of active ageing seem to be growing in importance, not least continued participation in working life; likewise, the emphasis of ‘solidarity between generations’ now appears to be on families taking responsibility for the care of frail parents rather than the contribution of older people towards their children and grandchildren. Finally, the way the policy of active ageing is currently expressed may put a greater onus on women than on men, as co-creators when health allows and as active participants in their own health and wellbeing when illness and loss of function occur.

The description of active aging in the analysed documents seems to have excluded several types of activity, at the same time as the concept has gradually changed between the oldest and the newest policy documents. Older people themselves seem to be made increasingly responsible for how ageing is experienced and for the living conditions related to being old, together with the co-responsible and co-creating family, and to some extent the general public, through expectations for active participation in voluntary work. It is therefore possible that blaming older people themselves for functional decline and for ill health may also be a consequence of active ageing policies. Moreover, family and relatives may be blamed for not being the ideal co-creators in care envisaged in the policy documents.

Another possible future danger of an active ageing philosophy (or ideology), whether in an extreme or more reasonable form, is fewer services for the less active, who are made partly responsible for their own welfare and health, and also less help for the frailest whom no one expects to become active or

activated, if help and funds are increasingly targeted at those who may be active in shaping their own health and wellbeing and who may become actors contributing to the dream (or nightmare) of the big national co-creation. To counteract such a potentially dangerous development with its focus on activeness, measurable contributions and economic benefits for society, a person-centred approach that values and respects each individual is warranted.

### Implications for practice

There is a need for practitioners working in older people's care, as well as other healthcare workers, politicians and policymakers, to reflect more on developing senior policies and on how current policy trends may influence care work and attitudes towards persons cared for. This includes paying attention to how the emphasis on active ageing may facilitate or hinder activities that are experienced as meaningful by older people themselves and the involvement of frail older people in their own services.

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**Frode F. Jacobsen** (PhD, RN), Professor at Western Norway University of Applied Sciences; Professor II at VID Specialized University, Norway; Research Director of Centre for Care Research – Western Norway.