

## Social Policy of Active Aging in Russia and European Welfare States: Comparative Analysis



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**Abstract.** Population aging is a global process that characterizes both European countries and Russia. One proportionate response to the challenges of global aging is to create conditions that maximize autonomy and activity, as well as social support for older people and the opportunity to be active. The purpose of the work is to analyze the features of social policy in the field of active aging in the European welfare countries and the Russian Federation. The study highlights key trends and differences between Russian and European social policies, and identifies the main features of understanding active aging in Europe and Russia. The analysis is based on the experience of European countries, which occupy the leading positions in the world quality of life ranking for the elderly, where special attention is paid to elderly citizens and the features of their aging and activity. These countries have been implementing a variety of mechanisms in the field of active aging for many years. The article reveals the features of implementation of such a policy and provides a critical review of the strengths and weaknesses of active aging policies in European welfare states and Russia.

**Key words:** active aging, the elderly, European states, social policy, social activity.

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## Introduction

An increase in the number of older people in the total population of countries is called population aging. It is associated with changes in the age structure and reproductive patterns of population. In the European region today, trends of population aging and an increasing number of older people over 60 persist (Golini, 1997; Reynaud and Miccoli, 2019). This trend is influenced by a general decline in population fertility and increasing life expectancy (Popova, Navicke, 2019; Sobotka, 2004). Thus, by 2050, more than a quarter of the European population will be older people at the age of 65 and over<sup>1</sup>. However, despite uneven growth rates across Europe, it is expected that the number of older people will increase even in regions with relatively short life expectancy, such as Central and Eastern Europe (Botev, 2012; Kashnitsky et al., 2020). Undoubtedly, the growing number of elderly people requires the creation of special norms and principles, which are reflected in European social policy, as well as enshrined in various national acts and national policies of European countries.

The growth in the number of elderly people is also common in Russia. The decline in the birth rate, along with the increase in the number of citizens over 65 years of age in the regions, is occurring in all constituent entities of the country. This situation, obviously, requires new measures enshrined in social policy (Kuznetsov, Safronova, 2018; Bucher, 2016). At the same time, there are differences in the development of social policy concepts in European countries and Russia. A common trend is the focus on healthy aging, healthy lifestyles, organization of leisure and comfortable living, implementation of elderly people's plans and extension of their working life (Grigor'eva, Bogdanova, 2020). It is these points that are

becoming the most important aspects in the social policy of the states<sup>2</sup>.

The concept of healthy aging as defined by the UN WHO is based on the concepts of "individual vitality" and "functional vitality". These indicators make it possible to correlate two key parameters on which an older person's activity is based, namely health and functioning. The first indicator relates to the totality of all the physical and mental states that older people can use at any given time in order to be more active<sup>3</sup>. The second indicator, the conditions within which aging occurs, refers to the environment, interactions and communication within it, as well as the specifics of social policy in the country where elderly live.

Thus, activity and "functional vitality"<sup>4</sup> which is an important parameter in defining and developing active aging policies, is understood, from the WHO perspective, primarily as healthy aging associated with physical and psychological factors and embedded in a particular environment<sup>5</sup>. In Europe, since the 1980s WHO member states have been drawing attention to the fact that a special role should be given to healthy aging in the activities of the organization's regional office (Vorob'ev, Korotkova, 2016). Healthy aging as an important starting point for active aging was the goal of the European Strategy Health for All in

<sup>2</sup> On the Concept of the long-term socio-economic development of the Russian Federation for the period up to 2020: Government Decree. *Collection of Legislation of the Russian Federation*, 2008, 24.

<sup>3</sup> Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. WHO, 2021.

<sup>4</sup> Vorob'ev R.V., Korotkova A.V. (2016). Analytical review of healthy aging in the WHO European region countries and Russian Federation. *Social Aspects of Population Health*, 51(5), 3.

<sup>5</sup> Health-21 (1999). The policy framework for achievement of health for all in the WHO European region. Copenhagen. *WHO Regional office for Europe*. Available at: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/98398/wa540ga199heeng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/98398/wa540ga199heeng.pdf) (accessed: March 3, 2022).

<sup>1</sup> Chan M. (2015). World report on aging and health. *WHO*, 1, 5–7.

the 21st Century, adopted in 1998<sup>6</sup>. A number of resolutions adopted by the WHO have considered successive steps to achieve the goals of active aging and health of older people in Europe. The starting point for the legitimization and implementation of active aging policy was the Madrid Plan of Action, adopted in Spain in 2002, dedicated to the problem of aging and the activity of older people, maintaining activities in old age. The WHO's contribution was to develop a document entitled "Active Aging: A Policy Framework", which urged governments to consider the needs of older people when designing social policies and to create the necessary conditions for them: functional vitality and comfortable environment for active aging<sup>7</sup>.

A key feature of the Madrid Plan, as the main policy document that enshrines the principles of active aging, is the sharp turn from senior citizenship, free from obligations and work, to senior citizenship, where participation in the labor market and equal access (inclusion) of older people in consumption practices play an important role. This certainly makes the Madrid Plan a neoliberal project of aging, aiming to redefine age primarily on the basis of neoliberal values. A key change marked by the Madrid Plan is the rejection of a biologized and medicalized understanding of aging as a time of inevitable decline and loss of labor capacity. The maintenance of physical health, the focus on healthy aging, and the implementation of medical measures remain important aspects. The key principles of this strategy are used in the implementation of the social policies of European states, as well as the development of social policy in the context of the health of older people and the adoption of the necessary measures to maintain health and the implementation of screenings.

<sup>6</sup> Ibidem.

<sup>7</sup> Political Declaration and Madrid International Plan of Action on Aging (2002). Second World Assembly on Aging, April 8–12. Madrid, Spain.

One of the serious problems in the concept of active aging is the problem of institutionalization, namely, issues related to the top-down orientation of social policy and the responsibility of a state and state institutions for the implementation of active aging policy. As noted in studies, top-down public policies are often ineffective (Ney, 2004; Aspalter, 2021). For example, the problem of institutionalization of the European policy of active aging creates difficulties with the development of local and individual initiatives that are implemented by older people and non-governmental organizations (NGOs).

Thus, the European policy of active aging, and in particular the institutionalization of the European policy of lively aging, is a topic that is currently under active discussion. The search for alternative models lies in the analysis of scientific concepts and the consideration of possibilities for the development of active aging.

At present, analyzing the European policy of active aging, it is possible to identify two key points that arise in the introduction and implementation of various measures. The first is related to the institutional features and nature of active aging policy, oriented to the neoliberal discourse. The second one arises from the local nature and the importance of a focused, individualized approach to the consideration and analysis of various aspects and possibilities of implementing a policy of active aging.

The purpose of this work is to conduct a comparative analysis of social policy of active aging in European welfare states and Russia as well as to consider the development prospects of the active aging policy concept based on the understanding of active aging in the countries under consideration.

A comparative analysis of active aging policy in European welfare states and in Russia allows identifying its advantages and disadvantages, outlining possible options for its improvement,

therefore, it has a pronounced significance for the development of not only this branch of knowledge, but also conceptual approaches to the construction of active aging policy at the national level.

The scientific novelty of the study lies in the comparison of the social policy features of active aging in countries with different experiences of social policy for the elderly, as well as largely different principles of social policy. This comparison allows identifying and outlining the prospects for the development of active aging policy, taking into account various factors and characteristics of the countries, which is certainly valuable both when planning further research on social policy of active aging, and when considering the practical features of active aging policy implementation in the welfare states and Russia.

In the course of the work we realized the following tasks:

- examined the specifics of active aging policy in European welfare states and in Russia;
- analyzed the problems of active aging policy implementation and prospects for their solution in European welfare states and Russia.

The empirical basis includes research on sociology and social policy, as well as various normative acts and programs concerning the policy of active aging in European countries and Russia. The choice of European welfare states is due to the fact that it is in European countries that the ideas of active aging emerged and developed. In this sense, European countries can serve as a benchmark for comparing features within the framework of social policy measures for active aging. Another important aspect is the relative geographical proximity of European welfare states to Russia, hence the policy of active aging in Russia is guided by the benchmark standards in this area, inherent in European countries. We also considered differences when choosing countries: for example, social policy in the welfare states of Europe is the most mature and coherent system, while Russian social policy

is a successor of Soviet social policy. In Russia development according to a plan and the role of the state are still strong. This makes it important and relevant to compare active aging as a new, emerging branch of social policy in Russia with the established system of active aging policy in European welfare states.

### **Active aging policies in the welfare states of Northern Europe**

Over the past decades, the European welfare states have become states with rather complex political systems involving multiple risks. However, one of the distinctive features of these states is the focus on the institutional context of social policy development (Clegg, 2018; Johnson, 2005; Taylor-Gooby, 2004). The social policy measures that have been taken in these countries regarding active aging are no exception. The institutional structures of welfare states not only shape the social policy agenda, but also determine the actors and those who can participate and be involved in social policy development. At the same time, it is the institutional framework that limits the scope of social policy and promotes centralized control over the introduction of active aging policies (Walker, Maltby, 2012; De Vroom, Øverbye, 2017). The ways of implementing the institutional context of active aging policy are different. The Northern welfare states have traditionally focused on various benefits, medical care and health screenings for the elderly, as well as on bringing them back into the labor markets and developing their active participation in the labor activity. The quality of social services in the Northern countries means that not all elderly people can receive benefits for a long time, hence an important factor becomes their involvement in the labor sphere. Thus, the social policies of the Northern states focus on the integration of the elderly into social life<sup>8</sup>.

<sup>8</sup> Christensen D.A., Ervik R. (2003). Active aging in Europe: Methods, policies, and institutions – Norwegian country report. Vienna: ICCR.

The key components of this political strategy are determined by the creation of institutional capacity for the implementation of active aging policy, i.e. the formation of various governmental and non-governmental organizations and programs that coordinate policy. They are also determined by the development of the individual potential of older people (training, retraining, career counseling and advice on choosing or changing careers and occupations). The main idea of social policy in the Northern countries is to activate the resources of the elderly and their inclusion in the labor activity. This is related to the fact that inactive and non-participating older workers create difficulties for the economy due to the need to pay pensions and numerous benefits (Casado-Díaz et al., 2004; Walker, 2005). Partners, state and non-state organizations, not only participate in all stages of decision-making, but also work intensively with various ministries, such as the Ministry of Labor and the Ministry of Health, to develop programs that are most comfortable and adaptable to the needs of older people. Older people's employment programs in the Northern European countries have strong research support, the effectiveness of the program and the measures used are being monitored (Gould, Saurama, 2017).

Active aging policies in the Northern European countries are centered around integrating older people into the labor market and building their professional skills, as well as developing various specialized programs that promote employment for older people (Esping-Andersen, 1990; Gould, Saurama, 2017). Regarding activity and physical health policies, the Northern countries have programs that are institutionally linked to the state and evolve from a top down. These programs motivate large numbers of older people to exercise and engage in a variety of physical activities, but one of the problems is their relatively small

regional and local coverage. For example, the program on active lifestyle among the elderly, which has been implemented by the national government of Finland since 2005, enjoys quite a huge popularity today. An evaluation of the program in 13 pilot regions in Finland found a threefold increase in older adults regularly attending events related to physical activity (Karvinen et. al., 2014; Kolosnitsina, Khorkina, 2016). At the same time, the specifics of the program are focused precisely on the neoliberal understanding of age and the consideration of the state as an agent that creates special comfortable conditions for the elderly. Such a program promotes the aging of the elderly, as well as their development and involvement in various activities. When elderly people participate in sports, they engage in communication, thereby overcoming exclusion.

#### **Features of active aging policies in welfare states in continental Europe**

In continental Europe, social insurance institutions have positioned aging as an issue related to the provision of financial sustainability policies for the elderly. Legislative initiatives to raise the retirement age are one measure to stimulate older people into employment. In France, Austria, and Germany, adjustments and changes in periods of ability to work are actively used (Häusermann, 2010; Ebbinghaus, 2006). In Germany and Poland, changes in pension systems have led to a shift from defined benefit to defined contribution pension schemes and an increase in the insurance part of the pension, in which the elderly themselves are invested. Also, one of the features of the social policies of continental European countries is the stimulation of partial retirement. Similar policies are applied in Austria, where the concept of partial retirement is used by employers to encourage the employment and hiring of older people (Ney, 2004).

A feature of social policy in the field of active aging in liberal states is the focus on employment and retraining in special programs related to the integration of the elderly into labor markets<sup>9</sup> (Zaidi et al., 2017). The debate about social policy on active aging in liberal welfare states revolves around a discussion of age discrimination, namely a discussion of the physical, psychological, and age-related barriers that make it difficult for older people to participate in social life and integrate into society. Active aging then becomes an institutional project to remove barriers to the integration of older people into labor markets, to the development of their potential.

For example, UK policy focuses on the expansion and development of older people's rights, attracting the elderly into the labor markets. To ensure their free access to employment, the UK authorities use direct policy tools to minimize and reduce barriers to employment for older workers. The UK also uses social policy self-regulation tools: firms, communities, and individual location-regions create their own codes and their own legislation focused on hiring older workers (Walker, 2018). In terms of physical activity, the benchmark of continental European welfare states is centered around the creation of state-run physical activity programs for the elderly and the creation of a comfortable environment for them<sup>10</sup>.

Thus, key social policy measures for active aging in continental European welfare states focus on bringing older workers back into the labor markets, creating various institutional conditions for the development and expansion of labor market integration opportunities for older employees. Social policy for active aging in welfare states has developed mainly according to the principles of the

neoliberal approach to aging, when activities, in particular labor, become the basis for the integration of older people into society.

### **Features and dilemmas of the European policy of active aging**

One of the main problems for European welfare states is the institutional view of active aging policy, and the lack of possible ways to address and change, to move away from the institutional focus of active aging policy (Walker, 2018). As researchers note, European policymakers obsessed with the financial dependent ratio, rising social security contributions, or increasing health care costs forget the real problem, namely "the level of economic activity and, in particular, unemployment among the elderly" (Walker, 2002; Walker, Maltby, 2012). However, addressing this problem will require solving the social problems of European policies, considering the features of social problems such as ageism, inequality, and social exclusion.

Ageism in a wide range of social spheres is a major cause of the problems associated with demographic aging in welfare states. At the same time, there is a stratification between the migrant elderly population and the native Europeans. There are also differences that can be considered regarding elderly poverty across different locations and different countries (Walker, 2002). In European labor markets, firm-level employment and training practices ensure that older workers are more likely to be laid off and, once unemployed, less likely to return to the labor market<sup>11</sup> (Walker, 2002). Despite structural differences, all European welfare states exacerbate age barriers. Because of raising the retirement age, encouraging early retirement, and sanctioning any employment during retirement, there is an institutional dilemma of welfare state retirement systems first bringing the elderly into inactivity and then institutionalizing conditions

<sup>9</sup> Mayhew L. (2003). Active aging in Europe: Methods, policies, and institutions – UK country report. Vienna: ICCR.

<sup>10</sup> Mayhew L. (2003). Active aging in Europe: Methods, policies, and institutions – UK country report. Vienna: ICCR; OECD (2004). Aging and employment policies: United Kingdom. OECD publishing.

<sup>11</sup> Piekola H. (2003). Active aging in Europe: Methods, policies, and institutions – Finnish country report. Vienna: ICCR.

and special programs, through the regulation of retirement benefits (Walker, 2018).

In the healthcare sector, the institutional policies currently being implemented by European states determine the importance of treating diseases in the elderly, rather than preventing them, which creates additional treatment costs (Walker, 2018). The cost of treatment for the elderly in European countries is constantly increasing, and the reason for this growth is, among other things, the lack of preventive measures and medicine focused on health screening and prevention.

Another issue in the European policy of active aging is the lack of political activism and political involvement of citizens. Researchers note the lack of real political influence of elderly citizens, as well as the lack of real initiatives of the elderly (Walker, 2018). At the same time, the involvement of older people in political activism is an important marker for the creation of activism, as well as contributing to the deinstitutionalization of politics and the creation of various possible initiatives to improve policies for older people.

According to researchers, it is important to develop new approaches to understanding and defining aging, and it is also necessary to stop viewing age solely from the perspective of the welfare state (Walker, 2018; Boudiny, 2013; Stenner et al., 2011). The point is to create institutional, comfortable conditions for the elderly, but there are still no alternatives, no assessment of the possibility to implement various types of activities for the elderly, and there are still attachments of activity only to the positions of employment and medicine, maintenance of health. Thus, the main feature of the European policy of active aging should be a systematic transition from the welfare state and the institutionalization of activities and measures applied to aging to the understanding and consideration of the aging process from the perspective of the multidimensional features of age and a critical re-evaluation of the different needs of older people.

Researchers also note that the coordination center for developing new measures and ways to implement active aging policies for the elderly should be shifted from the national and institutional level to the local and municipal level (Foster et al., 2015; Schulmann et al., 2019; Leichsenring, 2020). They also emphasize the special role of local municipalities and NGOs in the context of the implementation of active aging policy. It is important to outline the central issues related to the modernization of European policy of active aging:

- overcoming ageism in the labor sphere; development of multiple sources of income for the elderly, different types of employment, also combining different jobs, independent choice of work;

- creation of new pension schemes that encourage opportunities for employment and part-time work, the development of such pension schemes; tax cuts in retirement, the elimination of mandatory motivational job search policies in retirement, and mandatory continued employment for the elderly;

- development of the medical examination system, focusing on the prevention of non-viral diseases among the elderly, detection of diseases in their early stages, and consistent prevention. In order to avoid rapid increases in health care costs in the future, the link between poor health and employment must be broken (Walker, 2002). European health systems in welfare states should prevent ill health, not treat disease at great expense. In addition, the activity and participation of society in the lives of infirm people requiring effective long-term care, the number of which will increase significantly in the coming decades;

- development of senior citizenship: an opportunity to develop a new concept that older people's activism is not created institutionally through the development of public policies for active aging and the development of active participation, including in political life (Walker, 2002; Walker, 2018). Critical reflection and understanding of

age are important, and in general the participation of older people themselves and the local level, the creation of a supportive and comfortable environment is important for citizenship policy (Del Barrio et. al., 2018; Eggers et al., 2019).

### **The policy of active aging in Russia**

State policy and social programs to support older age groups in Russia have until recently been focused mainly on solving the problems of medical care and the problems associated with the natural aging of the population. A state geriatric service established, one of the tasks of which was to create and develop a network of geriatric hospitals, as well as a system of rehabilitation facilities for the elderly (Shabalin, 2009).

The work of geriatric care in Russia includes both inpatient and home care for the elderly. However, the health aspect of the elderly in this case comes to the fore, and the service lacks the opportunity to provide psychological and medical support to the elderly (Egorov, 2007).

The concept of demographic policy of the Russian Federation up to 2025 emphasizes the need for special measures for the elderly, as well as the introduction and development of special policies. The text of the document refers to the importance of achieving a life expectancy of 75 years up to 2025 and the adoption of measures aimed at maintaining and developing a policy of active aging in Russia. Among the measures that are indicated in the text, the need to create special geriatric centers, the development of active aging and inclusion of the elderly in society are also mentioned<sup>12</sup>.

There are currently many obstacles in the employment of citizens in the Russian Federation, including a lack of interest among employers in older workers and age discrimination against older people in the labor market. Studies of the behavior

of older people in the labor market indicate that the private sector, conservative employment, and the budgetary sector, including medicine, education, and science, are the most tolerant of older people (Sizova, Orlova, 2021; Smolkin, 2014). At the same time, representatives of the commercial sector are more inclined to consider older people as professionals who perform low-skilled tasks: security guards, janitors, and representatives of the commercialized care sector.

In Russian science, mainly in studies of social policy, at this stage there are works that are based mainly on the analysis of active aging in Russia and the specifics of social policy of active aging. At the same time, the key role in ensuring conditions for active aging in Russia and the creation of special measures within the framework of social policy is assigned to the state. Russian researchers note that it is the state that must ensure and stimulate the maximum inclusion and integration of the elderly into active life, through healthcare and disease treatment prevention to encourage a healthy and active lifestyle, the maximum inclusion of the elderly in social life and the minimization of poverty and social exclusion<sup>13</sup> (Grigor'eva, Bogdanova, 2020; Chereshev, Chistova, 2017; Kos'mina, Kos'min, 2016; Dobrokhleb, 2012). This approach shifts the tasks of the state to targeted assistance for older people who are experiencing problems of exclusion and various difficulties, and their active inclusion in social life.

Russian researchers note that when planning social policy in the sphere of active aging in Russia, it is important to plan the necessary infrastructure, in particular the creation of comfortable and convenient medical infrastructure and conditions for active aging in terms of maintaining the necessary level of health. At the same time, measures such as the integration of older people

<sup>12</sup> Concept of the demographic policy of the Russian Federation for the period up to 2025 (2020). <https://base.garant.ru/191961/53f89421bbdaf741eb2d1ecc4ddb4c33/> (accessed: March 9, 2022).

<sup>13</sup> Rimashevskaya N.M. (2014). *The senior citizens as a resource for socio-economic modernization of Russia*. Moscow: Ekonomicheskoe obrazovanie.

into labor markets and continued employment are generally not taken into account in the social policy of active aging (Grigor'eva, Bogdanova, 2020; Evseeva, Yazova, 2020; Kustova et al., 2021; Barsukov, 2016; Kalachikova et al., 2016).

Another group of Russian researchers considers the features of active aging in terms of sociological aspects and social exclusion of the elderly. In such qualitative sociological research, a special role is given to examining the problems of poverty among the elderly, analyzing the need to continue working due to the inability to provide for oneself in retirement, and considering the special role of the family, which often acts as the only alternative in providing necessary activities for the elderly (Tkach et al., 2012; Smol'kin, 2014; Temaev, Mel'nikova, 2010). In these works, the key focus is on inequalities of all kinds, including urban and rural inequalities that limit older people's opportunities and access to activities and infrastructure.

Another group of studies considers active aging in Russia from the perspective of transferring (or substituting) the concept of "active aging" for "healthy aging", which leads to debates around the study of active aging in the context of various medical and health measures. Active aging from this point of view is mainly understood as the preservation, maintenance of health of older people, and the ability to lead an active life by older people is associated with a good level of health (Shabalin, 2009; Pervova, Kelas'ev, 2017). Most of these works are presented by medical research and analyze the features and possibilities of healthy aging of the elderly, taking into account the development of medicine in Russia.

Thus, when analyzing the Russian experience of considering the features of active aging, it is worth noting that in studies devoted to the topic of active aging in Russia, attention is mainly paid to aspects of social policy, the study of the features of social policy of active aging. It is also important to

consider the medical features of active aging, but the sociological aspect is rather poorly represented in such works. We should also note that attention is mainly paid to institutional and procedural aspects of active aging, the analysis of legislative acts and the development of necessary solutions to improve social policy in the field of active aging.

An important conceptual document is the Strategy of Action for the Senior Citizens of the Russian Federation. Older people in Russia are defined in the strategy as "the senior citizens" "without the usual reasoning about their need and weakness"<sup>14</sup>. Senior Citizens (in the Strategy, from the age of 60) becomes a chronological condition, but not a medical definition associated with infirmity and poor health. According to the pension reform, such an age limit will be pushed back in Russia by 2028, which contradicts the age limit of 60 years adopted in the strategy. There are also a number of contradictions between the Strategy and other documents.

The main idea of the Strategy in the interests of senior citizens is their active integration into labor activities. It is the problem of labor activity in relation to the elderly that is seen as the most difficult to create their activities. According to the text of the document, the main and important points are the involvement of older people in social and work activities, the development of active integration into the work force. In this regard, one of the topical forms of activity identified in the text is volunteerism. Volunteer practices, can allow older people to participate in community activities and actively engage in communication and interaction<sup>15</sup>.

<sup>14</sup> On the Approval of the Strategy of Action for the Senior Citizens of the Russian Federation up to 2025: Government Order no. 164-p, dated February 5, 2016; On the action plan for 2016-2020 for the implementation of the first phase of the Strategy of Action for the Senior Citizens of the Russian Federation up to 2025: Government Order no. 2539-p, dated November 5, 2016.

<sup>15</sup> Ibidem.

The main goal of the national project “Demography” is to increase healthy life expectancy to the age of 67 years<sup>16</sup>.

The national project “Demography” noted the key criteria for the development of the elderly in Russia. They include: (1) reduction of the mortality rate of elderly people of working age to 361 per 10 thousand people of the corresponding age; (2) increase in the proportion of citizens systematically engaged in physical culture and sports to 55.0%<sup>17</sup>. At the same time, it remains unclear how these indicators can be achieved, and the texts of both documents do not refer to the measurement of indicators and the possibilities of achieving them. Rather, these indicators are given simply as goals to achieve and measure the effectiveness of the strategies adopted.

The federal project “Senior Citizens”, which is part of the national project “Demography”, is responsible for increasing the quality of life. Its tasks include the development and implementation of a program and special measures to support the quality of life of the elderly in Russia<sup>18</sup>. A key parameter designed to show the effectiveness of the Senior Citizens Project is the calculation of healthy life expectancy (HLE). The features of the HLE consists in taking into account both objective criteria of health status (survival indicators) and subjective assessments (self-assessments), which strengthens the competitive advantages of this indicator, ensures its comprehensiveness. The problem in the implementation of HLE is its comparative function, namely, the impossibility of comparing HLE at different survival ages (HLE at birth vs. HLE at the age of 60).

<sup>16</sup> Passport of the National Project “Demography”. Available at: <http://government.ru/info/35559/> (accessed: March 14, 2022).

<sup>17</sup> Passport of the National Project “Demography”. Available at: <https://rosmintrud.ru/ministry/programms/demography> (accessed: March 9, 2022).

<sup>18</sup> “Senior Generation”: Implementation Prospects: Federal Project. (2021). *Effective pharmacotherapy*, 17(36), 38–41.

Another problem during the implementation of the project “Senior Citizens” in Russia was its institutional overload and, consequently, the focus on institutional support for the elderly, and the need to develop effective social policy measures for the elderly in the work of all institutions. However, this system largely fails to consider local and regional initiatives to integrate older people into activity and health maintenance, and does not provide for the creation of such initiatives from below (by older people themselves) and as part of various local initiatives.

The disadvantage of the project “Senior Citizens” is also the lack of funding and development of long-term care system (LTC), which allows maintaining the health of older people in the future and provide the necessary social assistance and support for the elderly in need. European concepts of active aging have long integrated the necessary standards for maintaining a system of long-term care, as well as the necessary conditions for the provision of social and psychological assistance to the elderly. Despite this, the project “Senior Citizens” offers many prospects for the development of older people, as well as creating opportunities to provide activities for older people in the context of health, to maintain an active aging on the basis of health. Consequently, the development of this project sets the stage for realization of the active aging goals in Russia.

One should note that the geriatric service in Russia is responsible for keeping people active, mainly for maintaining health, and its goals are the development of medical and social care for the elderly and the implementation of necessary outpatient treatment (Shabalin, 2009). The territorial distribution of geriatric service institutions is quite uneven: it covers mainly large and federal cities, but not the countryside and small towns, where the medical and social problems of the elderly often remain unaddressed (Egorov, 2007). The Russian geriatric service has insufficient

legal framework and no vertical management connections. There are also difficulties with the profession of geriatrician, which exists only in large medical institutions and is not included in the staff schedule of outpatient clinics and geriatric centers (Tkacheva, 2016).

All of these shortcomings create difficulties and tensions in the medical and social care of the elderly. It is worth noting that despite the fragmentation and lack of a unified system of geriatric service institutions, it has an extensive network of departmental institutions that provide work primarily with older age groups, supporting the health of their representatives.

The Presidential Decree “On the national goals and strategic objectives of development of the Russian Federation for the period up to 2024”<sup>19</sup> contains objectives oriented to the development of the quality of life of the elderly and the abandonment of discriminatory policies toward them: 1) increasing life expectancy to 78 years (to 80 years by 2030); 2) ensuring sustainable growth of real income of citizens and the growth of pensions above the inflation rate.

However, the ideas outlined in the documents do not make it clear how such indicators can be achieved, taking into account the fact that mortality reduction and healthy life are highly inertial processes. And one of the important problems that does not contribute to these figures is the instability in employment, as well as the discrimination against the elderly that is present in the labor market. Thus, despite the dynamics, it remains not quite clear how the goals of active aging and inclusion of the elderly in social life in the Russian Federation will be achieved.

### Conclusion

Summarizing the results of the analysis of social policy documents and strategies of European welfare states and the Russian Federation in the

field of active aging, we should note the differences and similarities.

The social policy of European welfare states is related to the institutional context and the importance of creating various programs to implement the principles of active aging, which include mainly two policy vectors: 1) the development of employment for older people, the creation of employment programs, the development of physical activity; 2) a focus on health and the importance of maintaining health for older people. Policies of active aging both in European welfare states and in Russia are of a similar nature, namely the prevalence of the idea “from above” and the dominance and creation of various concepts and special programs for the elderly. However, these programs do not take into account the critical component and do not contribute to the understanding of the importance of the individual needs of older people in the implementation of active aging policy.

The differences between European and Russian policy are related to the fact that European policy is more focused on the search for employment for older people and the development of their citizenship, the transition to a critical understanding and comprehension of age, based on the importance of local perceptions and views of older people on the meanings of aging, as well as on its characteristics that are embedded in the local environment. However, the cross-cutting issue of modernization and development of active aging policy in the European welfare states and Russia should be a focus on individuality and the importance of creating measures to promote the active involvement of older people in political activity, the formation of a comfortable environment for them.

Thus, active aging policies in both the welfare states in Europe and Russia must take into account the real problems of the elderly, among which the fight against various inequalities created institutionally and the transition to individual accessibility of the elderly person’s choice

<sup>19</sup> Available at: <http://kremlin.ru/events/president/news/57425> (accessed: March 9, 2021).

of preferred model/models of aging are not unimportant. The social policy initiatives for active aging examined in the study indicate that active aging in both the welfare states and Russia is now entering a phase of active transformation, which is largely related to the transition from a neoliberal discourse that denies aging and encourages the creation of various government programs that shape opportunities for the elderly, to a critical reflection on the necessary needs of the elderly.

## References

- Aspalter C. (2021). *Developmental Social Policy and Active Aging with High Quality of Life. Handbook of Active Aging and Quality of Life*. Cham: Springer. DOI: 10.1007/978-3-030-58031-5\_9
- Barsukov V.N. (2016). Labor activity of the population of retirement age as a factor in socio-economic development of the territory. *Ekonomicheskie i sotsial'nye peremeny: Fakty, tendentsii prognoz=Economic and Social Changes: Facts, Trends, Forecast*, 1(43), 195–213. DOI: 10.15838/esc/2016.1.43.13 (in Russian).
- Botev N. (2012). Population aging in Central and Eastern Europe and its demographic and social context. *European Journal of Aging*, 1, 69–79. DOI: 10.1007/s10433-012-0217-9
- Boudiny K. (2013). “Active aging”: From empty rhetoric to effective policy tool. *Aging & Society*, 6, 1077–1098. DOI: 10.1017/S0144686X1200030X
- Bucher S. (2016). Aging of the population in Russia: Current trends and indicators. *Vestnik Rossiiskoi akademii nauk=Herald of the Russian Academy of Sciences*, 86(3), 215–215. DOI: 10.7868/S0869587316030051 (in Russian).
- Casado-Díaz M.A., Kaiser C., Warnes A.M. (2004). Northern European retired residents in nine southern European areas: Characteristics, motivations and adjustment. *Aging & Society*, 3, 353–381. DOI: 10.1017/S0144686X04001898
- Chereshnev V.A., Chistova E.V. (2017). Determination of regional aspects of population aging in Russia. *Ekonomicheskii analiz: Teoriya i praktika=Economic Analysis: Theory and Practice*, 16, 12(471), 2206–2223. DOI: 10.24891/ea.16.1.2.2206 (in Russian).
- Clegg D. (2018). Central European welfare states. In: *Routledge Handbook of the Welfare State*. Routledge.
- De Vroom B., Øverbye E. (2017). *Aging and the Transition to Retirement: A Comparative Analysis of European Welfare States*. Taylor & Francis.
- Del Barrio E. et al. (2018). From active aging to active citizenship: The role of (age) friendliness. *Social Sciences*, 7, 134. DOI: 10.3390/socsci7080134
- Dobrokhleb V.G. (2012). Active aging as a problem for today's youth. *Narodonaselenie=Population*, 4(58), 87–91 (in Russian).
- Ebbinghaus B. (2006). *Reforming Early Retirement in Europe, Japan and the USA*. Oxford: Oxford University Press.
- Eggers T., Grages C., Pfau-Effinger B. (2019). Self-responsibility of the “active social citizen”: Different types of the policy concept of “active social citizenship” in different types of welfare states. *American Behavioral Scientist*, 63(1), 43–64. DOI: 10.1177/0002764218816803
- Egorov V.V. (2007). Geriatric service in Russia. The main trends of development. *Klinicheskaya gerontologiya=Clinical Gerontology*, 13(3), 67–72 (in Russian).
- Esping-Andersen G. (1990). *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.
- Evseeva Ya.V., Yadova M.A. (2020). Successful aging through the prism of social gerontology and the sociology of aging: Foreword. In: *Uspeshnoe starenie: Sotsiologicheskie i sotsiogerontologicheskie kontseptsii* [Successful Aging: Sociological and Sociogerontological Concepts].
- Golini A. (1997). *Demographic Trends and Aging in Europe. Prospects, Problems and Policies*. Atlanta: Genus.
- Gould R., Saurama L. (2017). From early exit culture to the policy of active aging: The case of Finland. In: *Aging and the Transition to Retirement*. Routledge.

- Grigor'eva I., Bogdanova E. (2020). The concept of active aging in Europe and Russia in the face of the COVID-19 pandemic. *Laboratorium: zhurnal sotsial'nykh issledovaniy=Laboratorium: Russian Review of Social Research*, 2, 187–211. DOI: 10.25285/2078-1938-2020-12-2-187-211 (in Russian).
- Häusermann S. (2010). *The Politics of Welfare State Reform in Continental Europe: Modernization in Hard Times*. Cambridge: Cambridge University Press.
- Johnson A. (2005). *European Welfare States and Supranational Governance of Social Policy*. New York: Palgrave Macmillan.
- Kalachikova O.N., Barsukov V.N., Korolenko A.V., Shulepov E.B. (2016). Determinants of active longevity: Results of a survey of Vologda long-livers. *Ekonomicheskie i sotsial'nye peremeny: Fakty, tendentsii prognoz=Economic and Social Changes: Facts, Trends, Forecast*, 5, 76–94. DOI: 10.15838/esc/2016.5.47.4 (in Russian).
- Kashnitsky I., De Beer J., Van Wissen L. (2020). Economic convergence in aging Europe. *Tijdschrift voor economische en sociale geografie*, 111(1), 28–44. DOI: 10.1111/tesg.12357
- Kolosnitsyna M.G., Khorkina N.A. (2016). Public policies of active aging: Evidence from the world experience. *Demograficheskoe obozrenie=Demographic Review*, 3(4), 27–42 (in Russian).
- Kos'mina E.A., Kos'min A.D. (2016). On the relevant issues of active aging. *Kreativnaya ekonomika=Creative Economy*, 10(5), 529–542. DOI: 10.18334/ce.10.5.35185 (in Russian).
- Kustova N.A., Dmitrieva I.S., Kopylov S.I. (2021). Directions to prevent the exclusion of elderly people from the life of society. *Gumanitarnye, sotsial'no-ekonomicheskie i obshchestvennye nauki=Humanities, Social-Economic and Social Sciences*, 4(1), 116–120. DOI: 10.23672/r4575-9259-0553-b (in Russian).
- Kuznetsov V.V., Safronova L.E. (2018). Population of Russia: Analysis of the state and development strategy. *Uchenye zapiski=Scientific Notes*, 2, 29–33 (in Russian).
- Leichsenring K. (2020). Applying ideal types in long-term care analysis. In: *Ideal Types in Comparative Social Policy*. Routledge.
- Pervova I.L., Keliaev V.N. (2017). Elderly and state: Specificity of relationships in contemporary Russia on the example of elderly residents of Saint-Petersburg. *Uspekhi gerontologii=Advances in Gerontology*, 30(6), 794–801 (in Russian).
- Popova D., Navicke J. (2019). The probability of poverty for mothers after childbirth and divorce in Europe: The role of social stratification and tax-benefit policies. *Social Science Research*, 78, 57–70. DOI: 10.1016/j.ssresearch.2018.10.007
- Reynaud C., Miccoli S. (2019). Population aging in Italy after the 2008 economic crisis: A demographic approach. *Futures*, 105, 17–26. DOI: 10.1016/j.futures.2018.07.011
- Schulmann K., Reichert M., Leichsenring K. (2019). Social support and long-term care for older people: The potential for social innovation and active aging. In: *The Future of Aging in Europe*. Singapore: Palgrave Macmillan. DOI: 10.1007/978-981-13-1417-9\_9
- Shabalin V.N. (2009). Medico-social problems of physiological aging of Russian population. *Al'manakh klinicheskoi meditsiny=Almanac of Clinical Medicine*, 21, 11–17 (in Russian).
- Shabalin V.N., Shatokhina S.N. (2018). Influence of social environment on mental health formation of an elderly person. *Ul'yanovskii mediko-biologicheskii zhurnal=Ulyanovsk Medico-Biological Journal*, 3, 124–132. DOI: 10.23648/UMBJ.2018.31.17223 (in Russian).
- Sizova I.L., Orlova N.S. (2021). Contradictions and tensions in the employment of older persons in modern Russia. *Zhurnal Belorusskogo gosudarstvennogo universiteta. Sotsiologiya=Journal of the Belarusian State University. Sociology*, 1, 107–119. DOI: doi.org/10.33581/2521-6821-2021-1-107-119 (in Russian).
- Smol'kin A.A. (2014). Labor potential of the elderly. *Sotsiologicheskie issledovaniya=Sociological Studies*, 5, 97–103 (in Russian).
- Sobotka T. (2004). Is lowest-low fertility in Europe explained by the postponement of childbearing? *Population and Development Review*, 2, 195–220. DOI: 10.1111/j.1728-4457.2004.010\_1.x

- Stenner P., McFarquhar T., Bowling A. (2011). Older people and “active aging”: Subjective aspects of aging actively. *Journal of Health Psychology*, 16(3), 467–477. DOI: 10.1177/1359105310384298
- Taylor-Gooby P. (2004). *New Risks, New Welfare: the Transformation of the European Welfare State*. Oxford: Oxford University Press.
- Temaev T.V., Mel'nikova O.A. (2010). The role of the family in the social adaptation of the elderly inmate. *Zhurnal sotsiologii i sotsial'noi antropologii=The Journal of Sociology and Social Anthropology*, 13(2), 138–151 (in Russian).
- Tkacheva O.N. (2016). The modern concept of the geriatric care development in the Russian Federation. *Vestnik Roszdravnadzora*, 4, 31–35 (in Russian).
- Vorob'ev R.V., Korotkova A.V. (2016). Analytical review of healthy aging in the WHO European region countries and Russian Federation. *Sotsial'nye aspekty zdorov'ya naseleniya=Social Aspects of Population Health*, 51(5), 1–20. DOI: 10.21045/2071-5021-2016-51-5-3 (in Russian).
- Walker A.A (2002). Strategy for active aging. *International Social Security Review*, 55(1), 121–139. DOI: 10.1111/1468-246X.00118
- Walker A. (2005). The emergence of age management in Europe. *International Journal of Organizational Behaviour*, 10(1), 685–697.
- Walker A. (2018). Why the UK needs a social policy on aging. *Journal of Social Policy*, 47(2), 253–273. DOI: 10.1017/S0047279417000320
- Walker A., Maltby T. (2012). Active aging: A strategic policy solution to demographic aging in the European Union. *International Journal of Social Welfare*, 21, 117–130. DOI: 10.1111/j.1468-2397.2012.00871.x
- Zaidi A. et al. (2017). Measuring active and healthy aging in Europe. *Journal of European Social Policy*, 27(2), 138–157. DOI: 10.1177/0958928716676550

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