



## Active ageing in the fourth age: The experiences and perspectives of older persons in long-term care

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### **Abstract**

*Aim: This article reports upon a research study whose aim was to evaluate the running of an active ageing programme for older persons residing in a care home for older persons in Malta.*

*Method: The research study opted for a multi-method research design. The first phase consisted of carrying out observation of the active ageing programme over a two-month period. The second phase was conducting semi-structured interviews with participants and facilitators.*

*Results: First, that for active ageing programme in care homes to be successful the activities must be meaningful to residents. Second, that active ageing programme in care homes has the potential to improve the levels of social and emotional wellbeing, whilst also having benefits for facilitators. Finally, that active ageing programmes include a number of challenges - namely, further training for all staff in gerontological and geragogical principles, overlooking family relatives, and enabling even frail residents to join in the activities.*

*Conclusion. Active ageing policies should go beyond a 'third age' lens in their endeavour to improve the quality of life of incoming and current older persons and focus more assiduously on frail and vulnerable elders. The key factor in organising active ageing programmes in a care home that are successful in enabling good quality interaction is the ability of planners to have insight on the subjective world of residents so that they gain the sensitivity and skills to coordinate activities that are meaningful to residents.*

**Keywords:** *active ageing, care homes, fourth age, older people*

### **1. Introduction**

The term active ageing - generally defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (World Health Organization [WHO], 2002 : 12) - has become a catchphrase of our era, a slogan bandied about in conferences, symposia, and seminars by academics, policy-makers, non-governmental organisations and employers alike. Apart from serving to transcend public policy on later life from the placid backwaters of disengagement politics into the mainstream of economic, social and cultural endeavours (Salter & Salter, 2018), active ageing was also championed for emphasising the critical importance of a life-course perspective and preventing the negative

consequences associated with later life (Walker, 2009 : 84). Even influential gerontologists, at least during the early stages, commended active ageing as a ‘win-win solution’ to the multiple challenges of an ageing society: “the beauty of this strategy is that it is good for everyone...getting the best from human capital, avoiding intergenerational conflicts and creating a fairer, more inclusive society” (Walker, 2002 : 137). However, following the launch of national policies on active ageing in disparate geographical contexts ranging from Australia to Malta to Mexico (Formosa, 2017), one witnessed an emergent wave of criticism. Most centrally, the openly utilitarian way in which the notion of active ageing was being politically applauded and implemented was perceived as untenable with the original ideas (Katz, 2013; van Dyk, 2014). The consensus amongst critical gerontologists was that the politics of active ageing harbours two key lacunae:

First of all, it improperly homogenises the extremely heterogeneous group of “the elderly”, suggesting every single one of them has “high potential” and is just waiting to be discovered so as to perform more actively in society. Beyond that, it effectively produces a new norm of ageing; a single standard that many will inevitably fail to live up to - all those who are less resourceful than the prototypical “best ager” who serves as a role model within the “active ageing” imagery.

van Dyk, Lessensich, Denninger & Richter, 2013 : 2-3

This article emerged as a reaction to one key pitfall concerning the active ageing discourse. As the mantra of active ageing found itself embedded in popular discourse - whereby older persons who personified their own values of interdependence, reciprocity and keeping going were perceived as the ‘heroines’ of old age - it became progressively clear that this was being done at the expense of peers in the fourth age whose experience of a range of co-morbidities led them to become either homebound or, in most cases, residents in long-term facilities (Formosa & Cassar, 2019). In Boudiny and Mortelman’s (2011 : 9) words, “one crucial criticism that applies to all of the approaches...is that they are primarily concerned with the young-old - the third age”. Indeed, a cursory look at the public policy on active and positive ageing finds a limited place, if any, for older persons with mobile and cognitive disabilities, as if fourth agers cannot live up to the standards of what qualifies as an ‘active’ older person (Formosa, 2019a). Although this is clearly discriminatory to vulnerable older persons, one fails to note any public or academic outcry, and the absence of any discussion of that interface between active ageing on one hand and the fourth age on the other is remarkable, as is the fact that frail older persons tend to undergo a ‘blame the victim’ experience by being held responsible for failing to age actively. As the popular, albeit ageist, saying goes,

if frail older adults had made the right choices and engaged in the right lifestyle, they would not be in this vulnerable situation (Martinson, 2006). The research reported herein joins the work of other gerontologists who advocate a renewing of the active ageing paradigm to extend the concept's applicability to the fourth age (e.g. Boudiny, 2013; Foster & Walker, 2015; Van Melder et al., 2017). Its research input consists of evaluating the impact of an active ageing programme for older persons residing in a long-term care facility for older persons in Malta, by taking into consideration their voices and experiences.

## **2. Active ageing and long-term care**

For much of the 1990s and 2000s, theoretical and policy discourse on active ageing overlooked that later life is generally accompanied by holistic forms of decline, “whether in relation to deteriorating physical and mental health, the weakening of family and social ties, or a loss of economic resources, and this may compromise people’s autonomy and lead to their institutionalization” (Fernández-Mayoralas et al., 2015 : 1031). Unfortunately, such a political discourse marginalised vulnerable sectors of the older population by harbouring inflated attention on ‘heroin-like’ third agers at the expense of ‘villain-like’ fourth agers. As Perek-Bialas, Ruzik and Vidovicová pointed out,

...the meritocratic basis of the active ageing idea is criticised for offering no alternative to less able or seriously ill persons, leaving no (or very little) room for occupational specificity and gender sensitivity.

Perek-Bialas, Ruzik and Vidovicová, 2008 : 568

In this respect, it is noteworthy that some gerontologists went as far as arguing that the notion of active ageing is unsuited with the fourth age environment. For instance, Hasmanová Marhánková (2011) contended that it is uncertain whether active ageing contributes to residents’ quality of life since active ageing is based on the fact that it should be the individuals themselves, as active subjects, who influence the conditions of their ageing through their self-responsibility and self-care. Such a line of thought is, however, deeply flawed as it wrongly assumes that ‘active ageing’ is a one-size-fits-all phenomenon irrespective of persons’ levels of physical capital. As Paúl, Teixeira and Riberio’s (2017 : 1) examination of the WHO’s model of active ageing between older persons aged younger and older than 75 years found, “the structural covariances for the two age groups were statistically different [as the] comparison of components between age groups revealed a major relevance of the psychological component for the older age group”. This infers that although the decline in physical and mental health, the loss of

functional capabilities, and weakening of family and social ties truly represent a significant barrier to active ageing in a care home context, it still follows that

...the active ageing concept can be reinforced by the therapeutic landscape concept and it can help to understand the interaction between physical and social environment, and individual well-being in residential care settings...including an occupational science perspective, wherein occupations (or meaningful everyday activities) are seen as a crucial part of the person-place relationship...

Fernández-Mayoralas et al., 2015 : 1032

It is welcoming to note that recent years have witnessed the emergence of a body of research conceptualising and documenting active ageing initiatives in care homes for older persons. For instance, a qualitative study by Van Melderren and colleagues (2013, 2016) explored the potential of introducing the active ageing concept within the care home setting by consulting different stakeholders and residents. The authors concluded that an active ageing policy for nursing homes was perceived as a positive added value for the care home management since it tends to accommodate their residents with a context that enhances residents' quality of life and wellbeing. Nine active ageing determinants for care home settings were located - namely, culture, autonomy, emotional support, physical and social environment, productivity, care, participation and meaningful leisure. Elsewhere, in South East England Evers and colleagues (2012) found that many care homes in this region incorporated daily organised activities for residents, activities that were usually related to music, arts and crafts, with occasional outings to local parks or gardens. Whilst in the Philippines Guzman and colleagues (2011) found that recreational therapies in the form of traditional Filipino arts equipped care home residents with novel psychological crutches that overcame the challenges of depression and providing them with more positive world views, in Taiwan Ching-Teng, Ya-Ping, and Yu-Chiac (2019) concluded that art therapy activities showed promising effects in benefitting the mental health of residents, especially in mitigating against depression and low self-esteem. In recent years, active ageing programmes have also been organised for persons with dementia which demonstrated that 'new beginnings' and 'becomings' can and do take place at advanced stages of dementia, thus challenging the assumption that dementia is a wasteland for active ageing lifestyles (Quinn & Blandon, 2017).

### 3. Research Design

This article reports upon a research study whose aim was to evaluate the running of an active ageing programme for older persons residing in a care home for older persons in Malta<sup>1</sup>. The research study opted for a multi-method research design which “is the conduct of two or more research methods, each conducted rigorously, and complete in itself, in one project” (Morse, 2003 : 190). The *first* research phase consisted of carrying out observation of the active ageing programme over a two-month period. The researcher was known and recognised by the participants who were also aware of his research goals. Although there was some interaction between researcher and participants, this was kept to the possible minimum, so that the former played a neutral role as much as possible. The *second* research phase consisted of conducting semi-structured interviews with residents who participated in the active ageing programme. The carrying out of the interviews followed the interpretative methodological stance - more specifically, the interpretative phenomenological analysis (IPA) standpoint - whose purpose

...is to explore in detail how participants are making sense of their personal and social world...to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself.

Smith and Osborn, 2008 : 53

Whilst the research question leading the interviews included ‘How did participating in an active ageing programme impact your life as a care home resident?’, the interviews’ objectives included the documentation of (i) what participating in the active ageing programme meant to them, and (ii), the phenomenology of lived experiences on that interface between active ageing and empowerment on one hand and long-term care and dependence on the other. Whilst around 30 residents participated at different intervals in the active ageing programme, interviews were held with only five participants since IPA studies are done with small sample sizes (Smith, Flowers & Larkin, 2009). They were selected through purposeful sampling, and included the following (all pseudonyms):

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<sup>1</sup> The Maltese archipelago is a European Union Member State. It consists of three islands - Comino, Gozo and Malta - 93 kilometres south of Sicily and 290 kilometres north of Libya. Comino is uninhabited, and with Gozo having a mere population of 31,592 persons, leaves Malta as the major island of this archipelago state, with as much as 397,752 residents (2014 Figures) (National Statistics Office, 2016).

*Alison*, female, never married, 72 years old, entered the care home four years previously following a stroke. Despite recovering almost fully, she “lost her nerve living alone in a second-floor apartment without the services of a lift”.

*Fabian*, male, widower, 73 years old, entered the care home five years before following the death of his wife from pancreatic cancer and back pain issues resulting from a fall in his mid-forties. He is very happy in the care home, contented that he is surrounded by same aged peers.

*Marlene*, female, widow, 77 years, entered the care home five years earlier as soon as her husband died following “much pressure from her two daughters who wanted to put their mind at rest rather than helping me go through the bereavement process”.

*Tony*, male, married, 79 years old, entered the care home 10 years earlier due to a number of physical ailments, “when he became more than a handful to his wife”. He suffers strong bouts of guilt, “feeling guilty that he is not at home with his wife, and being a burden on her”.

*Ursula*, female, married, 75 years old, entered the care home three years earlier together with her husband, five years older, with whom she shares a room. She is grateful that despite the fact that her husband has early signs of dementia, they still live together.

Interviews were recorded and transcribed in full and subsequently analysed through open, in-vivo and selective coding strategies. Initial coding consists in breaking down qualitative data into discrete parts, closely examining them, and comparing them for similarities and differences to remain open to all possible theoretical directions indicated by one’s reading of the data (Charmaz, 2001). In-vivo coding enables researchers to “preserve participants’ meanings of their views and actions in the coding itself” - thus, providing imagery, symbols, and metaphors for rich category, theme, and concept development (ibid.). Finally, selective coding functions like an umbrella that covers and accounts for all other codes, the core category which consists of all the products of analysis condensed into a few words that seem to explain what ‘this research is all about’ (Strauss & Corbin, 1998 : 146).

#### **4. Active ageing activities in a care home setting**

The care home in which the research study took place contained approximately 110 - 170 beds (an exact number of beds cannot be disclosed for anonymity and confidentiality purposes), and is run by a private company in a public-private partnership - that is, a mutual, cooperative arrangement

between the government and private sector. Its ethos is to provide residential care that retains a high degree of dignity and integrity to all residents and employ an activity coordinator to coordinate daily morning activities for at least three times a week. Following the securing of the necessary ethical permissions, especially in terms of consent on behalf of both participants, activity coordinator, and facilitators, the researcher spent a number of mornings throughout a two-month window observing residents participating in active ageing activities either run by the care home's activity coordinator or by guest facilitators. All activities were held in the morning, in a multi-purpose room, and included art and crafts, Maltese history narratives, discussion of current affairs, bingo, drama activities, memory games, computer lessons, physical exercises, animal activities, singing, Tai Chi, readings sessions, cooking, and painting. The fact that activities combined both hands-on and reflective undertakings, such as painting and reminiscence for example, meant that in theory all residents, irrespective of their dexterity and mobility levels, could join in the programme.

Despite the fact that the term 'learning' was never explicitly mentioned by the care home administration, there was a lot of learning taking place as throughout all activities participants were discovering and acquiring new skills and knowledge, both in terms of standalone knowledge such as Maltese historical events and proficiencies such as computer competences. Another clear observation was that the programme of activities generated a bustle of interaction when compared with other days when no happenings took place. Whilst on the latter days one could observe very minimal interaction between residents themselves, and between residents and staff, during the days when activities took place there certainly emerged a level of communal solidarity and affection as participants made their way to the multi-purpose room. The usual silence, only interspersed by staff giving instructions to each other, dissipated in favour of a general commotion amongst most residents, especially those planning to participate in the activities, as they exchanged greetings, inquired how they have been since they saw each other last, and voiced general comments and inquiries about the activity of the day. In brief, the anticipation that the active ageing programme engendered an air of excitement amongst the participants and residents in general. This was not surprising since as Boyd and colleagues (2014 : 99) argued activity engagement in care homes "can have a marked effect in measured happiness, elevated interest, and alertness - and a decrease in boredom". However, for this to take place it was imperative that the activities presented are meaningful to residents. Interviewees stressed that enjoyment of participation was equivalent to how much the activity was meaningful in terms of its connection with their sense of identity and belonging, as well as to their social and past occupational identity, lifelong interests, and distinct personality traits. In Fabian's and Marlene's words,

I find myself enjoying the activity, and participating rather vigorously and wholeheartedly, when I can relate to the activity, when we discuss politics as I was a trade union representative, when we listen to rock and roll, I was a good dancer, you know, in my youth...singing together is really fun, you get lots of memories, you also forget that you are old and in a care home (Fabian)

Time stops when you can understand and empathise with the information being delivered. I detest computer sessions, the computer was never part of my life...I love the sessions on nutrition and reading classes, reading was my only pastime when younger, I am now enjoying having an opportunity to understand better novels which I read so many years ago, I am now reading them again (Marlene)

In parallel to Harmer and Orrell's (2008) study, all interviewees underlined how they found meaning in activities that addressed their social and psychological needs, rather than their physical needs.

#### **4.1 Benefits**

A previous section in this article pointed towards an increasing oeuvre of literature emphasising how the organisation of an activity programme in a care home is much valued by residents and staff members alike. This study was no exception and one could observe the participants relishing the fact that they were acquiring novel knowledge, becoming more aware of ongoing socio-cultural and political trends (both nationally and internationally), having fun, and keeping their body in a better shape. However, the beneficial impact of the programme went beyond each session's objectives, and the activities were instrumental in acting as a catalyst for improved levels of social and emotional wellbeing. On one hand, interviewees underlined how the running of the activity programme functioned not only to reduce isolation amongst residents by encouraging connection but also to engender, and also strengthen, feelings of solidarity. At the same time, positive interaction between participants increased as the activities supported a degree of social engagement to more isolated residents. Despite living in the same care home, residents observed that they hardly interacted with each other, and that the activities served as a means to get to know each other better, and even assist and comfort each other in difficult times. This served to improve participants' confidence in expressing themselves and being listened to. In the interviewees' own words,

I remember the times when being here was like being in limbo, neither alive nor dead, just being fed and washed, day after day. Then society began changing, some new managers came to this home, with different ideas as how to run this home. The end result is every day is activity day here, it is true that we stop for some days in the summer but it is okay, it is like that in Malta...With activities this care home stops being a care home, you stop being a resident, you get closer to how things were when you were living in the community, being active, feeling normal, meeting others, laughing [pause] yes, laughing, the best thing ever... (Tony)

If it wasn't for the activities I do not know how I could have survived here, mind you the staff here is great, the food is okayish, but it is still like a prison, lots of duties but hardly any rights...my life is even more challenging, I have to take care of my husband...when I started to attend the activities, I started making friends, with residents whose face I knew but I never had the courage to speak to...activities help you to open up, what is the word that one facilitator used, yes, catharsis, but not only that, now that many residents know my story, they always try to help me or look out for me, that is great support, it feels good to be in a community (Ursula)

On the other hand, in the absence of such activities, residents would experience unlimited boredom and indolence, which would certainly have a negative impact on their mental health. In line with Goffmanian gerontology (Marson & Powell, 2014), residents were aware that admission in the care home tended to erase their personal qualities and characteristics, since in their interaction with staff their infirmity superseded everything else, and most interaction tended to revolve around their corporeal needs. In such circumstances, the activity programme enabled them to develop self-expression and engage in informed decisions, and hence, reclaiming a degree of dignity, autonomy and empowerment in the face of institutional powerlessness and learned helplessness. An improved sense of emotional wellbeing was maintained through an increased role in decision making, staff's acknowledgement of the residents' achievements throughout his life course, and by the fact that visitors and relatives were able to see and comment positively upon the artwork created by the participants as this was displayed in the home's public areas. In the interviewees' own words,

These activities put you on a different planet. I mean, here, you are almost a patient in a hospital, you are here to be cared for, and you should let yourself be care for. In many ways, this feels like a prison, there are accepted ways of behaviour and you have to

follow them through. During activities your mental state receives a boost, it is as if you are free to decide for yourself, you feel happy, you feel part of something. You can also say what you want and ask what you want without having to think whether it will have any negative repercussion on you. The only time I feel myself is during the activities, at other times I feel a patient. (Alison)

I think that the activities being organised here, especially the ones on Maltese history, are extremely important for our moods. Sitting in one's room is not good for one's health, right? Imagine having to sit in it day after day after day. During activities you have the opportunity to give something back, to act, to respond, and the best thing is, that you are actually encouraged to do so. I can speak for many residents here in that our happiest moments are during the activities. It is true some prefer some activities more than others, but I tell them that all activities affect us positively, without these activities, there will be nothing to do at all (Fabian)

Non-structured conversational prompts following the end of activities also uncovered a range of benefits for the activity coordinator and guest facilitators as the result of their participation in the active ageing programme. Whilst the former emphasised how she learned more about the past life course of the residents and their present 'lifeworlds', to the extent that they now "connected better with each other", guest facilitators professed to experience a degree of intrinsic satisfaction and gratification from their perceived success at making an important difference in residents' lives. This was not surprising since there is ample evidence to suggest that volunteering can have a positive impact on the volunteer in terms of improved self-esteem, wellbeing and social engagement (Hafford-Letchfield & Lavender, 2018).

## 4.2 Challenges

Despite the observed benefits of organising an active ageing programme for residents in care home for older persons, both observational and interview data indicated that this area is very much a work-in-progress, and included four key limitations that need to be resolved if active ageing programmes in care homes are to safeguard an excellence in quality long-term care. First, it was noticed that whilst staff from the established professions who work in a care home would have undertaken speciality training relating to ageing care, the extent to which they will have studied the significance of active ageing and educational gerontology programmes is questionable. This hold true for the many untrained care staff whom would also benefit from basic level training in gerontological care such as the *UK Dementia Friends* (Dementia Friends, n.d.)

training programme to become aware of the various conditions and symptoms that affect the ability of care home residents to participate in sessions. As Jarvis advocated,

It would be beneficial if there was one person in each hospital or residential home who was a specialist in helping create learning environments. This need not be a separate occupation, but could be a specialism learned by professionals from any of the caring professionals who could then go on to conduct in-house staff training in understanding the place of learning in the lives of the elderly.

Jarvis, 2001 : 144

Secondly, the practice of delivering active ageing and learning activities to care home residents does not follow the contours of common sense logic but is actually a social scientific field based on geragogical principles (Formosa, 2002, 2019b). Whilst teaching and learning in later life surely overlaps with what occurs in earlier life stages, later life is a unique phase in the life cycle. An integration of theory and practice, whereby older learners are not simply treated as men and women, but as older men and older women, is highly warranted. For instance, following geragogical guidelines would necessitate facilitators, amongst other strategies, to

Arrange for a site visit before commencing activity in order to meet the staff and participants, agree on the scope of the activity and to select a suitable work area without too many distractions...Make practical arrangements regarding space, access to assistance, residents' physical needs and the logistics of the sessions...Be careful with use of audio: keeping the sound down during the art activity made conversation easier...

Waugh, 2016 : 27

Third, active ageing programmes in care homes need to include, and think of a role for, family relatives and friends. The importance of significant others to remain present in care home residents' life is a common emergent theme in research on fourth age activities (Formosa & Scolaro, 2018). Residents generally felt that talking to and about family members maintained links with important past and current relationships, especially since many tend to have their identity linked more with the past than the present. Although involving relatives and friends does need some forethought and planning - for example, are you asking the carer to help with looking after their own relative or friend for a specific activity or could they be a more general volunteer or helper? - many family members and friends are keen to help where they can, especially

when they see the benefits of activities for their own relatives or friend. Finally, it was evident that only mobile and cognitively healthy residents were taking part in the activities, and limited space and opportunity was allowed to residents who were either wheelchair bound or with dementia. This meant that the programme was biased in favour of ‘third ageism’ (Formosa, 2010), implicitly assuming that only healthy residents were capable of engaging in an active ageing lifestyle, and ultimately, being hinged upon the ‘successful ageing’ paradigm which renders the presence of physical and cognitive frailty as a *persona non grata* (Formosa & Galea, in press). The programme overlooked completely that branch of emergent research which focuses on that interface between activity, frailty, and dementia, and which highlights how specialist geragogical styles ranging from Freirean to gerotranscendental standpoints have the potential to enable care home residents to maintain an optimal level of independence and wellbeing, and on what meaning can be attributed to ‘activities’ in the context of illness and infirmity (Quinn & Blandon, 2017).

## 5. Conclusion

This research article adds weight to two inferences reviewed in the literature. First, that active ageing policies should go beyond a ‘third age’ lens in their endeavour to improve the quality of life of incoming and current older persons and focus more attentively on frail and vulnerable older persons who are generally homebound or living in care homes. Secondly, that care homes cannot any longer be reduced to the passive ‘minding’ and ‘management’ of the corporal needs of relatively infirm older persons and should take upon the broader responsibility for both the social and emotional wellbeing of residents. However, success in such fields is not to be taken for granted. The key factor in coordinating fruitful active ageing programmes in a care home is the ability of planners to have insight on the subjective world of residents so that, as a result, they gain the sensitivity and skills to coordinate activities that are particularly *meaningful* to the residents in question. Unless activities are not based on the values and beliefs related to their present psychological needs and past roles, interests and routes, then quality social interactions are generally hard to come by. At the same time, the data that has emerged from this research study point strongly towards the need for more rigorous research on that overlap between active ageing and long-term care settings. Indeed, it would be highly valuable to have more evidence on the value, advantages, and most effective strategies of enabling older persons residing in care homes to engage in activities, while also envisioning ways as to allow carers, relatives, and friends to take part and assist in such activities. Another neglected area of research consists in the social inclusion of older persons in care homes, and little is known as how it is best to support them in establishing a social role and identity by exploring how a sense of community can be infused into care

homes. It is hoped that the findings in this study add to the increasing evidence that residents in care homes do benefit immensely from participating in meaningful activities and that more appropriate daytime activities will be made available to a wider number of long-term care facilities.

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