【Special issue 2/ How can We Increase Individual and Public Well-being?】

A Life Innovation Analysis Framework in Asia and the Pacific from the Perspective of *Social Quality* for Older Persons' Empowerment by the MIPAA process in the Era of the SDGs

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Key Words: Quality of Life, Social Quality, Well-being in Old Age, Life Innovation, Social Governance, SDGs, Asia and the Pacific

Abstract

MIPAA is reviewed with the concept of *Social Quality* as it links the objectives of this normative international instrument with the aims of the 2030 SDGs Agenda. We argue that the SQ framework is a useful policy tool to monitor

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the process of empowerment of older persons and raising the level of their well-being, which are encompassed in the SDGs, and show how *Social Quality* was designed as a vehicle for building up the human conditions and quality of life all the way to old age. Consequently, policies that are guided by the *Social Quality* approach can be considered more coherent and oriented toward nurturing the daily lives and welfare of older persons. The three pillars of MIPAA; i.e., development, health, and enabling environments emphasize the quality of life in old age as well, and the SQ platform shows how social systems influence individual and collective aspects of welfare. We also show how the SQ platform can policy makers ask the right questions about how to introduce new and improved forms of social services, like better health to increase satisfaction with life, infrastructure to improve mobility, and connectivity to increase interactions with and participation in society.

What is MIPAA and how it relates to the SQ concept?

The Madrid International Plan of Action on Ageing (MIPAA) is an internationally agreed plan guided by the ethics and human rights treaties to help older persons improve their quality of life and well-being. The Plan was adopted at the Second World Assembly on Ageing in Madrid, Spain in 2002. Governments have the responsibility to implement its provisions and the United Nations reviews their response ever five years. The first five years review in Asia and the Pacific was carried out the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) in Macao, P.R. China, in 2007, which was followed by The Second Review in Bangkok, Thailand in 2012, and more recently followed by the Third Review followed and took place also in Bangkok in 2017 (UN ESCAP 2002; 2017).[3]

The MIPAA offered the world a good starting point to illuminate insights about the difficulties that may lead older persons to seek help from society

in their daily lives. Three areas of life are covered which are considered detrimental to older persons' empowerment in their communities:

(a) Older persons and development
(b) Advancing health and well-being into old age
(c) Ensuring enabling and supportive environments

(a) Older persons and Development

Of concern under this pillar from the SDGs perspective, in particular SDG 8, is ensuring access to income-support systems in old age. Access is considered necessary to alleviate poverty and help improve well-being. SDG 8 is focused on inclusive economic growth measured with annual per capita economic growth. The SDG calls on governments to achieve at least 7 per cent gross domestic product growth per year to lift the bottom 40 per cent of the population above the national average of income. Low pension coverage in old age tend to be norm in most countries in the Asian region. As such, this pillar is aligned with what the SQ concept is concerned with, which are increasing pay, longer vacations, and more satisfaction with work conditions and, also extends its approach to better relationships and living well and long. Therefore, the SQ approach is grounded on a similar vision of quality of life in old age and offers specific definitions at the individual and collective levels related to measuring the objective aspects of quality of life, including income and longevity. It also defines more subjective aspects, like happiness and emotional satisfaction with work and relationships, and offers indicators to measure them as well.

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[3] Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid International Plan of Action on Ageing, ESCAP, United Nations publication, 2017

(b) Advancing health and well-being into old age

The second pillar of MIPAA puts the emphasis on active ageing as a foundation of staying healthy in old age. Its definition of health mixes objective indicators, like the absence of disease with subjective ones as wellness and pleasure in life. Thus, MIPAA guides governments' response to meeting old-age needs in place as well as encouraging them to promote higher levels of happiness and satisfaction. Achieving both can be fraught with challenges and the SQ approach attempts to provide measurable definitions for both by balancing quality and quantity of life. It also considers the impact of time (which is wider than the definition used by WHO). To be sustainable, the long-term consequences of a person's life style need to be addressed by social policy and the SQ approach takes this dimension into consideration in practical terms. This includes the prevention of non-communicable disease and obesity, for example.

A measurable difference between any two societies is whose citizens live longer and healthier. The SQ approach understands that a determinant of longevity is individual income level and social empowerment. Sustainability, as stated in the Kyoto Protocol, is also a determinant of longevity – which is perhaps why Japan's citizens boast the longest lives. An essential SQ health factor, equity, is also important for sustainability, which is the concern of SDGs 3 (inclusive health) and 10 (reducing income inequality).

Many countries today provide free health care to older persons and subsidize long-term care but the coverage remain problematic. Access and quality are two issues commonly cited by experts. With ageing, some older person, especially those who are inactive, can risk diseases in impairment leading to poor health. But not necessarily so as the incidence of acute conditions, like

infections, tend to decrease with age. However, when they do occur, acute conditions can be more severe in older age and would require intensive clinical interventions, especially for older women, as in the case of pneumonia and the flu. These conditions can pose social restrictions that can limit interaction and result in poverty and destitution, even death.

SDG 3, which concentrates on inclusive health, promotes access to universal, safe, and effective health coverage, including financial risk protection. The SQ approach also considers inclusive health and attributes health also to social empowerment and participation in decision making, in addition to community-based care and behaviour pathways, like those that enhance or damage health, including psycho-social and physiological pathways to enhance or reduce cognitive and immunological function, provisions for which are lacking, or difficult to access, in many communities in the region, like mental health counselling care for instance. Naturally, communities that have limited exposure to the wider citizenry and insularity, as research has shown, tend to possess limited relationships and civic participation which predispose its members to various health problems. This means social status and roles in society combine with access to material health provisions to determine health outcomes (OECD: 2011).

Thus, the SQ approach can provide insights on why two communities with similar income levels have different health outcomes. Again, the Japanese health experience, as well as the Northern Italian and former Soviet Union countries, is instructive as the SQ approach draws insights from all three regions.

Geriatric care is also problematic in many parts of the region and MIPAA has pointed this out, especially for persons living with disabilities restricted

daily activities. For example, middle- and high-level income countries have experienced the epidemiological transition with industrialization and today obesity levels are unprecedented, which different health outcomes, some are similar or even worse than low-income countries. In this connection, the SQ approach can supplement SDG 3 with insights to explain these differences.

(c) Ensuring enabling and supportive environments

Older adults tend to prefer ageing at home. This is perhaps why governments in the region have put in place various supporting measures to facilitate the realization of this preference, like ensuring transportation systems are accessible. However, these measures tend to be limited in their reach and leave many behind. Public spaces need to be upgraded to meet the need to older persons, especially when disability and frailty are addressed.

What is the Social Quality approach?

Social Quality is a model of the global prevalence of social relations that emerge from individual activities and social interactions with people, considered as social agents; that is people who tend to be thoughtful but not brilliant. These interactions form relationships that happen every day between people and are critical features of the wellbeing of both individuals and their communities in any society. Activities and interactions are experienced at the individual level and, therefore, must be measured (Walker, 2002)[4].

Thus, Walker encoded these daily activities and encounters in the *Social Quality* theory and presented it as a comprehensive conception of their dynamics, which are considered as the foundation of *Societal* Quality of

[4] See Social Quality, Alan Walker, 1998.

Life. Social and economic researchers, as well as environmentalists, have incorporated the same attributes, that is activities and interactions, in most social research as both have been identified as the basis of population growth and economic growth. The SQ model focuses on disadvantaged groups in society; considered by age, gender, disabilities, ethnicity and belief (Ferge, 1997); and as such, its aim is to overcome the obstacles that restrict their daily activities and interactions in society to improve their lot. This is important because with ageing, longevity, migration, and urban population growth, the obstacles continue to rise.[5]

Based on questions and interviews with government officials from a wide range of sectors that represent women, men, children, minorities, and migrants, taking account of cultural differences and the different levels of welfare systems, the theory is built on four themes it calls 'Conditional Factors' for human behavior: (1) Socio-Economic Security; (2) Social Inclusion; (3) Social Cohesion; and (4) Social Empowerment. This thematic approach reflects the primary sources and causes for most forms of discrimination, inequality, insecurity, injustice and social divisions (Walker, 2002). What the theory observed is that in every society, regardless of its claimed ethical values, there is a constant tension (acting as behavioural constraints) between the individual aspiration to self-realisation (as in Maslow's hierarchy of needs) and participation in the various collective social domains that constitute everyday life and the collective identify of the community. The two forces are in constant

[5] Trends in activities of daily living (ADL) in many modern setting support this claim. In epidemiology research, this is very well documented with data – see BMJ Open. For example, a study entitled "1 in 4 women and 1 in 6 men aged 65+ will be physically disabled in Europe by 2047," 2017, confirms the analysis of other studies in Asia and cites rising restrictions to daily activities in old age as a source of concern and would require policy action.

tension. The *Social Quality* concept is imbedded in this understanding.

The tension arise, more specifically, from, on the one hand, the "*biographical* and *societal development* (*agency and social structure*) and, on the other hand, *the world of organisations* and *the one comprising informal relationships* (*system and lifeworld*)" (Yee, J. and Chang, D. 2009). Therefore, *Social Quality* can be defined as an adaptive struggle between two opposing forces that permeants not only social policy but also economic, environmental and other relevant policies. It is theorized that this struggle leads to an unequal relationship between social and economic policy, which prompted Allan Walker and colleagues, like Laurent van der Maesen, to find innovative approaches aimed at establishing a balance between economic and social development.

According to Walker (2011), there are four main factors that, in combination, can open the possibility for *Social Quality,* and thus the SDGs, in policy: Social Recognition (or respect of human dignity); the Rule of Law, Human Rights and Social Justice; Social Responsiveness of institutions (the openness of society - flexibility); and the individual's own capacity to engage (skills and learning). These are considered *Constitutional Factors* that are theoretically and intuitively derived from the above-mentioned local tensions that have system-wide global implications (see Table 1).

The above model captures the social reality of urban and rural communities as best as can be measured with the use of available statistical data and qualitative information.

Table 1: The Social Quality and related social development Factors: Conditional, Constitutional and Normative Factors of MIPAA and SDGs

CONDITIONAL FACTORS DIMENSION OF RESOURCES	*CONSTITUTIONAL FACTORS DIMENSION OF HUMAN ACTIONS*	*NORMATIVE MIPAA and SDGs Objectives DIMENSION OF ETHIC/ IDEOLOGY*
Socio-economic security *Social cohesion* *Social inclusion* *Social empowerment*	*Personal (human) Security* *Social recognition* *Institutional responsiveness* *Personal(human) capacity*	*Development, Health,* *Enabling environments* *Social empowerment* *Human dignity* *Inclusion* *Participation*

Source: Beck, W., van der Maesen, L. J., Thomese, F., & Walker, A. (2001). *Social Quality: A Vision for Europe*, The Hague, Kluwer Law International.

Once the *Constitutional Factors*, which encompass most of the SDGs[6], are constituted, the *Four Conditional Factors* determine the opportunities for the achievement of Social Quality, what Allan Walker called societal QOL components and well-being. Social systems may be enabling and supportive (*Social Empowerment*); institutions and groups may be accessible (*Social Inclusion*); people will have variable access to the material, environmental and other resources necessary for participation (*Socio-Economic Security*); and their society and communities will be characterised by different forms and levels of cohesion (*Social Cohesion*) (Yee, J. and Chang, D. 2009). This is how the constitutional factors intersect with the conditional factors in every society studied by Walker and colleagues who put this theory to the test.

Noteworthy is the *Social Quality* research by Yee, J. and Chang, D. (2009). It showed that the four *Conditional Factors* can drive inequality in old age,

[6] In particular SDGs 4 (inclusive education), SDG 8 (full employment), SDG 10 (reduction of income inequality), SDG 16 (peace, justice and responsive institutions), and SDG 17 (partnerships for development).

even gender inequality. This is because self-realisation may imply individual autonomy while "collective identities may be open and liberating or closed and authoritarian." The tension between the two can lead to *Acceptable or Unacceptable* social outcomes.

According to Walker, A. and A. Sidorenko (2004), '*Development* must be ethical to be sustainable (not only technological). It means *Development* needs to be humanistic (not just utilitarian) and respecting of dignity'. In line with this ethic, the *Social Quality* approach has been proposed as a set of standard tools for improving social and economic policies; the above factors in Table 1 can policy decision makers measure the extent to which people's daily lives in old age have attained an acceptable level of old-age empowerment'.

When the challenges of education, health care, social housing, transportation and pollution, which a typical urban and mega city faces are considered against the background of ageing and migration, the *four Conditional Factors* of Social Quality can provide the right questions and insights for further exploration (Yee, J., and Chang, D., 2009, 2011). This approach allows the researcher to explore the social realities in a new way that reconstructs social life with more coherence, combining both the natural environment and biophysical environment. Recent years have seen a considerable expansion in the statistical data available to policy makers in Asia, including statistical digests from the WHO's ICF (the International Classification of Functioning, Disability and Health), ESCAP, World Bank and OECD. While this expansion of information is a positive step, some paradoxical dimensions are found (van der Maesen, Walker, A., 2014).

The shortcoming of statistics: As vital as statistical data is to policy making, and political participation, and empowerment, it tends to reinforce policy

fragmentation, which makes it hard for policy makers and NGO practitioners to tackle the problems the SDGs are trying to solve in a holistic way. Because the whole of society is bigger than the sum of the parts, for older persons to comprehend what is happening to their communities, a more comprehensive understanding of the patterns of society is needed, not just the components. This is where the *Social Quality* concept comes in; the above factors enable researcher to ask older persons and those that represent their communities and the sectors that provide services to them questions about how to improve policy.

By addressing the four *Conditional Factors* of *Social Quality*, policy makers and NGO practitioners then can start developing a better understanding of the emergent big picture of the near future and which can improve their budgeting practices, like planning and encumbrance, related to education, health and social care, and *social pensions* (a non-contributory universal old-age cash benefit scheme) claimed by the HelpAge International (2017). The learning that resulted did not only concern the right amount of cooperation, say as between the public and private sectors, or between individuals and society, the model has to assume a change in the way health and care support provisions are functioning in the community (van der Maesen, Walker, A., 2014).

The Progress of MIPAA in the ESCAP region from the lens of SQ

The three sets of factors in Table 1 above can be fitted to MIPAA and the SDGs in conducting interviews. For example, when interviewing government officials and NGO representatives who attended *the Asia-Pacific Intergovernmental Meeting on the Third Review and Araisal of the Madrid International Plan of Action on Ageing*, in Bangkok (ESCAP, 2017) with

questions based on the above factors listed in the Table, the following insights emerged about the ageing reality in their countries:

(1) Development and older persons:

a. Sustainability must be localised first, taking into consideration social and cultural values and norms.
b. This means learning and financing need to go hand in hand. Learning means continuously harnessing the emergent picture of ageing. Financing means to support the learning that needs to happen with better monitoring and measurement of the three sets of factors of the *SQ's* framework to better implement MIPAA at the local level.
c. Ethical development in practice also means ensuring income security in old age or disability by giving access to opportunities for re-employment, and this needs the support of the private sector.
d. Social empowerment enables older persons to enhance their wellbeing in their community.

(2) Personal health:

a. Personal health today is a serious challenge, so severe it should be treated as if affected by an epidemic, mostly affecting older persons and causing health inequality, but increasingly young adults too, as young as 40 years old.
b. A considerable gap exists in the literature on medical diseases, that usually start in youth, as disease is primarily a result of the transformations that occur to social processes because of development, like building a road, for instance, that lead to the emergence of obesity, mental health problems, and social conflict, as it affects the four *SQ's* conditional factors, and manifest themselves in old age.

c. Prevention can work if the above social override that leads to disease is addressed. Financial easing to pay for health care can also help address this problem.
d. Capacity assessment of patients is very important when it comes to making decisions about health treatment.
e. Culture is important in the delivery of health care and patient consent usually leads to higher levels of satisfaction.
f. Only 5 per cent or less of older population can rely on formal long-term care and financial assistance
g. Preventive personal health needs to be promoted with alternative medicines and approaches.
h. There is a health gradient within societies due to income inequality and which affects the poor more acutely.
i. Social protection improves the welfare infrastructure in society and favours better health.
j. Community-based health care is underutilized. The demand is higher for in-patient hospitalization.

(3) Enabling environments:

a. The new emerging picture of ageing in most Asian cities also means adequate housing – it follows from this that the views of older persons determine living conditions, like the location of preference, size, proximity to working-age family members, networks, charities, facilities, and other attributes considered adequate today.
b. The interaction with the environment is dynamic (not static).
c. Every city, said the respondents, should be concerned with the rising problems of inadequate housing arrangements and chronic diseases faced most older persons – particularly women, and those living alone.

d. Accessibility is an issue for the poor, especially in rural areas.
e. Data was also important.
f. Stress can have a deleterious effect on health, for example, it can raise blood pressure, weaken the immune system, harms the cardiovascular systems and induce inflammation.

Clearly, the policy implications of the above account indicate the interaction between income security, social protection and health. If health is a determinant of income security and social protection, it means resources need to be concentrated on the poor if no one is to be left behind.

Form the SQ perspective, *Old-age empowerment* is understood as a process of adaptation that enables an older person to overcome obstacles in their social system that lead to losses in their income and well-being, offset with better access to resources, increased work opportunities, and control over one's life. Thus, empowerment can help mediate the cost of care today and in the coming future.

The living standard of the poor becomes a function of their health; health risks can shape their attitudes and expectations. The concern here was that the growing demand for long-term care due to physical de-functioning with ageing required higher spending on older persons keeping; to become financially secure and physically active and dignified in society. The Third Review of MIPAA concluded that this was a dilemma and the SQ approach would then recommend focusing resources in the communities that need it the most. Ethnic communities tend to be the most disadvantaged and excluded and typically suffer from multiple illnesses and low levels of personal security, in particular women and children; the Rohingya is a case in point.

As most social welfare structures are rigid in the region, to become empowered, older persons would need to be enabled with learning, skills and placements in jobs with state and market support, which the MIPAA called for, and which the Third Review stressed in Paragraph 18 (f) under the heading "Older Persons and Development":

> (a) To focus support on older persons in rural and urban areas without kin, older women who face a more extended old age, often with fewer resources, thus giving priority to the empowerment of older women in rural and urban areas through access to financial and infrastructure services (ESCAP, 2017);

Developing region such as Asia have witnessed much positive social and economic changes that have led to the transfer of more resources to older persons and those who care for them or cared by them since the adoption of the MIPAA. However, disparities remain high regarding the overall phenomena of population ageing; perhaps the most striking feature in most societies today is the change in the old-age dependency ratio. On average, this ratio has doubled in the last 20 years as the pace of the magnitude of population ageing picked up speed, it is most pronounced in East and North-East Asia, North and Central-Asia and the Pacific (ESCAP, 2017).

This is happening while contributory pensions are creating substantial old-age income inequality, with many unable to offset the cost of care and subsequently, increase the burden of maintenance for their families, especially the women as they are the primary caregivers, often unpaid. Perhaps a shift in the current direction of ageing politics towards securing income in old age with personal empowerment with a contextual focus is necessary.

Conclusion: A Need for *A Life Innovation Analysis Framework* from the Asia and the Pacific

Alan Walker's SQ theory posits that the combination of constitutional and conditional factors (in Table 1), determines the challenges and opportunities for improving social quality of life. We showed how this combination relates to meeting the objectives of MIPAA and SDGs; for example attributes like social empowerment and inclusion enable activity and interaction, without which the objective of MIPAA and the SDGs will be difficult to achieve.

We also showed how Walker's *Social Quality*'s *conditional and constitutional* factors connect MIPAA to the SDGs framework to enrich understanding of the human conditions and quality of life in old age today. Further, we tried to show above that because the *Social Quality* framework enables the capacity to ask the right questions, it is appropriate for exploring the difficult social realities of disadvantaged groups, like older persons, and their quality of life issues as constructed by MIPAA's three pillars; i.e., development and older persons, health, and enabling environments.

The three sets of factors in Table 1 above are interrelated as demonstrated, and can policy makers formulate better questions to understand the extent to which social support, or the lack of, is acceptable and ethical.

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