

CHARLES UNIVERSITY

FACULTY OF SOCIAL SCIENCES

Institute of sociological studies

Public and social policy program



Sofya Kuznetsova

Taking care of an elder relative: options in Russia

Master thesis

Supervisor: Olga Angelovská, Mgr. Ing.

Prague 2022

Statutory declaration

I hereby declare that I have created the thesis by myself. All sources and literature used have been duly cited. The work was not used to obtain another or the same title.

1st of August, Prague

.....

Sofya Kuznetsova

Abstract

The topic of care for seniors considers a variety of aspects related not only to the elderly people themselves but also to their relatives or other caretakers and, usually, to the institutions. Those are, for instance, the institutions providing long-term care at home or in special facilities. In the case of Russia, there are two main dimensions of long-term care for elderly people. The first option is care provided by the state, and the second one is private care provided by non-governmental facilities or by people not belonging to any company. The following thesis aims to research which options for elderly long-term care provided by the state are available for people. The paper consists of an introduction, theoretical framework, methodological part, analytical part, discussion, and a conclusion. Using familisation and defamilisation theory, this thesis investigates and analyses the elderly care options provided by the state in Russia via conducting document analysis.

Keywords: elderly care, long-term care, elderly people, Russia

Table of contents

ABSTRACT.....	3
TABLE OF CONTENTS.....	4
INTRODUCTION.....	5
PUBLIC PROBLEM.....	8
THEORETICAL FRAMEWORK.....	12
FAMILISATION AND DEFAMILISATION.....	12
LONG-TERM CARE.....	14
METHODOLOGICAL PART.....	16
ELDERLY CARE SERVICES IN RUSSIA.....	17
EXISTING RESEARCH IN THE AREA.....	18
CARE SERVICES PROVIDED BY THE STATE.....	21
<i>Standards.....</i>	<i>22</i>
<i>Social Services Package and Monthly Payment.....</i>	<i>28</i>
<i>Other state services.....</i>	<i>33</i>
<i>Statistics regarding the home, stationary, and half-stationary services.....</i>	<i>37</i>
<i>Benefits and pension additions.....</i>	<i>45</i>
STRATEGY OF ACTIONS IN THE INTERESTS OF CITIZENS OF THE OLDER GENERATION IN THE RUSSIAN FEDERATION UNTIL 2025.....	47
DISCUSSION.....	51
CONCLUSION.....	53
POLICY SUGGESTIONS.....	56
BIBLIOGRAPHY AND SOURCES.....	58

Introduction

Ageing is present in many states of the nowadays' world. Currently, there are about 1 billion people aged 60 and older, and according to the estimates, this amount is likely to increase to 2 billion in 30 years (WHO, 2020a).

Ageing brings a considerable number of challenges into account. One of those challenges is the increasing demand for health services and long-term care. This increase can happen due to the notion that older adults may experience a more significant risk of diseases and the possible restraints in the self-service. It is not the only concern, however. Others may include difficulties in socialisation, which can lead to social exclusion, bias, and discrimination against the people of an older generation. Regarding this side of the issue, there might be a need for help with elderly citizens' participation in active social life as well as the measures of protecting them.

For those people who need care, there are care services provided by the government and by privately held facilities. The elderly care sector is of great importance since working relatives of the people older than 60 are not always able to provide the care people need, and some seniors do not have relatives who can help at all (Caldwell, 2007). According to the data of WHO for 2020, 24,7 % of older adults in Russia live alone (WHO, 2020b). Therefore, the demand for the services can be quite considerable.

If we speak about Russia, which is the case for the current research, the situation with ageing is also pointing at challenges. According to the population census for 2021, every fourth person in Russia is of the retirement age (FSSS, 2021a). The retirement age for the same year is 61,5 years for men and 56,5 years for women (RIA news¹, 2021a).

Due to the actuality of the elderly care services topic for the nowadays' Russia, there is also a need for studies in that field. Via conducting the research, several purposes might be served. Firstly, by analysing the issue, we may find out what are the current tendencies in the provision of the care services, which disadvantages the services might possibly contain. Then, if we are also investigating the options provided with the chosen concepts of familisation and defamilisation, we understand the state's tendency as related to this theoretical framework and the roles of family and informal participation in providing elderly care.

The gained knowledge about the subject may then be used to suggest what may be the possible improvements in the area. The desired result of improvements in the area would be the

¹ Governmental news source.

increase in the wellbeing of older adults and the improvement of governmental care services in accordance with the individual needs of seniors.

The area of elderly care services' issues in Russia does not yet have a field of research with the usage of familisation and defamilisation theory. Therefore, the current thesis makes its contribution to providing more discourse and research around the topic of the care sector in Russia from a chosen theoretical angle. The study's primary purpose is to determine whether the governmental system of elderly care in Russia supports familisation or defamilisation.

The main research questions for the current thesis I propose are as follows:

- Is the state more supportive of familisation or defamilisation in the elderly care sector in Russia?
- What are the problems in the content of the elderly care services' options provided by the state in Russia?

To answer the research questions, I will conduct a document analysis. I will primarily use the materials retrieved from the official sources, with the possible incorporation of media sources. The relevant content of documents and reports will be analysed and discussed according to the stated research questions and with the usage of theoretical terms, which will shape and frame the current thesis. The theories and concepts used in this study are long-term care and familisation/defamilisation. Both of them are discussed in more details in the respective chapter.

As for the current research hypothesis, I suppose it is as follows: the tendencies of elderly care services lean towards familisation of care due to the issue of state care services being limited in their scope.

Before starting the research, it is essential to claim several points. Firstly, the term "elderly people", which I use throughout the work, refers to the people who receive pensions either from the state or privately due to their age, usually being from around 50 or 60 years old (the changes and specificity of the term will be discussed in the following part of the work). Secondly, this study aims at investigating elderly care options in Russia while also bearing in mind that most information about the services will likely come from the capital city of Moscow due to the infrastructural development. This flaw of information availability, if present, will be addressed. Thirdly, this research takes into consideration both in-cash and in-kind elderly people benefits (discussed in the subsequent chapter *Benefits and pension additions*). Fourthly, most of the latest statistical data is likely to be framed in the year 2020 or 2021 due to the availability of

objective materials as compared to the year 2022. Nevertheless, I aim to use the latest data sources, pointing at the most realistic picture possible in the frames of the current research. And the last point of this list once more concerns the sources used in the current research. Due to the specificity of the topic, the majority of sources quoted are in Russian. If not stated otherwise in the *Bibliography and sources* part of the thesis, all translations of the sources to English were done by the thesis's author. The full titles of the sources, both translated and original, can be found in the same part of this study.

In the following part of the thesis, I will explain the public problem of the current thesis topic. Thereafter, I will present the theoretical framework of the thesis and elaborate on the concepts essential for the subject and which will be used during the analysis. Then, I will turn to the methodological part and explain the method I will use for the study. After it, I will conduct the analysis, separating it into several subchapters. Lastly, I will conduct a discussion and present the conclusions along with the possible recommendations for future policies in the field.

Public problem

The topic of elderly care is connected to ageing since the number of older adults is essential in terms of care services provision. According to the Russian Federation Federal State Statistics Service (FSSS) statistical portal, the number of older people has increased by almost 5% from 2005 to 2021 (FSSS, 2021b). The last results of 2021 claim the percentage of elderly people as 25,2 (Ibid.). It is also important to mention that the usage of the term “elderly people” in this statistical document has changed: from 2005 to 2019, it covered women of age 55 and above and men of age 60 and above. In the years 2020 and 2021, the older adults are women who are 56 and more and men who are 61 and more. The retirement ages for both men and women are about to increase more in the following years due to the pension system reform of 2019 (Federal Law of the Russian Federation, 2018), which is told to reduce the indicator of the demographic burden on the population of working age. In my thesis, when I speak about elderly people, most often, I mean age groups established for 2020 and 2021 (i.e., 55+ years for women and 60+ years for men). For the statistical documents created earlier, the term “elderly people” is likely to include people of a bit younger age.

Moreover, according to the other statistical document from the same portal, life expectancy has also increased (FSSS, 2021c). For both men and women, from the year 2005 to the year 2020, it has risen by around two years (1,94 for men and 2,14 for women) (Ibid.).

Then, during the last seven years, the number of working people has significantly reduced. More precisely, from 2014 to 2021, this amount had decreased from 14 325 to 8 891 people, i.e., to 14 % (FSSS, 2021d). As of 2021, the percentage of working elderly people is 20 % (Ibid.). These statistics do not clearly indicate the increased need for LTC services; however, it can be treated as a presumptive indicator of the economic kind. In that case, it means worsening financial ability to pay for the services; therefore, the demand for the state-provided services is likely to rise due to many of them being free of charge (mos.ru, 2022, Russian Quality, 2021).

These factors of increasing quantity of older adults and longevity, as well as the decreasing number of working seniors, would mean that this age group occupies a significant part of the Russian population while contributing less to the economic sphere. Due to this, the services connected with seniors shall be adapted to the increasing number of them. The elderly care sector is one of the examples of such spheres and, therefore, should be improved to deliver services to the growing elderly population effectively.

As for the health of older adults, the latest data comes from 2018 and indicates the overall worsening of the situation. Thus, according to the data, the incidence of people older than working age has increased compared to 2017 (Ministry of Labour, 2019). So, in 2018, there were 202 603,7 diseases per 100 000 of the population (in 2017, there were 199 962,2) (Ibid.). Moreover, the level of hospitalisation of elderly citizens has increased: from 27,8 % in 2016 and 28,1 % in 2017 to 28,7 % in 2018 (Ministry of Labour, 2019). Also, from the total number of hospitalised people in Russia, the share of the older generation has grown to 35,9 % as compared to 35,2 % in 2017 (Ibid.).

This data is also supported by WHO document which states the prevalence of common health issues of older adults. Thus, more than half of elderly² people experience hearing loss, and more than 39 % of them also have issues with vision including blindness (both percentages are increasing according to the age, i.e., older people have more of such difficulties than younger) (WHO, 2020b).

The worsening health situation of elderly people can lead to the increased need for help, including the one provided by care services. Therefore, care services may include medical procedures. This will mean that there might be more need for medical care workers, as they can perform the necessary treatment. Regular care workers, then, can also be of necessity, for instance, when the person meets restrictions in performing particular activities (e.g., walking, leaning, etc.). Therefore, the sector will need care workers of different kinds, including ones with medical education. This may also mean a need for specific training for the care workers.

The data on health matters of elderly people in Russia also drawn from WHO, however, indicates different tendency. There, the tracking period is from 2000 to 2020, and healthy life expectancy at age 60 constantly increases (WHO, 2022). In 2020, it was 15 years (Ibid.). This inconsistency in data from two sources creates complications in evaluating health situation of elderly people. Therefore, further research on this matter can be beneficial.

Another critical issue regarding older adults' wellbeing is the notion of social exclusion (Parfenova, 2018, p. 169-170, Ministry of Labour, 2016). This problem puts seniors in a vulnerable position and can decrease their mental wellbeing. Social exclusion may occur because of bias and prejudices towards elderly citizens (Ministry of Labour, 2016). Care services may be one of the tools to address this issue. For instance, some of them can include helping with finding employment and supplying places for leisure activities. This way, seniors' more active way of life will be supported. Therefore, the notion of social exclusion is another evidence that

² In document of WHO (2020), the age range is from 60 to 95+.

the sector of elderly care shall include services of various kinds, including the ones which help fight the social exclusion of seniors.

Another factor connected to elderly care is economical. To understand it, I will discuss the source of income for older adults in Russia — pensions. Firstly, it is necessary to retrieve how many elderly people receive state pensions. According to the data of FSSS, in total, there are 45 637 000 seniors for the year 2021 (FSSS, 2021i). From this amount, 42 977 000 elderly people, i.e., 94 %, receive state pensions (FSSS, 2021j). Thus, the current study's findings related to the seniors and their pensions will be pretty illustrative and applicable to most seniors' populations.

Apart from older adults who receive state pensions, some people receive non-governmental pensions. Those pensions usually come from Non-Governmental Pension Funds (Pension Fund of Russia, 2019). As for the year 2020, there are 1 571 people who receive private pensions (FSSS, 2021k). Throughout the last five years, the amount and the percentage of elderly people getting non-governmental pensions³ have insignificantly increased (from 1 556,7, i.e., 3,6 % people in 2015 to 3,7 % in 2020) (Ibid.). Therefore, there are far more people getting state pensions than private ones. Due to that, the claim about the illustrativeness of the data as related to the seniors and the governmental pensions is confirmed.

Speaking about state pensions, it is vital to obtain the information about the amounts of those, as it provides important understanding of the context of life of elderly people and gives a deeper knowledge of the public problem of the current thesis. Thus, according to the data of FSSS, the average monthly amount of pension is 15 744 Russian rubles (247,75 EUR, 6 163,97 CZK⁴) (FSSS, 2021e). To evaluate this amount better, the amount of pensions can be compared with the amount of living wage. According to the data of the Federal Law of Russian Federation, the living wage for the year 2021 as for the seniors is 10 022 Russian rubles (157,71 EUR, 3 923,74 CZK⁵) (Decree of the Government of the Russian Federation of December 31, 2020, No. 2406.). Therefore, the pension amount is higher than the living wage, though the difference is not outstanding. Nevertheless, it is worth mentioning that there is a list of conditions, according to which the person can receive additional payments to the pension (State Duma, 2021). For instance, when the person gets 80 years old, the amount of the pension increases respectively (Ibid). Other conditions to receive higher pensions include having special awards (e.g., Hero of Labour, Champion of Olympic Games), having disabled relatives to take care of, special features of work conditions in the past (e.g., working on Far North for an established amount of time),

³ From the quantity of all elderly people registered in the Pension Fund of the Russian Federation.

⁴ As for the 1st of August 2022.

⁵ As for the 1st of August 2022.

and other (State Duma, 2021). The details of those conditions will be discussed in the following parts of the thesis (*Benefits and pension additions*).

For the research purposes, this financial aspect of pensions can be discussed with the prices related to elderly care services. As was already retrieved, some of those services do not have to be paid for (mos.ru, 2022, DLSPPM, 2022), but for some services, this applies only to the specific groups of people (Ministry of Labour, 2013). The prices for services, if present, then, are established in accordance with the Federal Law of the Russian Federation on the basics of social services for citizens (Ibid.). The conditions for calculating the prices will be discussed in the *Standards* section of the *Analytical part* of this thesis.

Therefore, in a field of elderly care services and related topics, several challenges can be traced. For instance, the health of elderly citizens has experienced worsening (Ministry of Labour, 2019, WHO, 2020b). This can mean higher demand for care services, regular (i.e., helping with household, shopping, etc.) as well as medical (i.e., providing medical procedures both at home and in stationary facilities, etc.).

Also, there are more elderly people now, and fewer of them proceed with their work (FSSS, 2021d), which is a challenge for the sector of elderly care in terms of services provision and economics. The economic aspect is present also in terms of pensions, which do not outstandingly differ from the living wage (FSSS, 2021e, Decree of the Government of the Russian Federation of December 31, 2020, No. 2406.). Those aspects influence the financial state, i.e., the material wellbeing of the seniors.

Considering the ageing of the population, the case of Russia may be quite illustrative. As there are now more elderly people than before (FSSS, 2021b), the measures related to long-term care services need to adapt to this situation to ensure seniors' financial, physical, and psychological wellbeing.

I will now turn to the theoretical part of the thesis, where I present the theories and concepts which will be used for the current research.

Theoretical framework

Familisation and defamilisation

A set of theoretical concepts which might be helpful for the current research is the one of familisation and defamilisation. First of all, I will retrieve the meaning of those. Thus, in the study, familisation is a concept that is usually used as a contrary to the concept of defamilisation (Lohmann & Zagel, 2016, p. 49). The latter means a degree of support for individuals' independence from the family (Ibid.). Familisation, then, is also usually opposed to individualisation (Lohmann & Zagel, 2016, p. 49), i.e., to the person as an independent unit, as contrasted with the notion of a person being a part of the family.

One can use these concepts to analyse different kinds of policies, such as family policy in the welfare states (Lohmann & Zagel, 2016, p. 49). Notably, the analysis with those tools can be applied to the policy effects, i.e., to the consequences of a particular program's implementation (Lohmann & Zagel, 2016, p. 51). During the analysis, one can determine to which extent the welfare state supports or opposes the role and value of family as related to the individual.

For the current study, the concepts of familisation and defamilisation are present at the stage of policies and discourse around older adults and LTC organisation for seniors. Due to the notion that the elderly care has been traditionally provided by the family of the senior (Österle & Rothgang, 2010), the establishment of care services as an institution, both state and private, can be the notion of defamilisation.

However, it is crucial to mention that the support of familisation would not necessarily mean the rejection of defamilisation, and in reverse (Lohmann & Zagel, 2016, p. 53, Michoń, 2008, p. 39). The state can discuss and implement the policies of familisation and defamilisation simultaneously. Moreover, the dimensions of familisation and defamilisation are not framed as only two opposite units but have a classification. According to it, the policies which the welfare state supports can vary according to the degree of support for familisation and defamilisation (Lohmann & Zagel, 2016, p. 54). *Figure 1* represents the table that the authors use.

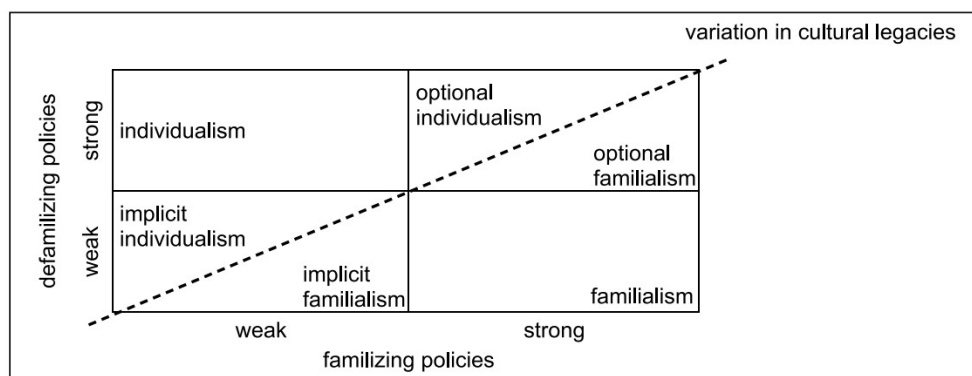


Figure 1. Conceptual dimensions for describing welfare state intervention in family responsibilities and dependencies. Retrieved from: Lohmann & Zagel, 2016, p. 54

According to the table, there are several possibilities of how the welfare state can act regarding family policies. Finding out how the state in the current example operates might be helpful to acknowledge in which circumstances the elderly care is organised.

The examples of familisation and defamilisation policies can differ in various states. There are, however, some examples that are among the popular ones. As for the familisation policies, one example is maternity leave or paternity or paternal leave (Michoń, 2008, pp. 37-38). Those are the periods during which the mother or any parent of the child can stay off work and still receive the payments (Ibid.). The length of the periods can vary in different regions, as well as the amounts of payments. Maternity and paternity leaves have their benefits, such as the income guarantee while taking care of the child, lack of stress due to unemployment, and development of relationships with both parents (Michoń, 2008, p. 38). However, to call this or other familisation policy entirely beneficial or not would require specific analysis of the payment amounts and length of the leave period in the chosen place.

Then, as for the defamilisation, there are also several ways through which the state can support it. Some examples would be producing and financing, i.e., supporting non-family care. If I proceed with the case of children, this will mean the support of non-parental care (Michoń, 2008, p. 38). The production and provision of financial resources for the non-family care results in the availability, affordability, and quality of facilities (Ibid.). Therefore, the consequences include more sufficient amounts of the care facilities or care workers, more acceptable prices for the services, and better quality of provided products (Michoń, 2008, p. 38).

Retrieving the examples of familisation and defamilisation policies, it is essential to recall that the state can support both streams simultaneously (Michoń, 2008, p. 39). What is more, this

two-way support goes not only to the verbal expressions but also to the financial aspect. This means that the state can offer satisfactory payments for parental leave and, at the same time, finance care facilities. Thus, while conducting the analysis, one should not perceive the possible overlap with familisation and defamilisation policies' support as inconsistent.

According to the information presented above, it is not only beneficial to test the current elderly care sector in terms of familisation or defamilisation; the important thing is the plans for future policies in the sphere. Those plans may include proposed financing of elderly care facilities, additional regulations of the quality of provided services, supply of care workers' training, and others. Discussion of plans for future regulations and policies, therefore, enriches the research of state elderly care options in relation to familisation and defamilisation theory. In the current research, plans will be discussed in the analytical part, in the subchapter *Strategy of actions in the interests of citizens of the older generation in the Russian Federation until 2025*.

Long-term care

As the thesis topic is built on long-term care, it is helpful to examine this concept more. There are several features of LTC which are necessary to retrieve before conducting the analysis. First of all, the term is used to describe a range of care provisions that aim to support people in specific kinds of situations (Österle & Rothgang, 2010). Those situations are frailty, chronic illness, or disabilities (Ibid.). The services provided in response to it include nursing care, personal assistance, domestic help, social support, supervision, and care management (Österle & Rothgang, 2010). Therefore, we can see that long-term care has multiple ways of expression. It will be helpful to find out which forms of long-term care provision are present in the case of current paper.

If we look at long-term care from the perspective of the welfare state, we may see that LTC as a separate point of consideration appeared quite recently (Österle & Rothgang, 2010). Only in the 80s and 90s in OECD countries did the awareness of the need for such services has risen (Ibid.). Then, the demand for establishing LTC care services has only increased due to various factors, including demographic trends (Österle & Rothgang, 2010). Other factors mentioned by the authors are connected with the socio-economic trends, changes in the understanding of the individual, family relations, and public responsibility (Österle & Rothgang, 2010). We can also look for those while researching the current case since they can influence the arrangement of care services, both coming from the family members and the external providers. This aspect of the LTC services providers can serve a vital role in the discussion.

Furthermore, as for the provision of the LTC services, Österle and Rothgang (2010) also mention a very vital issue. This is the emotional dimension of care, which can be very controversial both on the topic of elderly care and in the other examples of care provision. The emotional dimension of care, according to the authors, implies personal relationships between the carer and the person who the care is provided for, the intimacy of this kind of work (Österle & Rothgang, 2010). The presence of this feature in LTC discussion can create additional challenges to the topic of understanding long-term care and organising it (Ibid.).

It is also crucial that long-term care (LTC) is a service designed to meet a person's needs for an extended period of time (Shi & Singh, 2015). As already said, these services are usually connected with the person's health needs, though it is not an obligatory feature of LTC (Norton, 2000). Also, one of the main goals of long-term care is to increase the wellbeing of the people, and most often, this goes to the people who cannot take care of themselves for significantly long periods of time. Therefore, LTC is connected not only with the notion of time but also with the aspect of independence (Kaye et al., 2010).

Often enough, long-term care deals with everyday life activities: preparing meals, going to the bathroom, using the restroom, etc. (Kernisan, 2015). Workers of the LTC sector are the assistants with those duties for the people. From this feature, we may conclude that the provision of qualified long-term care services is essential for the people, as the help is required every day and with the activities vital for the daily routine.

In the next chapter of the paper, I will turn to the methodology which will be used to obtain the results of the current study.

Methodological part

To analyse the issue, I will conduct official documents and media analysis. This will go for the tendencies in the state elderly care options and policies and for the documents in the corresponding areas. The media reports on the connected matters can be used as well.

As the primary question of the current research is whether state options support familisation or defamilisation, documents will be analysed on this basis. The second question pertaining to the issues of state options will be also considered while analysing documents, statistics, and other sources.

The information will be derived from the official sources, including:

- the website of the Federal State Statistics Service (FSSS) of Russian Federation
- docs.cntd.ru, the website which services as an electronic fund of legal, normative, and technical documents
- Pension Fund of Russian Federation website
- World Health Organisation (WHO) website
- mos.ru, the official website of major and the government of Moscow
- official news reports.

Other sources include literature on topics relevant for current study. The information from sources stated above is analysed with the accordance with the topic of research. The complete list of used sources, including their original titles in case of translation, can be found in the *Bibliography and sources* section.

Elderly care services in Russia

Care services provided by the state are an example of an institutionally established unit responding to the need. This need has been present for a long time in history, but traditionally, the care for older adults was provided by family members. This tradition was also present in Russia: family was and is supposed to be the primary agent of care provision (Parfenova, 2019). Also, as the order of the Russian government also mentions, the family is traditionally the central institute of care among generations (Ministry of Labour, 2016). Also, caring for an elder relative is a generally approved behaviour (Parfenova, 2019). Therefore, it leads to positive reinforcement, even though it is often the case that the measure of taking care of an elderly relative is compelled (Ibid.). In this particular environment, the establishment of the care sector can encounter difficulties in the sense of morality and bias: the reliance on the governmental or private care sector can be seen as not approved behaviour of citizens and thus lead to negativity towards people using formal care. Therefore, familisation of the elderly care can be expected.

It is essential to mention that in times (approximately until the 1980s-1990s) when the family was almost the only sector that could provide care for seniors, in many countries, there has been a small but a variety of assistance coming from charity or other organisations (Österle & Rothgang, 2010). This way, some care was provided outside the family, but the family was still thought to be the primary source (Ibid.). This place of long-term care is vital to consider due to two factors: time and tradition, both perceived together, not as separate aspects. As for the first one, even though more options are provided nowadays, as already retrieved in the theoretical section, the emergence of LTC services was relatively recent. There have been about 30 years since the issue of long-term care began to be understood as a separate social welfare unit, which needs to be addressed more carefully and detailed. The second aspect, tradition, is notable here because not much time has passed for it to vanish completely. Therefore, as already said, the mindset of people where the family is still considered the primary source of long-term elderly care might affect the understanding of LTC services provided externally. Moreover, this mindset can influence policies in the social services field and therefore make those more supportive of familisation.

Before turning to the following parts of the study, it is also essential to describe existing LTC system of elderly care in Russia. Thus, current state system of elderly long-term care in Russia consists of several components. These are Social Services Package and neighbourhood-level services, with the latter divided into home, stationary, and half-stationary services. Then,

there are other monetary and non-monetary benefits, e.g., Monthly Payment, various pension additions, and tax reductions. The non-governmental care sector is also present; however, it is not a focus of current work.

I will now turn to the part where I discuss the existing research on Russia's long-term elderly care services.

Existing research in the area

The topic of long-term care for elderly people in Russia cannot be considered the most discussed one, especially if we consider the academic works on the topic, which are written in English. However, there are still a few scholars who have their work on the subject (e.g., Caldwell, 2007, Igarashi, 2018, Holavins, 2020a, 2020b). Interestingly, those have quite different perspectives, so it can be beneficial to examine those.

For instance, one of the works on a similar matter of care provision has already been mentioned in the introductory part of this thesis. It is the paper written by Caldwell (2007). The report says one of the most critical shifts that has taken place in the contemporary Russian elderly care sector. This shift is that most caregivers for older adults are not the relatives of those but strangers (p. 66). That means care is provided by the non-members of the family; those are usually people who have this duty as part of their work (Ibid.). This shift towards care provision by the workers instead of the family is an example of lean toward defamilisation, which is an interesting finding concerning previous suppositions of more familisation. However, it is necessary to consider the year of the publication (2007), as the information there might be outdated.

Interestingly, the author dives into the history of the attitudes towards older adults in Russia. Previously, respect and honour to the seniors was a national phenomenon, which has its roots even in mythology where the elderly often meant wise (p. 66). However, currently, the world is innovating for mostly younger generations, with all the developing technology which usually remains inaccessible for the elderly due to their price and possible complications in usage. Caldwell also mentions the transportation means in the capital of Russia, Moscow. Those transportation aspects can be a hard thing for the seniors since there are a lot of stairs in the metro, the ramps of the buses are usually high, and the way from one point to the other usually requires at least some amount of walking by feet (pp. 71-72). These issues in smaller cities and regions are likely to be harsher.

Another work drawing on the topic of elderly care in Russia is the paper written by Holavins (2020a). It mentions one interesting aspect of the elderly care sector — that in Russia, the ones providing care for the elderly are people from the third sector (p. 1679). Those from the third sector are volunteers and paid professionals from non-profit organisations (Ibid.). Notably, the author says that transferring state care to private care is a global trend (p. 1679). Therefore, Holavins (2020a) provides a similar point as Caldwell (2007): there is a trend of defamilisation in Russia despite the family traditionally being a caregiver.

To this list, however, I would also add individuals not belonging to any NGOs and usually also not being professionals, though their services may still be acceptable and even desirable for the clients. For instance, there is one of the popular Russian websites where the people for a variety of jobs can be found, called profi.ru. On this website, people offering the elderly care services (*sidelka* in Russian) can be found as well, many of them without any professional training and not belonging to any particular organisation (profi.ru, 2022). Nevertheless, services provided by a lot of these workers can be evaluated quite highly by their clients (usually the client here stands for the relative of the elderly person).

In the discussion of elderly care services, an essential part is already mentioned in the previous sections, and it is, of course, the emotional aspect. This aspect pertains to many spheres of the topic. There is a relationship between the senior and their relatives, the senior and the caregiver (could be different from the relative), the senior and the social services worker, etc. Those examples of relationships are pretty local since they incorporate person-to-person attitudes (Österle & Rothgang, 2010). However, there is also a larger scale, and it is: the senior and the state in terms of attitudes, providing services, abovementioned exclusion, etc.; the senior and the non-governmental, i.e., private sector, in similar terms of attitudes and providing services (Ibid.). All those relationships involve the presence of attitudes, emotions, and feelings towards older adults, for instance, their position in society (Österle & Rothgang, 2010).

Holavins (2020b), also discusses the presence of emotional aspects in the topic of non-governmental elderly care. He draws on this aspect by mentioning several things: emotional labour, moral dilemmas, grievances, expectations, and rationales of care (p. 157). Indeed, the variety of things connected with emotions is present, which influence people's lives significantly. What is essential is not only the lives of seniors are impacted but also the beings of other people, for instance, the caregivers and relatives of the elderly. This aspect of emotions makes the topic of elderly care quite sensitive. It creates evidence for the need for a more individualised approach to every person (i.e., to all seniors obtaining care services).

Another research in the field was conducted in Russia and considered the issue of elderly care reform in 2015 (Parfenova, 2018). There, the author focuses on the developments of home care in three Russian cities: Saint-Petersburg, Nizhniy Novgorod including its region, and Velikiy Novgorod and its region, discussing the impact of the reform on elderly care in these places. Moreover, the study mentions several interesting points related to the care sector in Russia. For instance, the author says that in Saint-Petersburg, the non-governmental, i.e., the private sector of care provision, is pretty active in its role of being an alternative to the state care provision (Parfenova, 2018, p. 165). It is not an exception, however: the study adds that private sector involvement is becoming more common (Ibid.). This way, we can see a connection to the later research of Arthur Holavins (2020a) retrieved above, which also claimed the state-to-private care transition is a trend, but global (p. 1679). However, Parfenova also mentions that older adults are likely to choose the state option due to a lack of information about non-governmental services (p. 165). Another reason for such choice author names to be the habit (Ibid.) and lack of trust in NGOs (p. 177). Thus, choosing between state and private elderly care might be complicated, as the situation of an elderly person may depend on different factors. Those might be finances, availability of information about options, personal preferences, etc. The reasons why people opt for one of the options are likely to be a matter of future thorough research.

Another crucial finding of the author (Parfenova, 2018) is the key changes which have been posed by the social care reform of 2015. Thus, the main changes were the following:

- introduction of charging for the services
- significant reduction of the number of privileged categories that are entitled to free or preferential service. According to the reform, those entitled to services free of charge are low-income pensioners and WWII veterans
- rejection of the monopoly of public services (Parfenova, 2018, p. 168).

Those findings would be crucial in the future discussion of current care provision in Russia. Notably, charging for services is a fundamental reform changes the nature of governmental care provision. It is a measure of reducing the privileged group, which may complicate the process of obtaining the service significantly or even cut the person from the reception of the service. The author mentions that regions can establish their own measures related to privileged categories; however, from the researched cities and their subjects, none have

chosen to do so (Parfenova, 2018, p. 171). The current finding of measures' relativity is vital for understanding the nature of services' provision since it would mean that organisational aspects in one region may be non-applicable to the other. Then, region- or city-level measures should be taken with caution and without applying them to the whole country.

The response to the services' reform was not that positive (Parfenova, 2018, p. 171), which could be expected given the content of the key measures. The study mentions the disappointment of clients as related to the payments, reduction of privileged categories, and the longevity of procedure (from claiming the need for social services and actually receiving those) (Parfenova, 2018, p. 172). Moreover, many participants of the study have criticised the individual program of services' provision, which very strictly states the number of care services and their time limits (Parfenova, 2018, p. 173). Due to these limitations, not all services which might be necessary are mentioned (for instance, taking out the trash (Ibid.)), but the care worker is still doing them. Also, some services stated in the program require more time than stated (Parfenova, 2018, p. 173). The lack of flexibility in governmental care services can be registered at this point.

Another essential aspect mentioned in the research is the absence of communicatory service in the reform. As care workers claim, this service is always performed, and for many elderly clients, this communicatory and emotional aspect is vital (Parfenova, 2018, p. 175). So, as also retrieved by several scholars (Holavins, 2020a, 2020b, Österle & Rothgang, 2010), the emotional part plays a huge role in the provision of services and the relationships between care workers and the seniors receiving care. However, the changes related to this aspect might be very controversial due to the topic's sensitivity. It is once again very likely that the individual approach cannot be omitted there.

Now, I turn to the part where I discuss the state's care services in Russia.

Care services provided by the state

To find out more information about the government's care services, it is first necessary to retrieve the official documents on that matter. Thus, in different portals (named in the *Methodological part* of this thesis), we can find several valuable documents to obtain more information about providing elderly long-term care services.

The law «Social service of the population. Procedure and conditions for providing services to citizens of older generation and disabled people» (allgosts, 2021) specifies older adults to which the services are applied. In it, there is the information that the age to apply for the

services is 60 (women) and 65 (men) (Ibid.). Then, if we recall the pension system reform in Russia issued in 2019, we find out that precisely these ages are supposed to become the ages of retirement for the people until the year 2028 (currently, it is stated that the transition period is running) (TASS, 2018). Therefore, after the transition period in 2028, it will be right to claim that the care services will be provided to retired older adults. As for 2022, not all retirees may receive LTC services since the pension age is 56,5 for women and 61,5 for men (iz, 2022).

However, it is necessary to state that additional conditions for care reception may be placed for different types of services. For this, it is essential to retrieve each care option on a separate matter, which will be done in the subsequent chapters. Firstly, however, I will deal with the documents retrieving standards of elderly care provision in Russia.

Standards

Apart from the currently operating list of care services for elderly people, there are the documents of GOST on the matters of care services, including those aimed at this group of people. GOST (*ГОСТ* in Russian) refers to the set of established technical standards which are applied in the state members of the Commonwealth of Independent States (CIS), which includes Russia (gost, 2022). Other states are Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, and Uzbekistan (easc, 2022). This standard, therefore, is recognised in the countries where it is applied, and it controls and evaluates various goods, services, works, etc. (gost, 2022).

The GOST documents related to the services are standards for those services that are classified and described. The standards also point to the content of the services and the values important in the services' provision. Before retrieving the information about the governmental services, it may be helpful to find out the standards for the elderly care services established by the state in Russia. This way, we may obtain information on the supposed scope of state elderly care services, the standards of these services' provision, and whether the services are assumed to lean towards more familisation or defamilisation, according to the theory chosen for the current research.

In one of the documents on elderly care services (cntd, 2013), we may find services organised in several sets. The list of the services looks as following:

- domestic: aimed at maintaining or providing a social environment which is familiar to the person
- socio-medical: aimed at maintaining and improving the health of disabled people. Those services apply to the cases not involving medical intervention, but to the ones having an independent complete solution
- socio-psychological: aimed at improvements of citizens' mental health for their adaptation in society
- socio-pedagogical: aimed at preventing deviations and anomalies in the behaviour of citizens, the formation of their positive interests, the solution of other socio-pedagogical problems
- socio-economic: aimed at supporting and improving the citizens' standard of living by providing material assistance and assistance in solving other socio-economic problems
- legal, aimed at protecting the legitimate rights and interests of citizens, assistance in solving other social and legal problems (cntd, 2013).

The services are aimed at different dimensions of people's lives, and I find this feature very important and helpful since the well-being of seniors may depend on a wide range of factors (Kolosnitsyna et al., 2017). Therefore, this variety may be considered as a strong feature of abovementioned standard. Also, most of the services on the list are more or less related to integrating elderly people into active life and maintaining their status as independent citizens to improving their physical and mental conditions. This lean toward integration and participation, in turn, shows the aim towards viewing older adults as capable of being an actual part of modern society. That feature can undoubtedly be seen as a positive tendency in elderly care. This way, the elderly citizens are not underestimated based on their age and therefore not discriminated against; rather, the scope of the services supposes the opposite. Therefore, this range of services supposes more focus on the defamilisation of care. It is due to the wide range of services provided, which are supposed to be performed by the care workers, not the person's family members. Moreover, the independence of elderly people is supported, which is a feature of defamilisation as well (Lohmann & Zagel, 2016, p. 49).

As for those standards, though, it is helpful to know that the standard for elderly people has differences compared to the Federal Law of the Russian Federation on the basics of social services for citizens (i.e., Russians of all ages) (Ministry of Labour, 2013). There, a list of services that can be provided to the citizens is given as well, and it has several points which are lacking in the document about standards of elderly care services. Those lacking points are:

- social-labour services, aimed at providing assistance in finding employment and in solving other problems related to adaptation to the market
- services aiming to increase the communicative potential of recipients of social services with disabilities, including children with disabilities
- urgent social services (Ministry of Labour, 2013)

In that list, we can see the services which are not mentioned in the standards of the elderly care services. Their absence can be discussed with several suppositions. For instance, as for the social-labour services, it can be supposed that their absence in the list of services for older adults is because most seniors are assumed to be retired and that the service is less needed than for the people of working age. Nevertheless, it still can be the case that the elderly person continues working at retirement age. For instance, as already retrieved in the *Public problem* section, for the year 2021, the percentage of working elderly people is 20 % (FSSS, 2021d). This percentage is high enough to be considered, as it is every fifth elderly citizen. Therefore, the need for the services related to labour can still be recognised, especially considering the adaptation to the working environment, finding a new job, coping with the possible discrimination based on age, etc. Moreover, absence of this type of service correlates with the notion of less elderly people working, as retrieved in one of the previous sections (FSSS, 2021d), as one of the reasons might be lack of help with obtaining the work and participating in labour market.

Thus, the fact that social-labour services are not present for elderly people lowers the presence of independence lean in standards of care services. Less independence, then, would mean more dependence on family, which is a feature of familisation (Lohmann & Zagel, 2016).

The services of increasing communicative potential are not that clear in their content and how they are planned to be delivered. If we suppose those are connected with expanding the scope of people's communication with each other disregarding their mental and physical status, then they can be helpful for older adults as well as people of any age. The absence of this point lowers the lean of integration of elderly people in society and their independent and active participation in the various spheres of life. Similar to the previous point about social-labour services, not having this point (while having it for people of other age) reduces the independence of older adults and supports familisation. This way, it is visible that the standards are supportive

of both familisation and defamilisation, which is a possible finding if we consider theory of Lohmann and Zagel (2016) and Michoń (2008): the state might be supportive of both units.

The last point of the lacking points' list is the one about urgent social services. This type of services, then, are stated in the same document (Federal Law) as well as in the separate document, which talks about the elderly and the disabled people, including the urgent ones (cntd, 2009). The lists of the urgent services in those two documents contain specific differences, which are also necessary to state. Thus, firstly, I will provide the list of urgent services from the document concerning elderly and disabled people (cntd, 2009). This list includes:

- social services, including
 - o one-time provision of those in need of free food or food packages
 - o provision of clothing, shoes, and other essentials goods
 - o one-time provision of financial assistance
 - o assistance in obtaining temporary housing
- socio-medical and socio-psychological services, including
 - o organisation of emergency medical and psychological assistance with the involvement of psychologists and clergy in this work
 - o the allocation of additional telephone numbers for these purposes
- legal services: organisation of legal assistance in order to protect the legal rights and interests of the citizens
- other urgent social services (cntd, 2009).

As for the differences with the document which states urgent social services for people of every age, there are several. For instance, the list of urgent social services from the document of the Ministry of Labour, which applies to all citizens of Russia, does not contain medical services, material support (financial assistance), and the detail about the provision of the additional phone number (cntd, 2009, Ministry of Labour, 2013). Another difference is that in the document pertaining to the urgent social services for the older adults, the provision of food and food packages is stated to be one-time (cntd, 2009), while the document on the matters of all citizens does not call this help one-time; there, it is not stated how many times this service can be provided (Ministry of Labour, 2013).

Some points of the urgent social services for elderly citizens remind of the points from the standards of elderly care services retrieved above (cntd, 2013). For instance, legal services

were already present in the standard elderly care services list. The content of this legal sector is also pretty similar to the one provided in the current document on urgent services for older adults (cntd, 2013). Medical and psychological services also occupied their space in the standards (Ibid.).

However, one feature raises a particular concern related to the stated list of urgent services for elderly citizens. It claims some services to be “one-time” (cntd, 2009), and the meaning of this word leaves a bit of doubt. For instance, it could pertain to the literal sense of the wording: the food, finances, etc., will be provided only once, without a chance to apply for repeating the same procedure. In that case, this can lead to specific issues, for instance, when the person needs help more than once. Therefore, it would mean that some urgent services cannot be considered as LTC services, since they lack the longevity which is a feature of LTC (Shi & Singh, 2015). However, it is hard to claim whether this wording pertains to this exact sense of the word.

From the list and the discussion above, it can be a bit complicated to say whether this particular sector of urgent services provision is more supportive of familisation or defamilisation turn. It is due to several factors: the “one-time” aspect and overall uncertainty in the longevity of the services, which leads to doubts about their “long-term” nature. The scope of services, however, supposes strengthening of the formal sector, even in cases when services are provided only for one time for each person. This way, a subtle lean toward defamilisation can be supposed, but to claim something else, more information about the services (especially on “one-time” nature) would be necessary.

As for not urgent but care services for elderly people in general, it is crucial to retrieve the aspect of payments for those as related to the standards. It has been already stated in the *Public problem* subchapter that there are groups of people who can receive the services for free (mos.ru, 2022), but this applies to the specific section of governmental services (Social Services Package), which will be discussed in the respective chapter of the thesis. In the Federal Law which talks about the matter of care services in general, i.e., for people of all ages, there is a point which says that there can be services provided for free as well as those provided for a partial or complete payment (Ministry of Labour, 2013). As stated in the document, partial or complete payment is required if, as of the date of application, the average per capita income of recipients of social services exceeds the maximum per capita income (Ibid.). The average income, as well as maximum income, are calculated in accordance with this law (Ministry of Labour, 2013). The amount of payment for home and half-stationary services is calculated based on tariffs for social services but cannot exceed fifty percent of the difference between the

average per capita income of the recipient of the social service and the maximum per capita income (Ibid.). Then, the amount of payment for stationary⁶ services is calculated based on tariffs for social services but cannot exceed seventy-five percent of the average per capita income of the recipient of social services (Ministry of Labour, 2013). The conditions according to which the services are provided for free are, e.g., being underaged or a victim of emergencies or armed international (interethnic) conflicts (Ibid.). Moreover, other conditions of receiving care services for free can be established in the subjects of Russia (Ministry of Labour, 2013). This nature of establishing separate rules and conditions is similar to what Parfenova (2018) has discussed.

Therefore, some people need to pay for the services; however, the aspect of payments needs to be discussed in more concrete terms, i.e., in accordance with the specific type of services provided. The price for the care services is still possible; however, it supposes that some additional financial challenges may be put on the older adults and their relatives. Moreover, according to the document, the payments are applied to all dimensions of care services, i.e., home-provided ones, half-stationary, and stationary. This would mean that the financial burden can be placed on people who choose any type of services. This can be considered as a flaw of current elderly care system.

As I have already retrieved to whom the services apply and which services are claimed to be provided, it is also necessary to look at the principles of the services' which are stated in the standards as well. The document of cntd portal claims those principles as following:

- the principle of observance of the rights of a citizen and a person
- the principle of social services' orientation to the individual needs of elderly and disabled citizens
- the principle of priority of measures for the social protection of elderly and disabled citizens
- the principle of ensuring equal opportunities in obtaining social services and their accessibility for all citizens of the older generation and the disabled people
- provision of state guarantees in the field of social services to the population (cntd, 2009).

Several features can be found in this list of principles of care services provision. The first thing which is pretty noticeable is that they lean towards equality, and individuality is stated

⁶ The discussion of stationary and half-stationary services will be present in the respective chapter of the thesis.

there. It can be considered a very beneficial point in the list since the equal access to the services and the way of dealing with the needs of the people individually make the services more effective and efficient. It is, however, a necessary remark that the measures shall confirm this equality and individuality in practice. Whether the established provision of services is done according to the standards will be visible in future parts of the research.

There is another finding that applies not only to the currently discussed list of principles but to many documents regarding the care services provided to elderly citizens (e.g., cntd, 2009, Ministry of Labour, 2013). This feature combines the elderly and disabled people into one category while providing information about state care services, related standards, etc. This mixing of two categories might have its background: supposedly, the services provided to elderly and disabled people are the same, and the scope and content of those do not differ much. However, the formulation of putting older adults and disabled people into one category might be problematic. For instance, it somehow infers that those two groups of people have similarities in terms of care services provision. It is not necessarily wrong, of course. Unfortunately, it is true that many elderly people may experience difficulties related to their health conditions and to their abilities of self-service (the older the person, more likely they have health issues (WHO, 2020b)), which can also be the case for disabled people (though the disability does not necessarily imply the worsening of ability to self-service). This feature can be shared among elderly and disabled people. However, a status of a retiree or an older adult — which in a considerable number of instances means the same thing — does not necessarily imply the worsening of health condition and the ability of self-service. The possibility of obtaining services to help with health and self-service matters is not useless, of course. Some older adults need it in the current moment of their lives, and some elderly people do not need it when they apply for care services' reception but might need it later. Nevertheless, older adults and disabled people are two distinct societal groups (despite the possibility of people belonging to both groups at once), their needs can differ a lot, and both groups have their specifics which should be addressed accordingly. Moreover, a person from every group should be treated individually, according to one's needs, abilities, and wishes.

In the next part of the paper, I will discuss the state's Social Services Package (SSP) and the corresponding Monthly Payment (MP).

Social Services Package and Monthly Payment

Social Services Package

The Social Services Package (SSP) is the set of services the elderly people who fall under the conditions stated at the beginning of the chapter can obtain. This package consists of 3 elements, which I have referred to as following⁷: medical, wellness, and transportation. At the website of the Pension Fund of the Russian Federation, those elements are described as following:

- provision with necessary medicines for medical use on prescriptions for medicines, with medical devices on prescriptions for medical devices, and the specialised nutrition products for children with disabilities, in accordance with the standards of medical care,
- in case there are medical prescriptions: provision with vouchers to sanatorium and resort treatment in order to prevent serious diseases; sanatorium and resort organisations are determined in accordance with the legislation of the Russian Federation about contract system in the field of obtaining goods, works, services to meet the state and municipal needs,
- travelling via suburban railway transport as well as via intercity transport to and from the place of medical treatment free of charge (PF of the Russian Federation, 2022).

Therefore, we can see that the Social Services Package covers three areas of the life of people: medical, wellness (also inevitably connected with medical or health matters), and transportation. Those might be very useful for older adults, especially if we consider the average pension amount not to be much more than the living wage (Decree of the Government of the Russian Federation of the 31st of December 2020, No. 2406) and worsening of seniors' health (Ministry of Labour, 2019, WHO, 2020b). Thus, the expenses for the medications and transport can be at least partly covered by these measures. Moreover, those services correlate with standards of care services provision: i.e., medical and wellness parts correspond with socio-medical part of standards (cntd, 2013).

However, it is hard to claim that one can describe those measures as extensive. For instance, they do not cover anything with food purchasing and preparation, except for the nutrition products for disabled children (PF of the Russian Federation, 2022). Also, no help with the household is provided, as well as assistance with self-services which can be a need of elderly people. The reason why I claim the food- and household-related matters as essential, as well as

⁷ In the part *Public problem* of the current thesis.

the self-service ones, is that services of this kind might be necessary every day or almost every day. Therefore, the person who needs such services cannot do without them, as they constitute a significant part of everyday life. Moreover, even if the person can do a part of household or food-related work by themselves, there still might be a need for help: due to age, some tasks vital for ordinary life can appear harder to accomplish than before. This also goes to the transportation, which is covered only in terms of payments for the tickets in SSP.

Another reason for the importance of care services provided at home is the psychological aspect. If the person can get help at home, not in the specialised facility, they can stay in the familiar surroundings and live more or less the way they are used to. A change of place of living may bring considerable stress and put an additional challenge to the person's mental state. It can be the case even if the care in the established facility is appropriately organised. Therefore, it is essential to give a choice to the person and to be able to provide all necessary care at home, with the apparent exceptions to this, such as illnesses which one can treat only in the equipped places. Here, the aspect of care in the facilities is covered; however, the choice about receiving home care is not provided.

Thus, it can be concluded that the Social Services Package, while being a long-term care measure, indeed intends to help on a long-term basis but covers a pretty limited scope of elderly citizens' life. It contains the points from the standards of elderly care delivery; though, only few points are covered in SSP. The longevity of it, however, supports the LTC nature of Social Service Package's services.

Due to the limited nature of SSP, it can be supposed that the need for supplementary services of a broader range might be there. The discussion of what the state provides besides the Social Services Package will be present in the subsequent chapters of the current thesis.

Moreover, SSP is the type of service which is provided not for all older adults. At the electronic portal *gosuslugi* (stands for the abbreviation "Governmental services"), there is a list of conditions that need to be satisfied to receive the care services of SSP. This list includes:

- the participants of the Eastern Front of World War II, including people who worked during the Eastern Front of World War II at the objects of air defence, local air defence, on the construction of defensive structures, naval bases, airfields and other military facilities within the rear borders of the active fronts, operational zones of the operating fleets, on the front-line sections of iron and highways, as well as crew members of

transport fleet ships interned at the beginning of the Eastern Front of World War II in the ports of other states

- people disabled from the war, other disabled people including children
- veterans fulfilling the further conditions of a separate law (Federal Law about veterans)
- military personnel who served in military units, institutions, military educational institutions that were not part of the army during the period from 22nd of June 1941, to the 3rd of September 1945 for at least six months
- military personnel awarded orders or medals of the USSR for service during the same period as in the previous point
- people awarded with the sign “Inhabitant of besieged Leningrad”
- people awarded with the sign “Inhabitant of besieged Sevastopol”
- family members of the fallen (deceased) war invalids, participants of the Eastern Front of World War II and combat veterans, family members of those who died in the Eastern Front of World War II from the personnel of the self-defence groups of the facility and emergency teams of the local air defence, as well as family members of the deceased hospital workers and hospitals in the city of Leningrad (Governmental Services, 2022).

Therefore, it is notable that the terms for receiving the care are not based on age but the other conditions. Those conditions, in many cases, mean a certain age as well, due to being connected to the war events.

At the end of the list, there is a sentence claiming that the retirees who do not satisfy the conditions do not have a right to apply for the governmental Social Services Package (Governmental Services, 2022). This means that many older adults cannot receive this type of care service from the government if needed. This aspect can be considered an issue in the care provision sector since people who do not fall under the above categories might still need these care services.

Then, if we think about the provided services of SSP in terms of the theory of familisation and defamilisation, which are chosen for the current research, it can be supposed that those measures lean more towards familisation of care. It is due to the absence of food preparation, household, and self-services help since those are likely supposed to be accomplished by the elderly person, their relatives, or other caregivers. Given that 24,7 % of older adults in Russia live alone and 34,8 % live with their spouse only (WHO, 2020b), the provision of everyday care by relatives can be problematic.

The Social Services Package I have been discussing in the current part of the thesis is not obligatory. Moreover, if the person does not want to receive one, two, or all three services from the Package, they have a right to opt out for the Monthly Payment instead.

Monthly Payment

Monthly Payment is the fixed amount of money the older adult can receive from specific categories listed in the rules already retrieved above. The person can prefer monthly payment instead of one, two, or all the services from the Social Services Package (PF or the Russian Federation, 2022). Thus, MP correlates with socio-economic part of standards of care provision (cntd, 2013).

From the 1st of February 2022, the compensation is 1 313,44 Russian rubles (20,67 EUR, 514,23 CZK)⁸ (PF of the Russian Federation, 2022). From there, the medical part of the SSP constitutes the most considerable amount of money — 77 % (i.e., 1011,64 RUB, 15,92 EUR, 396,07 CZK⁹). The other two parts of the Social Services Package — wellness and transport — occupy 12 and 11 %, respectively (PF of the Russian Federation, 2022).

The fact that the highest Monthly Payment sum stands for the medical part of the SSP does not seem like a surprise if we consider it in terms of necessity. Medications and specific food, which are also parts of the medical sector of SSP, can be essential to the person's health and overall wellbeing. Nevertheless, compared with the compensations for the other two parts of the Social Services Package, it may look a bit complicated that the wellness part, which provides elderly people with vouchers for treatments in specific centres, occupies a smaller part of MP than the medicines, given that the treatment includes not only the provision of the goods but also services. The reason why the sums of different sectors of Monthly Payment are distributed this way looks uncertain. Therefore, to discuss the Monthly Payment with more confidence, more information on its matter should be obtained. For instance, a detailed description of what the sum for all parts of the Monthly Payment stands for might be helpful. This additional information is now lacking in the documents on its matter, which can be considered a flaw.

⁸ As for the 1st of August 2022.

⁹ As for the 1st of August 2022.

Discussion

Knowing the information about SSP and MP, it is now essential to retrieve that the usage of both options has significantly declined throughout the past 5-6 years (FSSS, 2021f, 2021g). Thus, the decline of SSP constituted 17,2 % (FSSS, 2021f), and the number of people receiving MP has dropped even more — to 58,4 % (FSSS, 2021g). From the obtained details about those options, several suppositions can be made. For instance, there might be an assumption that the decline in the usage of the SSP and MP lies in the lack of actuality related to the older adults' needs. The services might be not so requested, and the amount of money insufficient. However, it is essential to remember that still, there are more elderly people who get the services from SSP than those who receive the Monthly Payment. Thus, the assumption about the insufficient amount of money can arise here as well.

Of course, the reasons for opting for the other services instead of SSP and MP can first lay in the other options being simply more suitable for the people's needs. The arguments for or against this supposition can be provided after obtaining more relevant information about other options. Thus, in the following section, I will mention other aspects related to helping older adults, and I will start with the other care services provided by the state at a neighbourhood level.

Other state services

Neighbourhood-level supply

Home services

Other elderly care services provided by the state can be obtained at the level of the neighbourhood where the person lives. To obtain those, the client or the relative of the client needs to fill out the application form and the other documents required by the Centre of Social Services (CSS) or Multifunctional Centre (MC) of the relative neighbourhood (Governmental Services, 2022).

As stated on the official website of Russian Quality (2021), there is a list of services which the neighbourhood centre will provide. As compared to the services provided by SSP arrangement, the list of the ones suggested by CSS and MC is much wider:

- buying groceries or ready meals from the closest food stores or food-related establishments

- cooking food. Helping with the consumption if required (in cases when the state of health of the person requires it)
- delivery of water in cases where there is no central water supply or the water from it cannot be consumed
- burning stoves, buying fuel
- helping with the cleaning of the apartment. Arranging repairs of the apartment if necessary
- caring for clothes: laundry, dry cleaning, and repair
- helping with doing payments for housing and public utilities (tap water, gas, electricity, telephone, etc.)
- purchase and delivery of books, newspapers, magazines, assistance in sending letters.
- assistance in organising visits to cultural events, e.g., cinema, theatres, exhibitions. Providing accompaniment to such events if there is a need to do so
- sanitary-medical and sanitary-hygienic care
- help with the education and employment
- assistance in obtaining vouchers to sanatoriums, for treatment, assistance in organising such trips
- legal support (assistance in preparing documents, obtaining services of a lawyer, etc.).
- psychological support (Russian Quality, 2021)

In cases when it is necessary, the social care worker can also perform the following functions:

- providing emergency first aid
- monitoring health of the person
- performing certain medical procedures
- feeding (Russian Quality, 2021).

Therefore, according to this list, there are a lot of functions which include those lacking in the SSP. For instance, this comes to food-related services and help with household duties. As I have already retrieved in the chapter discussing Social Services Package, home care services are likely essential to the senior's wellbeing. Apart from helping people with their vital needs, it also

supports psychological wellbeing by providing a possibility for the person to stay in their familiar environment and reduce stress.

Moreover, some services are usually not the main ones in one's everyday life but still can be very helpful. Examples of those are legal support and the accompaniment to the cultural events. Even though they cannot be referred to as essential, they still can play a crucial role in a person's wellbeing. As for wellbeing, there is also a point of psychological support, a necessary aspect of the senior's mental state. However, it is a bit uncertain what this psychological support includes, as some types can be problematic with older adults. For instance, regular talks with a psychologist can be not so popular, as the mindset of the seniors is likely to exclude this type of psychological support due to upbringing being very different to what the people of the next one or two generations have.

While the content of the psychological support is not stated in the list of Russian Quality (2021), it is elaborated on in the GOST document on the matters of social services for elderly citizens (cntd, 2013). There, the socio-psychological services are of a wide variety. Some examples of the services include diagnostics, support groups, counselling, psychological correction, systematic monitoring of mental wellbeing, training, emergency assistance, listening and supporting via interpersonal communication, and others (Ibid.). By this variety, it can be said that a lot of different ways of psychological support are supplied, which can be thought of as good quality. This variety also suggests a defamilisation of care since the relative can provide some options such as listening and supporting, but here, the possibility of a formal carer for this aspect is supplied. However, while knowing the information from the standard, it is still necessary to remember that the reality might differ from what is stated to be the case.

Overall, the help offered by CSS and MC is of a relatively wide range of services which also correlate with the standards of elderly care provision (cntd, 2013). What is more, CSS and MC list contain help with the employment (Russian Quality, 2021) which is lacking in standards of elderly care provision (cntd, 2013). Despite not correlating with the standards, this point of helping with employment is definitely a beneficial one. This might also help with increasing elderly people's participation in labour market which is now in decline (FSSS, 2021d). Moreover, it helps with fighting social exclusion and bias which are the possible issues of older adults' wellbeing (Parfenova, 2018, p. 169-170, Ministry of Labour, 2016).

Due to this wideness of care services' range, the person has a possibility to choose formal help for those. This way, the role of the informal carer, such as the family member, is less relied on there. Moreover, the independence of older adults is supported through providing help with

active life (such as participating in cultural events (Russian Quality, 2021)). Therefore, via supporting independence and less reliance on family members, home CSS and MC services support defamilisation. Moreover, the variety of available services can be considered as a benefit, since people can choose what is necessary for them.

Moreover, it is necessary to retrieve that the website of Governmental Services, which provides information about the state services (SSP and MP), also has information about the neighbourhood-level help, i.e., CSS and MC supply. Therefore, the person looking for long-term care services for the elderly provided by the government will find out information not only about the relatively limited range of services from SSP but also about the additional services with a broader range supplied by the neighbourhood CSSs and MCs. It is, however, worth noticing that on the website of governmental services, there are just a few examples of the CSS and MC services, not the whole range (Governmental Services, 2022). Thus, the examples provided include monetary payments, food and clothing aid, and provision of the social worker (in cases when the person has lost the ability to self-service) (Ibid.). Therefore, the examples of legal help or psychological support are not included; the examples focus more on the vital services necessary for everyday life. Providing the information about CSS and MC services can also be an example of leaning towards defamilisation, as in cases when more people will know about the offer of services, more people may wish to obtain those, which will lead to the defamilisation of care provision. Even though the information about the range of CSS and MC services is not extensive, the procedure for receiving those services is described in a detailed way (Governmental Services, 2022). This can make the procedure of obtaining them more accessible, which is also a feature of defamilisation.

Stationary and half-stationary services

Stationary services, then, are the services provided only at the specific facilities. Those can be useful in cases when the person needs a full-time supervision or treatment, or when the specific equipment for the care and health services is necessary. According to the website of Department of Labour and Social Protection of the Population of Moscow, the list of services provided at the facilities for elderly citizens looks as following:

- care organisation
- development of autonomy and maintenance of skills
- psychological support

- involvement in activities within and outside the institution
- protection and representation of interests
- accommodation and food
- social rehabilitation (DLSPPM, 2022).

Therefore, many needs of elderly people are covered in the facilities. Once again, services correlate to standards of care provision for older adults (cntd, 2013). Due to content of this list, but not only, it is necessary to state that the provision of stationary care services is the act supporting defamilisation of care itself. Also, the broader or narrower range of services can change the lean, but in their nature, the stationary services are the example of defamilisation of care. It is due to the notion that there, care is almost always provided by the care workers of the facility.

An important feature of the information on stationary services presented above is that it comes from the city of Moscow. Therefore, there is a risk that the list will apply to Moscow but not to other cities and therefore not be illustrative enough. It is due to the notion Moscow is the capital and also the largest city of Russia in terms of its population (12 655 050 in 2021 (statdata, 2022)). Because of that, it can be useful to find out the information about other Russian cities in terms of stationary care services for elderly people. Unfortunately, official websites of three largest cities (coming after Moscow (statdata, 2022)) Saint Petersburg, Yekaterinburg, and Volgograd did not contain information about the content of stationary services. Therefore, it is complicated to discuss those in terms of cities other than Moscow, even though the description of services is unlikely to differ from Moscow case a lot. Still, it is crucial to remember that rural areas of Russia are more likely to experience shortages and difficulties in provision of elderly care. Even though there are fewer older people living in rural areas than before¹⁰ (WHO, 2020b), this topic can be beneficial to discuss in further research.

Half-stationary services are the services which are part of the state and private supply to the elderly people. They are characterised by their dual nature: the recipient of this type of services can obtain them at home and at the specialised facility during the same time (cntd, 2009). This way, person receives a part of the services in the familiar environment and another part will be provided in a specially equipped place.

This type of services can be very useful in cases when an elderly person needs a specific treatment or procedures which can only be performed in a corresponding facility, or in cases

¹⁰ Compared to the data for 1980 (WHO, 2020b).

when it is strongly preferred to obtain the treatment in a specially equipped place. Due to half-stationary services, the person can receive the treatment while still residing at home, i.e., in a familiar environment, which can be very beneficial for the individual's mental wellbeing. Thus, the presence of half-stationary services might be supportive of both familisation and defamilisation of elderly care, while stationary services are more supportive of defamilisation, as they provide care outside the family.

Knowing the information about three types of services: home, stationary, and half-stationary, it can be helpful to look at the statistics as related to them.

Statistics regarding the home, stationary, and half-stationary services

Firstly, I will deal with the statistical document which provides data for coverage of social services, the forms of those and the reasons for not obtaining them (FSSS, 2020a). The information from the document is indicated for the year 2021 and applies to people older than working age (from 56,5 years for women and 61,5 years for men) (Ibid.). Also, before retrieving the information from the document, it is essential to state that in its title, it is said that the data comes from selective observation of the quality and availability of educational services, health and social services, and promotion of employment (FSSS, 2020a). The principles of selecting the respondents are not stated; therefore, one shall address the study's results with caution.

Thus, according to the document, in 2021, 97,6 % of all older adults do not receive state care services (FSSS, 2020a). Meanwhile, 90,7 % of all seniors belong to some group of disability (Ibid.). Though, of the elderly respondents not receiving state care services, 99 % of people state that they do not experience any limitations in performing essential tasks (i.e., do not have difficulty moving, impaired vision or hearing) (FSSS, 2020a). Remembering the information of WHO, it can be supposed that majority of respondents were closer to the age of 50-60, since people of older age experience these health issues more often (WHO, 2020b).

From these results, it can be supposed that even though a vast majority of elderly respondents do not receive state care services, they do so because they do not need such due to the lack of limitations in everyday life. This is supported by the data of the same document, which states that more than half of all respondents (i.e., both receivers and non-receivers of state care services) do not experience any limitations (55,1 %) (FSSS, 2020a). It is also consistent with the WHO data indicating longer healthy life expectancy (WHO, 2022). Then, 38,1 % experience insignificant limitations, and 6,4 % and 0,4 % stand for people experiencing significant limitations and bedridden, respectively (Ibid.). Another argument supporting the lack

of need for the services would be that 98,3 % of respondents who do not receive the services state that they do not need reception (FSSS, 2020a).

Of the care receivers, 52,2 % experience insignificant health limitations, 27,9 % have significant ones, 18,3 % have no limitations, and 1,4 % are bedridden (FSSS, 2020a). From that, it can be seen that for most respondents receiving care, there is a need for less fundamental help due to the small number of limitations. Also, most respondents receive home care services (77,8 %) (FSSS, 2020a). The second preferred option is urgent social services (13,1 %) (Ibid.). This observation supports the importance of home care services, as it is the most popular option for the study respondents. Urgent services will also be important because they are popular with the respondents due to their urgent nature.

Another important observation of the study is that 46,5 % of respondents receive care services of all kinds for free (FSSS, 2020a). Then, 46 % receive them with a partial payment, and 7,4 % pay the whole amount (Ibid.). This aspect is essential while understanding the financial part of state care services. Most people do not pay the total price for the services; however, almost half of the respondents have a partial charge for the services they receive. The notion of having to pay some price for the services can reduce the availability of services for everyone. Therefore, when the person does not have resources even for the part of the services, there is a likely shift to the compelled familisation of the services. It would mean that the only possible care providers would be family members.

As for obtaining the services for those willing to apply, the study has registered quite positive information. Thus, the research claims that only 3,3 % of respondents who tried to apply for care services have received a refusal (FSSS, 2020a). So, most people who wanted to receive care services have received those, which is certainly a positive finding. This would also mean the defamilisation of care, as in this example, seniors are not forced to switch to the option of family carers. The forced change to a non-governmental option is also of a low probability in this case.

The evaluation of those who have applied and received the services is relatively high. 39,6 % of respondents have evaluated the quality care services as “generally satisfying”, and 37,3 % referred to them as “absolutely satisfying” (FSSS, 2020a). Thus, 21,9 elderly people said they are “partially satisfied” with the services, and only 1 % of people referred to the quality of services as being “generally unsatisfying” and “absolutely unsatisfying” (Ibid.). These results can be seen as a positive finding concerning state care services. However, it is essential to remember that the results of this statistical document still need to be addressed with caution due to the uncertain nature of the selection procedure. However, the majority of respondents of the

study positively referring to the services is still a finding which adds to the successfulness of the state services.

Another statistical document deals with the notion of urgent care services provided by the state for elderly citizens. As retrieved from the previous document, urgent care services are the second preferred option after home care services (FSSS, 2020a). This document then provides information about the quantity of urgent elderly care facilities, the number of seniors needing urgent care services per year, and the number of services provided per year (FSSS, 2018a). However, it is essential to point to the limitation of this document: the latest data comes from 2017.

According to the information presented, all three dimensions analysed have been reduced. Thus, the number of urgent care facilities reduced from 1 943 in 2011 to 1 766 in 2017, the number of clients per year went from 12 638 in 2011 to 7 668 in 2017, and the number of services per year changed from 24 056 to 14 164 (FSSS, 2018a). This decline can be a sign of various kinds. For instance, one can connect it to the lack of necessity for urgent care services, which can be seen as a positive one. Another reason could be the flaws of such services, which stop the seniors from obtaining those, which is a pretty negative reason. The decline in the number of facilities for urgent care services can also be connected to issues and circumstances of different kinds. The reduction can be either a consequence of a lack of interest in such services or an outcome of financing lack, flaws of regulation in the sphere, etc. This issue might need further investigation. However, in all, fewer facilities would mean lower availability for those in need of such services. This, then, might lead to compelled familiarisation of the services.

The next set of statistical documents are connected to home care services. The first document I will retrieve is the document indicating how many people get home care services. Before stating the data from this document, it is necessary to mention that it has considerable flaws. Firstly, it contains information not only about elderly people but also about disabled people, without dividing those two groups into separate categories. Furthermore, the data from there is rather old and comes from 2017, as in the example of the statistical document on urgent care services. Therefore, one should address the information from this document with caution.

The information for 2017 is the following: from 2011, the number of centres for home social services has declined. In 2011, it used to be 11 395 centres; in 2017, the number was 8 609 (FSSS, 2018b). Moreover, the quantity of social care workers has also reduced: from 172 526 in 2011 to 135 983 in 2017 (Ibid.). Meanwhile, the number of elderly citizens registered for home care services and receiving home care services has increased. Thus, in 2011 there were 1 120

801 people registered for this service, and in 2017, the amount had risen to 1 138 934 (FSSS, 2018b). Then, the number of people receiving home care services used to be 1 088 921 people in 2011, and in 2018, there were 1 138 038 people (Ibid.). Therefore, for 2017, the burden for each care worker would be 8,3 people. However, the number of people on the waiting list for home care services reception has significantly dropped: from 31 880 people in 2011 to 896 people in 2017 (FSSS, 2018b).

The following document deals with a similar matter of home care services for seniors. Still, this time provides information about the specialised facilities of socio-medical home care services for elderly and disabled people. There, similar statistics results can be observed: the quantity of facilities and workers has significantly dropped. Thus, the number of facilities reduced from 1 619 in 2011 to 588 in 2017, and care workers fell from 16 784 to 6 220 in the same period (FSSS, 2018c). However, there is a significant distinction between the results of this study and the previous one. In the current case of socio-medical home care services, the number of clients, i.e., elderly and disabled people, has also reduced. So, in 2011, there were 93 631 people registered for the services and 89 773 receiving those, and in 2017, there were 38 878 people registered and 38 640 receiving care services (FSSS, 2018c). However, the decline nevertheless increased the burden placed on the care workers: in 2011, it used to be 5,6 people for each worker, and in 2017, it was 6,3 people (Ibid.). Then, as for the waiting list, the tendency is very similar to the previous document: there was a decline from 3 858 people in 2011 and 238 people in 2017.

The numbers provided in both documents point to some serious challenges in providing home care services. As can be seen, the number of people needing the services has been increasing throughout the indicated six years for home care services. At the same time, the quantity of facilities and workers is significantly dropping in both home care services and socio-medical care services. The number of places where a person can get help reduces the availability of services for people. It leads either to the turn to non-governmental services or familisation of care.

The increasing burden on the care workers in both services retrieved in the corresponding documents is a negative tendency. These circumstances could lead to less efficient care provision and reduce the individualisation of care, which is a crucial part of the organisation of care services for older adults.

The following document indicates the statistics regarding the need and reception of home medical and sanitary-hygienical services for 2021. Unfortunately, it is not stated how many

people have been applying for the reception, but according to the document, 97,2 % of applicants have received the services they needed (FSSS, 2020b). However, from this 97,2 %, the majority of people, i.e., 63,4 % of seniors, have received the services they needed from their relatives or acquaintances (Ibid.). The second popular option was a medical (patronage) nurse (18,3 %), the third popular one was a familiar doctor (medical worker) (11,3 %), and the fourth one was a specially hired person (10,8 %) (FSSS, 2020b). The social care worker is the least popular option: only 5,7 % of those people who have received the services obtained them from a care worker (Ibid.). The other 7 % are occupied by an attending doctor (FSSS, 2020b).

These findings can serve as significant evidence for a notable lean towards familisation of care. The vast majority of elderly respondents obtained the necessary medical and sanitary-hygienical services from their relatives or acquaintances. Moreover, the third popular option also involved the acquainted people, but this time, the ones who are also doctors. By these observations, the preferences of respondents are visible. The reasons for these preferences can come from different backgrounds. Still, keeping in mind previously retrieved documents, we can doubt some possibilities, e.g., dissatisfaction with the services or overall decline in the state services usage. It can be then supposed that people prefer family or other informal carers due to their easier availability, due to the traditional familised elderly care stream, or this kind of services being free of charge.

The following set of documents will be regarding stationary and half-stationary services. The first document on that matter would be the one already retrieved in this section, but this time, the information on stationary centres will be derived. Thus, 2011 to 2017 indicates a decline in the number of temporary residence and day stay centres (FSSS, 2018b). There were 2 185 centres in 2011, and as of 2017, the quantity is 1 882 (Ibid.). Therefore, the number of places in those centres has declined as well: from 34 180 to 26 975 (FSSS, 2018b). Also, there has been a recession in the number of clients per year: 607 497 in 2011 and 217 110 in 2017 (Ibid.).

This document again contains significant flaws in containing the latest data from 2017 and having the information about elderly and disabled people without separating them into two categories. However, in all, it can be once again noticed that the amount of clients and facilities has significantly declined. This can be again thought about from various angles. It can be supposed that people do not experience an increasing need for such services, and the statistics indicate the result of this lack of necessity. Also, however, it can be a worse sign of insufficient amount or quality of services which provides a decline in clients.

However, it can be concluded that the decline in the usage of temporary residence and day stay centres will result in either the turn to private care or the familisation of care. The first option, however, will necessarily lead to a heavier financial burden. Therefore, people who lack sufficient financial resources for the private option will then be forced to turn to familisation of necessary services.

The following document deals with the socio-rehabilitation services for elderly and disabled people. It provides statistics about the number of centres¹¹, number of places and amount of clients per year. Here, the results differ from some previously retrieved documents of similar structure and indicators. Thus, from 2011 to 2017, the number of centres increased from 556 to 818 (FSSS, 2018d). For the same period, the number of places for clients has also respectively increased: from 9 994 in 2011 to 12 521 in 2017 (Ibid.). The number of clients per year has reduced from 558 149 to 506 417 (FSSS, 2018d).

According to the information from the document, it can be seen that despite the increased number of places where the person can get socio-rehabilitation services and the number of available places for clients, the decline of clients per year was also present. Similar to the previous example, this decline can be due to the quality of services or the lacking need for such. As for the changes in quantities of centres and places, they can undoubtedly be seen as defamilisation measures. The decline in clients, however, suggests the lack of significant support for this lean.

The last document in this section will deal with socio-health centres. It has the same properties as the previous document, indicating the number of centres¹², places in those centres, and the number of clients per year. The content of this document is also similar to the previous one: the number of centres and available places in them has increased (FSSS, 2018e). The difference, however, is that the quantity of clients per year has increased as well: from 36 583 in 2011 to 70 107 in 2017.

Here, we might suppose that this type of service is more required by the elderly and disabled people, and the quality of those is enough not to quit their usage. In any case, the increased use of the services would signify defamilisation of care. However, the relationship would not be that straightforward: not all people can obtain health services from the family or an acquainted doctor.

In the following part, I will summarise and discuss the retrieved documents' findings.

¹¹ Including departments and offices (FSSS, 2018d).

¹² Including departments and offices (FSSS, 2018e).

Summary and discussion

The previous section of the current thesis dealt with the statistical documents related to the matters of home, stationary, and half-stationary services. The data from these documents were presented and analysed concerning possible services issues and familisation and defamilisation theory. From the information analysed above, several conclusions can be made.

First of all, it needs to be noted that in majority of documents which contained statistical information about the services throughout the time, there was data that those have experienced a decline in amounts of facilities as well as available places for clients (FSSS, 2018a, FSSS, 2018b, FSSS, 2018c). Also, some documents indicated a decline in the number of care workers in the services (FSSS, 2018b, FSSS, 2018c). Moreover, in some cases, those declines were accompanied by a reduction in the number of clients (FSSS, 2018c), but one document has detected an increase (FSSS, 2018b). Despite the often decrease in clients, though, the amount of clients per worker is still considerable (8,3 people for each worker (FSSS, 2018b), 6,3 people for each worker (FSSS, 2018c)).

Those findings can indicate significant issues in care services' provision. The decreasing amounts of places for people where they can get the services can lead to specific difficulties. For instance, the lack of available place at the stationary centre will then deprive a person from obtaining the necessary services and lead to condemned familisation or receiving the services from the non-governmental institution, which is not always possible due to financial factors. Moreover, the decline of workers per client can reduce the effectiveness and individual work approach toward each client, leading to worsening care services quality. Due to those declines, defamilisation is less supported, as one of the ways to support it is to provide the sufficient amount of care facilities and workers (Michoń, 2008, p. 38) Therefore, those issues need to be addressed in future reforms of the elderly care system.

Then, the majority of documents¹³ in some way indicated the lean towards familisation of care. Despite the notion that the establishment of care services in itself leads to stronger defamilisation, the declines retrieved above attenuate the defamilisation of the services.

Only some documents suggested the defamilisation due to the increase of care centres and places in these (FSSS, 2018d, FSSS, 2018e). However, increased amounts of available places for care reception did not always mean an increase in the number of clients: in one of the documents, there was a reduction instead (FSSS, 2018d).

¹³ 5 out of 8 retrieved documents.

Another finding of the current section was that most respondents do not receive state care services (FSSS, 2020a). Knowing this, several things can be supposed. The first supposition is based on the other answers of the respondent, i.e., that most of them do not have health limitations and also indicate that they do not need the services (FSSS, 2020a). The second hypothesis would be their willingness to obtain private care services, either due to their availability (compared to the reduction of state care centres), their quality, or other factors. The third supposition would be the respondents' preference for family care. Though most participants did not experience significant limitations, they may still receive help from their relatives or non-governmental actors.

The hypothesis regarding people receiving family care is supported by one of the documents retrieved in the current section, which indicated that most people obtained help from relatives or acquaintances (FSSS, 2020b). Medical aid was also sometimes obtained from the informal carer (Ibid.). In all, the presence of medical care correlates with the supposition from current study that due to worse health of elderly people, there would be a need for medical services (p. 9).

It is also necessary to state the flaws of the documents retrieved in the section. Firstly, a considerable amount of those (FSSS, 2018a, FSSS, 2018b, FSSS, 2018c, FSSS, 2018d, FSSS, 2018e) contained information from the year 2017 as the latest. The time gap between 2017 and 2021¹⁴ can hinder the objectivity of the analysis. Secondly, many documents contained the information related to older adults and disabled people together without further separating them into two independent groups (FSSS, 2018b, FSSS, 2018d). This feature has already been present in the discussion of standards and other documents about elderly care services. The quality of taking elderly and disabled people into one category can significantly interfere with the research if one wants to consider only one group and not both of them. Moreover, this feature can provoke biased thinking related to both groups, making them incapable of performing specific tasks, necessarily needing everyday care, etc. Therefore, this approach of structuring the documents can be considered unsuitable for the research on the matter or the elderly people.

In the next part of the thesis, I will talk about benefits and pension additions provided for seniors by the state.

¹⁴ The year indicated is 2021, not 2022, due to the information for 2021 being fuller and, therefore, more objective.

Benefits and pension additions

Benefits and pension additions that are given to older adults cannot be considered long-term care services; however, they constitute an essential part of elderly people's societal position. Moreover, they occupy a part of standards of care provision (socio-economic and in some cases legal) (cntd, 2013). Therefore, it is helpful to state the benefits provided to the older generation to understand this position.

Firstly, I will deal with the discussion of pensions themselves. Pensions are considered the primary mechanism to guarantee citizens' incomes (Ministry of Labour, 2016), so knowing about them and their additions is beneficial for current research. Speaking about state pensions, it is first vital to obtain the information about those amounts, as it provides an essential understanding of the context of the life of older adults and gives a more profound knowledge of the public problem of the current thesis. As already retrieved in the *Public problem* chapter, the average monthly amount of pension is 15 744 Russian rubles (247,75 EUR, 6 163,97 CZK¹⁵) (FSSS, 2021e) and this amount is higher than the living wage, though the difference is not that big (living wage for seniors is 10 022 Russian rubles (157,71 EUR, 3 923,74 CZK¹⁶) (Decree of the Government of the Russian Federation of December 31, 2020, No. 2406)). Though, there are conditions due to which the person can receive additional payments to the pension (State Duma, 2021). Those conditions are based on different principles.

For instance, there are supplements given to elderly people whose material security is below the living wage of Russia (State Duma, 2021). This way, via giving the additional payments, the seniors receive the amount of money which equals the living wage (Ibid.). To understand whether this issue and the corresponding measure are widespread, I will look at the document of FSSS that deals with this matter (FSSS, 2021h). According to the table, there are 6 219 817 seniors receiving supplements to the monthly pensions in 2021 (Ibid.), i.e., 14,4 % of all older adults receiving state pensions (FSSS, 2021j). This percentage shows that there is an issue, though not that widespread, of the people whose financial situation can be referred to as harsh since they do not reach the living wage without payment supplements. It is even more severe if we find out that the living wage for the seniors in Russia is lower than for the working people as well as for children (Decree of the Government of the Russian Federation of the 31st of December 2020, No. 2406.).

Another type of pension addition is a dependent's pension supplement (State Duma, 2021). It is given to elderly people in cases when they have a relative who is dependent on them

¹⁵ As for the 1st of August 2022.

¹⁶ As for the 1st of August 2022.

(Ibid.). This addition may be obtained for up to 3 relatives, and the amount of one addition of this kind is 6 044,48 Russian rubles (95,12 EUR, 2 366,49 CZK¹⁷) (State Duma, 2021).

Then, there are additions which are given to people who used to work in specific areas like rural or Far North (or similar) ones (State Duma, 2021). For different areas, as well as depending on gender, the number of work experience years which is needed to obtain the addition can differ from 20 to 30 years (Ibid.). The amount of addition, therefore, also varies from 25 to 50 % of the pension amount (State Duma, 2021).

Two remaining categories of pension additions are the highest ones. One equals 100 % and is provided for retirees older than 80 and is provided automatically after a person achieves this age (State Duma, 2021). Another addition depends on the person's achievements, e.g., Hero of Russia, Hero of USSR, Hero of Labour, etc., and its amount varies from 250 to 415 % (Ibid.).

Therefore, there is a considerable amount of pension additions; however, some of them are pretty specific and require fulfilling strict clauses. It is, then, essential to remember that there are still people who do not receive any additions to pension. While discussing the financial state of older adults in Russia, this aspect must be considered.

Another thing which is provided for elderly people, however not in the form of direct cash payments, are also other benefits which are often connected to money. There are a lot of different non-monetary benefits depending on various factors. Still, age and special conditions (e.g., work experience in specific areas, war participation, health condition) are among the most popular ones. The types of benefits, then, cover many spheres of life. For instance, there are several benefits connected with taxes: ones for property, earnings, and land can be reduced or even cancelled for older adults (RIA news, 2021b). Many benefits also concern transport: for example, in different regions, tickets for public transportation are available at reduced prices or for free (Ibid.). Other benefits can be connected to healthcare, including free medicines and medical care (RIA news, 2021b).

The variety of benefits that elderly people can obtain is quite wide, which can be definitely considered as a beneficial feature of care system. Again, however, for many of them, there are strict rules according to which specific conditions shall be present to get the service. It can be particular age or health conditions, being a war participator, having concrete awards, etc. Therefore, once again, it must be remembered that despite those specific conditions, people of elderly age may still need help, and each case should be treated individually based on the person's needs and willingness.

¹⁷ As for the 1st of August 2022.

In the next subsection, I will talk about the strategic plan issued by the Russian government. This plan is stated to operate in interests of elderly citizens and involves the strategies from the year 2016 to 2025.

Strategy of actions in the interests of citizens of the older generation in the Russian Federation until 2025

Knowing the details about the governmental care services for elderly people as they are at the moment, it is also helpful to know the plans and objectives for the future developments of the sphere. To obtain this information, I will look at the Decree of the Government of the Russian Federation: “Strategy of actions in the interests of citizens of the older generation in the Russian Federation until 2025” (Ministry of Labour, 2016). The Strategy is said to be implemented in two steps, one from 2016 to 2020 and the second from 2021 to 2025 (Ibid.).

This document shows the goals and objectives for future policies and developments in different spheres related to the wellbeing of elderly citizens. The Decree also contains details about the current situation with older adults and various aspects connected to them, pointing at the challenges the situation brings. In all, the current condition is viewed as pretty problematic, with the issues pertaining not only to the wellbeing of elderly citizens themselves but also to citizens of working age.

The spheres discussed in the Decree concerning elderly citizens are demographics, employment, health, education, leisure, social services, market, family, and society. Therefore, accomplishment is based on working and improving all mentioned spheres, i.e., all institutions are supposed to be involved in the Strategy’s work aiming to increase the wellbeing of elderly citizens. This can be considered beneficial in terms of future reforms, since many things are important for seniors’ wellbeing (Kolosnitsyna et al., 2017); therefore, different institutions need to experience reforms.

Firstly, I will discuss the developments and objectives of social services and family spheres due to their relevance to the current topic. Thus, the part related to social services tells about the care services for elderly people, their importance, and the challenges of this system. For instance, the home care services are told to be the most popular due to them being compensatory to family care, with a feature of staying in a familiar environment (p. 12). This claim is consistent with the data of FSSS claiming that 77,8 % of elderly care receivers choose home care services (FSSS, 2020a). It is also said that due to this type of services’ popularity, there are queues for obtaining them (Ibid.), which is a flaw of current care system. Consequently,

the Decree claims, there is a need to develop various technologies to stimulate citizens to care for their elderly relatives (p. 12).

By these words, it seems that as for social services for elderly citizens, the state aims to increase the familisation of care. However, the following argument of the paper points to the need to develop the infrastructure of social services, improve communication between state and non-governmental organisations, creation of new social services (p. 12). By that, it can be concluded that defamilisation is also pursued by the paper. Therefore, in all, it can be said that in this section of the Decree, both options are supported.

Furthermore, the provision of services in the home environment is likely supported more than stationary services: the document says that one of the priorities of Strategy is “the building of a system of social services supply [...] without putting them [elderly people] into stationary social services’ organisations” (p. 13). This cannot be considered as familisation turn, but maintenance of familiar environment is still supported.

The part of the Decree talking about older adults concerning their families mentions the importance of family as caregivers for elderly relatives and the tradition of the family being the central institute of intergenerational care (p. 14). Then, it is told that sometimes relatives cannot take care of each other and therefore, there is a need to encourage and develop policies which will encourage people to participate in family care (p. 14).

According to these words, it can be certainly seen that the Decree once again supports familisation of care. Also, it pursues more interactions between generations as well as the involvement of elderly citizens in active societal life (p. 15). The need to form a societal opinion supportive of active interactions with the older generation is also mentioned (Ibid.). Therefore, while pointing at the need for elderly citizens’ integration into active life, the Decree aims that one of the ways to support this integration is not only the interactions between generations but also the provision of care in the family.

In the last section of the Decree, there are the targets and their values for 2015 as well as the goal values for 2020 and 2025. In all, there are 6 targets stated as following:

- percentage of older citizens involved in physical culture and sports
- provision with geriatric beds, units per 10 000 population aged 60 and over
- percentage of older citizens who received social services in the total number of older citizens recognised as in need of social services

- percentage of older citizens who are satisfied with the quality of social services provided from the total number of recipients of social services
- amount of non-stationary and mobile retail facilities, in thousands
- number of produced buses intended for transportation of persons with disabilities, including for wheelchair users (p. 33)

Measures for all the targets mentioned above are aimed to be increased by the stated years 2020 and 2025.

The list points to concrete measures for the Strategy's goals which are indeed crucial for elderly people's wellbeing. It can be noticed, however, that the list covers not all the spheres discussed in the preceding parts of the document. Some of them, such as improvements in generations' relationships, can be hard or even impossible to put into numbers; therefore, it can be expected they will not constitute a lot of space in the numeric goals. Some, however, can be put into numbers but nevertheless are lacking in the list. Examples can be employment-related measures, such as amounts of older adults who continue working, the number of older citizens who work as mentors for younger workers, etc. From the current list, then, it is hard to claim whether it points more to familisation or defamilisation. The points related to social services suppose a subtle lean towards defamilisation since the amount of people in need of assistance who receive them is aimed to increase. However, it looks more like a measure aimed at improving the operation of services than reducing the share of family care, as can be supposed by retrieving the previous parts of the Decree. Once again, according to the Decree, state is supportive of both familisation and defamilisation.

After the Decree, there is a document reporting the 2020's results of the Strategy's implementation respective to the desired goals and targets. Therefore, it provides the details related to the first step of the Strategy operation. The report claims all listed numerical goals as proposed in the Decree have improved, though not all of them have met the desired levels (Ministry of Labour, 2020). Their failure to reach some desired levels is explained by the coronavirus pandemics, which have interfered with the Strategy operation (Ibid.).

Also, other developments apart from the discussed list are described. For instance, as related to social services, the document talks about improvements and events in the sphere. Those have taken place not only in state services but also in non-governmental and charity organisations, such as food delivery services in terms of coronavirus pandemic (Ministry of Labour, 2020). Other services which are mentioned as being in a state of operation and

improvement are the project of long-term care aiming at individualisation of services' approach and progress of elderly care sector (p. 18), widening the range of services for elderly people (p. 16), improvement of home services of various kinds including medical care (p. 17), support of services (home, medical, urgent) for people living in less developed infrastructure (Ibid.), help to citizens providing care for elderly relatives and the development of this help's organisation (p. 17), foster families for elderly citizens (p. 17), and others. From the actions described in this part of the document, it can be concluded that the support is provided to services of various kinds and approaches, which can undoubtedly be seen as a positive implication, as it will offer more choice to the people who want to obtain care services.

Also, it is notable that some measures point more to maintaining the home environment for older adults. Some examples of such measures are already mentioned help for family carers (p. 17) and foster families (Ibid.); others are:

- the development of places for obtaining training about care for elderly relatives (p. 16).
- development of the stronger position of home care services for elderly and disabled people (Ibid.).
- provision of similar-to-home conditions in the organisations of stationary care (p. 16).
- provision of a social care worker in the home environment (Ibid.).

This lean towards providing a more like-home environment and family (or family-like) care can be a subtle sign of elderly care familisation. Nevertheless, the development of stationary care services is still told to be one of the objectives of the current document; notably, it is said that there is a need to expand the network of stationary social services organisations to meet the demands of people (p. 15). Nevertheless, the measures of expansion include placing citizens in places equipped as apartments and "accompanied living" (accompanied accommodation in a separate apartment or special block (p. 17)) (p. 15).

Therefore, it can be concluded that the Strategy points to various developments in social services, as well as improvements in different spheres of society in general. There is no significant lean towards familisation and defamilisation of care: it can be fairly noticed that the measures support both options.

I will now turn to the discussion of the findings of the current thesis as related to the theoretical body of knowledge.

Discussion

Current research findings partly correlated with the outcomes of researches of similar kind. For instance, the paper of Parfenova (2019), as well as the order of the Russian government (Ministry of Labour, 2016), contains points about the family being the traditional provider of care. In current study, it was found out that 63,4 % of seniors got home medical and sanitary-hygienical services help from their relatives (FSSS, 2020b). Moreover, care worker was the least often choice of respondents (5,7 %) (Ibid.). These results indicate that the role of family being the main caregiver is present even in current times, which correlates with the traditions.

Also, those outcomes are inconsistent with the information in Caldwell's (2007) report and the work of Holavins (2020a), where the lean towards defamilisation of care services is supposed. At the same time, however, there is a pretty wide variety of services which can be obtained by the older adult (SSP and neighbourhood-level services containing different ranges of care) (PF of the Russian Federation, 2022, Russian Quality, 2021). The wideness of the offer suggests defamilisation of care since people have more choice to delegate actions to care workers. Standards of elderly care provision (e.g., cntd, 2013) then also suggest a wide variety of provided services. At this point, mixed situation can be noticed: there are options for defamilised care, but family still has its traditional role of main care provider.

Moreover, according to the other report, 97,6 % of all older adults do not receive state care services altogether, while 90,7 % of all seniors belong to some group of disability (FSSS, 2020a). At the same time, 99 % of elderly respondents who do not receive state care services claim lack of limitations in performing essential tasks (Ibid.). Thus, the familisation of care can be partly supported by this document. Despite not having limitations in everyday life, some help with the activities still can be obtained. Nevertheless, there is a need to gain more information on whether this need for help is actually present.

Another finding is that 46 % of people receive care services for partial payment, and 7,4 % of people pay the whole amount for themselves (FSSS, 2020a). This outcome is consistent with the finding of Parfenova (2018), where it is discussed that people will be charged for care services. This notion of payments is pretty widespread and, therefore, might create additional complications for care receivers. Thus, these issues related to financial matters are worth discussing and investigating more.

However, another finding was not that compatible with the information from Parfenova (2018) scholar. While Parfenova (2018) claims that reform created dissatisfaction with the care

services, FSSS (2020a) states that 39,6 % of respondents have told the quality care services are “generally satisfying”, and 37,3 % referred to them as “absolutely satisfying”. Then, 21,9 elderly people claimed they are “partially satisfied” with care services, and 1 % of people referred to the quality of services as being “generally unsatisfying” and “absolutely unsatisfying” (Ibid.). This incompatibility is also interesting and would be beneficial to dive into with more thorough research on elderly people’s satisfaction and dissatisfaction with the care services.

It can be said that the range of offered services creates a ground for the defamilisation of care. At the same time, it is unclear whether the offer actually leads to defamilisation. Overall, state options as well as statistics and other data had evidence for both familisation and defamilisation of state elderly care. Some aspects (e.g., *Strategy of actions* discussed in the previous part of current study) were supportive of both options at the same time. This feature is compatible with Lohmann & Zagel (2016) and Michoń (2008) theory, which claims that state can support both familisation and defamilisation.

Conclusion

First of all, I will discuss the findings of the research as related to the established research questions. The first research question was connected to the notion of familisation and defamilisation of state elderly care services.

It can be said that overall, the study has shown mixed results in terms of familisation and defamilisation. In some cases, the lean towards both options was present, such as in the Strategy discussed in the last subchapter of the analytical part, which stated the necessity of encouragement of people to take care of their family members while still aiming to develop elderly care sector (Ministry of Labour, 2016). Also, in some cases, the familisation of care is likely to be compelled: for instance, some services are provided only to the specific groups of elderly people (e.g., SSP (Governmental Services, 2022)), and in some cases, the queues for obtaining the services were present (Ministry of Labour, 2016). This limitation would mean that people will have to either turn to non-governmental care option or choose the familised care.

The evidence of elderly care sector being more supportive of defamilisation has also been noticed. The overall scope of state care services (i.e., governmentally provided home, stationary, and half-stationary services) is pretty wide, and help with many different tasks and activities can be obtained. Moreover, as for the future prospects and plan in the field of elderly care, many developments in the formal sector of care are proposed.

Some statistics related to state care services, however, illustrate leaning towards familisation of care. One of the most notable familisation notice is the results of one of the studies which showed that most of the respondents obtained necessary help from their relatives, not from formal carers, and many people received medical help from their acquainted doctors (FSSS, 2020b). Other statistics also show that many parts of state care experience decline in their usage (e.g., FSSS, 2021f, 2021g), while the amount of elderly people is rising (FSSS, 2021b) as well as the amount of health issues of them (Ministry of Labour, 2019). Those results once again serve as evidence for either private care or familised one.

Another notable finding considered the aim to maintain the home environment for elderly people (Ministry of Labour, 2016). There has been an amount of measures proposed for the sector to strengthen the home care services (Ibid.). This lean cannot be thought of as of familisation in particular, but it still supports more “like-family” support for elderly people, aiming to keep their environment familiar.

Therefore, as for state measures, mixed approach can be noticed. As already retrieved in *Theoretical framework*, however, the state can simultaneously support familisation and defamilisation policies (Lohmann & Zagel, 2016), therefore, current case of Russia is one of the possible options.

The following table summarises the support of familisation and defamilisation of the discussed entities (*Figure 2*):

Institution	Familisation	Middle	Defamilisation
Standards		x	
Social Services Package	x		
Neighbourhood-level home services			x
Neighbourhood-level stationary services			x
Neighbourhood-level half-stationary services		x	
Benefits and pension additions		x	
Strategy of actions in the interests of older generation [...]		x	

Figure 2. Institutions' support of familisation and defamilisation

It is of course necessary to state that there would not be a simple answer on the question whether more familisation or defamilisation of care is better. Both options can be beneficial and disadvantaged, and the necessity of lean towards each side should be analysed with keeping in mind the context of the issue and the possible outcomes. It comes without doubt, though, that the establishment and strengthening of the elderly care sector would benefit the wellbeing of seniors who receive the services. This defamilisation, then, would not inevitably mean the abandonment

of the person with leaving it for the care of a stranger. Instead, the correct organisation of care and communication among the elderly people, their relatives, and social care worker can benefit both wellbeing and family relationship. But there, it is always necessary to look at the situation of elderly person in their particular context to ensure the best possible approach to organisation of formal and informal care.

As for the second question of the research which pointed at the issues in state elderly care, several of them can be noticed. For instance, some services (as well as benefits and pension additions) apply not to all elderly people. Usually, there are some conditions which need to be fulfilled, e.g., having some specific awards (Governmental Services, 2022). The presence of these conditions, however wide the range of services or other help may be, is a factor which prevents elderly people from getting care which they might need. Despite that some people might be not fulfilling the conditions, they may still experience need to get the services or benefits which however apply to a limited group of people only. Therefore, the individual approach to people's needs should be prioritised, while providing care and benefits to the people who are in need of it.

Another thing which is noticeable from the retrieved information is the material part of elderly care. Despite the low pensions (FSSS, 2021e), some aspects of care are not provided for free (mos.ru, 2022, DLSPPM, 2022). This aspect undermines availability of elderly care services, as many people may be deprived from help which they need due to their material position.

There is also an issue of insufficient capacities of state care services. Documents retrieved on the matter of facilities' and care workers' quantity in most cases showed the decreases in those amounts (e.g., FSSS, 2018a, FSSS, 2018b, FSSS, 2018c). However, while talking about capacities of care services, it is also crucial to remember that the usage of some elderly care services is decreasing as well. For instance, this comes to SSP (as well as MP) and urgent care services (FSSS, 2021f, 2021g). Still, the reasons for this decline are uncertain and requires additional research, since the background can be of different kind and indicate certain issues (e.g., dissatisfaction with the services).

There are other issues which apply not to the services themselves, but rather to the information which was available for current research, and this is mixing elderly people with disabled people (e.g., cntd, 2009, Ministry of Labour, 2013, cntd, 2021). Some of the elderly people can indeed be disabled as well and therefore fall into two categories at the same time. However, there can be disabled people of any age. Therefore, in the studies and well as in the

statistical information about both elderly and disabled people and matters related to them, it is crucial to distinguish between those two groups in order to get more representative data. This mixing also can be a flaw in the sense of summarising that older adults are necessarily connected to the lack of ability to participate in the average active life and to self-service, or to inevitably having health restrictions. In reality, the situation where the elderly person has health issues, partially or entirely lost the ability of self-service and to some extent cannot be as active as the citizen of the younger age can be the case. However, those features are not universal to all older adults, and it is not correct to summarise them into the category of disabled. In my opinion, while providing the care services for the whole group of elderly people, it is still vital to treat each case and each person individually, and to search for a unique strategy of help, so it can be the most effective. To hold this stream of individuality, it is therefore crucial to communicate. The communication is always important, firstly, with the elderly people themselves, secondly, with their relatives, especially close ones (not necessarily their children; “close” here comes rather to the state of mental closeness), thirdly, with their former and current caregivers, be it the state provided ones or private, or even the people who are not the workers of the care sector of any kind yet participate in providing help (e.g., neighbours). Through the communication, important features of each case can be revealed, which will help in building the productive work relationships with the person, and to provide the help they actually need.

Policy suggestions

Based on the obtained information about the elderly care services, several policy suggestions can be made.

Firstly, there is a need to address the issue of availability and affordability of care services. To do this, it is necessary to target decreasing amounts of care facilities and care workers (e.g., FSSS, 2018a, FSSS, 2018b, FSSS, 2018c) as well as the issue of paying for the services (Parfenova, 2018, p. 168, FSSS, 2020a). Also, more thorough research on the clients’ perception could be beneficial to find out other problems and target them. More research involving care workers as well as receivers could be very beneficial and will likely add deeper knowledge of the problem.

More measures and care services aiming to integration of elderly people into everyday life would also be a possible suggestion. At the same time, informing about the services and activities available to elderly people is also necessary. This way, people will have both a possibility to participate in active life and obtain the help if it is needed.

Also, one of the necessary suggestions would be to make the documents, including statistical ones, in a separate way for the elderly and disabled people. The reason is mixing those two groups of people might distort the perception of information presented in the documents. Moreover, the measure of making separate documents will decrease the presence of bias towards elderly people as being necessarily incapable of self-service.

What is more, current research indicated several topics which could be further studied. For instance, those are reasons of decline in usage of state services, further investigations of older people's needs and opinions, study of health situation of seniors (since data from Russian source and WHO was different), situation with elderly care services in rural areas of Russia, and others. Further research on those matters might provide beneficial knowledge on how else the elderly care services in Russia can be improved.

Bibliography and sources

1. Ageing (2020a) World Health Organization
https://www.who.int/health-topics/ageing#tab=tab_2
2. Caldwell, M. L. (2007). Elder care in the new Russia: The changing face of compassionate social security. *Focaal*, 2007(50), 66-80
3. Population Census 2021 (2021a) FSSS
https://rosstat.gov.ru/storage/mediabank/Bul_chislen_nasel-pv_01-01-2021.pdf. Original title: Численность населения Российской Федерации по полу и возрасту на 1 января 2021 года (Статистический бюллетень)
4. Federal State Statistics Service (FSSS) (2021b) Population of the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность населения Российской Федерации
5. Retirement age in 2022 — when men and women retire (2021a) RIA News, <https://ria.ru/20210409/pensiya-1727617636.html>. Original title: Пенсионный возраст в 2022 — когда выходят на пенсию мужчины и женщины
6. Federal Law of the Russian Federation (2018) Official internet portal of legal information <http://publication.pravo.gov.ru/Document/View/0001201810030028>. Original title: Федеральный закон от 03.10.2018 № 350-ФЗ "О внесении изменений в отдельные законодательные акты Российской Федерации по вопросам назначения и выплаты пенсий"
7. Federal State Statistics Service (FSSS) (2021c) Life Expectancy, <https://rosstat.gov.ru/>. Original title: Ожидаемая продолжительность предстоящей жизни
8. Federal State Statistics Service (FSSS) (2021d) Number of working pensioners registered with the Pension Fund of the Russian Federation, by types of pension provision and categories of pensioners in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность работающих пенсионеров, состоящих на учете в системе Пенсионного фонда Российской Федерации, по видам пенсионного обеспечения и категориям пенсионеров в Российской Федерации
9. Social support for pensioners (2022)
<https://www.mos.ru/uslugi/socialnaya-podderzhka/pensioneram/1525/>. Original title: Социальная поддержка пенсионерам
10. Russian Quality (2021) Social Assistance: Who should have a social worker by law. Original Title: Социальная помощь: кому положен социальный работник по закону
11. Report on the results of comprehensive monitoring of the socio-economic situation of older people for 2017 (2019) Ministry of Labour, <https://mintrud.gov.ru/docs/1294>. Original

title: Доклад о результатах комплексного мониторинга социально-экономического положения пожилых людей за 2017 год

12. Healthy Life Expectancy at Age 60 (2022) WHO, <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/healthy-life-expectancy-at-age-60>

13. Ageing country profile (2020b) WHO, <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/static-visualizations/ageing-country-profile> 2020

14. Parfenova, O. (2018) Transformation of Social Services for the Elderly in the Regional Context of Modern Russia. Original title: Трансформация социального обслуживания пожилых в региональном контексте современной России. Social Policy Analysis Journal, 165-186.

15. Federal State Statistics Service (FSSS) (2021i) Total number of pensioners in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Общая численность пенсионеров в Российской Федерации

16. Federal State Statistics Service (FSSS) (2021j) The number of pensioners and the average amount of assigned pensions by types of pension provision and categories of pensioners in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность пенсионеров и средний размер назначенных пенсий по видам пенсионного обеспечения и категориям пенсионеров в Российской Федерации

17. Pension Fund of Russia (2019) Types of pension in Russia, <https://pfr.gov.ru/branches/moscow/news~2017/04/17/134109>. Original title: Виды пенсии в России

18. Federal State Statistics Service (FSSS) (2021k) Number of recipients of non-state pensions in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность получателей негосударственных пенсий в Российской Федерации

19. Federal State Statistics Service (FSSS) (2021e) Dynamics of the average size of assigned pensions depending on the gender and place of residence of a pensioner in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Динамика среднего размера назначенных пенсий в зависимости от пола и места проживания пенсионера в Российской Федерации

20. Decree of the Government of the Russian Federation of December 31, 2020, No. 2406.). Original title: Постановление Правительства РФ от 31.12.2020 N 2406 "Об установлении величины прожиточного минимума на душу населения и по основным социально-демографическим группам населения в целом по Российской Федерации на 2021 год"

21. mos.ru (2022) How to get a Social Services Package, <https://www.mos.ru/otvet-socialnaya-podderjka/kak-poluchit-nabor-socialnyh-uslug/>. Original title: Как получить набор социальных услуг

22. Federal State Statistics Service (FSSS) (2021f) The number of recipients of monthly payments among the elderly in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность получателей ежемесячных денежных выплат (ЕДВ) среди лиц пожилого возраста в Российской Федерации
23. Federal State Statistics Service (FSSS) (2021g) The number of elderly people who have used the right to receive a set of social services in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность лиц пожилого возраста, воспользовавшихся правом на получение набора социальных услуг, в Российской Федерации
24. Governmental Spendings (2022) Federal budget in the context of state programs for 2021, <https://spending.gov.ru/budget/gp/?year=2021&page=3>. Original title: Федеральный бюджет в разрезе госпрограмм за 2021 год
25. Lohmann, H., & Zagel, H. (2016). Family policy in comparative perspective: The concepts and measurement of familization and defamilization. *Journal of European Social Policy*, 26(1), 48-65.
26. Österle, A., & Rothgang, H. (2010). Long-term care. In *The Oxford handbook of the welfare state*.
27. Michoń, P. (2008). Familisation and defamilisation policy in 22 European countries. *Poznan University of Economics Review*, 8(1).
28. Shi, L., Singh, D. (2015). *Essentials of the U.S. Health Care System* (4th ed.). Jones & Bartlett Learning. p. 232. ISBN 978-1284100556.
29. Norton, E. C. (2000). Long-term care. *Handbook of health economics*, 1, 955-994
30. Kaye, H. S., Harrington, C., & LaPlante, M. P. (2010). Long-term care: Who gets it, who provides it, who pays, and how much?. *Health affairs*, 29(1), 11-21.
31. Kernisan, L. (2015) *Activities of Daily Living: What Are ADLs and IADLs?*
32. Parfenova, O. (2019). Key agents of care for the elderly in modern Russia. Original title: Ключевые агенты заботы о пожилых в современной России
33. Holavins, A. (2020a). 'You Don't Need Santa Monica!' The Objectification of Elderly Care Receivers in Russia. *Europe-Asia Studies*, 72(10), 1678-1702.
34. Holavins, A. (2020b). Non-Governmental Elderly Care in Russia: Participation or Objectification?
35. Igarashi, N. (2018). Elderly care in Russia and sidelka from Central Asia 1. In *Gendering Postsocialism* (pp. 37-53). Routledge.
36. Profi.ru (2022) Профи
37. «Social service of the population. Procedure and conditions for providing services to citizens older generation and disabled people» (2021) Electronic base of GOSTs, 61

https://allgosts.ru/03/080/gost_r_52884-2021. Original title: Социальное обслуживание населения. Порядок и условия предоставления услуг гражданам старшего поколения и инвалидам

38. Law on raising retirement age in Russia comes into effect on January 1, 2019 (2018) TASS Russian news agency, <https://tass.com/society/1038728>

39. The financier spoke about the conditions for retiring in 2022 (2022) iz.ru, <https://iz.ru/1281029/2022-01-23/finansist-rasskazala-ob-usloviakh-vykhoda-pensiiu-v-2022-godu>. Original title: Финансист рассказала об условиях выхода пенсию в 2022 году

40. Standards and regulations (2022) GOST website, gost.ru

41. Interstate council for standardization, metrology and certification, <https://easc.by/>

42. cntd (2013) Federal Law "On the Fundamentals of Social Services for Citizens in the Russian Federation" dated December 28, 2013 N 442-FZ (last edition), http://www.consultant.ru/document/cons_doc_LAW_156558/. Original title: Федеральный закон "Об основах социального обслуживания граждан в Российской Федерации" от 28.12.2013 N 442-ФЗ (последняя редакция)

43. Kolosnitsyna, M., Khorkina, N., Dorzhiev, H. (2017) Determinants of Life Satisfaction in Older Russians. Ageing International volume 42, pages 354–373 (2017), <https://link.springer.com/article/10.1007/s12126-017-9297-3>

44. Federal Law of the Russian Federation on the basics of social services for citizens (2013) Ministry of Labour of the Russian Federation, <https://mintrud.gov.ru/docs/laws/112>. Original title: Об основах социального обслуживания граждан в Российской Федерации

45. easc (2022) Interstate Council for Standardization, Metrology and Certification, easc.by. Original title: Межгосударственный совет по стандартизации, метрологии и сертификации

46. Pension Fund of the Russian Federation (2022) Social Services Package, https://pfr.gov.ru/grazhdanam/federal_beneficiaries/nsu/. Original title: Набор социальных услуг

47. Governmental Services (2022) Social Services Package. Governmental Services Website, https://www.gosuslugi.ru/situation/pomoshch_pensioneram/adresnaya_socialnaya_podderzhka. Original title: Набор социальных услуг

48. Department of Labour and Social Protection of the Population of Moscow (DLSPPM) (2022) Stationary Services, <https://dszn.ru/deyatelnost/stacionarnoye-obslyuzhivanie>. Original title: Стационарное обслуживание

49. statdata (2022) 100 Largest cities in Russia by population 2021 list of the Russian Federation, http://www.statdata.ru/largest_cities_russia. Original title: 100 Крупнейших городов России по населению 2021 список РФ

50. cntd (2009) Social services of the population: Types of social service institutions for the elderly and disabled, <https://docs.cntd.ru/document/1200060783>. Original title: Социальное обслуживание населения: Типы учреждений социального обслуживания граждан пожилого возраста и инвалидов
51. Federal State Statistics Service (FSSS) (2020a) Social services for elderly and disabled citizens: Coverage of social services, forms of receiving it and reasons for non-receipt, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Охват социальным обслуживанием, формы его получения и причины неполучения
52. Federal State Statistics Service (FSSS) (2018a) Social services for the elderly and disabled: Services (departments) of urgent social services for the elderly and disabled in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Службы (отделения) срочного социального обслуживания граждан пожилого возраста и инвалидов в Российской Федерации
53. Federal State Statistics Service (FSSS) (2018b) Social services for the elderly and disabled: Centers and departments of social services at home for the elderly and disabled in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Центры и отделения социального обслуживания на дому граждан пожилого возраста и инвалидов в Российской Федерации
54. Federal State Statistics Service (FSSS) (2018c) Social services for the elderly and disabled: Specialized departments of social and medical care at home for elderly and disabled citizens in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Специализированные отделения социально-медицинского обслуживания на дому граждан пожилого возраста и инвалидов в Российской Федерации
55. Federal State Statistics Service (FSSS) (2020b) Social services for elderly and disabled citizens: Receiving and needing to receive medical and sanitary-hygienic procedures at home, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Получение и нуждаемость в получении на дому медицинских и санитарно-гигиенических процедур
56. Federal State Statistics Service (FSSS) (2018d) Social services for the elderly and disabled: Social and rehabilitation services serving the elderly and disabled in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Социально-реабилитационные службы, обслуживающие граждан пожилого возраста и инвалидов в Российской Федерации

57. Federal State Statistics Service (FSSS) (2018e) Social services for the elderly and disabled: Social and health centers serving the elderly and disabled in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Социальное обслуживание граждан пожилого возраста и инвалидов: Социально-оздоровительные центры, обслуживающие граждан пожилого возраста и инвалидов в Российской Федерации
58. State Duma of the Russian Federation (2021) List of pension supplements, <http://duma.gov.ru/news/52040/>. Original title: Список доплат к пенсии
59. Federal State Statistics Service (FSSS) (2021h) The number of pensioners receiving social supplements for pensions in order to bring the level of material security of a pensioner to the subsistence level of a pensioner in the Russian Federation, <https://rosstat.gov.ru/>. Original title: Численность пенсионеров, получающих социальные доплаты к пенсии в целях доведения уровня материального обеспечения пенсионера до величины прожиточного минимума пенсионера в Российской Федерации
60. Benefits for pensioners in 2022: what are they and who can get them (2021b) RIA News, <https://ria.ru/20210423/lgoty-1729602390.html>. Original title: Льготы пенсионерам в 2022 году: какие положены и кто их может получить
61. The strategy of actions in the interests of citizens of the older generation in the Russian Federation until 2025 (2016) Ministry of Labour of the Russian Federation, <https://mintrud.gov.ru/ministry/programms/37/2>. Original title: Стратегия действий в интересах граждан старшего поколения в Российской Федерации до 2025 года
62. The Report of the Ministry of Labour and Social Protection of the Russian Federation on the implementation of sectoral strategic planning documents of the Russian Federation on issues under the jurisdiction of the Government of the Russian Federation (2020) <https://mintrud.gov.ru/ministry/programms/37/2>. Original title: Доклад Министерства труда и социальной защиты Российской Федерации о реализации отраслевых документов стратегического планирования Российской Федерации по вопросам, находящимся в ведении Правительства Российской Федерации