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Active Ageing in Contemporary Social Work: Global Dimensions, Challenges, and Policy Perspectives

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Abstract: This article offers a critical and interdisciplinary review of the evolution and current dimensions of active ageing within the field of contemporary social work. Tracing the paradigm shift from traditional geriatric care to the active ageing framework, the analysis synthesizes recent literature and empirical studies to highlight the main pillars of active ageing—health, participation, and security—and examines the roles of lifelong learning, intergenerational programs, and social participation in enhancing quality of life for older adults. The review addresses persistent challenges in implementing active ageing strategies, including socio-economic inequalities, rural-urban disparities, and cultural attitudes toward ageing, while also considering the impact of digitalization and the need for specialized training among social workers. By integrating global and comparative perspectives, the article identifies barriers to effective policy and practice, and offers evidence-based recommendations for transforming old age from a period of decline into a stage of meaningful engagement and social value. The discussion concludes with directions for future research and policy, emphasizing the importance of interdisciplinary collaboration, equity, and innovation in supporting active ageing worldwide.

Keywords: Active Ageing, Social Work, Social Participation, Elderly People, Health and Security.

INTRODUCTION

Current Demographic Context: Population Aging at the Global and European Levels

Population ageing represents one of the most significant demographic transformations affecting contemporary societies, particularly in high-income countries [1]. This process is driven by sustained increases in life expectancy combined with declining fertility and mortality rates [2,3]. At the global level, projections indicate that the population aged 65 and over will increase from approximately 524 million in 2010 to nearly 1.5 billion by 2050, accounting for around 16% of the world's population [4]. Parallel estimates suggest that individuals aged 60 and above will represent more than 20% of the global population by mid-century [2,3].

Europe is currently one of the most aged regions worldwide. In 2018, people aged over 65 accounted for 19.7% of the European population—approximately 101 million individuals—with projections estimating an increase to nearly 149 million by 2050 [5]. By 2030, more than one quarter of Europe's population is expected to be over the age of 65 [1]. While this demographic shift poses significant challenges for labour markets, social protection systems, and healthcare services, it simultaneously represents a major societal achievement and an opportunity, provided that ageing is accompanied by policies that support health, participation, and social inclusion [2].

In Romania, demographic ageing has emerged as one of the defining social challenges of the twenty-first century, producing profound changes in the population's age structure [6]. The proportion of people aged 65 and over has reached approximately 17%, with forecasts indicating a rise to nearly 25% by 2050 [7]. The ageing index has increased dramatically, from 0.48 in 1992 to 1.21 in 2021, signalling a transition from a relatively young population to one characterised by advanced ageing [8]. At the same time, the old-age dependency ratio is projected to increase from 29.5% in 2020 to approximately 50% by 2050, placing sustained pressure on pension systems, healthcare provision, and intergenerational solidarity mechanisms [9].

Unlike Western European countries, where longevity is the primary driver of ageing, Romania's demographic trajectory reflects a cumulative interaction between persistently low fertility, sustained out-migration of the working-age population, and gradual increases in life expectancy that remain below the EU average [7–9]. These dynamics contribute to the expansion of the "fourth age" segment, particularly among individuals aged 80 and above, while simultaneously eroding the demographic base necessary to support social protection systems. As a result, population ageing in Romania unfolds in a context marked by social, economic, and institutional vulnerabilities, intensifying the need for adaptive, inclusive, and value-driven policy responses.

The Evolution of the Concept: From "Geriatric Care" to "Active Ageing"

The conceptual transition from traditional geriatric care to the active ageing paradigm reflects a fundamental reconfiguration of how societies understand and respond to later life [9]. Conventional geriatric models have historically prioritised medical treatment and institutional care, often framing older adults as passive recipients of assistance and focusing predominantly on dependency and decline [9]. Such approaches have frequently been underfunded and poorly integrated with broader social support systems.

In contrast, the active ageing framework represents a normative shift toward recognising older adults as social actors with rights, capabilities, and the potential for continued participation [6,9,10]. The World Health Organization defines active ageing as the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age [11,12]. This framework extends beyond the narrower notions of "healthy ageing," centred on physical well-being, and "productive ageing," focused on economic contribution, by explicitly incorporating social inclusion, civic engagement, and security as core dimensions [12].

Within this paradigm, health is understood holistically, encompassing physical, mental, and social well-being, and functioning as a precondition for meaningful participation [9]. Participation refers to sustained engagement in social, cultural, economic, and civic activities, extending beyond formal employment and including leisure, volunteering, and informal contributions to community life [11,12]. Security, in turn, emphasises protection, dignity, and access to support when autonomy is compromised, reinforcing the ethical responsibility of societies to safeguard vulnerable older adults [11].

In Romania, the adoption of the active ageing discourse reflects a partial theoretical transition from a passive, medicalised model toward a social investment perspective [14]. However, implementation remains limited and uneven. Geriatric care continues to be

concentrated within hospital-based systems, characterised by workforce shortages, uneven territorial distribution of specialists, and weak coordination between medical and social services [14,15]. Despite modest increases in the number of geriatricians, many regions remain severely underserved, contributing to professional burnout, low job satisfaction, and high turnover [14,15].

Moreover, Romania performs poorly in European active ageing indices, reflecting limited opportunities for older adults to remain socially or economically engaged [16]. Although the country entered the post-communist period with a relatively favourable demographic structure, policy responses have largely prioritised short-term compensatory measures, such as pension increases, over long-term social investment in education, preventive health, and community-based services [14–16]. This policy orientation, reinforced by neo-familialist narratives and the electoral influence of older cohorts, has constrained the development of integrated strategies capable of transforming ageing from a perceived social burden into a shared societal resource.

Objectives of the Article and Methodological Approach

This article advances a critical integrative review of the concept of active ageing, positioning it within contemporary social work and value-oriented policy frameworks. Its primary objective is to critically examine the evolution of active ageing from a predominantly biomedical and productivity-focused paradigm toward a multidimensional, rights-based, and inclusion-oriented approach, with particular attention to the normative role of social work in shaping age-inclusive societies.

Rather than aiming for exhaustive coverage, the review adopts an integrative and interpretative perspective, synthesizing theoretical contributions, empirical findings, and policy-oriented literature to identify dominant conceptual trends, normative assumptions, and structural barriers affecting the implementation of active ageing strategies. Particular emphasis is placed on values such as dignity, equity, participation, and social recognition (mattering), which are central to both social work ethics and inclusive public governance.

The literature was identified through systematic searches of major academic databases, including Scopus, Web of Science, PubMed, and Google Scholar, complemented by targeted searches of policy documents and reports issued by international organizations, most notably the World Health Organization. The review focuses primarily on publications from 2010 to 2025, reflecting the consolidation and diversification of the active ageing paradigm in recent decades. Seminal earlier works were included selectively when necessary to clarify theoretical foundations.

Inclusion criteria encompassed peer-reviewed journal articles, review papers, and policy-relevant empirical studies addressing active ageing, social participation, social work practice, intergenerational interventions, and age-related inequalities. Studies were selected based on their conceptual relevance, methodological rigor, and contribution to understanding the social, ethical, and institutional dimensions of ageing. Exclusion criteria included publications with a narrowly clinical or purely biomedical focus, as well as studies lacking relevance to social inclusion or social work practice.

The analytical process involved thematic synthesis and critical comparison, allowing for the identification of recurring concepts, normative tensions, and implementation gaps

across diverse welfare and cultural contexts. This approach facilitates the integration of micro-level interventions, meso-level service structures, and macro-level policy frameworks, highlighting how active ageing is shaped not only by individual capacities but also by institutional design, governance quality, and societal values.

By employing a critical integrative methodology, this article contributes to ongoing debates on active ageing by reframing it as a value-driven social project, rather than a purely demographic or economic response to population ageing. The approach is particularly suited to the interdisciplinary and normative orientation of this review, aligning with the broader aim of informing inclusive social policies and reflective social work practice.

Original Contribution and Value Perspective

This article makes an original contribution to the literature on active ageing by advancing a values-based reinterpretation of the concept from a social work perspective, moving beyond descriptive or instrumental approaches that dominate much of the existing scholarship. Rather than framing active ageing primarily as a strategy for extending productivity or reducing welfare dependency, the article conceptualizes it as a normative social project grounded in dignity, inclusion, equity, and social recognition (mattering).

The review contributes conceptually by integrating mattering as a central analytical lens for understanding social participation, intergenerational engagement, and the psychosocial dimensions of ageing. While active ageing policies frequently emphasize participation and autonomy, they often overlook the relational and symbolic dimensions through which older adults experience social value. By foregrounding mattering, this article reframes active ageing as a process through which older adults are recognized as meaningful contributors to social life, rather than merely as beneficiaries of care or targets of activation policies.

From a disciplinary standpoint, the article advances social work as a normative and political actor in the active ageing field, rather than a purely technical service provider. It demonstrates how social work practice operates at the intersection of individual support, community asset mobilization, and policy advocacy, thereby positioning social workers as key agents in translating inclusive values into institutional arrangements. This perspective extends existing gerontological and policy-oriented analyses by explicitly linking micro-level interventions to macro-level governance and value frameworks.

Finally, the article offers a critical contribution by highlighting the value tensions and structural contradictions embedded in contemporary active ageing agendas, particularly in contexts marked by socio-economic inequalities, rural–urban disparities, and neo-familialist policy orientations. Through the comparative discussion and the focused analysis of Eastern European and Romanian contexts, the review exposes the risks of “formal” or “forced” active ageing, where participation is shaped by necessity rather than choice, and where inclusion rhetoric is not matched by institutional support.

By articulating active ageing as a value-laden, relational, and governance-dependent process, this article contributes to ongoing debates on inclusive social policy and reinforces the relevance of social work as a discipline committed to social justice, human dignity, and the transformation of ageing from a stage of perceived decline into one of sustained social significance.

THEORETICAL EVOLUTION IN SOCIAL WORK

From the Medical Model to the Social Model

The evolution from a medical model of ageing toward a social and rights-based model represents a foundational shift in contemporary gerontology and social policy. The traditional medical model conceptualises ageing primarily through the lens of pathology, functional decline, and disease management, often treating older adults as passive recipients of care and framing later life as an accumulation of deficits [17–19]. Within this approach, interventions focus on clinical outcomes and institutional management, frequently marginalising the social, relational, and subjective dimensions of ageing.

In contrast, the social model reframes ageing as a life stage embedded in social rights, community participation, and the mobilisation of personal and collective resources [20]. Rather than defining older adults by limitations, this perspective emphasises capabilities, autonomy, and the right to remain socially valued. Central to this shift is the recognition that health is not merely the absence of disease but a socially produced condition shaped by inclusion, recognition, and access to supportive environments [18,21,22].

A key concept emerging from this framework is mattering—the perception of being important, valued, and relied upon by others—which has been shown to play a critical role in older adults' psychological well-being and resilience [20–22]. By foregrounding mattering, the social model challenges deficit-based narratives and highlights the ethical obligation of societies to create contexts in which older adults continue to experience social significance.

The active ageing paradigm promoted by the World Health Organization bridges medical and social approaches by integrating health, participation, and security within a holistic framework [9,11]. However, its effective implementation requires moving beyond clinical interventions toward community-based strategies that activate social assets, support mutual aid, and reinforce autonomy. In this sense, the social and rights-based model does not reject medical care but situates it within a broader ecosystem of social integration, civic participation, and institutional accountability.

Model Activity Theory vs. Disengagement Theory: Paradigm Shifts in Recent Decades

The theoretical shift from disengagement theory to activity theory marks a decisive turning point in social gerontology, with profound normative implications for how ageing is understood and governed [11]. Disengagement theory posits that ageing involves a natural and mutually beneficial withdrawal of older adults from social roles, framing disengagement as both inevitable and desirable for maintaining social equilibrium. This perspective has historically legitimised exclusionary practices and reinforced age-based marginalisation.

Activity theory directly challenges this assumption by arguing that continued engagement in meaningful roles is essential for psychological well-being and social integration in later life [11]. According to this framework, older adults adapt to ageing by replacing lost roles—such as employment—with new forms of participation, thereby maintaining self-esteem, purpose, and social connection. The emergence of the active ageing paradigm was explicitly designed to counter disengagement narratives by redefining old age as a period of optimisation rather than withdrawal [9,11].

Empirical research consistently associates sustained social participation with reduced depressive symptoms, improved life satisfaction, and enhanced subjective well-being [5,11,12]. Nevertheless, the normative appeal of activity theory must be balanced against critical concerns regarding "forced" active ageing, where continued participation is driven by economic necessity rather than choice [13]. In such contexts, activity may reproduce inequality and exploitation rather than empowerment.

From a value perspective, the relevance of activity theory lies not in prescribing universal engagement but in affirming the right of older adults to meaningful participation under conditions of dignity, voluntariness, and adequate support. This normative reframing aligns active ageing with broader commitments to social justice and inclusion, positioning participation as a right rather than an obligation.

The World Health Organization Policy Framework and Its Impact on Social Practices

The World Health Organization's active ageing framework has become a central normative reference in global ageing policy, articulating a vision of later life grounded in health, participation, and security [11,13]. By integrating social, economic, and cultural dimensions, the framework extends beyond biomedical conceptions of ageing and emphasises the conditions necessary for individuals to realise their physical, mental, and social potential throughout the life course [12].

Participation within the WHO framework encompasses engagement in social, civic, spiritual, and cultural activities, recognising older adults as contributors to community life rather than passive beneficiaries [9,11,12]. Security underscores the ethical responsibility to ensure protection, dignity, and access to care when autonomy is reduced, reinforcing the link between ageing policy and human rights [9,11].

Importantly, the WHO framework operates as a normative guide rather than a prescriptive model, allowing for adaptation across diverse welfare regimes and cultural contexts. Its value lies in establishing a shared ethical orientation that foregrounds inclusion, equity, and recognition, while leaving room for contextualised implementation. As such, the framework provides a critical reference point for evaluating national policies and institutional arrangements, particularly in contexts where active ageing rhetoric is not matched by adequate social investment or governance capacity.

THE PILLARS OF ACTIVE AGEING IN THE NARRATIVE OF SOCIAL WORK

Health and Security: The Social Worker's Role in Prevention and Risk Management

Building on these theoretical foundations, the following section examines how the core pillars of active ageing are operationalised within social work practice.

Within the active ageing paradigm, health and security constitute foundational conditions that enable older adults to sustain autonomy, participation, and social dignity [8,11]. From a social work perspective, these pillars extend beyond medical treatment and encompass the prevention of psychosocial risks, the mitigation of vulnerability, and the safeguarding of individual rights [29].

A central area of intervention concerns the early identification and prevention of social isolation and loneliness. Social workers play a proactive role in assessing psychosocial risk factors using validated screening instruments in both community-based and institutional settings [5,30,31]. The importance of early detection is underscored by evidence indicating that loneliness has a mortality impact comparable to established health risk factors such as smoking or obesity [4,32]. By addressing these risks at an early stage, social work interventions contribute to both individual well-being and the reduction of long-term pressures on health systems.

Security, as conceptualised within the WHO framework, refers to the provision of protection and support when older adults are no longer able to live independently [11]. Social workers intervene through multidimensional and personalised approaches that combine practical assistance, emotional support, and rights-based advocacy. Research demonstrates that the coexistence of physical frailty and loneliness substantially increases mortality risk, highlighting the need for integrated responses that address both medical and social dimensions of vulnerability [19].

An additional core responsibility involves ensuring continuity of care during critical transitions, particularly from hospital to home. Social workers collaborate with healthcare providers, insurance systems, and community services to coordinate discharge planning and to secure ongoing support [17]. This process includes the assessment of environmental risks, such as mobility barriers and fall hazards, and the initiation of adaptive measures aimed at preserving safety and independence.

Beyond individual case management, social workers also contribute to the prevention of abuse, neglect, and infantilisation through regular home visits, group-based interventions, and the activation of informal support networks [1,28,34]. In this way, health and security are reframed not as passive forms of protection but as dynamic processes that support autonomy, dignity, and sustained social participation.

Social Participation: Combating Isolation and Loneliness Through Volunteering and Lifelong Learning

Social participation represents a core pillar of active ageing and a primary mechanism for counteracting the cumulative effects of isolation and loneliness in later life [11,12,34]. Within a social work framework, participation is understood not merely as engagement in activities but as a relational process through which older adults maintain social roles, experience recognition, and reinforce their sense of belonging [9,24,32].

Volunteering plays a particularly significant role in this regard. Empirical evidence associates volunteer engagement with reduced mortality risk, improved mental health, and enhanced life satisfaction among older adults [35].

Importantly, the positive effects of volunteering are closely linked to the perception of reciprocity and social appreciation. When older adults experience their contributions as meaningful and valued, volunteering reinforces mattering and protects against depressive symptoms and social withdrawal [21,24,35].

Lifelong learning constitutes another critical pathway for sustaining participation and cognitive resilience in later life [12]. Educational engagement facilitates the

development of new social networks, strengthens self-efficacy, and supports continued involvement in community life. Digital literacy, in particular, has emerged as a key dimension of contemporary active ageing. Training in the use of information and communication technologies enhances older adults' capacity to maintain social connections, access services, and participate in virtual communities, thereby mitigating loneliness and exclusion [4,12].

From a practice perspective, social participation interventions are most effective when they prioritise active involvement rather than passive consumption of services. Group-based and productive activities—those oriented toward shared goals or creative output—are consistently associated with stronger social bonds and more sustainable outcomes than solitary or purely recreational engagements [36–38]. Social workers play a crucial role in facilitating access to such opportunities, mobilising community assets, and ensuring that participation remains voluntary, inclusive, and aligned with individual preferences and capacities.

Intergenerational Solidarity: Mentorship Projects and Knowledge Transfer from Seniors to Youth

Intergenerational solidarity constitutes a central component of inclusive active ageing strategies, reframing relationships between age groups as reciprocal exchanges of resources, knowledge, and social support [9,10]. Within this paradigm, older adults are recognised not as dependents but as carriers of experience, skills, and cultural memory that contribute to community cohesion.

Mentorship and knowledge transfer initiatives operationalise this principle by enabling older adults to assume generative roles that reinforce their sense of usefulness and social value [10,39]. Structured programmes such as Experience Corps, REPRINTS, and Foster Grandparents illustrate the mutual benefits of intergenerational engagement, with documented improvements in psychosocial well-being and cognitive functioning among older participants, alongside positive developmental outcomes for younger beneficiaries [1,3,25].

Intergenerational exchange is increasingly understood as a bidirectional process. Reverse mentoring initiatives, in which younger participants support older adults in acquiring digital skills, exemplify how technology can function as a bridge between generations [10,26]. These reciprocal learning arrangements strengthen social ties, challenge age-based stereotypes, and foster mutual respect.

From a social work perspective, the effectiveness of intergenerational programmes depends on careful design and facilitation. Interventions must avoid the infantilisation of older adults and ensure that participation is grounded in autonomy and informed choice [10,25,28]. Continuity, regular interaction, and alignment with local community structures further enhance the depth and sustainability of intergenerational relationships. By promoting generativity and social recognition, intergenerational solidarity initiatives contribute to redefining later life as a period of strategic engagement and shared social value.

ROLE OF THE SOCIAL WORKER AS FACILITATOR OF ACTIVISM IN OLDER AGE

Case Manager vs. Social Change Agent

Beyond practice implementation, active ageing also raises fundamental questions regarding advocacy, power, and social change, positioning social work as a political actor.

Within the active ageing paradigm, social work practice operates at the intersection of individual support and structural transformation, encompassing both case management and social change agency [29]. The case manager role focuses on coordinating services, assessing needs, and ensuring continuity of care, particularly for older adults facing complex health and social challenges [17,40]. This function is essential for safeguarding immediate security and access to resources.

However, an exclusive emphasis on case management risks obscuring the structural determinants of vulnerability, including policy gaps, resource scarcity, and institutional fragmentation. In contrast, the social change agent role positions social workers as political and normative actors engaged in advocacy, agenda-setting, and policy reform [29]. Through this lens, social work extends beyond service delivery to address systemic inequalities and to promote inclusive governance arrangements.

Research indicates that social workers operating within non-governmental organisations often experience greater autonomy and capacity for advocacy compared to those employed in public sector institutions constrained by bureaucratic regulation [29]. Nonetheless, both contexts offer opportunities for social workers to amplify the voices of older adults, facilitate civic participation, and translate lived experience into policy-relevant knowledge. By bridging micro-level practice and macro-level change, social workers contribute to reshaping ageing policy in line with principles of dignity, equity, and social justice.

Advocacy for Eliminating Age-Based Discrimination (Ageism)

Advocacy against ageism represents a core dimension of contemporary social work practice and a prerequisite for inclusive active ageing policies. Age-based discrimination undermines older adults' access to healthcare, employment, and social participation, while reinforcing narratives that frame ageing as decline or social expendability [21].

A central concept in countering ageism is mattering—the experience of being valued and needed by others—which has emerged as a critical determinant of mental health and well-being in later life [21]. Social workers challenge ageist assumptions by highlighting the heterogeneity, resilience, and continued contributions of older adults, both within families and in broader social contexts.

Workplace discrimination remains a significant barrier to active ageing, with older adults frequently evaluated on the basis of chronological age rather than functional capacity or professional expertise [8,11]. Advocacy efforts target equitable employment practices, age-friendly working environments, and the recognition of experience as a social asset rather than a liability. Intergenerational initiatives further contribute to dismantling stereotypes by facilitating direct contact and mutual understanding between age groups [1,3,39].

Effective advocacy requires coordinated action across multiple levels, including public awareness campaigns, community engagement, and institutional reform. By addressing ageism as both a cultural and structural phenomenon, social work reinforces active ageing as a rights-based project grounded in inclusion and social recognition.

Assistive Technologies and Digital Literacy Among Older Adults: A New Frontier in Social Work

Digital inclusion and assistive technologies have emerged as critical enablers of active ageing, particularly in contexts marked by physical distance, mobility limitations, or service fragmentation [1,4]. From a social work perspective, technology functions not as an end in itself but as a means of enhancing autonomy, connectivity, and participation.

Digital literacy initiatives play a foundational role in transforming technology from a source of exclusion into a resource for empowerment. Training programmes that emphasise individualised support and confidence-building have been shown to reduce anxiety and increase older adults' engagement with digital tools [4,31]. Through digital communication platforms, older adults are able to maintain relationships, access information, and participate in virtual communities, thereby mitigating social isolation.

Assistive technologies also support independent living by facilitating remote monitoring, tele-assistance, and access to psychosocial support [17,31,41]. Social workers increasingly integrate these tools into practice through digital social prescribing and virtual interventions, while remaining attentive to ethical concerns related to privacy, consent, and the digital divide [31,32,41].

Intergenerational digital initiatives further illustrate the relational potential of technology. Reverse mentoring arrangements enable younger participants to support older adults in developing digital skills, while older adults contribute life experience and historical knowledge [1,25]. In this way, technology becomes a platform for mutual learning and social connection, reinforcing digital inclusion as a core component of contemporary active ageing strategies.

CASE STUDIES AND BEST PRACTICE MODELS

Analysis of European Models

To contextualise these dynamics, the following section adopts a comparative perspective, highlighting how value orientations shape active ageing outcomes across welfare regimes.

Comparative analyses of active ageing policies across Europe reveal substantial variation not only in institutional arrangements but also in the underlying value orientations that shape ageing experiences [42]. Northern and Western European countries, including Sweden, Norway, and the Netherlands, generally adopt models grounded in autonomy, social investment, and technological integration, resulting in higher levels of participation and better subjective health outcomes among older adults [4,8,11].

In these contexts, active ageing is supported by well-developed community infrastructures, coordinated service delivery, and policies that emphasise lifelong learning and labour market adaptability [2,43]. Technological solutions are frequently integrated

into care and social participation strategies, enabling older adults to maintain independence and social connectivity even in the presence of functional limitations [4]. Importantly, these models reflect a value framework that prioritises individual autonomy and collective responsibility, framing older adults as active citizens rather than passive care recipients.

In contrast, many Eastern European countries face more acute structural constraints that limit the realisation of active ageing principles [41]. Higher levels of material deprivation, weaker welfare institutions, and limited access to community-based services contribute to elevated rates of loneliness and poorer self-rated health among older adults [41]. In these settings, active ageing often takes the form of necessity-driven participation rather than voluntary engagement, reflecting survival-oriented strategies rather than empowerment [11,13].

Despite these differences, certain patterns appear consistent across contexts. The presence of a life partner remains one of the strongest protective factors against emotional loneliness, while poor health significantly increases vulnerability to social isolation [41]. Gendered patterns of loneliness are also evident, with older women more likely to experience emotional loneliness due to widowhood and longer life expectancy, and older men reporting higher levels of social loneliness linked to narrower social networks [41]. These findings underscore the importance of contextualising active ageing policies within broader value systems and welfare regimes, rather than assuming universal applicability.

The Impact of Day Centers on Maintaining Autonomy

Community-based services, particularly day centres and senior clubs, represent critical inclusion mechanisms within active ageing strategies, functioning as social infrastructures that support autonomy, participation, and well-being [5,24]. These services operate as “health assets” by mobilising social networks, facilitating peer interaction, and providing structured opportunities for engagement [24].

Participation in day centre activities has been consistently associated with reduced loneliness, improved mood, and enhanced sense of purpose among older adults [4,30]. By offering opportunities for social interaction and meaningful engagement, such centres counteract the tendency toward withdrawal and inactivity that often accompanies functional decline or the loss of social roles [26,38]. Activities oriented toward creativity, volunteering, and mentoring are particularly effective in reinforcing social recognition and psychological resilience [21,30].

From a value-based perspective, the contribution of day centres lies not only in service provision but also in their role as spaces of social inclusion. They facilitate the formation of new social ties, compensate for the absence of close family networks, and promote mutual support among participants [5,33]. In integrated care models, healthcare professionals increasingly refer older adults to community-based services as part of social prescribing strategies aimed at addressing psychosocial determinants of health [24].

Nevertheless, access to these services remains uneven. Financial barriers, limited transportation, and physical inaccessibility can exclude older adults with low incomes or mobility impairments [30]. Moreover, standardised programming may fail to accommodate diverse interests and capacities, underscoring the need for flexible, participant-centred approaches. Despite these limitations, community-based services remain a cornerstone of

inclusive active ageing policies, providing a tangible link between individual well-being and collective social responsibility.

LIMITS AND BARRIERS IN IMPLEMENTING THE CONCEPT

Socio-economic Inequalities and Unequal Access to Active Aging

Socio-economic inequalities exert a decisive influence on individuals' capacity to age actively, shaping access to resources, participation opportunities, and health outcomes [32]. Low income, limited education, and material deprivation are among the strongest predictors of loneliness, social isolation, and reduced well-being in later life [30,32,45].

Financial constraints directly limit older adults' ability to participate in social activities or access community-based services. Even modest participation fees can constitute significant barriers for individuals reliant on basic pensions, while economic insecurity is associated with reduced self-efficacy and diminished motivation for social engagement [30]. Educational attainment further differentiates access to active ageing, as higher levels of education are linked to greater resilience, perceived control, and sustained participation across the life course [12,22].

Geographical disparities compound these inequalities. Older adults residing in rural or peripheral areas often face limited access to recreational facilities, educational opportunities, and social services, resulting in heightened risks of depression and isolation [9,30,46]. The digital divide further exacerbates exclusion, as insufficient financial resources, inadequate infrastructure, and low digital literacy restrict access to online communication and services [30,46,47].

A critical distinction emerges between voluntary and necessity-driven participation. While continued activity can enhance well-being, "forced active ageing" driven by economic necessity—particularly in contexts with inadequate pension systems—can undermine mental health and reinforce inequality [11,13,26]. Addressing socio-economic disparities therefore requires an equity-oriented policy approach that prioritises access, affordability, and choice, ensuring that active ageing does not become a privilege reserved for the socio-economically advantaged.

Challenges of the Rural Environment in Providing Social Support Services

Rural environments present distinct challenges for the implementation of active ageing strategies, characterised by limited infrastructure, workforce shortages, and fragmented service delivery [9]. Older adults in rural communities frequently experience reduced access to home-based services, preventive care, and psychosocial support, increasing reliance on informal and often under-resourced networks [32].

Out-migration of younger populations intensifies isolation by weakening traditional family and community support structures, while the absence of recreational and social facilities constrains opportunities for participation [9,30,46]. These conditions contribute to higher rates of depression, poorer mental health outcomes, and increased suicide risk among rural older adults compared to their urban counterparts [46].

In Romania, rural ageing is particularly acute due to the combined effects of demographic decline, poverty, and limited institutional capacity [6]. Fragmented coordination between health and social services, uneven distribution of specialised personnel, and underdeveloped infrastructure further restrict access to support. In this context, technology-mediated interventions and community-based mutual aid models, such as time banks or shared living arrangements, have been proposed as adaptive responses [9,24,31].

However, the success of such initiatives depends on their alignment with local realities and the involvement of trusted community actors, including local leaders and religious institutions [20,38]. Addressing territorial exclusion thus requires a governance approach that integrates equity, decentralisation, and community empowerment.

Cultural Reluctance Toward Redefining the Role of Older Adults in the Family

Cultural norms and familialist expectations constitute significant barriers to redefining the role of older adults within active ageing frameworks. In many societies, strong beliefs regarding family responsibility for elder care discourage the use of formal support services and reinforce dependence-oriented roles [20]. Accepting external assistance may be perceived as a failure of familial duty, leading older adults to forgo available resources in order to preserve family dignity.

In collectivist cultural contexts, concepts such as filial piety and intergenerational obligation shape expectations around ageing, often linking life satisfaction to continued dependence on children rather than autonomy [44,47]. While these values can provide emotional security, they may also constrain opportunities for independent participation and reinforce gendered caregiving roles, particularly among older women.

In Romania, resistance to redefining older age is reinforced by traditional authority structures, neo-familialist policy narratives, and limited public investment in age-inclusive services [6,7]. Older adults are frequently positioned as passive recipients of family care or political beneficiaries, rather than as active social contributors. This cultural framing is further reflected in professional attitudes within healthcare and social services, where protective paternalism may undermine autonomy.

Overcoming these barriers requires a cultural shift that challenges ageist stereotypes and repositions older adults as agents of social value. Such transformation depends on sustained public discourse, inclusive policy design, and social work interventions that promote autonomy, participation, and recognition within both family and community contexts.

CONCLUSIONS: ACTIVE AGEING AS A VALUE-DRIVEN SOCIAL PROJECT

This article has advanced a critical integrative perspective on active ageing, reframing it not merely as a demographic response or a strategy for extending productivity, but as a value-driven social project rooted in dignity, inclusion, equity, and social recognition. By situating active ageing within contemporary social work, the analysis highlights that the capacity to age actively is not determined solely by individual health or motivation, but is fundamentally shaped by institutional design, governance quality, and societal values.

A central conclusion of this review is that active ageing must be understood as a relational and normative process, rather than a set of prescriptive behaviours or policy targets. Concepts such as participation, autonomy, and lifelong learning acquire substantive meaning only when embedded in social contexts that recognise older adults as valued contributors. In this regard, the integration of mattering as an analytical lens exposes a critical gap in many active ageing agendas: while participation is often promoted rhetorically, the symbolic and relational dimensions of social value are frequently neglected. Without recognition, participation risks becoming performative or necessity-driven rather than empowering.

The analysis further demonstrates that social work occupies a strategic position in translating active ageing from abstract policy discourse into lived social reality. Beyond service coordination, social work functions as a normative and political actor, mediating between individual needs, community resources, and policy frameworks. Through advocacy, community asset mobilisation, and intergenerational facilitation, social workers contribute to reshaping ageing as a stage of continued citizenship rather than managed dependency. This role is particularly salient in contexts marked by socio-economic inequality, territorial exclusion, and residual welfare regimes, where inclusive ageing cannot be achieved through market mechanisms or familial responsibility alone.

Comparative perspectives underscore that disparities in active ageing outcomes across Europe are closely linked to divergent value orientations and welfare arrangements. Models grounded in social investment, autonomy, and collective responsibility are more likely to support voluntary participation and sustained well-being, while contexts characterised by material deprivation and neo-familialist norms tend to reproduce “forced” forms of activity and exclusion. These findings reinforce the need for policy approaches that prioritise equity and choice, ensuring that active ageing does not become a privilege of socio-economically advantaged groups.

Structural barriers—including poverty, rural marginalisation, cultural resistance, and ageism—emerge as persistent obstacles to inclusive active ageing. Addressing these challenges requires moving beyond fragmented interventions toward coherent governance frameworks that integrate health, social care, education, and community development. In this sense, active ageing constitutes a test of societal commitment to inclusive values, revealing whether ageing populations are treated as residual dependents or as integral members of the social fabric.

In conclusion, the article argues that the future of active ageing depends on its recognition as a collective ethical responsibility rather than an individual obligation. By anchoring active ageing in social justice and human dignity, and by strengthening the normative role of social work within ageing policy, societies can transform later life from a period of perceived decline into one of sustained social significance. Such a shift is essential not only for improving quality of life among older adults, but also for fostering resilient, inclusive, and intergenerationally just societies.

FUTURE DIRECTIONS

Building on the current synthesis, future research should prioritize longitudinal studies to better understand the long-term impact of active ageing interventions, especially in the

Romanian context where direct, longitudinal data remain limited. There is a need to develop and evaluate standardized assessment tools and methodologies, which would allow for more robust comparisons across regions and populations.

Further investigation into the effectiveness of professional training for social workers is warranted, particularly regarding interdisciplinary collaboration and the implementation of evidence-based practices. Expanding research to include marginalized groups, such as rural older adults and those with limited access to services, will help address gaps in equity and inform targeted policy interventions.

Additionally, future studies should explore innovative approaches to digital inclusion, social prescribing, and community asset mapping, adapting these strategies to local realities and resource constraints. Finally, integrating qualitative research to capture the lived experiences of older adults and social workers can provide valuable insights for refining both practice and policy.

STUDY LIMITATIONS

While this review provides a comprehensive synthesis of the literature on active ageing and social work, several limitations should be acknowledged. First, the selection of sources was primarily based on recent publications and empirical studies available in academic databases and official reports, which may result in selection bias and underrepresentation of certain regions or models. The review relies heavily on comparative analyses between global and European contexts, but direct, longitudinal studies specific to Romania remain limited, potentially affecting the generalizability of findings. Additionally, the lack of standardized methodologies across studies and the predominance of cross-sectional data restrict the ability to draw causal inferences about the effectiveness of interventions.

Another limitation is the potential for publication bias, as studies reporting positive outcomes of active ageing programs are more likely to be published and included in the review. The article also notes that the mere existence of social programs does not guarantee positive outcomes without specifically trained personnel, highlighting the need for further research into the impact of professional training and interdisciplinary collaboration.

Finally, cultural, socioeconomic, and infrastructural differences—especially those affecting rural and marginalized populations—may not be fully captured in the available literature. Future research should address these gaps by incorporating longitudinal designs, diverse geographic samples, and standardized assessment tools to better evaluate the long-term impact of active ageing strategies.

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