

Actively Aging and Social Work Practice¹



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Learning Objectives

By the end of this chapter, you should be able to do the following:

- Explain the importance of the World Health Organization's active aging policy framework.
- Identify existing aging theories and frameworks and critique them against social work values and ethical principles.
- Define the Actively Aging framework and explain why and how it was developed.
- List the five principles of Actively Aging framework and describe how the Actively Aging framework underpins social work practice with older adults.

INTRODUCTION

With the demographic and social changes taking place in terms of an aging population, the social work profession must be prepared to meet the needs of individuals, families, and communities. In order to do so, we must have a theoretical framework that underpins our social work practice from assessment to intervention to evaluation and future program planning. Other sociological and gerontological theories and frameworks of aging have shaped programs and policies for older adults, including activity theory (Havighurst, 1961) and successful aging (Rowe & Kahn, 1997), but these theories and frameworks are not wholly compatible with social work values and ethical principles. Therefore, we have developed a new framework for social work practice with older adults called Actively Aging. Our new framework is the focus of this chapter and is used throughout this book. Actively Aging was created by using the World Health Organization's (WHO, 2002) active aging policy framework, older adults' perspectives and meanings of aging and active aging, and social work values and ethical principles. It is important to clarify that *theories* are used to describe, explain, or predict certain phenomenon, and *frameworks* provide a set of principles that guide a particular way of viewing or understanding certain experiences, and subsequently influence the choice of intervention. This chapter presents the Actively Aging framework, which can be used in your work with older adults as well as frame your perspective of aging when working with clients across any age group.

The chapter begins with an overview of the development of WHO's active aging policy framework, the basic premises of active aging, and the elements of the framework that are applicable to social work practice with older adults. Next, we explore other theories and frameworks of aging and critique them against social work values and ethical principles, thus, providing a rationale for the development of a new framework applicable to social work practice. We then review the fundamental theoretical approaches to social work that guide all aspects of social work practice, such as the strengths perspective, the

empowerment approach, and systems theory. We also discuss social work values and ethical principles as it relates to work with older people with a specific focus on person-centered practice and self-determination. In line with these social work values and ethical principles, we explore older adults' perspectives on their definitions and meanings of aging and active aging. The chapter concludes with our presentation of Actively Aging: a "new" framework for social work practice with older adults.

Actively Aging is a positive, realistic, strengths-based approach to working with older adults that combines WHO's active aging framework with social work theories, values, and ethical principles *and* the perspectives of older adults. Actively Aging provides practical skills, techniques, and approaches to social work practice from assessment to intervention to termination, which is applicable across micro, mezzo, and macro practice. We present the five basic principles of Actively Aging, which provide a lens for viewing the aging process and perspective of the client. In particular, we will stress how assessment and intervention should be based on problems as defined by the older adult, should be evidence based, and should create supportive environments and foster healthy choices. This framework serves as the foundation to the material in the remaining chapters.

THE DEVELOPMENT OF ACTIVE AGING

The *active aging policy framework* (WHO, 2002) was developed by WHO's Aging and Life Course program and was presented at the Second United Nations World Assembly on Aging in Madrid, Spain, in April of 2002. The development of the document involved extensive consultation on a preliminary version entitled "Health and Aging: A Discussion Paper," which consisted of workshops held in Brazil, Canada, the Netherlands, Spain, and the United Kingdom (U.K.), as well as an "expert group meeting" held in Kobe, Japan, that consisted of 29 participants from 21 countries (WHO, 2002). The policy framework was created in response to the increasing aging population around the world on health and social care systems and economic systems (e.g., retirement pensions). In particular, the active aging policy framework intended to influence program and policy decisions that address aging and increase the participation of older adults in community and political processes (Walker, 2006). Such questions addressed by the policy framework included the following:

- How do we help people remain independent and active as they age?
- How can we strengthen health promotion and prevention policies, especially those directed to older people?
- As people are living longer, how can the quality of life in old age be improved?
- How do we best balance the role of the family and the state when it comes to caring for people who need assistance as they grow older?
- How do we acknowledge and support the major role that people play as they age in caring for others? (WHO, 2002, p. 5).

WHO's (2002) active aging policy framework proposes responses to the above questions and "argues that countries can afford to get old if governments, international organizations and civil society enact 'active aging' policies and programs to enhance their health, participation, and security of older citizens. The time to plan and to act is now" (p. 6). Before we go further, we want to stress that active aging does not merely imply one's ability to be physically active but, rather, one's ability to participate in social, economic, cultural, spiritual, and civic affairs and activities. WHO (2002) defines active aging as the following:

[T]he process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age [. . .] 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 labor force. [. . .] Active aging aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled, and in need of care. (p. 12)

The basic premise behind active aging is to develop programs and policies that enable individuals to age that promotes their rights, needs, preferences, and capabilities in order to "prevent or delay disabilities and chronic diseases that are costly to individuals, families and the health care system" (WHO, 2002, p. 9). Although one aim of active aging is to prevent or delay disabilities and chronic diseases, the framework stresses that individuals who are frail, disabled, and in need of care can also benefit from active aging policies and programs. The active aging policy framework also stresses that programs and policies should not only be aimed at "older" adults but should consider aging across the life course and enable and promote health, participation, autonomy, and security as individuals grow older. This perspective addresses the fact that early life experiences will impact on the way individuals age (WHO, 2002).

WHO (2002, p. 16) proposes that active aging policies and programs could potentially lead to the following results:

- Fewer premature deaths in the highly productive stages of life.
- Fewer disabilities associated with chronic diseases in older age.
- More people enjoying a positive quality of life as they grow older.
- More people participating actively as they age in the social, cultural, economic, and political aspects of society, in paid and unpaid roles and in domestic, family, and community life.
- Lower costs related to medical treatment and care services.

Although WHO's active aging is geared toward policy and program development, it also stresses the importance of individual choice and responsibility. WHO (2002) states, "Individuals and families need to plan and prepare for older age, and make personal efforts to adopt positive personal health practices at all stages of life. At the same time

supportive environments are required to ‘make the healthy choices the easy choices’” (p. 17). Active aging aims to maintain autonomy and independence of individuals as they grow older and acknowledges this cannot occur solely based on the individual but is supported and nurtured (or hindered) in the context of others, such as family, friends, coworkers, and neighbors (WHO, 2002). Before we move forward, take a look at some key terms associated with active aging and their definitions as provided in Table 3.1.

As indicated above, active aging takes place within the context of individuals’ environments as well as their personal choices and situations. In fact, the active aging policy framework identifies six “determinants” that surround individuals, families, communities,

Table 3.1 Key Terms and Definitions

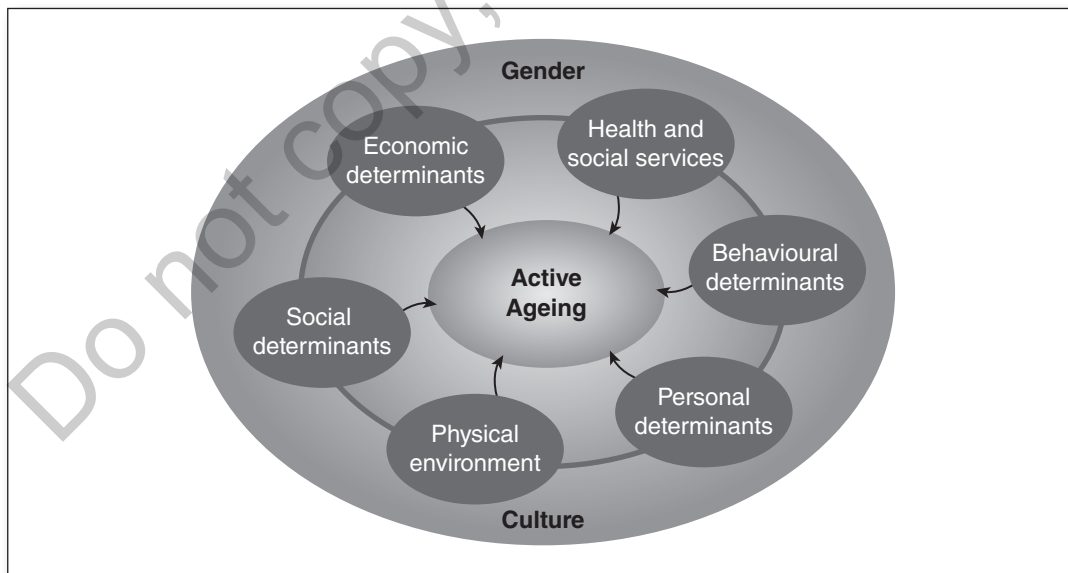
Term	Definition
Activities of Daily Living (ADLs)	Routine activities that individuals do on a daily basis, such as eating, dressing, bathing, toileting, moving (transferring), and continence. The extent to which individuals can perform ADLs is usually assessed to determine ability/disability.
Autonomy	“The perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one’s own rules and preferences” (WHO, 2002, p. 13).
Independence	“The ability to perform functions related to daily living—i.e., the capacity of living independently in the community with no and/or little help from others” (WHO, 2002, p. 13).
Instrumental Activities of Daily Living (IADLs)	Routine activities that individuals do that may not necessarily be required for fundamental functioning, but do enable individuals to live independently. Activities include shopping, managing money and bills, preparing meals, taking medication, and doing housework. Note: Individuals <i>can</i> still live independently even if they require assistance with one or more IADLs.
Quality of life	“An individual’s perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationships to salient features in the environment. As people age, their quality of life is largely determined by their ability to maintain autonomy and independence” (WHO, 2002, p. 13).
Subjective well-being	Refers to individuals’ subjective experiences of their quality of life, particularly in regard to their cognitive, emotional, and motivational attitudes toward life (Daatland, 2005).

and nations that influence (or determine) how individuals age. The six determinants include the following:

- Health and Social Services (e.g., health promotion and disease prevention, curative services, long-term care, mental health services);
- Behavioral (e.g., smoking/alcohol use, exercise, eating habits, medications);
- Personal (e.g., biology and genes, spirituality/religion, family dynamics, psychological factors);
- Physical (e.g., enabling environments and physical barriers; access to clean water, air, and food; the impact of urban and rural settings; public transport and accessibility; safe house and issues related to living alone);
- Social (e.g., social isolation, loneliness, family and relationship dynamics, social networks, education and literacy, violence and abuse); and
- Economic (e.g., income, social protection, work [including volunteerism, domestic work, unpaid caregiving]; WHO, 2002).

WHO (2002) also emphasized that the extent to which the determinants will influence individuals' abilities to engage in active aging is shaped by the "cross-cutting determinants"

Figure 3.1 Determinants of Active Aging (WHO, 2002)



of gender and culture. Figure 3.1 illustrates the six determinants and two cross-cutting determinants to active aging.

It is important to note that the six determinants are presented separately yet acknowledged to be interrelated, by WHO and within this book, but are often referred to together by other policy initiatives under a larger umbrella term of “social determinants of health.” *Social determinants of health* are defined as, “conditions [e.g., social, economic, and physical] in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2020, 2017). Healthy People 2020 consider the following determinants to encompass social determinants of health: economic stability, education, social and community context, health and healthcare, and neighborhood and the built environment. Whereas the term “social determinants of health” is often used to encompass a number of determinants as listed above, within the active aging policy framework, “social determinants” (e.g., social isolation, loneliness, family and relationship dynamics, social networks, education and literacy, violence and abuse) comprise only one of the six determinants of health.

WHO (2002) argues that the six determinants play a role, both individually and by the interaction between them, in how well individuals and populations age. The cross-cutting determinant of gender and culture also shape the way in which individuals age as they influence the other six determinants. As was highlighted in Chapters 1 and 2, culture plays a critical role in perceptions, expectations, and responses to older people and the aging process. For example, if a culture identifies particular diseases as being associated with the aging process, they may be less likely to offer preventative or treatment services, and cultures that do not “normalize” older relatives residing with younger relatives may have higher numbers of older adults living in long-term care facilities (WHO, 2002). We should note that race and ethnicity fall under the cross-cutting determinant of “culture,” as diverse racial and ethnic groups will have values, attitudes, and traditions that shape their culture.

WHO’s active aging framework has influenced the development of policy and programs aimed at the aging population for the past two decades and has influenced research that examines the extent to which the six determinants influence aging across the lifespan. The six determinants and two cross-determinants are particularly useful for social work practice with older adults as they serve as key areas to assess for each older adult and areas in which social workers may need to intervene to enhance an older adult’s quality of life and promote active aging.

Finally, active aging takes a more positive approach to the aging process versus seeing aging as a time of loss, decline, physical decrecence, and mental inflexibility (Townsend, 2007). Active aging focuses on what older adults *can do* and their contributions to society versus what they can *no longer* do. In this sense, active aging refutes the medicalized model of aging as well as the *disengagement theory* of aging (Cumming & Henry, 1961), which proposed that older adults lead a more inactive life as they age and withdraw or disengage from social interactions and activities. But active aging is not the only “positive” framework of or approach to aging. We turn now to the other “positive” theories and approaches to aging and offer critique of their premises to highlight the need for a theoretical framework of aging that is specific to social work practice with older adults and is consistent with our professional values and ethics.

ACTIVE AGING AND OTHER “POSITIVE” THEORIES OR FRAMEWORKS OF AGING

Active aging is not the only framework that was developed as a backlash to the medicalized view of aging or to disengagement theory. Other “positive” theories and frameworks were advanced, such as activity theory, productive aging, healthy aging, and successful aging, but it is critical to point out that active aging is *not* to be combined with such theories or frameworks as they have inherent differences. In fact, it is the identification of these inherent differences that provide the solid justification for active aging to be the preferred framework to influence social work theory and practice.

Activity theory (Havighurst, 1961) describes aging as a process whereby individuals’ roles and identities begin to shift as they age due to retirement, changing social networks, and children leaving home. Because of these changes, individuals attempt to hold on to their social and work identities, their defined roles (e.g., mother, athlete, workaholic, community leader), and sense of self and well-being by maintaining their previous levels of activity or finding close substitutions in order to avoid change. **Productive aging** (Bass, Caro, & Chen, 1993), on the other hand, focuses on the capacity of individuals to contribute (e.g., remain active) to the production of goods and services, which includes both paid and unpaid work, including volunteer activities. Such productive activities help the individual feel useful and like a contributing member of society, but these activities also assist the economy and the larger social context. That is, by ensuring that individuals continue to contribute to society through producing goods and services, then they are not receiving or relying on social services. **Healthy aging** is achieved by “living a long, productive, meaningful life and enjoying a high quality of life” (White House Conference on Aging [WHCOA], 2015). Healthy aging agendas aim to maximize older adults’ physical, mental, and social well-being in order to promote independence and activity. The focus tends to be on individuals making healthy choices, using preventative health services, and being involved with their family, friends, and communities (WHCOA, 2015). The idea of healthy aging suggests that high levels of activity define “healthy” older persons, which places an unfair burden on many.

Although activity theory and productive aging may be useful in understanding some older adults, specifically those who desire and are capable of maintaining their identity, roles, and levels of activity and production as they age, this is not the truth or reality for all older adults. For many other individuals, such expectations of aging are unrealistic or unattainable due to personal choice or circumstances that led them to become less active, socially involved, or involved in the production of goods or services. Additionally, healthy aging is focused on health promotions that enhance and maintain physical health and functional ability of older adults yet fails to fully consider the social and environmental factors that impact aging and the extent to which one can age “healthy” (Mendes, 2013).

Finally, **successful aging** (Rowe & Kahn, 1997) presents a dichotomized view of aging in which those individuals who age successfully meet the following criteria: (1) low probability of disease and disease-related disability, (2) high cognitive and

physical functional capacity, and (3) active engagement with life, which includes high social activity and social relationships. Those individuals who do not meet this ideal of successful aging are considered to have aged unsuccessfully; in essence, they have failed. Although Rowe and Kahn's successful aging framework was an improvement on the perspective that aging is a time of decay and decline, it pushed too far to the other extreme. That is, remaining active, healthy, and free of disease and disability were seen as the ideal. Successful aging fails to capture the fluidity of the aging process in terms of the realities of aging for people and in terms of how people view themselves and their situations as they age. This framework quickly labels someone as "successful" or "unsuccessful" without taking into account the variability among individuals and their environments.

Despite the identified weaknesses, successful aging has become the prominent framework for understanding and approaching aging in the United States, and often active aging is *wrongly* used as a synonym for successful aging (Foster & Walker, 2015). These two frameworks are fundamentally different, and we argue that successful aging does not align with social work values and ethical principles because it is individualistic and fails to consider individuals within their social environment, thus, supporting neoliberalism (Martinson & Berridge, 2015). *Neoliberalism* is a term used to describe the shift in government where the role and responsibility of the health, economic, and social aspects and well-being of individuals becomes the responsibility of the individual versus a state or collective responsibility. Government tends to move from providing public and social services to supporting or requiring those services to be provided by the private or charitable sector. It favors free-trade, reduced public expenditure, particularly for social services, and privatization. Neoliberalism fails to acknowledge older people as affected by societal structures and processes, as explained by the *political economy of aging*, which argues that there should be an "understanding [of the] relationship between ageing and economic life, the differential experience of ageing according to social class, gender and ethnicity, and the role social policy plays in contributing to the dependent status of older people" (Phillipson, 2005, p. 503). In other words, aging intersects with other sociodemographic characteristics, which creates differential aging experiences.

Successful aging places an expectation on older individuals to remain active and healthy—often measured against the "norms" of middle-aged individuals—and fails to take into consideration the biological and physical limitations that can come with aging (Walker, 2009). According to the successful aging framework, such "non-normal" older individuals would be deemed to have aged "unsuccessfully." Although some older adults may be as active and healthy as a middle-aged adult, this is not the reality nor norm for all older adults; it is unrealistic. Morell (2003) argues that by determining an older individual to age "successfully" by avoiding disease and disability "implie[s] hostility toward aging bodies" (p. 69) and to those individuals who have a disability or disease.

Additionally, successful aging fails to acknowledge the interdependence between individuals' lives and their environment in that it does not consider the social, economic,

political, and cultural structures that help or hinder individuals in the aging process (Walker, 2009). Social and cultural settings play a critical role in not only the opportunities and resources that they offer aging individuals (Foster & Walker, 2015), but also the perceptions and expectations of, and reactions to the aging process. Therefore, placing the onerous of aging “successfully” on the individual without considering the social, political, economic, and cultural contexts in which the individual ages is a serious weakness in the successful aging framework.

Finally, the focus on individual responsibility without considering the social, economic, political, and cultural structures supports neoliberal ideologies. If it is the individual’s responsibility to age successfully and make the “healthy” and “right” choices in order to do so, then there is a reduced need for the government to “provide social and other supports for [older adults] and people with disabilities and, notably, to address the social and structural inequities that create illness and disability in the first place” (Martinson & Berridge, 2015, p. 63). Although the U.S. government is committed to promoting “healthy aging” (WHCOA, 2015), such health promotions and initiatives are aimed toward currently healthy individuals—in an attempt to keep them healthy as they age—and, thus, marginalizes those individuals who do not fall into such categories as they have already been deemed “unsuccessful” at aging.

As illustrated, the current “positive” theories and frameworks on aging are insufficient in describing or meeting the needs of the aging population as they place the burden on the individual (or their families) to remain “healthy” and/or “productive.” Despite the identified critiques, successful aging has remained the prominent framework across the social science literature with theorists—most often sociologists, gerontologists, or social gerontologists—adapting the framework to better meet their views or the realities of aging. Social work has been relatively absent in the critical discourse around aging theories and frameworks, and it is timely for social work to join the debate from a social work perspective and develop new ways forward in social work practice with older adults. We propose the fusion of the active aging framework with the experiences and perspectives of older adults and social work values and ethical principles to create Actively Aging as a “new” framework for social work practice with older adults.

Exercise Box 3.1: Active Aging and Successful Aging

- Ask a classmate, colleague, friend, or relative to list the words that come to mind when you say the terms “active aging” and “successful aging.”
- Consider how the words compare to the definition and explanations of “active aging” and “successful aging” as described in this chapter.

THEORETICAL APPROACHES TO SOCIAL WORK AND SOCIAL WORK VALUES AND ETHICAL PRINCIPLES

Before we present Actively Aging, we want to review a few social work theories and methods and social work values and ethical principles that are the foundation for your work with older adults and that underpin Actively Aging.

Strengths Perspective

The *strengths perspective* is an approach to social work practice that focuses on clients' strengths, abilities, resources, and accomplishments versus their problems, deficits, and inabilities (Saleebey, 2013). Strengths-based practice has the following definition:

[A] way of viewing the positive behaviors of all clients by helping them see that problem areas are secondary to areas of strengths and that out of what they do well can come helping solutions based upon the successful strategies they use daily in their lives to cope with a variety of important life issues, problems, and concerns. (Glicken, 2004, p. 3)

The focus on clients' strengths begins at engagement with clients through to assessment, intervention, and evaluation. A strengths perspective does not mean that you, as a social worker, do not acknowledge or focus on clients' problems, pain, or suffering, but, rather, you consider and include clients' strengths, abilities, resources, and past accomplishments in your work with the client. In moving clients toward resolution of problems and to better health and well-being, the inclusion of strengths facilitates movement toward, and future sustainment of, clients' goals. A guiding assumption of the strengths perspective is that "every individual, group, family, and community has strengths" (Saleebey, 2013, p. 17), and these should be utilized to help improve current difficulties.

Kisthardt (2013, pp. 59–65) has identified the following five key principles that should guide a social worker in strengths-based helping:

- *The initial focus of the helping process is on the strengths, interests, abilities, knowledge, and capabilities of each person not on their diagnosis, deficits, symptoms, and weaknesses as defined by another.*
- *The helping relationship becomes one of collaboration, mutuality, and partnership. Power with another, not power over another.*
- *All human beings have the inherent capacity to learn, grow, and transform. People have the right to try, the right to succeed, and the right to fail.*
- *Helping activities in naturally occurring settings in the community are encouraged.*
- *The entire community is viewed as an oasis of potential resources to enlist on behalf of service participants. Naturally occurring resources are considered as a possibility first, before segregated or formally constituted "mental health" or "social services."*

Empowerment Approach

One of the key aims of the strengths perspective is to use clients' own power to overcome problems and maintain positive growth and development. The **empowerment approach** focuses specifically on breaking down the barriers to clients' ability to use their control and power to have choices, overcome difficulties, and foster positive growth and development. Empowerment is defined as "the capacity of individuals, groups and/or communities to take control of their circumstances, exercise power and achieve their own goals, and the process by which, individually and collectively, they are able to help themselves and others to maximize the quality of their lives" (Adams, 2008, p. 17). When individuals have power (choice and control), then they are able to access the necessary resources to meet their needs and are able to grow and develop (Teater, 2014). The empowerment approach can be used with individuals, to enhance personal choice and control, but also with families and communities. As with the strengths perspective, the empowerment approach is applied at all stages of the social work process (engagement, assessment, intervention, evaluation).

The empowerment approach holds the following four assumptions, the first three of which are described by Lee and Hudson (2011):

- *Oppression is a structurally based phenomenon that affects individuals and communities.*
- *People and communities have strengths and resources to solve immediate problems and are resilient to the effects of institutionalized oppression and the structures that maintain it.*
- *Empowerment involves focusing on individuals and their environment.*
- *Empowerment is a process and an outcome (Greene, Lee, & Hoffpauir, 2005). The process of breaking down barriers to power and control leads to the outcome of individuals, families, and/or communities to be empowered.*

Systems Theory

Systems theory holds that individuals should not be considered, or assessed, alone but rather within their wider environment. A system is defined as "a complex of elements or components directly or indirectly related in a causal network, such that each component is related to at least some others in a more or less stable way within a particular period of time" (Buckley, 1967, p. 41). According to this definition, a system can be (1) humans (individuals), which are comprised of biological, psychological, and physiological elements; (2) families, which are comprised of elements of "roles," such as partners, parents, siblings, children as well as elements of different types of relationships, such as partner/couple, parent child, sibling; or (3) a community, which is comprised of businesses, residents, meeting spaces, or churches. Systems can range from individuals to families, to communities, to states, to countries, to the world, to the universe!

In terms of social work practice, for example with individuals, systems theory involves the assessment of how individuals (as a system) interact with their environment (as a system) and the relationship between them. The assessment of the individual does not only focus on how the individual is functioning but considers (assesses) how the other systems in that individual's life may be affecting the individual. For example, how is the relationship between the individual and her/his family, friends, work, living environment, and/or community? It is through this holistic assessment that you, as the social worker, can determine the best system to target for the intervention. For example, it may not be the best course of intervention to provide individual counseling to an older adult who presents with symptoms of depression when the source of the depression is a strained relationship between the older adult and her partner. Suggesting couples counseling may be the best course of intervention; if the struggles in the relationship are remedied, then the depression may subside.

The basic assumptions of systems theory are as follows as provided by Teater (2014, pp. 21–22):

- *The whole system is greater than the sum of its parts.* A system should be viewed as consisting of several interlocking elements that interact together to form a functional purposeful whole.
- *The parts of the system are interconnected and interdependent.* A change or movement in one part of the system will cause a change or movement in other parts of the system.
- *A system is either directly or indirectly affected by other systems.* Not only do the different elements of a system interact and affect each other, but systems interact and affect other systems.
- *All systems have boundaries.* Each system has a boundary that distinguishes it from other systems although there may be overlapping boundaries in some situations.
- *All systems need to maintain homeostasis and a state of equilibrium.* This is achieved by the system maintaining an internal balance despite conflicting influences.

It is important to note that *ecological systems theory* is related to systems theory as it also explores the interaction of an individual within the environment. The theory was developed by Bronfenbrenner (1979) and considers five systems or levels in which an individual interacts: (1) microsystem (e.g., family, peers, schools, health services); (2) mesosystem (e.g., interaction between the microsystems); (3) exosystem (e.g., links between a social setting and an individual's immediate context); (4) macrosystem (e.g., cultural context in which the individual lives); and (5) chronosystem (e.g., environmental events and sociohistorical circumstances). This theory examines the relationship and interaction of the individual with each of the five systems.

Text Box 3.1 provides an overview of the roles and responsibilities of a social worker practicing in the community, which requires taking a systems level approach.

Text Box 3.1: Occupational Profile: Social Work Practice With Communities

Community social workers work with communities to help them function, specifically “by developing and strengthening the capacity of communities to deliver social services to oppressed and disadvantaged populations through a sustainable network of formal and informal service providers” (ACOSA, n.d.). Community social workers can also be referred to as community builders, community organizers, or macro social workers.

Community social workers can work with and provide services to community members of all ages, which would include older adults, or they can focus on a specific age group, for example, a community organizing approach to increasing the physical activity among underserved older adults (see Cheadle, Egger, LoGerfo, Walwick, & Schwartz, 2010).

Specific job functions of a community social worker can include

- conducting community needs assessments;
- making referrals and resources in the community;
- collaborating with city and regional planners, public administrators, public healthcare providers, lawyers, agency board members, and community leaders;
- joining or forming community groups;
- planning and administering programs;
- participating in record keeping, budgeting; supervision, systematic evaluation, and financial management;
- raising funds, writing grant proposals, soliciting support, advocating for resources; and
- assisting in natural disaster relief services.

Community social workers are often employed by nonprofit or grassroots organizations, charities, faith-based organizations, philanthropies, state and local government social service departments, and as legislative aids in federal and state government. Community social workers can also be employed by international nongovernment organizations (NGOs), such as United National Development Program (UNDP) or the United Nations High Commission for Refugees (UNHCR; ACOSA, n.d.).

Sources: ACOSA. (n.d.). *Macro social work practice*. Retrieved from <http://www.acosa.org/joomla/bswstudent>

Cheadle, A., Egger, R., LoGerfo, J. P., Walwick, J., & Schwartz, S. (2010). A community-organizing approach to promoting physical activity in older adults: The southeast senior physical activity network. *Health Promotion Practice, 11*(2), 197–204.

Table 3.2 NASW (2008) Code of Ethics: Values and Ethical Principles

Value	Ethical Principle
Service	Social workers' primary goal is to help people in need and to address social problems.
Social justice	Social workers challenge social injustice.
Dignity and worth of the person	Social workers respect the inherent dignity and worth of the person.
Importance of human relationships	Social workers recognize the central importance of human relationships.
Integrity	Social workers behave in a trustworthy manner.
Competence	Social workers practice within their areas of competence and develop and enhance their professional expertise.

Social Work Values and Ethical Principles

The above three theories and approaches are underpinned by social work values and ethical principles as set by the National Association of Social Workers (NASW) in the “Codes of Ethics” (NASW, 2008). The *Code of Ethics* details the social work profession’s values, ethical principles, and ethical standards in terms of responsibilities to clients, colleagues, practice settings, as professionals, social work profession, and broader society. Table 3.2 lists the core values and ethical principles that should shape your work as a social worker.

ACTIVE AGING FROM THE PERSPECTIVE OF OLDER ADULTS

In support of the inclusion of the theoretical approaches and values and ethical principles discussed above, we want to demonstrate how the voices of older adults have contributed to the development of Actively Aging. This is particularly important as WHO’s (2002) active aging was clearly created to influence policy, and subsequent attempts to refine active aging, by policy makers and researchers, have typically been void of the voice of older adults (Foster & Walker, 2015). Given this oversight and attempts to further refine and apply active aging, theorists and social scientists have begun to explore active aging at more micro and mezzo levels that are more congruent with humanistic and critical perspectives (see Foster & Walker, 2015; Walker, 2006). In particular, Bowling (2008), Clark and Warren (2007), and Stenner, McFarquhar, and Bowling (2011) have conducted research with older adults to explore their definition and perception of active aging.

Bowling (2008) conducted a qualitative study with 337 older adults (age 65 and over) in the United Kingdom (U.K.) regarding their perceptions of active aging. The responses to the question, "What, in your opinion, are the things associated with active aging?" (p. 295) consisted of maintaining physical health and functioning (43%), leisure and social activities (34%), mental functioning and activity (18%), and social relationships and contacts (15%). The older adults perceived active aging as being in control of their life and maintaining good health and functioning, which suggests potential exclusion of frailer adults. Bowling (2008) concluded that "these findings indicate the need to develop an all-encompassing, while realistic, concept of active aging, which also embraces frailer, less active older people" (p. 300).

Clarke and Warren (2007) conducted biographical interviews with 23 people (age 60–96 years) in the U.K., which focused on their future hopes and concerns, to explore the stories in relation to active aging. Whereas the largest percentage of Bowling's (2008) sample considered physical health and functioning as crucial to active aging, the stories from Clarke and Warren's study indicated that "enjoying an active life does not necessarily mean participating in the activity-driven goals of younger people, but rather that much satisfaction can be obtained from 'ordinary' everyday activities that most take for granted" (p. 472). The stories indicated that active aging is not merely about physical activity and functioning, nor a combination of physical, mental, and social activity and functioning, but rather about "actively engaging in something" (p. 482) despite the extent of control to which the older adult has over that engagement or the outcome, for example the planning of one's death. Clarke and Warren make this conclusion:

[T]here is a need for more subtle ways of comprehending activity that go beyond emphasizing structural factors (such as finance, employment, and retirement) and physical functioning—although these are important—and to examine other ways in which individuals "actively age." (p. 483)

Finally, Stenner et al. (2011) asked 42 older adults (72 years and over) in the U.K. "What do the words active aging mean to you?" (p. 470), which resulted in responses related to physical, mental, and social activity with the most common response consisting of a combination of the three. The older adults identified the activities that contributed to "active aging" as "interests and hobbies, looking after family, having social interaction, doing voluntary work, being part of the community, driving, keeping up a good appearance and generally 'keeping going'" (p. 470). What is important to note from this study is that active aging was also defined in terms of having autonomy and self-sufficiency and that being active was more synonymous with autonomy and choice. Stenner et al. report "being or becoming *active* (as opposed to *passive*) is very much to do with having a pleasurable sense of one's own *powers* and of setting one's own norms rather than, for example, being 'normed' by others" (p. 471). The older adults were clear that they did not see active aging as merely engaging in activity, but *actively* deciding what they want to do or not do; it's more the "*active manner*" (p. 471) of choosing to undertake an activity or not.

In choosing whether or not to engage in activities leads to an older adult being an *agent* (a person who takes an active role) rather than a *patient*. Older adults want to actively engage in their aging and be supported in their decision-making with regard to the direction of *their* aging versus being forced to follow the “right” path as deemed by someone else. Older adults acknowledge that aging comes with natural challenges, such as functional limitations, physical barriers, discrimination, and/or oppression, and in order to actively age, they need to be supported in acknowledging such *challenges* and participating in a *response* to that challenge. Viewing a challenge as a barrier to active aging and failing to provide a response results in the older adult’s autonomy being reduced or eliminated. Each challenge should be viewed in terms of how to respond to the challenge instead of an indication that the older adult is failing at aging. The question should not be “‘what is the effect of this cause’ but ‘how to respond to this challenge?’” (Stenner et al., 2011, p. 472). Stenner et al. conclude that “such a *challenge* and *response* framework (as opposed to a cause and effect framework) would take more seriously the issues of subjectivity and agency [. . .] and would be more in keeping with our participants’ own ways of thinking” (p. 472).

The experiences and perceptions of active aging among older adults has highlighted that any framework of social work practice with older adults should support the agency of older adults by enabling them to *actively* make choices that will influence them versus being passive recipients of choices and decisions mandated or imposed on them. Additionally, challenges that older adults experience due to aging or life circumstances should be met with a response versus being seen as a determinant or failure to their life or future of aging; the older adults should *actively* be involved in the selection of the response to the challenge. Finally, older adults should *actively* participate in their aging by making decisions and choices that best meet their desires, wishes, and expectations of aging. Such lessons from older adults combined with the critiques of aging theories (including active aging) when compared with social work values and ethical principles have influenced the development of Actively Aging.

Exercise Box 3.2: Learning From the Perspectives of Older Adults

Based on the research from Stenner et al. (2011) conducted with older adults on their perspectives of aging and active aging, consider the following:

- Describe a time when you were *passive* versus *active* in making a decision. What were the circumstances surrounding this situation? What did you think, feel, and learn from being in this *passive* position?
- What does being an *agent versus patient* mean to you? What are the pros and cons to each position?
- Describe a situation when you experienced a *challenge* to one of your five senses. What was your *response*?

The theories and approaches described in this section along with the social work values and ethical principles depicted in Table 3.2, and the perspectives of older adults underpin Actively Aging. In addition, we have selected WHO's active aging policy framework as the starting point for developing Actively Aging as its principles and values most closely align with social work. However, we want to stress that active aging is not without its critiques. First, WHO's (2002) active aging framework aims to "optimiz[e] opportunities for health, participation, and security in order to enhance quality of life as people age" and emphasizes "maintaining autonomy and independence as one grows older" (p. 12). Although highlighting individuals' environment as critical for active aging, there is equally a strong focus on individuals to remain autonomous, independent, and socially and politically engaged. Although this aspect of active aging is viewed as a strength and supportive of social work values of self-determination, dignity and worth of each individual, and empowerment, the framework is incomplete in that it fails to fully acknowledge that individuals' autonomy and independence can be lessened (but not necessarily always eliminated) as they age, due to illness or disability. Therefore, autonomy and independence needs to be viewed as flexible and dependent on each individual's circumstances and functioning versus being held to a standard consisting of high physical, mental, and social functioning.

Second, active aging's focus on what older adults *can do* versus a focus on what they *can't do* aligns with the strength perspective of social work but fails to address the realities of an aging body. Although we aim to refute the decline and loss paradigm and take a more positive approach to aging, we need to ensure the pendulum does not swing too far in the opposite direction where aging individuals are held to an unrealistic standard of aging that fails to acknowledge natural changes in the aging body and variations in aging between individuals. In this sense, active aging could be viewed as "counterproductive and even oppressive" (Stenner et al., 2011, p. 468) by focusing only on the positive, and sometimes "normative," aspects of aging versus the real bodies of older individuals (Holstein & Minkler, 2007).

ACTIVELY AGING: SOCIAL WORK ASSESSMENT AND INTERVENTION

We now present Actively Aging as a framework for social work practice with older adults. Actively Aging considers the interplay between individuals' experiences, their meanings of aging, and their social, economic, political, and cultural environment and structures. We purposefully chose the word "actively" to highlight that individuals do not need to engage in activities or be physically, socially, or politically active, but rather, individuals are actively *choosing* the extent to which they are active and are actively participating in decisions about their life. The five basic principles of Actively Aging are listed in Table 3.3 with the accompanying social work values and ethical principles.

1. *Ageism is the antithesis to Actively Aging* – As indicated in Chapter 2, ageism consists of holding stereotypes or negative attitudes toward someone based on age, which often leads to discrimination or oppression (Butler, 1969). Stereotypes about and negative attitudes toward older adults can include such attributes as passivity, disinterest in social and political issues, and frailty. These views of older adults are reinforced by societal messages, often delivered through the media, where older adults

Table 3.3 Actively Aging: Five Principles to Guide Social Work Practice With Older Adults

Principle	Social Work Values and Ethical Principles
1. Ageism is the antithesis to Actively Aging	<ul style="list-style-type: none"> • Social workers challenge social injustice • Cultural competence and social diversity
2. Active Aging is a process and an outcome	<ul style="list-style-type: none"> • Social workers respect the dignity and worth of the person • Social workers recognize the central importance of human relationships
3. Actively Aging assesses the interdependence between individuals and their social, economic, political, and cultural environment	<ul style="list-style-type: none"> • Social workers challenge social injustice • Cultural competence and social diversity • Social workers recognize the central importance of human relationships
4. Actively Aging is variable and constructed by the individual	<ul style="list-style-type: none"> • Social workers respect the inherent dignity and worth of the person • Self-determination
5. Actively Aging requires autonomy, choice, and participation	<ul style="list-style-type: none"> • Social workers respect the inherent dignity and worth of the person • Self-determination • Social workers challenge social injustice

are portrayed as frail, experiencing physical and mental decline, and a burden to social and healthcare systems (Mayhew, 2005). In order to promote Actively Aging, social workers must begin by tackling the stereotypes and attitudes that discriminate and oppress older adults, including the perceptions and definitions of “old” and what it means to be old (see Chapter 1). The challenge is not to merely replace negative stereotypes and attitudes with positive ones (e.g., replace frailty with activity) but rather to educate the public about the realities of aging, the variations in the experiences of aging, and abilities and opportunities for older adults to actively engage based on individual circumstances. Having preconceived ideas of the aging process, often shaped by “non-normative” standards, will only continue to marginalize older adults and prohibit individuals from actively aging.

2. *Actively Aging is a process and an outcome* – The extent to which one actively ages is not to be addressed, promoted, or measured once someone reaches “old age,” but rather the basic principles of Actively Aging should be considered along the life course; everyone is aging, and everyone should have the opportunity to actively age. Social workers should implement the basic principles of Actively Aging across the life-course, and as all individuals are to be supported to actively age, social workers should promote intergenerational activities and interactions in order to create more solidarity between generations who are actively aging together (Walker, 2009).

3. *Actively Aging assesses the interdependence between individuals and their social, economic, political, and cultural environment* – Actively Aging considers individuals within their social, economic, political, and cultural environment. The extent to which one actively ages is not solely dependent on individual choice and action, but rather individuals' ability to have choices and to participate actively in aging is based on the social, economic, political, and cultural environments that will shape their meanings and experiences of aging and will either help or hinder their ability to actively age. In acknowledging the interdependence of individuals and their environments, as based on systems theory, social workers should assess individuals along the six determinants of active aging, which include health, behavioral, personal, physical, social, and economic determinants and consider ways in which such determinants are helping or hindering one's ability to actively age (see Chapters 4–9 for specific details). Based on this assessment, social workers should determine where best to intervene to either prevent barriers to actively aging or encourage the continuation of activities and services that are supporting actively aging. An assessment along the six determinants should be considered in relation to individuals' culture (including race/ethnicity) and gender, and social workers should pay attention to and address structural inequality.
4. *Actively Aging is variable and constructed by the individual* – Whereas other theories and frameworks to aging tend to define "active," "productive," or "successful" aging from the perspectives of researchers, theorists, or policy makers, Actively Aging takes the position that actively aging is variable and constructed on an individual basis. There is no right or wrong way to actively age, but rather individuals choose how they want to engage in aging. This perception views actively aging not as something that is to be "achieved" or "conquered" by the individual, which subsequently means that individuals cannot achieve or fail, but something that is personally defined and directed. Actively Aging assumes all individuals, including those deemed frail or dependent, can actively age as long as their environment enables autonomy, choice, and participation (see premise 5). Thus, the only extent to which individuals cannot actively age is if the environment and structures prohibit the individual from doing so (see premise 3); the individual is disempowered. Thus, there is no "ideal," "standard," or "normative" way to age as individuals will "actively" define this themselves. Social workers should work collaboratively with older adults to define their goals, needs, and aspirations and support older adults in achieving these versus holding them to an externally defined standard of aging.
5. *Actively Aging requires autonomy, choice, and participation* – Actively aging cannot occur without individuals defining what actively aging means to them (see premise 4) and actively participating in the process of aging, thus promoting the empowerment approach. Actively Aging uses the definition of autonomy from WHO (2002) of "the perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own rules and preferences" (p. 13). Social workers should seek to uphold the autonomy of individuals to make decisions about their life that fits with their identified goals, needs, and aspirations. When individuals are faced with challenges to their

autonomy, choice, and/or participation, social workers should work with individuals to provide a response to the challenge, which might require an adaptation to the changing circumstances and reevaluation of goals, needs, and aspirations. For example, an older adult who can no longer drive should be given alternative transportation options.

It is critical to point out that Actively Aging does not view independence as synonymous with autonomy. Individuals may lose elements of their independence as they age, due to disease or disability, but their autonomy should remain. For example, older adults with advanced dementia actively participated in the selection of the paint for the care home in which they resided. Although the individuals were no longer able to live independently or without 24-hour care, they were consulted to actively participate in the redecorating of their home (Godwin, 2014). Having choice and the opportunity to participate supported them to actively age. Boudiny (2013) supports this premise by arguing “even the mere act of decision-making may be a way for the heavily dependent to remain engaged with life: involvement in decisions, even the seemingly ordinary matters, can be contrasted with the negative affect associated with ‘giving in’ and losing all interest in life” (p. 1092). With creative approaches, opportunities for social inclusion and activities can be developed for frail or socially isolated older adults that can promote actively aging. In Text Box 3.2, a U.K.-based program is featured.

This final premise highlights the importance of social workers in working with older adults to assist in the acceptance of changes in individuals’ lives and to actively engage in responding to such changes by making adaptations or exploring alternative ways to remain actively aging (Boudiny, 2013). The key principle is to maintain individuals’ autonomy, choice, and participation, particularly as they adapt to their new circumstances. Thus, the only way in which individuals can “fail” at actively aging is if their environment prevents them from maintaining autonomy, choice, and participation.

Text Box 3.2: International Focus: Good Neighbours

Good Neighbours is a befriending service in Camden, United Kingdom. Volunteers are matched with older adults who are housebound, socially isolated, and/or living with disabilities. Volunteers, called “befrienders,” visit with the older person and may assist with things like going for a walk together, preparing a snack, or reading aloud. This program is intergenerational, and the benefits of cross-generational benefits can be numerous (discussed further in Chapter 8). Careful matching is considered for older adults seeking out this service to ensure that they have things in common. Friendship can develop over time, and the visiting may continue for years. Billie Dunlevy is a volunteer for the program who blogs about her experience (read her story at <https://www.socialworkers.org/pubs/code/default.asp>).

Another similar program in the U.K. is a telephone befriending service. In this program, older volunteers call an older person who is socially isolated and housebound to chat on the phone. This

(Continued)

(Continued)

program has been quite successful in providing friendships between older people, and most of the older people who were original recipients of the services are now volunteers, too (Gill, 2006).

Both of these programs highlight the benefits of ongoing social connections to combat loneliness and isolation and illustrate how older people can remain active throughout their older age—both as a recipient of services as well as a volunteer. Innovation in social services, as suggested by these U.K.-based programs, are needed in an American context to address the needs of our growing older population.

SUMMARY

Throughout this chapter, we have proposed Actively Aging as a “new” framework to guide social work practice with older adults. We have reviewed the existing theories and frameworks to aging and critiqued them against a social work perspective. We have also reviewed studies that have included the voice of older adults in the definition of active aging and the meaning of aging. To this end, we have determined that WHO’s (2002) active aging policy framework most closely aligned with social work theories, values, and ethical principles and, thus, served as the basis for the development of Actively Aging. Actively Aging consists of five basic principles that should guide social work practice with older adults, and these five principles underpin the remaining chapters of this book. The remaining chapters will explore and apply Actively Aging to social work practice with older adults. We begin by looking at the six determinants individually by examining the prevalence, knowledge, and research around each, specifically in relation to older adults. We will examine how social work practice with older adults should involve assessment and intervention practices along the six determinants and two cross-cutting determinants. We anticipate that Actively Aging will underpin your social work practice along all the stages of social work practice as well as when faced with ethical dilemmas and when exploring and creating innovative practices in future social work practice with older adults.

KEY WORDS

Actively Aging
Active aging policy framework
Social determinants of health
Disengagement theory
Activity theory
Productive aging

Political economy of aging
Strengths perspective
Empowerment approach
Systems theory
Ecological systems theory
Code of Ethics

Healthy aging
Successful aging
Neoliberalism

Active versus passive
Agent versus patient
Challenge and response

CRITICAL THINKING QUESTIONS AND ACTIVITIES

1. Interview an older adult (65+) and ask her/him what “actively aging” means to her/him. Then, interview an older adult (85+) and ask her/him what “actively aging” means to her/him. How did each individual define actively aging? What were the similarities and differences in their responses? What is your perspective on “actively aging?”
2. Conduct a web image search using the phrase “older adults active aging.” Describe the images and critique them against the definition of Actively Aging presented in this chapter.
3. Read the following case examples. Identify the “challenge” and describe how you might provide a “response” to this challenge. How will you ensure the individual is an “agent versus patient” in this situation, and how will you ensure the individual is “active versus passive” in any decision?
 - a. Josephine was always proud of her gardening skills and ability to provide fresh produce to her neighbors. Her arthritis has worsened to the point that she experiences “unbearable pain” when she bends over and when she bends her knees. She dreads the thought of not gardening.
 - b. Bob lives alone and enjoys cooking a large meal on Sunday that provides leftovers to last nearly the week. For the past few weeks, Bob has accidentally forgotten to turn off the gas on the stovetop, which resulted in the neighbors reporting a “gas leak” to the local fire department.
 - c. Joan has experienced several falls within the past few months, particularly when taking the steps in her house to her second floor bedroom. She experienced a hip fracture in her most recent fall resulting in the need for surgery. Joan’s daughter, Sarah, has informed Joan that she will either need to move to a smaller house with no stairs or move in with Sarah. Joan is devastated at the thought of having to leave her home of 45 years.

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