



Innovations in developing social services in Russia: focus on circumpolar areas

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Knowledge Arena 3: Environments supporting healthy aging

Government of the Russian Federation (2016)

Plan of action on the Strategy for the benefit of older people in Russia until 2025

- In response to ageing, Russia has introduced a 10-year strategy of action on ageing and plan of action for the initial period, 2016-2020. This legislation complements a number of federal and regional laws already in force with regard to old age policies. According to the strategy and the plan, the main direction for present and future Russia is to improve the current system of social and health services for the older generation. The main target is to empower older people to live healthily and actively as long as possible.
- The strategy supports development of geriatric medicine and addresses service shortages by training care personnel in services specifically required by the elderly. Access to such services is of crucial importance in rapidly depopulating and ageing rural and peripheral areas of the Russian Arctic.



UNECE Policy brief #18 – Older persons in rural and remote areas

2002 Regional Implementation Strategy of MIPAA, “Programmes should be aimed at rural and remote areas, where older persons might find themselves isolated, without access to their immediate families or to social and other types of infrastructure.”

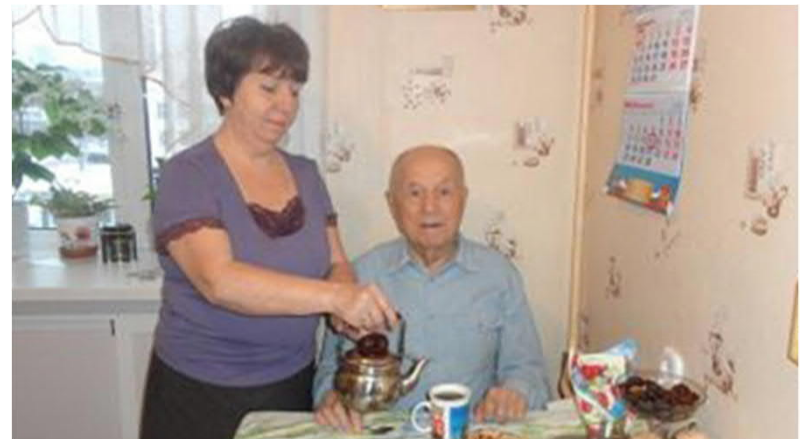
(Commitment 2: “To ensure full integration and participation of older persons in society”) and “Special attention should be paid to older persons living in rural or remote areas, who often have difficulties accessing health and social services.”

(Commitment 7: “To strive to ensure quality of life at all ages and maintain independent living including health and well-being”)

Strategies

Provide information on the entitlement to and provision of support services, encouraging older people to use formal services and help

- Proactive identification and planning with regards to older persons' future needs, to simplify the design and delivery of services
- Context-sensitive, social and cultural approaches to change lifestyles and health habits



Analysis of capability to active and healthy aging in Russia (strong and weak)

- High level of employment
- High level of education and adaptation to the labor market
- Tight family connections
- Relative welfare
- Use of ICT
- High mortality rates and poor health (including mental)
- Low effective system of health care
- Lack of social institutes, providing opportunity for voluntary activities, life-long learning and physical activity to the elderly
 - Low external social connectedness and mental well-being
 - Environment: opportunities for independent living, physical safety

Source: N. Varlamova [“AAI as an Evidence Base for Developing a Comprehensive Active Ageing Policy in Russia”](http://www1.unece.org/stat/platform/display/AAI/International+Seminar)
<http://www1.unece.org/stat/platform/display/AAI/International+Seminar> (Assessed 03 June 2015)

Map of Arkhangelsk region: areas of data collection



The population in the Arkhangelsk region is steadily decreasing and as of 01/01/2018, it is 1 million 122.3 thousand people with a share of the population in working age up to 56%. Currently, every eighth person (13.3%) is 65+.



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Regional law "On foster families for elderly people and disabled people in the Arkhangelsk region".

Since 2012, Arkhangelsk region has started the introduction of a new social service for elderly people according to the regional law "On foster families for elderly people and disabled people in the Arkhangelsk region" (№ 382-26-OZ).

In regional legislation and the national strategy on ageing, the term 'Foster families for lonely older people' is defined as a system for providing social services to elderly people by organizing joint living and joint household between the person who organized the foster family and the person (s) in need of social services. In other words, it is a social service for pairing older people with adoptive foster families in their communities, wherein the families become responsible for providing elderly care and older people become full members of the family household.

This practice has popularized mainly in remote and inaccessible settlements (63%), the largest share among the recipients of services is made up of older people aged 76 to 85 years - 36%, of whom 65% have a disability.

Material and methods

The sociological survey was done in July-September 2016 (Active Generation grant of Timchenko Foundation)

1 stage. 50 assistants were examined in foster families with a minimum of 1 year of joint living by the questionnaire. A semi-structured interview was conducted with an elderly person, as a member of the foster family (8). The aim of this study was to identifying the key factors of socio-psychological interaction between its members and the support service center.

2 stage. 82 (86) elderly people living in foster families were surveyed. The questionnaire blocks contained questions on the organization of life and family relationships, the values and priorities of the elderly person, the characteristics and risks of care. The aim of the study was to analyze the foster family as tool of the social security system for elderly in remote northern territories.

The analysis of nominal scales was carried out using the Pearson χ^2 test, * p was calculated using the Fisher exact test in the SPSS 23.0 program.

Social portrait of foster family's organizer for elderly person



1. The social portrait of the foster family creator (assistant): this is a woman (82%) with incomplete higher education (52%) at the age of 55 and older (62%), having her own family (74%). There was no significant effect of the level of education, age and marital status of the assistant on the motives for creating the foster family.
2. Assistants consider that the knowledge of the psychology of the elderly person is not necessary - 74.6% ($p = 0.115$), while at the same time recognizing the need for consultations of a psychologist, the older person - in 59.2% of cases.
3. Assistants in the foster families disagreed on the need for training in the development of communication skills, proper care for the elderly: 51.6% of respondents agreed with this statement, 20.4% were negative, the rest were at a loss ($p = 0.058$). Assistants with higher education are more interested in obtaining the necessary competencies.

Table1. Mutual relations and solving problems of everyday activity of an elderly person caring in the foster family

| Indicators | Age group-% | | p-level |
|---|----------------------|----------------------|-------------------------|
| | 55-69 | 70-89 | |
| How did you get acquainted with the assistant and began to live in a foster family? 1. Have been familiar for a long time* | 50,0 | 84,4 | 0,018 |
| What kind of relationship do you have in a foster family? 1. Relationships are friendly in the family, they are interested in my opinion | 58,8 | 46,9 | 0,426 |
| What problems could you solve by living in a foster family? 1. Household problems 2. Problems of loneliness 3. Difficult to answer | 52,6 63,2 15,8 | 50,0 62,5 15,0 | 0,850 0,961 1,000 |

Concluding remarks

Many rural areas are characterized by rather broad community support and high level of inclusion of older people, which is the main precondition and basis for creating informal care networks (neighbors, friends) for the "foster family for the elderly" practice.

2. The significance of long-term previous relationships ($p = 0.018$) for building and microclimate of a foster family, communication with the family as a socio-psychological support for reducing (eliminating) the risks of loneliness, confidence in their own future ($p = 0.015$), social inclusion in society through reception family, restoration (replacement) of family ties, the solution of domestic problems are determines the functional state of health and, in general, the quality of life of an elderly person.
3. Health and family (45.2-59.6%, $p = 0.211$) are in the first two values for elderly people in the foster families, raising in the older age group. In the foster family, the respondents are mainly engaged in their health (12.9-34.0%, $p = 0.036$), doing housework, relaxing, walking, watching television, talking on the phone.

Table.2 Social security of elderly people caring in a foster family

| Indicators | Age group-% | | p-level |
|---|---------------------|----------------------|---------|
| | 55-69 | 70-89 | |
| Are you calm or unsure about your future today? 1. Completely calm, confident / calm 2. Not really sure / Not sure 3. I do not know | 45,2 54,8 0 | 59,6 27,7 12,8 | 0,016 |
| What are your future plans for your place of residence? 1. I'll stay where I live 2. Other | 90,3 9,7 | 95,7 4,3 | 0,381 |
| If you evaluate in general, then the life you are living now, is: 1. Satisfying 2. Partly satisfying, partly not 3. Not satisfying | 45,2 45,2 9,7 | 70,2 21,3 8,5 | 0,066 |


Concluding remarks

4. The process of “aging in place” (remaining in its own home and community microenvironment) is the most desirable from 90.3 to 95.7% of respondents, allowing to avoid displacement and the potential risks of isolation in the new community (residential houses).

5. With increasing age, older people are more satisfied with the life they lead in a foster family, which is associated with adaptation in relationships in a foster family, where the first six months of existence are considered the most difficult. Foster family for the elderly person is a factor in increasing the availability of social assistance, a means of meeting the most vital and socializing related needs in the family micro-environment in remote rural areas, hence improving the quality of life in comparison with other types of accommodation and forms of services.

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