

CARING FOR OLDER PEOPLE IN THE POST-SOVIET SPACE: THE CASE OF RUSSIA

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ABSTRACT: *In this article, we analyze the care of older persons ('eldercare') in the post-Soviet space using the example of Russia. Our research questions are: How are the care arrangements of older adults in the post-Soviet state transforming, and how are these transforming care arrangements affecting the agency of older persons? The materials for the analysis are qualitative interviews with older people, social workers, and experts from Russia (N=31), as well as statistics and legal acts. The care arrangements of older adults are undergoing significant transformation, which we can identify in two distinct trends. The first is the drift away from a state and family monopoly on caring for older people to a mixed model. New forms of care and providers are emerging: NGOs; business organizations; foster families for older people; specially equipped apartments; and private nursing homes. The informal care sector is also developing thanks to the paid caring services of neighbors and migrants (both external and internal). The second trend is that, in practice, care can often be 'layered' in nature. Relatives, public services, non-profit organizations, and paid staff can take care of the same person at the same time. These trends expand the repertoire of care scenarios and make choice more flexible for older persons and increase their agency.*

KEYWORDS: *care arrangements in the post-Soviet space, post-Soviet eldercare, public services, foster families, older people's agency*

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INTRODUCTION

Population aging is a trend in many developed and developing countries, and post-Soviet countries are no exception. Russia, the largest post-Soviet country, is today an aging society. The proportion of older people (60 years or older) in Russia today is 20%, and this is projected to increase to 30% by 2050 (Global Age Watch Index 2015). From 1994 to 2010 (the year of the last national census) the number of people aged 65+ living alone increased from 25.5 to 29.7%. Only 25% of older people live with their children (Prokofieva–Mironova 2015). According to this indicator, the position of Russia is between that of northern and southern Europe (13% of older people live with children in Denmark, and 52% in Spain) (SHARE 2021). At the same time, the Active Ageing Index (AAI) for Russia shows that the country is at the bottom of the ranking in the domain of the elderly having an independent, healthy, and secure life. The AAI score for Russia is 30.9 points, which means about 69% of the potential of older people in relation to active aging is unused, and corresponds to the eighteenth place in the ranking of 29 European countries (Varlamova et al. 2017). Sooner or later in the lives of many older people there comes a period when, due to their limited physical ability, they are no longer able to fully serve themselves independently like they used to. In Russia, home-based services for older people emerged in the late 1980s based on state social services. According to the statistics, the latter are the most common and popular form of care for older people who have limited mobility and live alone. For comparison: social services and medical care at home are received by 1.1 million older people (about 3% of older people in Russia), while only 250 thousand people live in public nursing homes (Federal Russian Statistics 2018). In recent years, a long-term care (LTC) system has been introduced at the federal level. In 2019, LTC was implemented in six pilot regions (out of 86). In 2020, an order was issued by the Ministry of Labor² concerning the approval of the ‘standard model’ of LTC, and by 2021 it had already been introduced in 24 out of 86 regions. In fact, the LTC system is based on familiar home-based services but offers a wider range of support, including for relatives of older people.

In European countries, the practice of caring for an older person significantly varies, and includes the state, family, and the third sector (Spasova et al. 2018).

² Decree of the Ministry of Labor of Russia of 09/29/2020 N 667 “On the implementation in individual constituent entities of the Russian Federation in 2021 of the Standard Model of the Long-Term Care System for Elderly Citizens and People with Disabilities in Need of Outside Care” <https://legalacts.ru/doc/prikaz-mintruda-rossii-ot-29092020-n-667-o-realizatsii/#100010>

In Russia, after the adoption of the new 442 Federal Law³ on social services, it became possible to actively involve NGOs and business organizations in caring for older people. As a result, having actively emerged and developed in the past few years, NGOs and business organizations are now alternative providers of public social services. Today's NGO / business organizations are included in the register of public service providers in many Russian regions. They offer affordable prices for services, but this is true mainly of large cities. In parallel with this, other forms of care organizations are developing: foster families for older people, private nursing homes, and specially equipped apartments. Taken together, this changes the field of care. In this article, we analyze eldercare in the post-Soviet space using the example of Russia. We answer the questions how are the care arrangements of older adults transforming in the post-Soviet state, and how do these transforming care arrangements affect the agency of the elderly?

POST-SOVIET CARE ARRANGEMENTS AND THE AGENCY OF OLDER PEOPLE

The repertoire of caring scenarios (including caring for older people living alone) is determined by the care arrangements that exist in each society. By care arrangement, we mean *“an interrelation between the cultural values about care, the relevant sense-constructions in a given society surrounding informal and formal care, and the way institutions like the welfare state, the family, the labour market and the non-profit sector as well as social structures frame informal and formal care”* (Pfau-Effinger 2005). In this context, family values about care which are transmitted by the family and influence the choice of care format are of particular relevance. In different countries, patterns of care can transform and change under the influence of external circumstances. In the countries of northern Europe, where the formats of institutional care or “cold-modern ideals of care” (Hochschild 2003) are traditionally more developed, the main providers of care are institutions (nursing homes etc.), indicating a trend towards the marketization of care. This trend is expressed in the fact that public service provision in the form of paid and private contracts is actively being developed, from among which wealthy older people may choose. Moreover, re-familiarization is becoming more widespread. According to researchers, this jeopardizes the potential of increasing class and gender equality in Scandinavian ‘welfare states’ (Moberg 2017; Szebehely–Meagher 2018). The Russian welfare model is the successor to

3 Federal Law “On the Basics of Social Services for Citizens in the Russian Federation” dated 28.12.2013 N 442-FZ

the Soviet one, which is most similar to the social democratic model in that the leading role of the state in social care is assumed (Esping-Andersen 1990). If we look at care through the prism of the ideals of care, then the Soviet one comes closest to the “postmodern” approach (Hochschild 2003), in which women bear a double burden due to their having to fulfil the gender role of working mothers that has persisted into the post-Soviet period (Zdravomyslova–Temkina 2005). However, in the post-Soviet period there have been significant changes that have entailed a reconfiguration of the usual model of care. These changes include an increase in the proportion of the older population, the active nuclearization of families, changes in intergenerational contracts, and the influx of migrants as a labor force, etc. These changes are accompanied by changes in the social policy of the state. Since the late 1980s, social services have been actively developing and a home-based service system has been introduced. Since the early 2000s, the commercialization of child care has been actively developing, and the nanny profession has become firmly established in the labor market (Zdravomyslova 2010). A little later, similar commercialization occurred in terms of caring for the elderly (mainly involving the work of migrants). Since the 2010s, the state has been expanding the list of home-based care providers, actively trying to attract Russian NGOs and businesses. Along with this, there has been a shift from only family or/and state older care to the third sector, including foreign NGOs and religious organizations in Russia (Caldwell 2007). However, after the adoption of Law 121 on ‘foreign agents’⁴ in Russia, which limits the activities of many (including charity) organizations, it can be assumed that this trend has changed.

In addition to the values of care, the objective parameters of the lives of older people also play an important role – the level of well-being, health, etc. Researchers note that a good financial situation increases the level of independence of an older person, and the cohesion of the family, characteristic of the southern regions of Europe, contributes to informal assistance and family care (Bettio–Plantenga 2004). Surveys of older people in Spain show that their lifestyle choices are directly related to their expected health status. In the case of good health, the preferred option is to live in one’s own home and in the case of physical or cognitive impairment with relatives (Fernandez-Carro 2016). The poor health indicators of Russian older people force them early on to resort to outside help to solve everyday problems.

4 The Foreign Agents Act allows government authorities to include NGOs on the list of foreign agents if they receive funding from abroad. Being added to this list entails several restrictions and very often NGOs cannot continue their work as before. Some NGOs have been forced to cease their activity.

Against the background of the development of new alternatives to care, questions arise about the role of the elderly in this process. In practice, the preferences of older people about the conditions of care do not always coincide with reality. For example, mass surveys of older people 80+ show that most of them would prefer to grow old where they live (with family care or paid assistance), followed by the option of assisted living, or continuing in a care retirement community. But only one in every three older people are in their preferred environment (Kasper et al. 2019). Unfortunately, such surveys are not conducted in Russia.

We consider the transition of an older person to that phase of life when they begin to need care from outside, focusing on the dilemma that arises: How can one maintain independence when one needs help from outside? Independence might mean the ability to do things as before, to have control over one's affairs, or be linked to good health and an active lifestyle (Fenton 2014). Such a situation creates several tensions: one of them is between the need for care and support and the wish to keep control and be independent, while another is related to the roles and responsibilities of the state, family, and the older person (Fenton 2014). Agency involves a continuous flow of conduct and involves "intervention" in the objective world (Giddens 1979:55–56). As modern research shows, the category of agency is very problematic when it comes to old age. Discussing the concept of the 'fourth age,' researchers conclude that it is in this period when choice ends or becomes irrelevant. Compared to this, the 'third age' – thanks to increased affluence, individualization, and the de-institutionalization of the life course – allows for maintaining autonomy and agency. The key difference between the fourth and the third age is the loss of control over the body (often as a result of dementia). This leads to the loss of social agency, as such persons are determined by others to be no longer able to manage everyday life (Gilleard–Higgs 2010; 2014). Old (the fourth) age can be treated as a state of "unbecoming" (Higgs–Gilleard 2014) – and this view is largely shared by older people themselves. Older people associate agency with autonomy in decision-making and the ability to do things without external assistants; thus, they equate old age with the end of their agency (Jolanki 2009). In the context of our research, it is important to understand how agency is changing for the post-Soviet older person who is accustomed to relying on the state for everything. This generation of older people see themselves for the first time as a 'lost generation.' Members of the latter think of themselves as the victims of overly rapid socioeconomic changes in the country (Grigoryeva et al. 2021). The concept of agency seems important to us, because it raises the issue of the need to listen to the voices of older people.

As a result, the post-Soviet systems of social care, as part of the entire social, economic, and political context, are undergoing transformation, mainly involving

a shift from regulation and control towards individual responsibility. As there is a lack of qualitative research about old-age care arrangements, especially from Eastern Europe, we seek to address this knowledge gap by analyzing empirical data from a post-communist country – Russia. Older people from Russia spent most of their lives under an authoritarian Soviet regime; they were used to broad regulation and the responsibility of the state. Do they still expect that authorities will take care of them in case of need? As researchers rightly point out, the same names for service organizations or care practices do not always mean the same thing in different societies, and their proportions may also differ. Besides, they may also differ in belonging to different government departments and funding arrangements. All this makes it difficult to compare social care systems in different countries (Anttonen et al. 2003). Thus, the main goal of our study is to analyze the transformation of care arrangements for older adults in the post-Soviet space using only the example of Russia. We will show how the care system is transforming, what new elements and actors are emerging, and how this affects the agency of the elderly. As part of our study, we deal with older people with limited mobility but who can make decisions independently (many of them can take care of themselves, although they need external support). In this context, our research questions can be formulated as follows: How are the care arrangements of older adults transforming in the post-Soviet state, and how do these transforming care arrangements affect the agency of older people?

DATA AND METHODOLOGY

In this study, we used two sets of data. The first included empirical data from the social service sector in Russia that were collected during two studies (2011–2014, and 2017–2018) in St. Petersburg and other regions (Nizhnii Novgorod, Velikii Novgorod, and Republic Karelia). They involved interviews with older people – clients of public services, nurses, and heads of public service institutions (N=31), as well as observation-based diaries of the interactions between nurses and older persons, and heads of state social services/departments. All the interviewees were older people aged 60–86 years, living alone, with limited mobility. Most of them were women. This data allowed us to analyze public services from three perspectives at once: older clients, social workers, and heads of organizations. In part, these data helped us understand how difficult it is to develop other providers of care for older people – namely, NGOs. Interviews and observation-based diaries were analyzed, applying thematic analysis (Braun et al. 2014).

The second dataset includes statistical and demographic data, legal acts, and NGOs' and business organizations' websites and publications. This data helped us to analyze other elements of care arrangements – NGOs and business organizations, families and foster families, and specially equipped apartments.

A limitation of our research is that the empirical material mainly concerns public services. The material does not include information about the older clients of NGOs or business organizations or older people living in foster families or specially equipped apartments. Also, we do not consider in detail the informal care sector, the main providers of which are often women migrants.

FINDINGS

The support received by older people living alone can be seen as multi-layered. The persons who primarily and most frequently provide any assistance are the children of the former or other close relatives. When children live further away, the elderly or their relatives are forced to look for alternatives. Our data show that, on the one hand, government services (which provide home care) are widespread; and on the other, that we can often identify mixed care arrangements (including relatives, formal services, neighbors, etc.). Another pronounced trend is the development of already familiar providers of care and the emergence of new ones. Non-profit organizations, private homes for the elderly, foster families for the elderly, specially equipped apartments, etc. – all these have become elements of care arrangements. Below we will take a closer look at each of them.

Families and foster families

In Russia today, despite the lack of data about the number of families caring for a close older relative, it can be assumed that this is the most widespread form of care. Unfortunately, there are no statistics in Russia that would allow us to estimate the prevalence of informal care for older people. Current research notes that the family form of care is still a cultural norm in Russian society, and despite the modernization of care practices families do not receive sufficient institutional support. This is especially true of families supporting older people with dementia (Zdravomyslova–Savchenko 2020). However, family care is becoming less popular due to the nuclearization and migration of the younger generation to large cities. The unevenness in the number of individuals of

different generations, with the predominance of older people in Russia today, signals that it is difficult to care for older relatives with the help of only family members – i.e. without the help of the state and business (Eliseeva 2017). In the case of family care, we face the phenomenon of the “sandwich generation” – referring to the difficulties individuals have combining professional activities and childcare with caring for old parents, as well as emotional and physical burnout (Tkach 2018). Taken together, these factors are pushing the elderly and their relatives to look for alternative caring arrangements. As a result, family caregivers can share the care burden with public services or through informal contracts. Often, migrant women from Central Asia are providers of informally contracted care.

A new form of care for single seniors is foster families. The new trend is being encouraged by the development by the state of the institution of foster families for older people who are alone. Supporting this initiative on the one hand helps the state reduce its obligation to keep older people in homes, and on the other hand develops a ‘warm’ form of care. To date, there is no law about foster families; this practice is regulated at the regional level. According to the Ministry of Labor, about half of the regions (43 out of 86) have relevant legislation and practice about this practice. In some regions, foster families have existed since 2008 or 2010. However, the practice cannot be called a mass phenomenon – the number of ‘adopted’ older people fluctuates between 100-150 people in each of the regions.⁵ The foster family acts as a provider of care, and the older person the recipient. ‘Social services’ in foster families are aimed at maximizing the prolongation of a person’s stay in a social environment familiar to them to maintain their social status (Dolgova 2013). Researchers emphasize the widest distribution of this approach in rural and sparsely populated areas. Foster care improves the emotional background of an older person (Dolgova 2013; Golubeva et al. 2017). However, there are some structural difficulties – for example, the lack of psychological assistance for such families. In addition, it is easier to implement such a practice in rural areas when an older person is familiar with a potential foster family (Dolgova 2013).

NGOs and business organizations

NGOs and business organizations, despite their relatively limited prevalence and status as novices in the field of social care, embody the important tendency

⁵ *Third age – second family. Lonely elderly people are taken to foster families* (Sept. 21, 2019). RG.Ru. <https://rg.ru/2019/09/18/v-rossii-zapushchen-gosproekt-po-usynovleniiu-odinokih-starikov.html>

to the privatization of eldercare. NGOs and business organizations have been able to participate in providing social services for the elderly since the adoption of the new law on social services in 2015. They can act as government providers of social services and receive government subsidies for these activities. To do this, they need to be entered on the register of social service providers. We analyzed this tendency using the example of St. Petersburg. Today in St. Petersburg, according to the Register of Social Service Providers, out of 139 social service providers, 38 are non-state (29 socially-oriented NGOs and 9 business organizations). In the Leningrad Region, with a smaller population, the situation is better – out of 78 suppliers included in the register, 38 are non-state. This is because there is no barrier to entry – for organizations, there is no requirement for a minimum of five years' experience in the social services market. Some of these NGOs/business organizations are involved in, among other things, serving older people in a mobile or non-mobile (home-based) format. The wider distribution of this format is hindered on the one hand by the limited number of players in this field, and on the other by the low level of awareness of older people and their relatives about such alternatives.

Behind the problem of low awareness lies a conflict of interest. It is generated by the fact that formal social services are obliged to inform customers about alternative services from competitors. The study also highlighted the problem of the distrust of older people in the alternatives to state forms of services. This excerpt from an interview with the head of a formal service provider illustrates this problem well:

I took a list of NGOs from the registry that are engaged in servicing older people. Well, [I was.] telling her about this system. [I said] the payment is the same, as you want – so choose. More means more, [if] less is needed – less. You know, our one [our own service] shocks me ... [or] maybe it [doesn't], I'm probably convinced for the hundredth time that this is a generation of old people, yes, they trust our state so much ... It seems to me, even to the detriment of themselves sometimes. [...]. When the words „commercial” or “NGO” are spoken, for them it is something alien, foreign, they are afraid of being cheated. And the client [...] says: “No, I believe only in the state, I will be with you only.” [...] These are paternalistic expectations that the state will protect them, will not deceive them, they are so great that this generation is still [...]. That is, the degree of trust in the state is so high that so far they [older clients] are still with us. (Head of the department of social and medical services at home, St. Petersburg, 2017).

This passage clearly illustrates the paternalistic expectations of older people for whom the state is a key provider of care. Also, this distrust is reinforced by media publications about fraud involving apartments being taken away from the elderly. At the same time, representatives of state services themselves perceive NGOs / business organizations as potentially very strong competitors who have more flexible working conditions and government subsidies. However, so far, the trust of older people in public services is so great that NGOs and businesses are losing the competition.

However, the development of public services and the inclusion of NGOs and businesses in the field of care, and the emergence and development of new alternatives can stimulate changes in the field of care for older people. The withdrawal of the state from social services through the active involvement of NGOs and social enterprises opens up opportunities for the former to effectively compensate for the imperfection of the state (Grigoryeva–Parfenova 2021). At the present stage, old people and their relatives have the opportunity to choose the format of care, including a mix of different providers and practices. Also, there are new opportunities for choosing a care provider to increase the agency of the elderly, who can now choose and thus influence the organization's care provision.

Other alternatives: private nursing homes and specially equipped apartments

Private nursing homes have been actively developing over the past 10–15 years. While at first this format was widespread primarily in large cities, in the last decade it has penetrated the countryside where it turns out to be in great demand. The cost and living conditions in such institutions can be very different and range from 25,000 rubles (appr. 310 EUR) in a small village to 200,000 rubles (appr. 2500 EUR) in the Moscow region. It is profitable for small nursing homes to take the pensions of older clients as part-exchange for the service payment, while the rest is paid by relatives. According to the head of one of these houses in a village in Perm Territory, their popularity has been growing since 2013, and several similar establishments have already opened in the district. This is a clear illustration of changes in the gender order and the nuclearization of families – even in rural areas, traditional forms of family care and cohabitation are giving way to new forms of institutional care. Relatives who were not ready to send their elderly parents to a ‘scary and dirty state nursing home’ are more willing to see them in a small private nursing home. According to the aforementioned leader, older people become more sociable and their ‘taste for life’ returns. Before arriving at the nursing home, many had very

limited contact with the outside world. Relatives who visit the elderly are also seeing these improvements.

Specially equipped apartments have started to appear in the last decades only in large cities. For example, in Saint Petersburg such a program was started 25 years ago, and now the city has twenty such special residential buildings located in fifteen districts. The total stock of these houses is 1,290 apartments, designed to accommodate more than 1,500 single inhabitants of St. Petersburg, including veterans of the Second World War.⁶ This is a very insignificant number given that the total population of Saint Petersburg is approximately 5.5 million. According to one of the managers of such apartments, they are not very popular with older people because when they move into such apartments they must give up their existing housing, handing it over to the state, and they cannot leave the specially equipped apartment in their will to their relatives. Perhaps this is a generational fear – the fear of losing one’s only home and an unwillingness to exchange it for a more convenient living option.

Home-based care in Russia: a window to the world for older people

Home-based care as a part of public services is the most widespread form of state care for older people. Home-based care for older people in Russia is provided by the Complex Centers of Social Services (CCSS). As our study reveals, external actors often advise older people to seek help from a formal service. Three types of the latter actors can be identified – a medical professional (usually a therapist), close relatives (who regularly visit the older person), or neighbors or friends. Thus, they act as intermediaries between the older person and the CCSS.

Q: Tell me how you got into [started using] the social service? Did you turn up yourself or did someone advise you to take up the service?

A: I got sick. It was here ... a year and a half ago, my leg [was damaged], arthrosis or arthritis or both together. But for a year and a half, I couldn't cope ... that was when I was scared. Then I was scared. And the neighbor said that Lena [a social worker] comes to [visit] her. We are near – on the same stairs. Well, I decided that this is what ... [pause] my 'insurance' should be. Because this [illness] still has not gone anywhere and will still return. (Interview excerpt: woman, 80 years old, a widow who lives alone; a client of the center for 1.5 years).

⁶ <https://rg.ru/2020/06/17/reg-szfo/kak-v-peterburge-rabotaiut-socialnye-doma.html>

Older people living alone who are clients of CCSS often face social isolation. Often they are disconnected from many areas of life and experience disability. The key exclusion parameter for most older clients is poor health, which does not allow them to lead an active lifestyle, and weak infrastructure (a lack of elevators, special transport, etc.) that does not let them take advantage of the integration measures that formal services offer (attending group classes, lectures, excursions, etc.). Moreover, poor health is the reason for the transition of many citizens into the category of ‘passive’ clients of CCSS (that is, receiving care at home). Very often, the social exclusion of an older person is irreversible. Having become a passive client of CCSS, one is unlikely to ever move back into an active group and attend leisure activities.

The home-based service is considered an opportunity for an older person to preserve their independence in terms of taking care of themselves without resorting to the help of separate relatives or having to move into a nursing home. Cases in which an older person lives with a close relative in the same apartment at the same time but also seeks help from social services are also found, although rare. These options can also be considered the desire of an older person to maintain agency in matters of caring for themselves without ‘loading’ additional close relatives.

In practice, the desire to maintain agency is also manifested in the fact that an older client may see a social worker as an assistant/friend, and seek to control and influence the content of basic services – where and what exactly, and at what price. If an older client does not visit a store personally, their recommendations in terms of product/price/store/pharmacy brands are very meticulous. Social workers may consider such requests and demands as ‘whims.’ Many clients seek to control the payment of bills, not allowing social workers to pay for them through electronic terminals but rather demand ‘real receipts’ accompanied by a bank stamp, etc. In other words, without leaving their apartment, the older person may try with all their might to maintain agency by controlling the issues they can.

But do the social services see the agency of the older persons, or do they rather construct the client as passive objects of care?

Satisfying needs is, first of all [the primary responsibility] ... Because this is an extension of life in the environment that they are used to. Well, we go to help them to do some basic things: sweep, throw away the garbage, wash, change diapers, bring food, cook, feed ... Again – they said this is the most basic thing. Documents [managing administration] – all this is necessary, it is important. But the documents – they are soulless, and our customers still want to talk to them [their carers], again this is care... (Head of CCSS, Nizhny Novgorod, 2018).

...when sometimes you come to check, you see, [something] can be tattered, it can be in such a terrible state, dirty, incomprehensible, that it's even scary to pick it up. But we cannot change this, because it is their life, we are not entitled to infiltrate it, change things, break things (Head of CCSS, Nizhny Novgorod, 2018).

Nurses and their leaders rejoice when something changes for the better without intervention, but their typical position – as transmitted in an interview with the heads of care – is to leave everything as it is, and just to support the basic needs of older people.

According to the older people that were interviewed, social workers are often almost the only window to the outside world.

And many just go to bed, not because of the fact that they are tired, sick, or whatever. They are tired of living, and they go to bed. Simply. That is, they lay, lay. [...] The heart is healthy, all the other functions of the body are healthy, well, just: I do not want to do [anything]. And, behold, the only joy in life is that a social worker will come. Because with him you can laugh – relatives are not interested, who will listen? [...] Young relatives do not understand: he [the elderly relative] is not hurting, or he may be hurting because he needs to attract some attention to himself, or at least something. And they come [relatives], just look, well, the grandmother is alive there, [then] turn around and go. And that is the end of the visit. And here the social worker, in general, is the “light in the window.” In general, everything is wonderful. Oh, come, joy, happiness! (Head of CCSS, Nizhny Novgorod, 2018).

This passage most sharply emphasizes the social isolation and depression that the elderly may suffer. Regarding the agency of older people, in this case there is practically no space or desire. A social worker in this situation is perceived as quasi-family. Studies of rural social services in Siberia show that older people often seek quasi-family relationships with social workers by building close relationships and communicating using language such as “my daughter.” However, such relationships are not reciprocated by the social workers. According to researchers, such a desire for ‘family’ relations emphasizes the dominant ideal of „family care” (Kay 2013).

When there is an opportunity, older people prefer that some types of help are provided by relatives rather than social workers. This applies, for example, to hygiene-related procedures and some kinds of complex or ‘dirty’ work. Our observations of the interactions between social workers and older clients – men

and women – showed that men are often perceived by social workers as “less capricious,” “more grateful” clients. In turn, male clients evaluate their social workers more positively than female clients do, and are less demanding of them. Sometimes this takes curious forms. A social worker comes to one of her male clients and they drink tea and communicate, and relatives provide assistance. At the same time, the old man says: “I do not want to burden my Irina (my social worker).” In this case, the social worker is addressing other needs of the older person than instrumental support by helping them keep in touch with the outside world and remaining a respectful partner in communication, because the old man does not leave his apartment (man, 76 years old, 2010, St. Petersburg; Observation diary 12). The new law on social services (442 Russian Federal Law) tightly regulates the services offered by the Individual Social Service Program (ISSP). In practice, social services have become more bureaucratic and less responsive to the needs of older people – just as the number of services and the time permitted to provide them is strictly regulated. At the same time, the burden on social workers has increased (i.e. the number of people and rate and volume of services that are provided – for example, which may mean getting medicines instead of a nurse). As a result, in practice, older people often need more or less services than are written in their contracts. Some services cannot be provided within the specified time frame (for example, washing an older person in 20 minutes, or going to a remote pharmacy to collect prescription drugs in less than an hour, etc.). In practice, such a mode of social care sometimes provokes informal contact between an older person and a social worker. For example, a social worker may help to wash or clean an apartment for an additional fee.

To summarize, we can say that the ambition of the elderly to remain agents of their own self-care bumps up against a rigid and bureaucratic system of social services. Within the framework of this system, older clients are depersonalized – a carer is supposed, for example, to bring them medicine an exact number of times every half a year, and to wipe the floor and take out the garbage according to a strict schedule. In such cases, the individual needs/peculiarities of the client are not taken into account, and, in practice, this creates inconvenience and conflict on both sides. Similarly, as a study from Canada showed, formal care recipients especially value meaningful social interaction, having a reciprocal relationship with the carer, autonomy, and reducing demands on family (Lee et al. 2020). The contradiction between the expectations of older people (an emphasis on emotional aspects such as taking time to listen, and personal relationships) and care provision policy (dealing with the physical aspects of care) has also been noted earlier (Byrne et al. 2012). Working conditions mean a lack of time for the client, and the absence of continuity leads to limited possibilities for person-centered care (Martin-Matthews et al. 2013; Lee et al. 2020).

CONCLUSION

Today, in the post-Soviet space, using the example of Russia, we can state that the care arrangements of older adults are undergoing significant transformation. The migration and nuclearization of families and the transition from state socialism to neoliberal capitalism have contributed to a change in attitudes and the development of alternatives to family and state elderly care. We can identify the consequences that have already been observed in two distinct trends. The first is the drift away from a state and family monopoly on caring for older people to more emphasis on a mixed model. New forms of care and actors are emerging. In addition to traditional family and state care, the third sector of non-profit organizations and private business organizations is actively developing. The arrangement of foster families for the elderly is developing in rural and urban areas. Apartments with special living conditions for older people with limited mobility are appearing in large cities. The informal care sector is developing thanks to paid caregivers who are often neighbors or migrants (both external and internal). The second tendency is that, in practice, care can often be ‘layered’ in nature. Providers of care may well complement each other – relatives, public services, non-profit organizations, and paid staff may take care of the same person at the same time. This expands the repertoire of care scenarios and makes choice more flexible for the older person.

When we compare the current state of elderly care in Russia with that in north-European countries, we can see that all these new alternatives are consistent with the trends of the ‘de-institutionalization’ of care that is occurring in such Scandinavian countries – involving replacing nursing homes with home-care services and creating specially equipped apartments (Anttonen–Karsio 2016). The tendency to deinstitutionalize social support in European countries is organically emerging in line with the proclaimed principle of the right to “age at home” (OECD 2013). Moreover, the coronavirus pandemic has shown how vulnerable the elderly can be in nursing and social homes, which became hotbeds of infection in many countries (Davidson–Szanton 2020). This is one of the arguments in favor of abandoning such forms of residence and care in discussions.

As the findings of our study revealed, older people seek to maintain their agency under all circumstances related to care – whether this involves a rejection of formal services or the choice of home-based services and a desire for emotional relationships with formal carers. At the same time, formal services are arranged in such a way that although they may include home-based services and thereby support the independence of customers, they generally only weakly take into account the individual needs of older people and practically do not offer enough choice.

At the same time, different forms of and new alternatives for care are unevenly represented in large cities and rural areas. Formal services are more widely represented in cities. Family care is also more accessible in such areas. Private nursing homes are mainly developing in cities, but in recent years they have become popular in rural areas as well. However, due to difficulties with infrastructure and financing, fewer open in such areas. In rural areas we can observe a more pronounced trend towards the development of alternative new forms of caring such as quasi-family arrangements (foster families), or ‘caring neighbor’ programs. Obviously, this is due to the underdevelopment of formal services and home-based services. Nevertheless, the changes we have observed in the care arrangements in the post-Soviet space using the example of Russia suggest that the opportunities for the participation of older people in the choice of care format have at least become much greater than they were 5–10 years ago.

We consider it important always and at all stages to ask how the organization of care takes into account the preferences of older people themselves. Care arrangements should be developed taking into account the needs of older people, including their opinions and wishes in different contexts – family, governmental and institutional, etc. Whether we are dealing with formal care in a public nursing home or informal care by a niece, we must be aware that this involves the voluntary choice of the elderly, and if they do not like it, they should be free to influence and change it. To what extent are older people able to maintain free will in their choice of living conditions and care patterns?

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