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**PROVIDING SUPPORT FOR OLDER ADULTS: STATE AND
FAMILY MATTER**

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Abstract

As the life expectancy continues to grow, the issues of supporting older adults become more relevant. The support can be provided by numerous agents – family members, non-commercial organizations, community and state. In this paper we aim to find evidence on whether family and state in Russia substitute or complement each other in ensuring the wellbeing of older adults. Based on data retrieved from subnational survey in Tomsk region and nation-wide Comprehensive Monitoring of Living Conditions we have determined substitution to be the most likely family-state interplay. Various types of help from children to older parents correlate positively with each other and do not correlate with state support. It speaks in favour of state providing limited and conditional support in case it absolutely has to – low pension payments, disabilities. Family support proves to be unconditional, not determined by living conditions, health or financial wellbeing of older adults. Though substitution of family and state support may seem adequate for the advanced economies, in countries like Russia it may lead to lower overall support and lower standards of living in older age. We also need to consider that most Russian families are struggling to make ends meet and a wider state support for the older adults would benefit all age groups in preventing poverty.

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Keywords: Older adults, family support, state support, informal care, Russia.



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1. Introduction

Globalisation tends to be one of the most significant trends in modern world. It induces changes in population ageing, demography, social policy and other related domains (Esters and Wallace, 2010). Population ageing is the result of increasing quality of life, decreasing mortality and morbidity in young age. Increasing life expectancy also causes increasing morbidity and disabilities in old age, thus, older adults may become more frail, dependent and vulnerable (Lopez et al., 2007).

According to active ageing concept, older adults should be more independent and productive in their later life (Boudiny, 2013). Activity means wide range aspects to engaging older people in making decisions, participating in society, improving their financial wellbeing. However, for people in the forth age (75+), it is not possible, due to physical and mental disabilities. They need assistance in daily activities, which is provided from various sources: state, family, kinship, society (Lloyd-Sherlock, 2010).

State social policy and intergenerational support are considered the main pillars of improving people wellbeing in later life (Lowenstain, 2005; Tchernina & Tchernin, 2002). In this paper, we attempt to investigate them in terms of advantages and disadvantages for older adults and caregivers. Firstly, we provide theoretical background for social care and some evidence from EU countries along with strengthens and weaknesses of each kind of support. Secondly, we consider Russian case to provide new evidence about intergenerational support and state care for older people.

2. Problem Statement

As it is widely discussed in the literature (Lloyd-Sherlock, 2010), social care has a great history of adaptation and transformation following economic and social changes. The most ancient mechanism of social care is family support, which was the only one available until industrialization (Aboderin, 2005). This informal support was complemented by kinship support and civil society care in the end of XIX century, when formal (state) social care system was founded (Litvin, 2005). Formal state care is gradually becoming the major source of support for elderly because of population ageing, increasing life expectancy, and changes in family relationships (Lloyd-Sherlock, 2010). European Centre for Social Welfare Policy and Research (Rodrigues et al., 2012) predicts that the burden of population ageing in many European and non-European countries will increase. In many EU countries and in Russia the ratio of people aged 65+ will increase to 25-35 per cent of total population within the 40-60 years. Living arrangements also has changed significantly, so 44-50 per cent of EU population aged 80+ live alone (ESS-2018).

Social care, in general, includes several types of support, provided for older people, mainly as a part of long-term care for those with limitations in daily activities. In most developed countries, long-term care is institutionalized and funded by the state. Residential and semi-residential care is not very the first best choice among older adults. Great majority of people prefer to live in their own homes and need less institutionalized care (Wilson, 2000). However, formal care does not fully substitute the informal support, despite the extended nuclear family paradigms. Evidence from OASIS (Old age and Autonomy: the role of Service Systems and the Intergenerational family Solidarity) support the idea of family care as one of the major pillar of welfare mix (mixed responsibilities) for the elderly (Daatland & Lowenstain, 2005, Motel-Klingebiel et al., 2005).

Daatland and Lowenstein (2005) noted two types of correlation between family and state support: crowding-out, which means a lot of formal (state) support and reducing family care and crowding-in, implying both high level of formal support and high level of family care. The authors also divide each type into two parts on the basis of fundamental principles of care provision (Table 01).

Table 01. Types of family and state care interaction

Characteristics	Crowding-out	Crowding-in
Mechanism	Substitution	Complementing
Aim	Compensation	Stimulating

Substitution implies opposite correlation between the amounts of family and state care. State tends to be the main source of care and family decrease activities to help older people and vice versa. Compensation implies additional state or family care to cope the lack of care from one source. Complementing means increasing both family and state care in order to provide more opportunities in later life for older people.

3. Research Questions

The main research question is whether Russian older adults aged 75+ rely mostly on informal care or state support, what type of support they actually lacking and what combination of support types is relevant for Russia.

4. Purpose of the Study

We aim to determine how family care and state support for older adults in Russia interplay and which type of interaction is relevant and beneficial in national context.

5. Research Methods

This evidence is based on survey for studying living arrangements and quality of life of older adults, conducted at subnational level in Tomsk region (Tomsk study, 2015, N=400). The sample consisted of 400 participants, aged 55+, living in Tomsk city (urban) and Tomsk region (rural) areas. The questionnaire consisted of 78 questions covering health status, living arrangements, assets, financial wellbeing, employment, physical activity and other domains of wellbeing (Malanina et al., 2017). The questions we used to estimate state and family support for elderly in Tomsk region are the following:

1. "Does anybody provide support for you when you need help?" (family/state service)
2. Do you need support from state social services? What kind support you need?

6. Findings

According to the study, over 88 per cent of the sample needed support in their daily life, however, main source of care, received by participants is family support (82.7 per cent). More than 50 per cent people of the sample never applied for state care, but more than 40 per cent of participants use help from state

social services several times a year. The most popular kind of state social care for elders in Tomsk region is subsidies (Table 02).

Table 02. Descriptive statistics on state and family support in Tomsk region for older adults 75+

Questions	Percentage
Total number of respondents aged 75 + in the sample	18.75
• Men	28
• Women	72
Living arrangements	
• Live alone	45.3
• Live with spouse	26.7
• Live with spouse and children	8
• Live only with children	18.7
• Live with other relatives	4
Do you receive care from other people?	
• Yes, from relatives	82.7
• Yes, from neighbours	1.3
• Yes, from state social services	4
• No, I do not.	14.7
How often do you ask for social support from state social services?	
• Every month	2.7
• Every three months	1.3
• Every year	44
• Never	52
What kind of help do you need from state social service?	
• Cash transfer	12
• Medical assistance	13.3
• Subsidies to pay for utilities (heating, electricity)	28
• Domestic help	18.75

This evidence supports the idea of substitution between state and family care, when family provides more support for the elderly to compensate the weaknesses of lower state social care. Still, family recourses are often not enough due to financial and economic crisis, sanctions, high level of currency volatility and unemployment in Russia.

We also tested correlations between income of older adults and their self-perceived health (Table 03) with the help they receive from their children basing on data provided by Comprehensive Monitoring of Living Conditions (CMLC-2018).

Table 03. Correlations between help from children living separately, health, income and social support for older adults

		Children help with housework	Children buy goods/ groceries	Children provide care during illness	Children provide other help	Eligible for social support	Household income	Self-perceived health
Children provide financial support	Spearman ρ	.255**	.516**	-.301**	.146**	.027**	.223**	-.098**
	Sig.	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	N	36068	36068	36068	36068	36068	36068	36068

According to CMLC-2018, 67% of older respondents receive at least one type of help listed in the questionnaire – financial support, help with housework, in kind support, care during illness. Still, this help has virtually no correlation with income or health of older adults, thus not deriving from the need, but from familial relations. The most correlating variables are all the types of help from the children. If children do maintain connection with their older parents, they tend to provide all help required. Although some types of help cannot be provided, since they require children living in the same location. Help has no strong correlation with state support or income, which supports the idea of substitution between state and family. Another part of CMLC-2018 collects data on households and allows us to confirm that state subsidies have no correlation with income as well (.060**).

7. Conclusion

Formal and informal support for dependent elders involves different resources to protect older people from poverty, frailty, vulnerability, to improve their life and wellbeing. The combination of these resources is determined by living arrangements, household income, labour market regulations, and pension policy. Studies in EU countries support the hypothesis about correlation between state and family support, but the real live evidence is quite different in developed and developing countries. In Russia family and state care substitute each other which entails into a lower level of support for elders during last twenty years.

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