論文（*Article*）

Envisioning the Research-Evidence based Policy Making in 21st Century: Comparative Perspectives on Policy Learning for Active Ageing Initiatives[1]

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Developed from several decades of policy sciences and their experimentation in liberal democracies, contrasting that of the demising socialist central planning, the 21st century public policy making and the related processes are increasingly sophisticated not just with the highly differentiated yet inter-related policy models deriving from different (inter-) disciplinary knowledge inputs at various stages of policy making, but also many stakeholders' advocacies, representing the interests of citizens (as consumers) and the implementing governmental agencies and non-governmental organizations (NGOs). With a comparative policy study on Active Ageing Initiatives, promoted by the World Health Organization (WHO), particularly the case of the United Kingdom (U.K.) this paper examines the emerging policy paradigm in terms of the research-evidence informed policy making; exploring the question "How can scientific inter-and-multi-disciplinary research make contribution for policy making and good governance? A discussion on the accepted policy wisdom (paradigm?) for all stakeholders is provided.

Key Words : Active Ageing, Evidence-based Research, Knowledge Society, Policy Making

1. Introduction

After several decades of modern policy experimentation with the knowledge of policy sciences, the 21st century public policy making and the related processes are increasingly sophisticated with the highly differentiated yet inter-related policy models deriving from different (inter-) disciplinary knowledge inputs at various stages of policy making, but also many stakeholders' advocacies, representing the interests of citizens (as consumers) and the implementing governmental agencies and non-governmental organizations, NGOs (Becker & Bryman, eds., 2004; Colebatch, 2002; Hill, 1997). Here, the main idea, or even the question, of the research-evidence informed policy making – the mirror image of the question "How can policy research be made more useful for people at large?" – is more or less being accepted as the policy wisdom (paradigm?) for all stakeholders.

Yet, the controversies on, and the shortcomings of, any policy innovation or revolution are still much with us when we read daily news on politicking for policy alternatives or options....This can be exemplified by global policy initiatives to cope with the recent 'global' financial crisis, and the once differentiated (between USA and U.K.) approaches to 'bail-out' the troubled banks, and the later (G-20 Summit) concerted policy response to increase fiscal spending for halting the deflationary pressure. Seemingly, policy research or evidence-based

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policy making protocol is somewhat missing in this particular case, not even much to make reference to the policy knowledge of the New Deal in the US case, nor the Keynesian one in the U.K. More specific experience derived from the financial crisis case here (or in many other cases as well), policy maker's authority to (not) accept the advices from researchers and their findings is the pre-condition, or the basic premise, for the essence of the so-called evidence based research for policy making. In other words, the positive contribution of, and the relevance for, policy science in policy making process is contingent upon the readiness of the policy makers' acceptance on such knowledge.

Having said this premise and its limitation for the readiness of policy maker's consideration on the evidence-based research findings, this paper examines the importance of, and argues for, transnational policy learning (see Stone 2004 for detail discussion), with a case illustration on the Active Ageing as promoted by the World Health Organization (WHO 2002a/b), examining the aspects of the usefulness for policy making in a globalizing world. And this exploratory will ends with critical remarks on policy research and innovations within a broader context of policy learning and innovation.

2. Policy Process and Learning in Global Ageing

In the following sections, we will outline the trajectories of global ageing and the policy initiatives to cope with such challenge, globally and nationally.

2.1 *Dynamics and Momentum of Global Ageing*

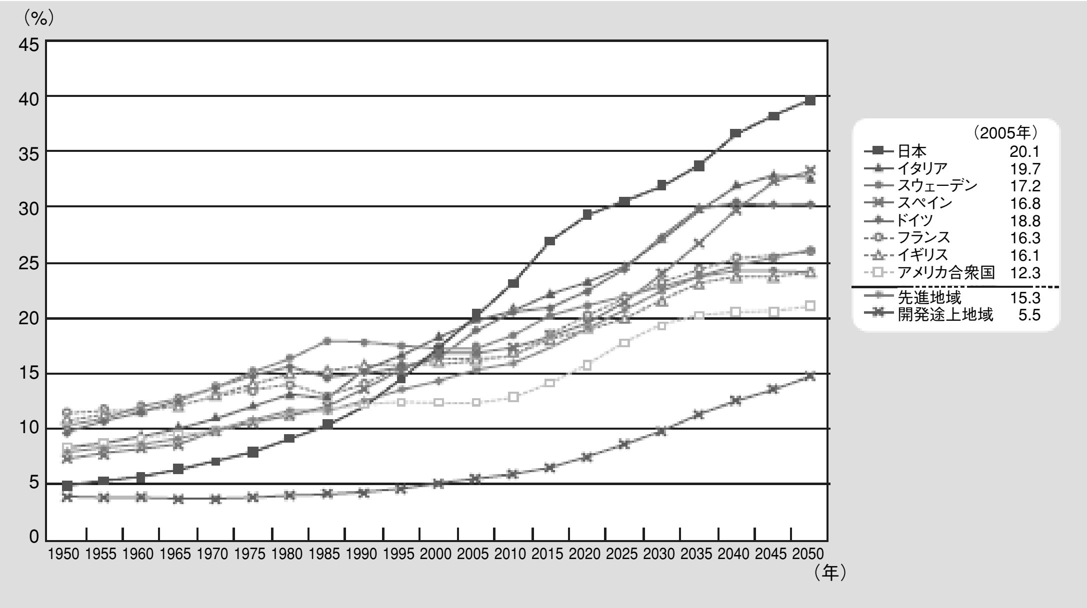
Global ageing is a challenge for many developed countries, as the ageing momentum is at its high speed in recent decades, problematically juxtaposing the economic liberalization of the globalization project (Lai 2008a/b; *The Economist* 2009). To put the ageing dynamism in its historical place, the United Nations estimates in 2007 (UNPD 2007) noted that the societal ageing ratio (percentage of those age 65 or above in the total population), in the developing countries, was a low at 6% in 2005, but was forecast to rise to 7.5% in 2020 and 14.6% in 2050. The most recent estimates by the United Nations (2009) confirm such trend too (see Fig. 1, Fig.2 and Fig.3). Hence, their elderly ratio was forecasted to double in around 30 years. China is one of such examples that, due to its one-child policy since 1978, it has over 12% of the population are aged 60 or above in 2009; but will gradually rise to 33% in 2050 (*Xinhua News Agency*, 4.July 2009). The critical problems for ageing society in developing economies are many, not least are the 'cash' – the financing (in terms of health care and pension system) and 'care' of the fragile aged (CSIS 2009, Jackson, *et.al.*, 2009).

Figure 1: Global Ageing Table (aged 65 or above as % of the total population) **2009**

Japan	22%
Italy	20%
Sweden	19%
Germany	18%
Norway	17%
Spain	17%
Austria	16%
France	16%
Swiss	16%
U.K.	16%
Netherlands	14%
USA	13%
Australia	13%
Canada	13%
Hong Kong	**12%**
Taiwan	**11%**
South Korea	**10%**
Singapore	**9%**
China	**10%**

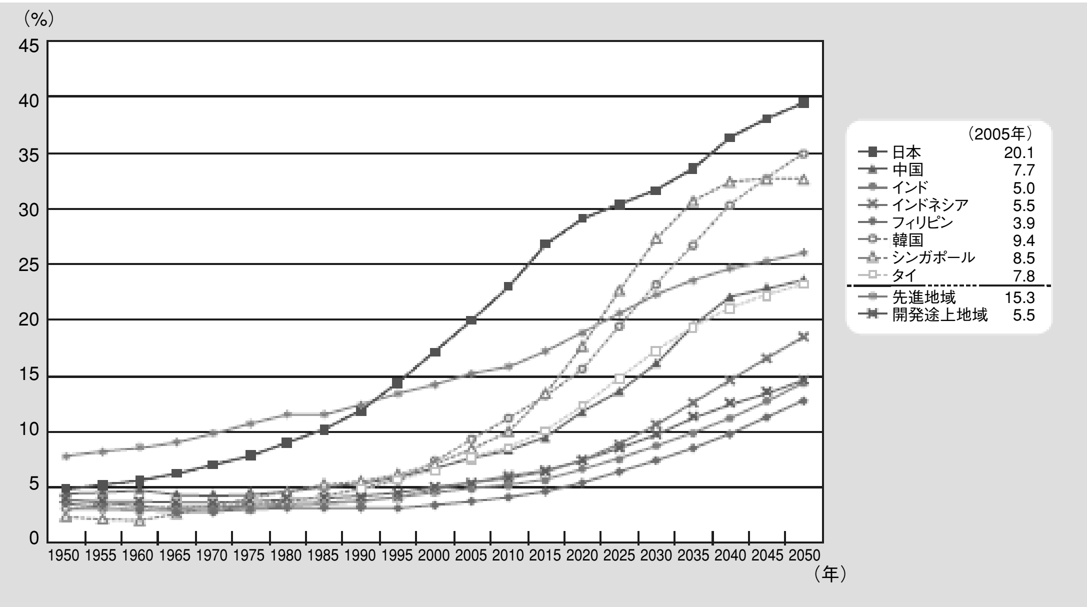
(Source: Lai 2008a, authors' updates)

Figure 2: Trend of Ageing in Western Countries and Japan



Cabinet Office, Japan (2009), p.11

Figure 3: Trend of Ageing in Asian countries and Japan



Cabinet Office, Japan (2009), p.11

Since the last decade of the last Century, global ageing has been identified as a historic challenge for human society by the United Nations' institutions, UN Population Fund, World Health Organizations and alike. More recently, it has repeatedly stressed by the U.S. Centre for Strategic and International Studies (CSIS, 23.June 2009) as having a strategic significance for human survival if the problem is not probably dealt with. The United Nations' World Population Prospects (U.N., 2009, p.x) predicts that, from 2009 to 2050, the number of persons aged 60 or over is expected almost to triple, globally, increasing from 739 million in 2009 to 2 billion by 2050. For the same period, a correspond increase from 65% to 79% of the world older person live in the less developed regions. Here, the demographic challenge is not only for the developed countries with a decline birth rate and prolonged longevity, but also for the NIEs which follow similar, though at a speedy rate, of the ageing trend (see Fig.1, Fig.2 and Fig,3), as the ageing momentum is at its high speed in recent decades, East Asia in particular (Lai 2007, 2008a).

2.2 *The East Asian Demographic Miracle?*

Japan led the post World War II rapid economic development in East Asia, from mid-1960s to 1980s, and later followed by South Korea, Taiwan and Hong Kong and Singapore in the 1980s to 1990s. They are undoubtedly representatives of the phenomenal *East Asian Economic Miracle*, a term coined by the World Bank (World Bank 1993). Yet, the positive role of the baby boomers at the post World War II industrialization is important.

Although demographic transitions began much later in East Asia than in the West (Mason and Kinugasa 2008), the momentum is more dramatic with a hyper and speedy one (Lai 2008a, Tsuno and Hooma 2009). In less than 30 years, demographic transitions occurred in Japan and all Asia's NIEs: South Korea, Taiwan, Hong Kong and Singapore. These countries have been transformed from the high birth and death rate population model to a low birth rate (less than 2 in terms of Total Fertility Rate, TFR) and ageing one. Japan had 22% of the total population aged 65 or above, whilst Korea achieved 11% in 2009 (Birdsall, *et.al.*, 2001; Rostow 2000; Lai 2008a).

The demographic transitions in Japan (since 1960s), South Korea and Taiwan (since 1970s) towards ageing society have been very much due to natural growth – all three countries are a "closed" population system with minimal immigration (less than 1.5% of the population). Whilst the population systems in Hong Kong and Singapore are somewhat relatively "open", with large immigrants throughout the second half of 20th Century. In spite of the differences in the population systems, all economies experience demographic transitions towards ageing, with a decline of fertility and mortality (Mason and Kinugasa 2008).

2.3 *The Longevity Race in East Asia: Japanese Achievement*

The *East Asian Economic Miracle* is juxtaposed with its population ageing processes. Japan, Asia's NIEs (South Korea, Taiwan, Hong Kong and Singapore) and China have been experienced demographic transitions towards ageing society. In late 2008, all these countries have old population aged 65 and above which share at least 9% of the total population (Lai 2008a). Japan leads the global ageing process with old people which account for 22% of the total population, and South Korea achieved population ageing ratio by 11% in 2008 (See Fig.1).

Rapid improvement in public health, socio-economic development immediately after the World War II and economic miracle from 1960s enabled Japan to achieve the longest life expectancy in the world. Whilst, other Asian NIEs experienced substantial gains as well (Mason 2001). For Japan, the number of people aged 90 or over topped 1.2 million including around 25,000 centenarians in 2007, and the population aged 65 or above became over 27 million (22% of total population of 127.77 million) as the post II World War baby boomers (*dankai sedai*) turned 60 in 2007 (Lai 2008a). But since 2007, the size of Japanese population has begun to shrink. According to the prediction, Japan will reduce around 40 million in coming 50 years (See Fig.4).

Figure 4: Japan: Projected population 2005-2055

Year	Population (thousands)			Population growth		Sex ratio (males per 100 females)	Population density (per 1 km²)
	Total	Male	Female	Number (thousands)	Rate (%)		
2005	127, 768	62, 349	65, 419	−6	−0. 00	95. 3	338
2006	127, 762	62, 310	65, 453	−69	−0. 05	95. 2	338
2007	127, 694	62, 239	65, 455	−126	−0. 10	95. 1	338
2008	127, 568	62, 138	65, 429	−173	−0. 14	95. 0	338
2009	127, 395	62, 015	65, 381	−219	−0. 17	94. 9	337
2010	127, 176	61, 868	65, 309	−264	−0. 21	94. 7	337
2011	126, 913	61, 698	65, 215	−308	−0. 24	94. 6	336
2012	126, 605	61, 506	65, 099	−351	−0. 28	94. 5	335
2013	126, 254	61, 292	64, 962	−392	−0. 31	94. 4	334
2014	125, 862	61, 059	64, 803	−431	−0. 34	94. 2	333
2015	125, 430	60, 806	64, 624	−469	−0. 37	94. 1	332
2016	124, 961	60, 535	64, 426	−505	−0. 40	94. 0	331
2017	124, 456	60, 246	64, 209	−540	−0. 43	93. 8	329
2018	123, 915	59, 942	63, 974	−574	−0. 46	93. 7	328
2019	123, 341	59, 620	63, 721	−606	−0. 49	93. 6	326
2020	122, 735	59, 284	63, 451	−638	−0. 52	93. 4	325
2021	122, 097	58, 933	63, 164	−667	−0. 55	93. 3	323
2022	121, 430	58, 569	62, 861	−695	−0. 57	93. 2	321
2023	120, 735	58, 192	62, 543	−721	−0. 60	93. 0	319
2024	120, 015	57, 804	62, 210	−745	−0. 62	92. 9	318
2025	119, 270	57, 406	61, 864	−767	−0. 64	92. 8	316
2026	118, 502	56, 998	61, 504	−789	−0. 67	92. 7	314
2027	117, 713	56, 581	61, 132	−810	−0. 69	92. 6	311
2028	116, 904	56, 156	60, 748	−830	−0. 71	92. 4	309
2029	116, 074	55, 722	60, 352	−850	−0. 73	92. 3	307
2030	115, 224	55, 279	59, 944	−870	−0. 75	92. 2	305
2031	114, 354	54, 829	59, 525	−890	−0. 78	92. 1	303
2032	113, 464	54, 371	59, 093	−909	−0. 80	92. 0	300
2033	112, 555	53, 905	58, 650	−928	−0. 82	91. 9	298
2034	111, 627	53, 433	58, 194	−947	−0. 85	91. 8	295
2035	110, 679	52, 953	57, 726	−965	−0. 87	91. 7	293
2036	109, 714	52, 467	57, 247	−983	−0. 90	91. 6	290
2037	108, 732	51, 974	56, 757	−998	−0. 92	91. 6	288
2038	107, 733	51, 477	56, 257	−1, 013	−0. 94	91. 5	285
2039	106, 720	50, 974	55, 746	−1, 026	−0. 96	91. 4	282
2040	105, 695	50, 467	55, 227	−1, 037	−0. 98	91. 4	280
2041	104, 658	49, 957	54, 701	−1, 046	−1. 00	91. 3	277
2042	103, 613	49, 444	54, 168	−1, 052	−1. 02	91. 3	274
2043	102, 560	48, 930	53, 630	−1, 057	−1. 03	91. 2	271
2044	101, 503	48, 414	53, 089	−1, 060	−1. 04	91. 2	269
2045	100, 443	47, 898	52, 545	−5, 291	−1. 08	91. 2	266
2050	95, 152	45, 320	49, 832	−5, 221	−1. 12	90. 9	252
2055	89, 930	42, 748	47, 182			90. 6	238

Source: National Institute of Population and Social Security Research, *Population Projections for Japan: 2006−2055* (January 2006). The projected population as of October 1 of each year (medium variant). Annual rate of growth (%) was computed by the formula $\left(\sqrt[n]{P_1/P_0}-1\right)\times 100$. P_0 and P_1 represent the population at the beginning of the period and the population at the end of the period, respectively. n represents the period.

(Source: NIPSSR 2009)

Historically, doubling of the elderly ratio (from 7% of the total population aged 65 or above to 14%) used to occur at a steady pace. In the developed countries, for example, it took 105 years in France and 85 years in Sweden, but in East Asia, Japan took only 24 years. South Korea and other Asia's NIEs take less than that. The Japanese case is in fact the fore-runner for NIEs like South Korea, Taiwan, Hong Kong and Singapore as well as the rapidly ageing China (Lai 2008a, Jackson, *et.al.*, 2009). Here, it should be noted that the ageing population is structurally linked to rapid industrialization, hyper-modernization, urbanization and sustained economic development. It is obviously shown in South Korea that rapid economic development is the driving force for demographic changes (Chang 2003; Choi 2009; Eun 2003; KNA 2009; See Fig.5).

Figure 5: Korea: Population Change and Ageing Population, 1960 - 2050

Year	Total population ('000)	Number of the elderly ('000)			% of the old age group		
		65+	75+	85+	65+	75+	85+
1960	25,012	726	170	24	2.9	0.7	0.1
1970	32,241	991	251	30	3.1	0.8	0.1
1980	38,124	1456	406	53	3.8	1.1	0.1
1990	42,869	2195	695	94	5.1	1.6	0.2
2000	47,008	3395	1091	173	7.2	2.3	0.4
2010	48,875	5357	2019	373	11.0	4.1	0.8
2020	49,326	7701	3212	770	15.6	6.5	1.6
2030	48,635	11,811	4704	1240	24.3	9.7	2.5
2040	46,343	15,041	7620	1959	32.5	16.4	4.2
2050	42,343	16,156	9472	3376	38.2	22.4	8.0

Source: National Statistical Office (2006).

(Source: Choi 2009)

To recapitulate the Asia's demographic drama: it is not just in line with the global trend but also a high speedy one. Japan led the ageing process, followed by Asia's NIEs and China. With the exception of Japan, most countries in the Asia have not well prepared to cope with the ageing challenge, in terms of wealth accumulation (cash) and social infrastructure (caring services) for good ageing.

3. Active Ageing Policy Initiatives to cope with Global Ageing

In response to global ageing challenge, the United Nations (UN) and the World Health Organization (WHO) have been making strong policy initiative advocacies for Active Ageing [AA] (WHO 2001, 2002a/b). Thanks to a holistic concept of "health", promoted by the WHO that embraces all aspects of human life, the concept of Active Ageing follows the same logic of all-embraceable, enabling all kinds of innovations. This section discusses the multi-faceted AA concept and its diversified applications in various policy arenas, highlighting the global consensus in terms of policy and best practices learning.

3.1 *Active Ageing - The Concept and Applications*

Based on the decade-long consultations (with academics and policy makers in particular) and policy formulation in the 1990s, the new policy paradigmatic calling by the international learned community has been that *"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO 2002a: 12)".* The concept of active ageing embraces all aspects of life, ranging from individual's positive (holistic) health conditions, socio-economic and cultural underpinnings, as well as the policy agenda and recipes for enhancing the well beings of the ageing population at large.

Innovations and discourse for ageing society are obviously shown in the development of active ageing policy. Deeming (2009) traces the history of the use of the concept of 'active ageing' that in U.S.A in early 1960s, mooted and subsequently adopted by WHO in late 1990s. Since then, it has been increasingly more than popular that *"interest in 'active ageing' policy as a means to promote well-being in later life has grown internationally"* (Deeming 2009: 93). Active ageing initiatives have been shaping most aspects of ageing policy innovations by local, regional and international government bodies; for instance, promoting socially productive activities and meaningful work for ageing society (WHO 2001).

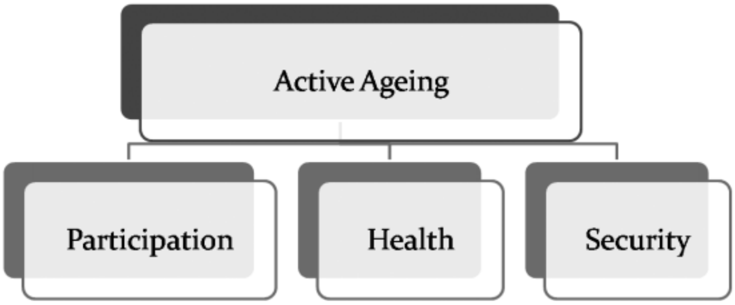
In a highly differentiated way with diversifying policy program initiatives, WHO uses the terms to their widest possible sense that "Active Ageing" to express the process for achieving the vision: *active ageing is the process of optimizing opportunities for physical, social, and mental well-being throughout the life course, in order to extend healthy life expectancy, productivity and quality of life in older age* (WHO 2001: 17; WHO 2002a: 12), and the word *"active" refers to continuing involvement in social, economic, spiritual, cultural and civic affairs, not just the ability to be physically active. Older people who are ill or have physical restrictions due to disabilities can remain active contributors to their families, peers, communities and nations* (WHO 2001: 17). Hence, *Active ageing depends on a variety of influences or "determinants" that surround individual, families and nations* (WHO 2002a: 19; see Fig.6).

Figure 6: Concept and Aspects of Active Ageing

(Source: WHO 2002)

More specific for ageing policy initiatives, *Active ageing is built on three pillars: health and independence, productivity, and protection* (WHO 2001; see Fig.7). To provide the foundation for the pillars, it is to maintain senior adults' independence – one's ability to control, cope with and make decisions about daily life – is a primary goal for both individuals and policy makers (WHO 2001: 17). Here, the fundamental conditions for Active Ageing have been identified in terms of the ageing ones' security (for safety, financial aspects and sense of accomplishment), participation in home and public affairs, and the healthiness. All three pillars of Active Ageing require the positive inputs from the concerned individuals and their families, the supports of civic groups and community, and the guidance from governmental policies.

Figure 7: Three Pillars for Active Ageing



(WHO 2002)

Furthermore, the concept of Active Ageing is also used inter-changeably in different government programs in terms of "successful ageing", "meaningful ageing", and other positive aspects of human development (Bowling 1993, 2008). To highlight the diversity, multiplicity and interchange-ability of the concept(s) with and around Active Ageing, the essence for policy-practice learning will be discussed in the following paragraphs.

3.2 *Active Ageing as Policy Discursive Innovation*

Within ten years, the term "Active Ageing" becomes the currency for academic work and policy innovation – quite an phenomenal case! For Active Ageing initiatives, WHO argues that countries can afford to get old if governments, international organizations and civil society enact "active ageing" policies and programmes that enhance the health, participation and security of older citizens (WHO 2002a: 6). This policy calling paralleled the World Assembly on Ageing (8-12 April 2002), in Madrid, Spain. The policy vision and the related action plans (of the *United Nations' Madrid Declaration on Ageing*, 12.April 2002) are for active ageing, many academics and government officials have been informed about not just the coming challenge of ageing society, but also the policy (research) orientation for making ageing process an active, healthy and participatory one – this overarching framework is indeed instrumental in enabling, as well as shaping, national, regional and local policy formulation, with the active-ageing-oriented evidence-based research initiatives (UN 2002, Walker 2006, 2009).

The concept of Active Ageing, like the holistic "health" concept promoted by WHO, is all embracing and inclusive, including most, if not all, aspects of personal, familial and socio-political, as well as economic aspects of ageing: *Active ageing is meant to convey a more inclusive message than "healthy ageing" and to recognize the factors and sectors in addition to health care that affect how individuals and populations age* (WHO 2001a: 17).

Hence this provides a rather burgeoning experiment of policy, as well as (best) practices, learning in ageing societies. Like many developed economies, emphasis for Active Ageing has been the policy key tone for many developed countries in the West, those with OECD in particular (Comas-Herrera, *et.al*., 2006, DWP 2005a/b, 2009; Walker 2006). As an example here, the concept of, and policy for, Active Ageing (to enable older people to play a full and active role in society), is one of the integral parts of the United Kingdom (U.K.) initiatives for *Opportunity Age programme* of the Department for Work & Pensions (2009). By the same token, the Department of Health also taking active ageing as a policy re-engineering for the promotion of health, including the mental health (DH 2006: 12).

Historically and since 1992's United Nations Madrid Declaration on Ageing, the business of Active Ageing gains popularity and widely used to describe, as well as to prescribe, various initiatives for ageing policy and social care practices. Furthermore, the call for Active Ageing has been reinforcing the policy learning among intergovernmental agencies, like OECD, EU (Stone 2004; Walker 2009). Undoubtedly, the policy learning processes and effects are more than obvious, as WHO's Active Ageing concept and initiatives have become the global policy language for seeking alternative and/or appropriate coping strategies for global ageing.

3.3 *Active Ageing for the Quality of Life (QoL)*

The active promotion for the WHO's Active Ageing, when applied in real life situation, comprises the following core dimensions: enhancing senior adults' day-to-day autonomy and independence, enriching their Quality of Life (QoL) with good health (WHO 2002a/b). These dimensions and their derivatives have been increasingly put into policy innovations and research. Under the banners of active, healthy, positive, meaningful and successful ageing, various policy initiatives to promote QoL for older people in the last decade aimed to achieve the desirable state of well-being for the population at large. Accordingly,

> The importance of maintaining quality of life as a primary goal is also recognized. Various descriptions of such a desirable state include 'positive ageing', 'active ageing' or 'healthy ageing' (WHO 2002), and 'successful ageing'. Such terms overlap in that they all describe a desirable state in terms of physical, psychological, social and financial well being, with minor variations based on emphasis in a particular dimension. For example, 'active ageing' place the emphasis on diseases prevention through maintenance of healthy lifestyles, while the words 'successful' and 'positive' cover a wider domain to social relationships, environment, and engagement in society, and are used interchangeably (Bowling 1993). There is a worldwide momentum of ageing successfully or positively (WHO 2002) by chronic disease prevention, and maintenance of physical and cognitive function, through promoting healthy lifestyles, financial security, and optimizing social support networks. This is supported by extensive literature on physical, psychological and social aspects of positive ageing (Woo, *et.al.*, 2008, p.270).

Moreover, it should be pointed out that the initiatives for active and healthy ageing yield some good results for improvement of health condition but the achievement of other non-health related policy initiatives are less easily to monitor (Woo *et.al.*, 2008).

Hence, the QoL approach for public policy is not a new one. It has been widely adopted by health and health promotion approach. Yet, the intensive and extensive applications of QoL in Active Ageing policy programmes have been enabling much experimentation - in search for the best and appropriate practice for ageing population. In other words, the QoL research based and informed policy initiatives are maximally mooted to cope with the all embracing concept for Active Ageing. And this momentum for policy and practice learning is further mutually reinforcing with all stakeholders for ageing policy (Walker 2002, 2006, 2009). To recapitulate, all the knowledge-based researches undoubtedly have been shaping the research discussions and policy discourses on ageing policy for QoL, involving academics, consultants, policy makers and a wide spectrum of stakeholders, through various forms of exchanges, locally, nationally and internationally – <u>this is the essence of transnational policy learning</u>. Hence, this has been also instrumental in making the Active Ageing, as a good recipe for policy and practice learning and communication, as paradigmatic.

4. Global Policy Recipe - Application in the United Kingdom

For the U.K., with a prolonged period of a low Total Fertility Rate (TFR) of less than 2 (the replacement level) since 1980s, ranging between 1.65 to 1.8 for the period 1996 to 2006 for instance, senior adults aged 65 or above reached 16% (9.7 million) of the total population 60.7 million, in mid-2008 (ONS 2008. Cf. DWP 2005a/b, see Fig.8 and Fig.9 below)

Following much of the global policy responses for ageing challenge, the U.K. policy initiatives have been in line other developed economies (Comas-Herrera,, *et.al.,* 2006, Walker 2006), particularly the emphasis for Active Ageing, deriving from policy learning from other OECD countries (cf. Stone 2004, Age Concern 2008, 2009; The Third Age 2009).

And to highlight this, we examine the case of the Economic and Social Research Council (ESRC) funded *Growing Older [GO] Research Programme* 1999-2004 (Walker and Hennessy, eds., 2004; <u>http://www.shef.ac.uk/uni/projects/gop/</u>) and its contribution to the policy learning process, and from which, the ageing policies in the U.K are formulated.

In the following sections, three separate yet inter-related issues we want to discussed, (1) the synergy of policy (learning) themes between WHO and the (ESRC sponsored) GO research program,

Figure 8: Projected England's Population by Age, 2009 - 2029.

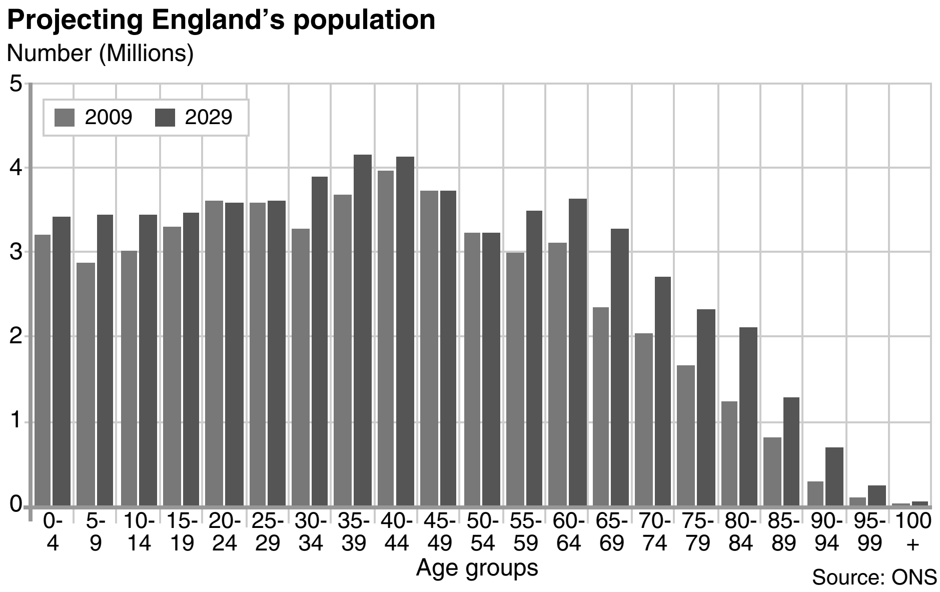
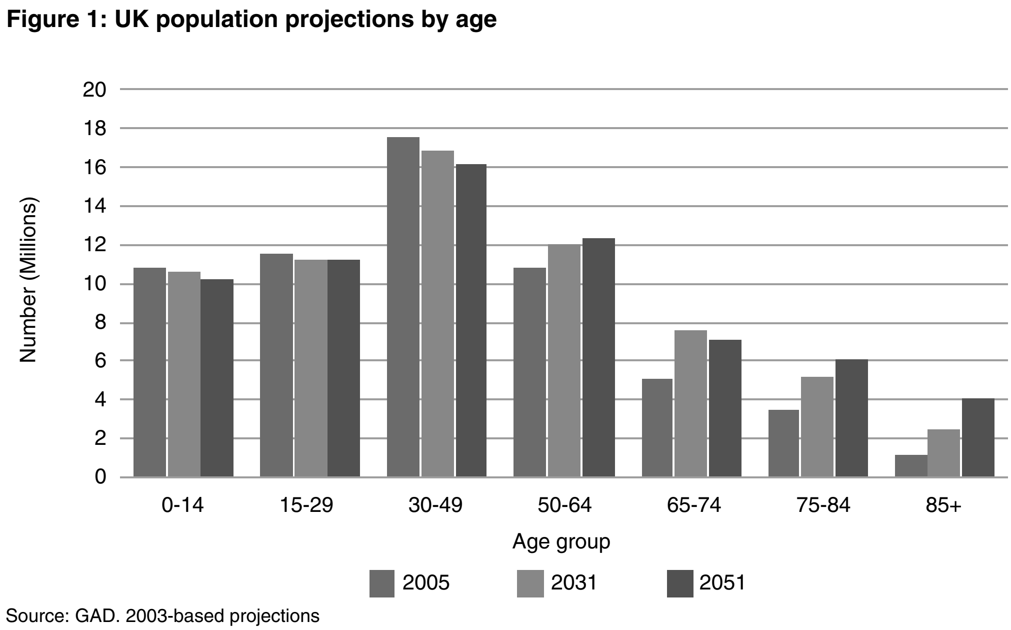


Figure 9: Projected UK Population by Age, 2005, 2031, 2051.



(Source: DWP 2005a, p.6).

and (2) the contribution (the question on: how useful is policy research for policy making) of the towards public policy formulation (as acknowledged by the U.K. government), and (3) the policy learning process with international governmental organizations (IGOs).

4.1 *Synergy between Global Initiatives and Local Evidence Based Research*

The policy concept of Active Ageing, promoted by WHO (2002a, p.13), comprises the following core dimensions: enhancing senior adults' day-today autonomy and independence, enriching their Quality of Life (QoL) with good health. These dimensions and their derivatives have been mostly covered by, and researched in, the GO Research Programme, as represented by their key findings (Walker 2002, 2006, and Hennessy 2004; GO 2008, http://www.shef.ac.uk/uni/projects/gop/) with the following themes: QoL from the Perspectives of Older People, Ethnicity, Inequalities and Old Age Identities, QoL or a Life of Quality? Social Exclusion and Poverty, Loneliness in Later Life, Gender and Ageing, Social Support for Ageing, Old People's Social Participation, Family Life and Ageing, Forms of Community and Institutional Care.

More importantly, the GO Research Programme also generates no less than ten book-length publications under the Open University Press book series on *Growing Older*, with the following titles: *Ageing Well, Older Women's Lives, Family, Work and QoL for older people, Woman in later life, Environment and Identity in Later life, Aging in the City, The Social World of Older people, Growing Older in Europe, Growing Older: QoL in old age and Understanding QoL in Old Age.* All these informative evidence and knowledge-based researches undoubtedly have been shaping the research discussions and policy discourses on the subject matter of ageing policy, and the related sharing of knowledge among academics, consultants, policy makers and a wide spectrum of stakeholders, through various forms of exchanges, in the U.K. and internationally. Hence, this has been also instrumental in making Active Ageing as the 'currency' for policy learning and communication for a quite a long period (see below).

4.2 *Policy Learning Nexus: Research-driven Policy Initiatives?*

To assess the actual contribution of research findings for policy making is a daunting task, as it is almost impossible to get information regarding what research findings are taken and what are being rejected. Yet, for our chosen case of the GO Research Programme, there are three major observations regarding the positive contribution. First and foremost, the research findings of the GO Research Programme have been quoted in government paper (DWP 2005b). For instance, it has been noted that "A survey in Great Britain (Coulthard and Walker 2002), showed that almost half of those aged 70 and above (44 per cent) did not have any close relatives living nearby" (DWP 2005b, p.26). In addition, the governmental policy papers on ageing society (DWP 2005a/b) are somewhat resembling the issues which have been researched, or are still being researched, by the GO research team, by its follow-ups.

Second and more specific, it is the pro-active engagement of the GO research team with the policy stakeholders, government agencies and NGOs in particular, that shapes the ageing policy making in the U.K. (Walker 2006, p.442-443):

> "It is too soon for a final judgment of the impact of this policy-orientated strategy and, again, properly is a matter for independent assessment, although there are sufficient positive signs to suggest that it should be considered seriously by subsequent research programmes. For example, it is clear that the project findings did reach the hands of key policy makers in Departments such as the Department for Work and Pensions (DWP) and Office of the Deputy Prime Minister (ODPM) (see, for example, Social Exclusion Unit, 2004). Moreover, this process appears to be a continuing one (DWP 2005a/b; Labour Party, 2005). Important NGOs in the ageing policy field have taken up the Programme's findings (Bowling and Kennelly, 2003; Scharf *et.al.*, 2002;Walker and Northmore, 2005). Social policy commentators in the media have emphasised the importance of the GO Programme as an evidence-base for policy and practice (Dean, 2003) as have influential quangos such as the Social Care Institution for Excellence (www.scie.org.uk/)" (Walker 2006, pp.442-443).

Last but not least is the positive functioning networking with, and the mobilization of, governmental agencies (and officials in particular), and nurturing the policy learning environment, for continuing learning reciprocity, so as to champion the consensual policy change towards active and healthy ageing:

"With regard to the specific enlightenment strategies employed by the Programme, it is clear that linking projects to named Whitehall officials worked well in a few cases, despite the difficulties created by frequent job rotations. The key pointers to success were the level of interest in the research from within the department (higher in DWP than in the Department of Health, DH), and the willingness of researchers to engage in the regular transmission of information. Predictably, some projects fell more easily than others into the policy domain of a single department. Feedback from the policy community indicates that the GO Findings were of considerable importance in making research available in an accessible form. The special briefing seminars and workshops organised for government departments were of variable success, in terms of attendance, and this depended crucially on their timing with regard to the current policy practices of the particular department. Because these sessions were only one weapon of the Programme's 'producer-push' interaction with the policy community, their influence was not decisive. Thus, the seminars for DWP were well attended, while the one for ODPM was not, but both departments have utilised GO research" (Walker 2006, pp.442-443).

4.3 *Transnational Policy Learning with International Governmental Organizations*

Without exception, the evidence based research in 21st Century aiming for informing policy makers has to take into account of any related research and/or policy initiatives overseas, or take the research in transnational dimension – most of governmental policy initiatives presently have extensive comparative policy review and the related 'bench-marking' exercise embedded in the policy learning, hence formulation, process (Cabinet Office 2004, Davies, *et.al.*, 2000, Dudley, *et.al.*, 2000, Gomersall 2007, Home Office 2004, Stone 2004, Walker 2006, cf., Considine 2005, Comas-Herrera, *et.al.*, 2006).

As government leant from policy research findings, consultancies and international governmental organizations (IGOs) – in this case, the WHO, we can see the similarity of the policy languages being used in, and between, the U.K. government policy papers and the WHO (2002a/b) ones. More specific, the UK government has been adopting the concept of Active Ageing promoted by WHO (2001, 2002a/b, see our discussion at previous section) that *"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO 2002a, p.12)*, as one of the principle policy guides for coping with the challenges of ageing society, as the government policy paper, *Opportunity Age: Meeting the challenges of ageing in the 21st century*, (DWP 2005a, p.30) notes that "Our vision is of a society where later life is as active and fulfilling as the earlier years, with older people participating in their families and communities"

More importantly, the process (for building up a policy vision) and outcome (a set of policy languages and recipes) of policy learning across different territorial or sovereign jurisdictions with the consensual ideas (and the best practices or models) are strategically fundamental for the present day policy making in a globalizing world. Our case study for the WHO's Active Ageing Initiatives and the ERSC funded GO Research Programme (Walker and Hennessy, eds., 2004), as well as the U.K. government's ageing policy development (DWP 2005a/b), illustrates the importance of consensual approach to develop a set of concepts (Active Ageing) and the related policy initiatives in different arena (as represented by the ESRC funded GO and its 24-projects).

Against this backdrop, the short-cut for speedy policy learning and how-know transfers might be sometimes just need the IGOs' policy blessing or endorsement. The G-20 group's consensus building (meeting in Washington D.C., 15.November 2008; and in London, 2.April 2009; http://www.g20.org/), offering recipe to save the world from global recession, highlights the fast track for policy learning and transfer at global scales within days.

5. Further Evidences for Policy (In)Decision Making?

The modernization of policy process and making in contemporary government is characterized by a set of the entrenched scientific rationalism and protocols for evidence-based (or informed) research (knowledge), particularly in the developed, OECD, countries, like the U.K. (Burton 2006, p.190; cf. Boaz and Pawson 2005, Oliver, et al. 2005, Pawson 2002) – the policy papers and the related welfare and pension reform initiatives mooted by the U.K. government (DWP 2006a/b) represent such attempt.

Equally importantly is the emergence of new agencies and processes to make policy transferable hence useful, with the demonstrable good policy practice based upon comparative studies on different geo-administrative jurisdictions. This new development is epitomized by the transnational policy learning regime that the networking of knowledge agencies informs policy makers (Stone 2004).

Policy learning and transfer become an integral part of policy innovation, or the search for the best policy applicable to local context, in the last decade (Cabinet Office 1999, Stone 2004). Hence, there is an emerging trend for policy learning internationally, with the transnationalization of policy innovations by governmental agencies, juxtaposing the so-called 'best praxis' learning by social agencies, non-governmental organizations (NGOs) in particular. International governmental organizations (IGOs), like IMF, the World Bank and the United Nations, the regional IGOs like the European Union and APEC, as well as functional groupings like the OECD, have been instrumental for such cross-border or transnational policy learning.

In other words, the policy learning – and its networking for the paralleling research programmes – has been instrumental in shaping the world view of policy stakeholders, particularly their ideas and framework to comprehend, or capture, any policy initiatives-cum-social innovations that:

> "Learning can lead to the development of 'consensual knowledge' by specialists and epistemic communities about the functioning of state and society which is also accepted as valid by decision-making elites. When consensual knowledge is developed at a transnational level, the potential exists for the exchange of ideas providing impetus for policy transfer. Learning via regional or global networks helps to promote an 'international policy culture', but it is not automatically the case that learning will institutionalize in international organizations or in national governments. Learning is uneven and imperfect across different actors within a policy network. Certain actors may have a greater capacity for learning whereas others may adopt lessons for symbolic purposes or as a strategic device to secure political support rather than as a result of improved understanding" (Stone 2004, pp.548-49).

The burgeoning of policy learning as service, knowledge industry is further boosted by the advanced application of information and communication technologies (ICT) – that informational spaces for policy learning have been extending beyond geo-social scales, for both real and virtual communications. Coupled with the informatization of knowledge, there is a broadening and deepening of knowledge, focusing on policy and praxis for social innovations. More strategically, the transnational policy learning process is becoming a norm and integral part for any policy formulation in both developing and developed nations. And perhaps more structurally for social innovations in the public domains is that the policy 'best practice' learning has been embedding into social development project. In short, the policy learning sector is becoming one of the key players for the industrialization of policy knowledge in the informational age, and it is a mutual referential, consulting industry among academics, researchers and consultants of policy sciences, professionals and NGOs.

But there are three obvious caveats in the so-called transnational policy learning regime. First and foremost, better policy learning with comparative researches and the 'best practice' studies is in no way a substitute for good and timely policy decision making or policy governance (Tenbesel 2004). The case is commonly known in the joint decision (inclusive participatory) making process that the institutional inertia to its worst form, or the over-politicking for one's interests in its best form, which in either way, makes the policy or political impasses - the recent indecisiveness of the European Union (the Commission and European Central Bank in particular) and the member states' belatedly differential interventions in their national banking sector, the financial market at large, highlight such indecision trap (Barber 2008): the lesson is clear that more informed policy advices not necessarily generate better and timely decision making.

Second, it should be pointed out that those policy knowledge makers (researchers and consultants alike) have to face with the competitive differential interpretations of the policy recipe they receive, in the age of information and knowledge explosion - under this condition, all policy proposals will always have counter-proposals available somewhere in real and cyber-world. And it is half right that "Knowledge becomes most compelling not just when it is useful, but when its very visibility makes it hard for governments not to use it" (Mulgan 2005, p.225.), the problem for policy makers to face these days is the knowledge in flux!

Last but not least is the embedded structural constraints and path dependency for policy innovations. In this respect, the critical observations on ageing policy almost three decades ago by Peter Townsend (1981, p.9) are still valid today:

> I am arguing, then, that society creates the framework of institutions and rules within which the general problems of the elderly emerge and, indeed, are manufactured....There are decisions familiar to all of us about the commitment of public expenditure which directly govern the services and benefits of older people. Then there are decisions about employment, wages and taxation, transport, urban planning and housing which have a powerful indirect effect on the situation and standard of living of the elderly. And the question is not just one of the flow of resources to the elderly population and the determination of their material amenities, but the scope for action and self-help on the part of the elderly which becomes feasible, and therefore the interpretation that they, and not only others, place upon their status and functions (Townsend 1981, p.9).

In spite of these problems, international policy learning among policy sciences professionals and government agencies, and the critical engagements with local civic groups and NGOs, as well as those stakeholders, are still very critical for making policy research useful for policy making – though the readiness, the consideration and subsequent acceptance, of the proposed policy options by policy makers are much contingent to contextual variables which (like the financial crisis at global scale, or the politicking maneuvering in response to public opinion polls) are beyond the control of anyone.

Based upon our illustrations on the policy learning on Active Ageing, and in addition for the calling advancing the evidence-based research excellence as normally expected by people, our concluding remarks are to stress the importance of the pro-active policy learning for making research influential (research impact for the policy usefulness) for policy makers, good quality of policy learning with pro-active engagement in every stage of policy process and development, emphasizing the co-evolution for consensual policy language building project, as well as researchers' active role in shaping the policy discourse, with policy learning with governmental agencies and IGOs, and the consensus building with NGOs.

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