



Original Article

Social Capital and Differences in the social participation of older people in different European welfare systems

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Abstract

Social participation among older adults is generally considered beneficial and is supported by European active ageing policies. However, efforts to improve the quality of life and enrich the ageing experience may have the unintended effect of widening inequalities in later life. This study uses data from a survey conducted in eight European countries to illustrate how social participation is structured according to education, financial situation, health status, and relational networks (as social capital) within the context of four European welfare regimes. Consequently, the active aging policies to support for such activities neither strengthens nor reduces inequalities among older adults and do not have real redistributive effects' and function as 'neoliberal normativity.

These findings suggest that the active ageing approach and social policy models should become more context-sensitive and follow differentiated directions.

Keywords: *active ageing; welfare; social capital; network index; individual characteristics; older adults; social participation.*

1. Introduction

Population ageing is one of the most pressing social challenges facing contemporary societies. While it is often interpreted as an indicator of social progress and improved living conditions, it is also frequently perceived as a potential strain on social welfare and healthcare systems. In response to this demographic shift, numerous scientific perspectives and policy frameworks have been developed.

Among these, the active ageing approach stands out as one of the most comprehensive and widely adopted frameworks for addressing population ageing. It represents a theoretical and policy-oriented model that has been repeatedly conceptualized and implemented by international institutions, particularly the World Health Organization (2002) and the Council of the European Union (2012). Active ageing policies consist of a

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set of formal measures aimed at responding to the challenges of an ageing population, with the overarching goal of enhancing older adults' health and quality of life (Walker & Maltby, 2012).

These policies are structured around three core pillars: participation in the labour market, social participation, and independent living (Council of the EU, 2012). The present paper focuses on social participation, which is widely regarded as the most beneficial form of activity encouraged within the active ageing framework (Adams et al., 2011; Cattani et al., 2011; Potočnik & Sonnentag, 2013). Specifically, the study addresses the following research questions:

- How is participation in social activities in later life structured by macro-contexts and individual resources?
- What is the relationship between greater or lesser social participation and the social capital of individuals?

The research uses data from a 2025 survey conducted in eight European countries, with a total sample of 9,600 participants (1,200 per country). The results provide a comparative description that highlights differences between groups without using control variables, offering valuable insights for both policymakers and researchers unfamiliar with the data source.

2. Theoretical Framework: Active Ageing and Social Participation

Active ageing is a concept characterised by definitional plurality, reflecting distinct theoretical traditions, policy orientations, and everyday understandings of what it means to age well. Accordingly, it has been conceptualised in different ways by scholars, policymakers, and older adults themselves (Timonen, 2016).

The intellectual roots of active ageing can be traced back to early gerontological debates of the 1960s, particularly to Havighurst's (1961) Activity Theory. This framework posits that continued engagement in social roles and activities increases the likelihood of successful ageing. As an equilibrium-based model, Activity Theory assumes that individuals seek to maintain the level of activity attained in midlife, adjusting it only minimally in later life. A core assumption of this perspective is the positive association between activity, well-being, and life satisfaction: by replacing lost roles such as paid employment with alternative meaningful activities, older adults may mitigate the risks of social isolation and role loss.

Activity Theory gained substantial empirical support within socio-psychological research and stood in contrast to Disengagement Theory (Cumming & Henry, 1961), which conceptualised ageing as a functional process of gradual withdrawal from social roles. While disengagement was initially considered beneficial for both individuals and society, subsequent demographic and social transformations—most notably increased longevity and improved health in later life—challenged the normative assumptions underlying this model (Mendes, 2013).

From the late twentieth century onwards, new representations of ageing emerged, notably the distinction between a "third age," associated with autonomy, activity, and self-realisation, and a "fourth age," linked to dependency and decline (Laslett, 1992). Within this context, Rowe and Kahn's (1997) influential model of successful ageing reaffirmed the centrality of activity as a key mechanism through which older adults could compensate for age-related losses. Individual well-being thus became a central normative objective of

ageing policy, with continued activity increasingly framed as a prerequisite for its attainment (Collinet & Delalandre, 2014).

Building on these developments, active ageing was consolidated as both a conceptual framework and a policy strategy aimed at promoting older adults' participation in social, economic, and civic life. Often presented as a "win-win" approach benefiting both individuals and society, active ageing has contributed to a shift in policy discourse from viewing older adults as passive welfare recipients to recognising them as active social actors (Walker, 2004; Walker & Maltby, 2012; van Dyk et al., 2013).

This conceptual evolution informed the institutionalisation of active ageing within international policy agendas. Over the past two decades, the World Health Organization and the European Union have formally endorsed active ageing, incorporating it into key policy documents in 2002 and 2012, respectively (Timonen, 2016). These frameworks identify three core domains through which active ageing should be pursued: independent living, labour market participation, and social participation (Avramov & Maskova, 2003; Council of the EU, 2012).

However, empirical evidence indicates uneven effects across these domains. Research consistently documents positive associations between social participation and well-being in later life (Lakomý, 2021), whereas findings regarding labour market participation and informal caregiving remain mixed or context-dependent (Di Gessa & Grundy, 2013; Di Novi et al., 2015; Lakomý, 2019; Potočnik & Sonnentag, 2013). A systematic review by Adams et al. (2011), encompassing 42 studies published between 1995 and 2009, found that methodologically rigorous research tends to report positive relationships between social and leisure activities and multiple dimensions of well-being. More recent cross-national evidence confirms these patterns, particularly among retirees, for whom volunteering, sports, and informal helping are associated with higher well-being (Cattan et al., 2011; Potočnik & Sonnentag, 2013).

Despite this robust evidence, social participation alone cannot fully achieve the broader objectives of active ageing policies. Participation opportunities are unevenly distributed and strongly shaped by macro-social contexts and individual resources, including health, education, and socioeconomic status (Hank, 2010; Serrat et al., 2015; Timonen, 2016; Lakomý, 2021). Consequently, active ageing policies may disproportionately benefit already advantaged groups while excluding those most at risk of social disengagement.

Within this analytical framework, social participation is generally defined as individuals' involvement in activities that entail interactions with others in society or the community (Levasseur et al., 2010). It encompasses a wide range of practices with varying degrees of formality, from informal social interactions to participation in organised groups and associations (Adams et al., 2011). This study adopts this broad definition to examine social participation as a central, yet socially differentiated, component of active ageing.

3. Social Participation Between Agency and Structure: social capital and relational networks

The premises outlined in the previous section could serve as a basic assumption, formulated as a question: if social participation has beneficial effects, does it follow that making these activities accessible, or even mandatory, for all older adults could eliminate the negative aspects of aging?

In other words, if studies demonstrate improved well-being among older adults engaged in social participation, policies and strategies could be implemented in this direction, thus achieving the expected results.

As Timonen (2016) argues, some older adults are unable, and others unwilling, to participate in these activities; both conditions should be considered legitimate options. Some scholars (Mendes, 2013; Timonen, 2016) have observed that the active aging approach presents physical activity as the only path to successful aging, without fully considering the implications of this perspective. Other authors describe active aging as a normative discourse of self-discipline, in which activity becomes more of an obligation than a right, potentially leading to the exclusion of those unable to meet this requirement (Mendes, 2013).

As a result, individuals unable to participate—such as older women, the economically disadvantaged, or members of ethnic minorities—may be further marginalized (Holstein & Minkler, 2003). Furthermore, social participation is closely linked to social capital and its associated habitus (Bourdieu, 1986; Lizardo, 2004; Cockerham, 2005); institutional support for social participation can therefore legitimize and exacerbate social inequalities (Mackenbach, 2005).

Bourdieu considers social capital as a set of more or less institutionalized relational networks that lead to better mutual understanding (Bourdieu, 1986). Pizzorno also offers his scientific contribution to the definition of the concept of social capital, highlighting how it is constituted by the social relationships an individual is able to activate and therefore represents "a set of resources that an individual can use, along with other resources, to best pursue their objectives" (Pizzorno, 2001: 21). Pizzorno will delve deeper into the topic, distinguishing between solidarity-based social capital and social capital based on reciprocity. The former will be characterized by the type of social relationships that are born, or maintained, thanks to cohesive groups whose members are strongly and enduringly linked and are therefore expected to act according to the principles of group solidarity (Pizzorno, 2001: 27).

The latter, on the other hand, tends to be built "in the relationship between two parties in which one expects the other's help in pursuing its objectives, since it assumes that a dynamic relationship of mutual support is established" (Pizzorno, 2001: 27).

The hypothesis we intend to explore is that those with higher social capital and a higher network index showed higher levels of social participation.

Levasseur et al. (2010) distinguish six levels of social participation, which depend on proximity to others (solitary, parallel, interactive) and the goals of the activity (satisfaction of basic needs, socialization, completion of tasks, support for others or society).

Similarly, Raymond et al. (2016) identify four groups of definitions based on the relational dynamics between individuals and their environment.

In its broadest sense, social participation is defined as daily functioning, while in its narrowest sense, it is defined as structured association (formal public participation).

Between these two extremes, researchers place social participation as social interaction (or social connectivity) and social network (personalized interactions linked to social capital and informal volunteering). The final explanation focuses on the relational benefits of aging: meaningful contacts and exchanges resulting from social participation are described as ways to find purpose and, consequently, maintain meaning in life. Social capital and relational networks (Lizardo, 2004; Shim, 2010; Smith and Christakis, 2008) therefore appear closely related, since the more extensive the network of social ties, the

more intense the socio-cognitive feedback the individual receives.

Relationships thus become the fulcrum around which, through mutual recognition or discriminatory denial, a new line of stratification is structured between classes, social classes, and social groups.

Beyond the size and quality of social networks (Clemente, 2016), opportunities for social participation, as well as the possibility of not participating, are strongly linked to individual resources (Timonen, 2016; Clemente & Pereiro, 2020). These resources are also determined by personal characteristics such as:

- Gender
- Ethnicity
- Age
- Socioeconomic status
- Health status

The influence of macro-contextual conditions on the ability to undertake active aging activities, or the extent to which these conditions influence social participation, is also a specific focus of this study. For example, some research (Hank, 2010; Timonen, 2016) has highlighted that disadvantaged groups living in less prosperous countries, with low social spending and weak civic norms, have particularly low levels of social participation. For this reason, the study was conducted in eight countries representing the four main European welfare regimes (Esping-Andersen, 1990):

- Group 1 (Mediterranean regime): Greece, Italy, Spain
- Group 2 (Conservative regime): France, Germany
- Group 3 (Social Democratic regime): Denmark, Sweden
- Group 4 (Liberal regime): United Kingdom

The analysis presented in this study, therefore, considers differences in social participation arising from both individual resources and macrosocial contexts. These differences, due to variations in opportunities and preferences (Timonen, 2016), lead to unequal access to beneficial activities and, consequently, inequalities in health and quality of life (Adams et al., 2011; Cattán et al., 2011; Mackenbach, 2005; Walker & Maltby, 2012).

The level of social participation (Social Participation Index) and social relational capital (Kawachi, 1999) (Network Index) are therefore the variables considered in this study, including a gender perspective.

4. Research Hypotheses

The analytical perspective adopted in this study goes beyond the theoretical debate on the historical development of the concept of active aging and focuses instead on the definitions that have achieved the greatest social and political relevance. The primary objective is to evaluate the selected consequences of active aging as the dominant paradigm in social gerontology and European social policies.

In line with this objective, the study conceptualizes social participation in a broad sense, encompassing not only unpaid activities but also participation through paid work and informal care. Consequently, the analytical sample includes two age cohorts: individuals aged 55–64 and individuals aged 65–75, thus capturing both the late working and post-retirement phases.

Adopting the typology of social participation employed in the Survey on Health, Aging, and Retirement in Europe (SHARE) (Börsch-Supan et al., 2013), social participation

is operationalized using four activity categories measured through Question C1 of the SHARE questionnaire: (1) participation in volunteer activities; (2) participation in education or training; (3) participation in clubs, associations, and/or social groups; and (4) participation in community-level political or civic organizations.

Building on previous empirical work (Lakomý, 2021), the study tests the following hypotheses through the construction of the Social Participation Index (SPI):

H1: Individuals with a higher level of education, a more satisfactory financial situation, and better self-reported health show higher levels of social participation.

H2: Higher levels of social capital and a higher network index are positively associated with social participation.

H3: Individual-level resources related to access to social participation intersect and reinforce each other.

H4: Access to social participation varies significantly across European macro-contexts, reflecting cross-national variations in institutional and social environments.

Furthermore, to determine whether social capital, understood as a tool for establishing social relationships, promotes social participation, a Network Index (NY) was developed.

It is worth noting that, although this paper draws on Lakomý's (2021) study, the analysis in this study was conducted based on a survey and related ad hoc data, and items from the SHARE Panel were partially used. Consequently, the results of this study are not comparable with the cited sources, as the two data sets cannot be considered methodologically equivalent.

5. The Social Participation Survey: Data, Measurements, Methods, and Indices

The study uses data from a quantitative survey conducted in 2025, which included a sample of 9,600 respondents, corresponding to 1,200 cases for each of the eight countries examined. Data collection was conducted through computer-assisted personal interviews (CAPI), and the questionnaire was translated into each of the eight national languages.

The final sample includes one or more representative countries for each welfare regime, based on the most widely accepted typology in the literature (Esping-Andersen, 1990). The decision to include or exclude additional countries within the same welfare regime was also influenced by data collection costs, which vary significantly from country to country (e.g., Switzerland and Norway).

It is important to note that selecting one or more countries as representatives of a welfare regime does not imply statistical representativeness. Rather, these countries are treated as case studies that illustrate European variability in geographical, institutional, and economic contexts (Walker, 2004; Di Novi et al., 2015).

The final sample includes both respondents still active in the labor market (55-64 years old) and those no longer active (65-75 years old). However, the largest share of the sample is made up of the latter group, since, as previously highlighted, the positive association between social participation and quality of life is stronger and more significant among retirees (Potočník & Sonnentag, 2013). Participation in social activities helps individuals adapt to the loss of a central social role, such as employment (Warburton & Winterton, 2010). Since pension rules and options vary significantly by country and gender (generally between 55 and 65 years of age), the study follows the SHARE classification: retirees are defined as individuals who are in full, partial, or early retirement from paid work (Lakomý, 2021).

5.1 Dependent Variable: Social Participation Index (SPI)

As anticipated, four variables were used to measure social participation among older adults: participation in voluntary activities, participation in education or training courses, participation in clubs, associations, or social groups, and participation in political or civic organizations related to the community.

These activities were measured through the question: “In the last six months, how often have you engaged in any of the following activities?” The response scale included the following categories:

- never;
- sporadically, one day per month;
- regularly, at least once a week;
- often, more than one day per week;
- always, every day.

A synthetic Social Participation Index (SPI) was constructed to measure the intensity of engagement in social participation activities over the past six months, considering responses from level 2 to level 5 of the scale across the four activities. The index ranges from 0 to 6 and was standardised. Higher values indicate greater social participation, and lower values indicate lesser participation.

The study considers only activities carried out at least once in the past six months, as activities occurring less frequently than once a month do not appear to have a significant effect on social participation.

All four activities fall within the category of formal/organised social participation (Adams et al., 2011). Since some activities were relatively infrequent within the sample, they were recoded into a single binary dependent variable distinguishing between:

- respondents who engaged in at least one of these activities;
- respondents who did not engage in any of them.

Although this recoding entails some loss of detail, it allows for a more concise and interpretable analysis.

5.2 Network Index

To determine whether social capital, understood as a tool for establishing social relationships, fosters social participation, a Network Index was developed.

The Social Network Extent Index was calculated based on the level of presence of 12 specific professional figures within each interviewee's circle of acquaintances.

By comparing the levels of presence and status of the professionals (as defined in the survey), the following six indices were constructed:

- Global network breadth index: represents the number of professionals known by each respondent, regardless of their level of presence (therefore, it does not matter whether they are relatives, friends, or acquaintances). The theoretical range of the index varies between 0 and 12.
- Global upper network breadth index: represents the number of upper-level professionals known by each respondent, regardless of their level of presence. The theoretical range of the index varies between 0 to 6.
- Global lower network breadth index: represents the number of lower-level professionals known by each respondent, regardless of their level of presence. The theoretical range of

the index varies between 0 and 6.

- Weighted network breadth index: represents the number of professionals known by each respondent, based on their level of presence, according to the following scores: 3 if among relatives, 2 if among friends, 1 if among acquaintances. The theoretical range of the index varies between 0 and 72.
- Weighted Upper Network Extent Index: represents the number of Upper-level professionals known to each respondent based on their level of presence. The theoretical range of the index varies between 0 and 36.
- Weighted Lower Network Extent Index: represents the number of Lower-level professionals known to each respondent based on their level of presence. The theoretical range of the index varies between 0 and 36.

All indices have been standardised. Higher index values correspond to larger networks and vice versa.

6. Results

Table 1 presents the correlation coefficients between the dependent variable (Social Participation Index, SPI) and the three main independent variables (Socio-Economic Status Index, SESI, Educational Attainment Index, and Health Status Index, HIS), as well as the correlation between Education and Health Status, and the correlations among the independent variables themselves. Data are shown separately for each country group.

All associations are moderate but highly significant ($p < 0.001$). Social participation is positively correlated with socioeconomic status, educational attainment, and health status, and these independent variables are also positively interrelated. These patterns are consistent across all groups and remain statistically significant at the 99% confidence level.

The association between social participation and socioeconomic status and education is strongest in Group 4, whereas the link with health status is more pronounced in Group 3.

Table 1. *Correlation coefficients (Pearson) of social participation with the key variables of the study.*

Variable 1	Variable 2	G1	G2	G3	G4
SPI	SESI	0,130	0,241	0,233	0,250
SPI	EAI	0,115	0,218	0,217	0,229
SPI	HSI	0,139	0,107	0,192	0,161
EAI	HSI	0,128	0,146	0,129	0,082

Table 1bis presents the same correlation coefficients as Table 2, but disaggregated by gender. All associations are statistically significant. Notably, the relationships among variables 1, 2, and 3 show a marginal difference for women than for men. Additionally,

Specifically, the association between social participation (SP) and educational attainment is much stronger among women compared to men. Similarly, the links between socioeconomic status (SES) and SP, as well as between education and health status, are also more pronounced for women.

Tab 1 bis by Gender

Variable 1	Variable 2	Male	Female
SPI	EAI	0,196	0,213
SPI	SESI	0,168	0,195
SPI	HSI	0,161	0,157
EAI	HSI	0,167	0,192

Table 2, as well as the subsequent tables, present cross-country differences in social participation data using a prevalence-based approach. Specifically, this table highlights that the percentage of respondents participating in at least one activity is highest in Spain, whereas considering the total number of activities, the highest value is observed in Greece. In both cases, the lowest values are found in the UK.

Table 2 Social participation by country (percentage and cumulative index)

	SPI dichotomous	SPI
Denmark	66,3%	2,36
France	59,4%	1,91
Germany	69,2%	2,02
Greece	74,7%	3,15
Italy	66,0%	2,35
Spain	77,3%	2,84
Sweden	59,7%	1,98
UK	49,5%	1,60

The following tables show that, in each group, the average of all network extent indicators for participants who socially engage is higher than that of those who do not participate.

For each of these pairs of means (for each network index, that of those who do not participate compared to that of those who participate, for each group: $4 \times 6 = 24$ pairs) the difference is 99% statistically significant: those who participate socially always have higher network indices than those who do not participate.

Table 3 Average values of the network breadth indices for those who participate socially and those who do not, in each group

Network indices	breadth	Group 1		Group 2		Group 3		Group 4	
		SPI - dichotomous							
		No	Yes	No	Yes	No	Yes	No	Yes
Global		4,45	6,55	2,44	4,34	2,85	4,44	2,12	3,92
Global upper		2,14	3,27	0,94	1,98	1,12	2,02	0,87	1,84
Global lower		2,30	3,28	1,49	2,36	1,73	2,42	1,25	2,07
Weighted		9,38	14,28	5,37	9,52	6,94	10,37	5,21	8,98
Weighted upper		4,65	7,38	1,93	4,12	2,47	4,42	2,03	4,22
Weighted lower		4,74	6,90	3,44	5,40	4,47	5,96	3,18	4,76

Table 4 Network size indices and t-test

Network breadth indices		t-test for Equality of Means ("No" vs. "Yes")	
		t	Sig. (2-tailed)
Group 1	Global	-17,42	0,00
	Global upper	-17,11	0,00
	Global lower	-14,05	0,00
	Weighted	-17,11	0,00
	Weighted upper	-15,93	0,00
	Weighted lower	-12,57	0,00
Group 2	Global	-17,66	0,00
	Global upper	-17,39	0,00
	Global lower	-13,18	0,00
	Weighted	-15,72	0,00
	Weighted upper	-15,48	0,00
	Weighted lower	-10,73	0,00
Group 3	Global	-14,45	0,00
	Global upper	-14,45	0,00
	Global lower	-11,04	0,00
	Weighted	-11,64	0,00
	Weighted upper	-12,45	0,00
	Weighted lower	-7,75	0,00
Group 4	Global	-12,13	0,00
	Global upper	-12,28	0,00
	Global lower	-9,24	0,00
	Weighted	-9,79	0,00
	Weighted upper	-11,01	0,00
	Weighted lower	-6,45	0,00

Tables 3 and 4 reveal a picture fully consistent with the expected interpretation: those who participate socially show better average levels in terms of socioeconomic status, breadth, and quality of their relational network, while reporting lower levels of loneliness.

In particular, across different combinations of gender, age group, and geographical groupings, differences in network indices are consistently positive and often significant, indicating that social involvement tends to be accompanied by larger networks, both in the "upper" and "lower" components. This finding is consistent across all countries considered, albeit with varying degrees of intensity. For example, in Group 1, the difference in overall network breadth ranges from approximately 2 to 2.5 units, while in Group 3, the differences are sometimes slightly lower among older women. Similarly, the weighted network component is also systematically higher among those who are socially active, with particularly high values among men aged 55–64.

Similarly, the socioeconomic status index shows positive differences across all boxes: those who participate socially have, on average, better economic and housing conditions. The magnitude is moderate but stable (between +0.1 and +0.3 points), with a fair degree of homogeneity across genders and age groups, with women often experiencing slightly higher increases.

The following is a summary highlighting the relationships between social participation (SP), education, financial situation, health, and social networks. Higher education, better financial situation, and good health are positively correlated with social participation. To ensure comparability, the analysis focused on the extreme groups within each variable (e.g., tertiary education vs. primary education).

Factor	Key findings
Education	Older adults with tertiary education are 2–4 times more likely to participate socially than those with primary education. Differences are most pronounced in Germany, Denmark, and Sweden.
Financial situation	Higher income predicts greater participation but is a weaker factor than education and health. Across all eight countries, good health is associated with higher social participation.
Health	Good health consistently correlates with higher social participation across countries.
Social capital & networks	Social participation is closely linked with social capital and network size. Participants with broader social networks show higher levels of social participation.
Network indices	Six network indices were constructed: global network size (0–12), Upper network size (0–6), Lower network size (0–6), weighted global network (0–72), weighted Upper network (0–36), weighted Lower network (0–36). Higher values indicate larger/more connected networks.
Observed patterns	In all groups, average network indices for socially active participants are higher than those for non-participants. Differences are statistically significant at 99%.

Social participation among older adults is positively associated with education, financial resources, health status, and network size. Participation strengthens and is strengthened by social capital, creating a mutually reinforcing relationship between individual resources and engagement in social activities.

7. Discussion and considerations

This paper analyses the social participation of older Europeans from a comparative perspective, using data from a specially developed survey.

The primary objective was to assess the extent to which this participation is equally distributed across different social groups and national contexts.

The results indicate that, although there is a moderate level of overall social participation, significant inequalities in participation persist. These findings confirm data from other studies that, using a longitudinal approach, have observed an increase in active ageing over time (Lakomy, 2021). However, this has not led to a levelling of differences, but rather has consolidated the existing advantages of certain social groups.

Individuals with higher levels of education, better economic conditions, and superior health participate significantly more than others.

Educational qualification is the most significant discriminatory indicator, more so than income. Mediterranean welfare states (especially Greece and Spain) record the highest levels of social participation, while the United Kingdom, with its liberal welfare state, records the lowest and decidedly modest levels of social participation.

A significant gender difference also emerges, and analysis of the intersections between individual resources (education and health) highlights a cumulative effect: people with greater cultural capital and better health participate up to five to six times more than those with less education and poorer health.

This gap suggests that policies promoting active ageing, while universalistic in intent, do not have real redistributive effects.

These findings support the critical argument that active ageing policies—particularly the promotion of social participation—tend to favor groups already endowed with greater resources and skills, indirectly legitimizing inequalities in later life (Mackenbach, 2005; Timonen, 2016).

Active ageing thus appears to be a form of neoliberal normativity, which places responsibility for the quality of life on older individuals, assuming that they can and should remain socially active.

In reality, the possibility of "actively ageing" depends largely on the institutional context, social opportunities, and available personal resources (Mendes, 2013).

European policies should therefore adopt a more context-sensitive orientation, capable of recognizing the structural differences between countries and social groups.

In summary, the findings confirm that social participation is largely structured by individual and contextual inequalities, and active ageing, while a shared ideal, does not automatically guarantee inclusion and equality.

Among the limitations of this study - already mentioned - it is also necessary to include the implications of the choice (due to the different costs of data collection between countries) for the representativeness of each group of welfare regimes, especially considering that the Mediterranean group (G1) includes three countries, while the liberal group (G4) includes only one.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

This publication was produced with the co-funding European Union – Next Generation EU, in the context of The National Recovery and Resilience Plan, Investment Partenariato Esteso PE8 "Conseguenze e sfide dell'invecchiamento", Project Age-It (Ageing Well in an Ageing Society), CUP: B83C22004800006.

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Received: 21 February 2026 / **Revised:** 15 April 2026 / **Accepted:** 21 April 2026