

The Herzen State Pedagogical University of Russia

On the rights of the manuscript

Galina Vladimirovna Kolosova

**MANAGEMENT SYSTEM OF
INTERDEPARTMENTAL INTERACTION
IN THE SPHERE OF SOCIAL SERVICES FOR ELDERLY CITIZENS (SOCIOLOGICAL
ANALYSIS ON THE EXAMPLE OF ST. PETERSBURG)**

Scientific specialty 5.4.7. Sociology of Management

DISCUSSION

for the degree of Candidate of Sociological Sciences

Translation from Russian

Supervisor
Doctor of Sociology,
Professor A.F. Borisov

St. Petersburg

2024

OVERVIEW

INTRODUCTION	3
CHAPTER 1. THEORETICAL FOUNDATIONS FOR THE STUDY OF SOCIAL SERVICES IN THE SYSTEM OF SOCIAL INTERACTIONS	17
1.1 Social services for elderly citizens as an object of sociological analysis	17
1.2 Social services in the system of social interaction	27
1.3 Foreign models of social services	33
CHAPTER 2. ANALYSIS OF THE MANAGEMENT SYSTEM OF INTERDEPARTMENTAL INTERACTION IN THE SPHERE OF SOCIAL SERVICES FOR ELDERLY CITIZENS IN SAINT PETERSBURG	45
2.1 Main trends in the development of social services for elderly citizens.....	45
2.2 Assessment of the current system of interdepartmental interaction between health care and social service organizations in providing social services and medical care to elderly citizens	68
2.3 Analysis of the effectiveness of interdepartmental interaction management within the framework of implementation of long-term care system in St. Petersburg social service organizations.....	87
CHAPTER 3. DEVELOPMENT OF THE SYSTEM OF INTERDEPARTMENTAL COOPERATION OF ORGANIZATIONS PROVIDING SOCIAL SERVICES TO ELDERLY CITIZENS IN ST. PETERSBURG	105
3.1 The main directions for improving interagency cooperation in the sphere of social services for elderly citizens.....	105
3.2 Mechanisms of interagency cooperation within the framework of the implementation of the long-term care system in St. Petersburg	113
3.3 Model of interagency interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot project long-term care system	124
CONCLUSION	135
BIBLIOGRAPHY	140
APPENDICES	159

INTRODUCTION

Social service of the population is one of the most important institutions of society development and a significant direction of social policy of the modern state. The problems of an integrated approach to the support and provision of state-guaranteed medical and social services to the elderly population are included in the current research agenda of international and domestic experience of scientific and practical thought, taking into account the demographic trends of population aging.

At present, a special role should belong to those socio-medical technologies that are able to provide a comprehensive solution to eliminate difficulties and problems in the life of elderly citizens. Demographic risks determine a new approach to the assessment of available resources, development prospects and improvement of interdepartmental cooperation between social service systems and health care bodies in order to optimize long-term care for the elderly, first of all, joint work to identify citizens of older age groups with appropriate geriatric syndromes and in need of care. To improve the system of social services, it is necessary to introduce new forms of social work with elderly citizens in the activities of social service organizations (SSOs) aimed at providing care for those in need of assistance, creating conditions for maintaining successful, productive ageing and active, including professional, longevity.

At the current stage of society's development, there is a digitalization of the social sphere, automation of the processes of providing social services to senior citizens, aimed at improving their quality of life through a targeted approach, responsiveness and increased coverage of recipients of social services. Innovations are becoming a key strategic parameter of progress in any sector of the economy taking into account the constant changes in the conditions of digital transformation of society. In this regard, it is advisable to consider the application of innovative technologies from the perspective of sociology of management on the example of constructive social regulation (Zakharov N.L. et al., 2022). And in the long term, to consider innovations in modern sociology comprehensively, taking into account various features of society development and territorial development (Galkin K.A. et al., 2023).

At the same time, a strategic barrier remains the problem of interagency disconnection, information exchange about recipients of social services through departmental information systems in social policy and health care, especially in terms of information exchange about citizens in need of assistance, and recommendations on their socio-medical support. That requires modernization of the whole process of social services provision by social institutions taking into account modern requirements (Arkhipova E.B., Borodkina O.I. et al., 2021).

In modern Russian social policy the priority belongs to social services in terms of providing social services and organizing social support for elderly citizens, ensuring the coordination of various

structures and organizations involved in the implementation of the legally established rights of the older generation. The practice of recent years - both in Russia and abroad - demonstrates that it is impossible to organize the system of social services for elderly citizens without strengthening the component of interagency cooperation. However, the prevalence of sectoral management in different areas of socio-economic life has made the task of interdepartmental interaction very difficult and urgent.

In addition, the consideration of the concept of «interaction» in modern sociological science is very timely in connection with the innovative reform and modernization of the social service system in Russia. The development of management technologies of interaction and legal regulation of the activities of organizations already involved in the system of social services is a necessary condition for maintaining the vital activity of those population groups that need help and support. Their development is associated with innovations in the ideology of social services, motivation and stimulation of personnel, activation of information and social technologies, organizational and legal regulation of service provision processes.

Domestic sociologists are interested in studying the impact of social technologies on managerial activity, which allows to ensure the effectiveness of the stages of planning, forecasting, control and building interdepartmental relations, which is especially important in the spheres of activity that involve multiple actors on the demand side (society) and supply side (state) (Borisov A.F. et al., 2021; Borodkina O.I. et al., 2022, Grigorieva I.A. et al., 2019, 2021, Perfilieva M.B., Vorontsov A.V., 2023).

Thus, the relevance of the chosen topic is determined by the following factors:

- the development of innovative socio-medical technologies that can provide a comprehensive solution to eliminate difficulties and problems in the lives of elderly citizens;
- global transformation of all spheres of the system of social services for elderly citizens and, first of all, the regulatory and legal framework;
- digitalization of the social sphere, automation of the processes of providing social services to senior citizens;
- the presence of interdepartmental disunity of various organizations in the field of social services;
- the need to develop mechanisms to manage interdepartmental interaction between organizations of social services for elderly citizens to optimize and improve the efficiency of the social protection system.

The scientific problem of the research is to study the importance of interagency cooperation in the field of social services, which affects the quality of life of elderly citizens, the realization of their rights, ensuring their social security; to identify the existing barriers in the interaction between

health care and social services systems that hinder the implementation of effective mechanisms of interagency cooperation. and social service systems that hinder the realization of effective mechanisms of interagency cooperation.

Degree of scientific development of the problem

The works of O.I.Borodkina, M.E.Elyutina, V.N.Keliaev, A.A.Smolkin, E.V.Soboleva, O.N.Tkacheva, O.A.Trofimova, E.V.Shchanina, etc. are devoted to the study of various aspects of servicing the social-age group of the elderly. From the position of social constructionism, aging is not a biological, but a socially and culturally conditioned stage of the human life cycle. Negative stereotypes about old age and representatives of the older generation have an impact on various aspects of life of the elderly, including the quality of social services.

Management of social policy in connection with population ageing is considered in the works of A.F.Borisov, O.I.Borodkina. in the works of A.F.Borisov, O.I.Borodkina, K.A.Galkina, I.A.Grigorieva, O.N.Dudchenko, N.L.Zakharov, M.G.Kolosnitsina, A.V.Mytil, N.A.Khorkina, E.V.Shchanina, N.P.Shchukina, etc. et al. Social policy in relation to the elderly is characterized by O.I.Borodkina, K.A.Galkin, E.Y.Golubeva, I.A.Grigorieva, R.I.Eruslanova, A.Y.Moskvina, O.A.Parfenova, I.L.Sizova, etc. taking into account the designated problem field of development of modern forms of assistance to the elderly.

Regional practices in the development of social services for elderly citizens, including the practice of long-term care, are considered in the articles by F.G.Myshko, S.E.Titor, and I.I.Deren, K.A.Samofatova. The problems of social exclusion of elderly citizens from the system of social services in connection with the predominantly declarative principle are considered by researchers L. Patyan, E.Yu. Golubeva, J. Seman, M.A. Trobert.

The focus of the research interest in the elderly is reflected in in publications by O.I.Borodkina, K.A.Galkina, E.V.Domashova, T.A.Kupriyanova, G.M.Mamykina, A.V.Mikhaleva, O.A.Mosina, O.A.Parfenova and others.

Features of interaction between subjects of state policy in the social sphere, social services for the elderly in the context of social work, taking into account the novelties of the Federal Law of 28.12.2013 № 442-FZ «On the bases of social services for citizens in the Russian Federation» (Federal Law № 442-FZ) are considered by in scientific articles by K.A.Galkina, I.A.Grigorieva, A.Y.Moskvina, O.A.Parfenova, Z.H.Saraliev, I.L.Sizova.

Social services for the elderly are considered as a system of interaction between various social institutions. The approach of institutionalization of forms of assistance is proposed by N.Luman, the analysis of interaction between the systemic (state and business) and lifeworld (civil society and people) in the social policy of late capitalism is given by J.Habermas, the initial concept of T.Parsons

defines the strategy of sociological research as a structural-functional analysis, and also describes the theory of social subsystems.

It should be noted that the results of already conducted research are not always actualized regarding innovative technologies of non-state assistance to the elderly, new types and forms of public services, as well as their inter-sectoral interaction. At the same time, the idea of analyzing different kinds of interactions in the process of social services for the elderly, as well as the technological support of interaction types seems to be very promising and practically unexplored.

Correspondence of the research topic to the passport of specialty

The dissertation corresponds with the content of a number of points of the Passport of specialties of the Higher Attestation Commission - 5.4.7. «Sociology of Management»:

- 5 p. Social management. Social management. Social policy.
- 6 p. Mechanisms of social regulation: institutional, socio-stratification, socio-cultural, socio-organizational.
- 7 p. Processes and structures of state and municipal management.
- 15 p. Problems of social forecasting, social planning, and social design in the conditions of changing reality.

The object of the dissertation research is interdepartmental interaction as an institute of social management.

The subject of the dissertation research is the system of management of interdepartmental interaction in the sphere of social services for elderly citizens.

The aim of the dissertation work is to analyze the social mechanisms of management of interdepartmental interaction in the sphere of social services for elderly citizens.

To achieve this goal in the dissertation work it is necessary to solve the following research **tasks**:

1. to investigate the prospects of using the theory of social interactions in the management of the system of interdepartmental interaction between social services and health care.
2. To consider the possibilities of increasing the effectiveness of interagency interaction as part of the system of social interactions through the definition of the concepts of «interagency interaction» and «interagency interaction management system».
3. To analyze the existing foreign and domestic approaches to the provision of social assistance to elderly citizens to study the peculiarities of the problems of interdepartmental interaction of social services and health care in modern Russia.
4. Analyze the main trends in the development of the regional system of social services for elderly citizens in St. Petersburg at the present stage.

5. To identify the existing barriers and determine the main directions for improving interdepartmental interaction in the sphere of social services for elderly citizens.

6. To develop a model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg when implementing the pilot project of the long-term care system.

Theoretical and methodological basis of the research

The analysis of works of leading Russian and foreign scientists in the field of sociology of management, sociology of politics, social gerontology, social psychology, theory and technology of social work, which study the features of institutionalization of the social service system, problems and needs of the elderly population. Social services for citizens of older age groups are considered as an integral system, representing at the present stage of its development the sphere of interaction of various social organizations providing social services: state and non-state, commercial and non-profit, family, volunteer, etc. Social interactions generate a network of social relations, organized and integrated, due to the presence of a common value orientation, which, in this case, should be the improvement of the quality of life of older people in need of long-term care.

When conducting sociological analysis of the interaction between the main actors of the social service system, the works of classical and modern sociologists were considered and modern sociologists: M. Weber, T. Parsons, J. Habermas, N. Luman. The main actors of interaction within the system are the state, civil society, business, professional communities and informal support networks.

The theoretical and methodological basis of the dissertation research was provided by the principle approaches of sociology of management as a field of science that studies modern management practices, including sociological analysis of the basis of managerial decision-making of purposeful impact on social processes in society (A. F.F.Borisov, O.Y.Gelikh, V.V.Glushchenko, N.L.Zakharov, V.N.Minina, N.N.Pokrovskaya, N.A.Pruel, A.V.Tikhonov, J.T.Toshchenko, G.L.Tulchinsky).

Based on the results of studying the works of G.V.Govorukhina, S.I.Grigoriev, L.G.Guslyakova, A.G.Leontieva, A.M.Sergienko, S.V.Yakimchuk, we used the methodology of assessing the performance of social protection subsystems and improving the efficiency of the social service management system.

Sociological research is a theoretical basis for solving practical problems in the development and implementation of innovative technologies of social services for the elderly, based on the following principles: differentiation, i.e., taking into account the heterogeneity of the social group of the elderly by family, financial status, ability to work, mobility, need for assistance and long-term care regional specificity, which implies the dependence of the list of socio-medical services on the

structure of needs of a particular region; social partnership, which implies clearly structured interdepartmental interaction, cooperation of all subjects of the social service process.

Methodology and methods of research

The dissertation research is based on the positions of sociology of management and sociological analysis of social interactions, as well as the sociology of social policy in relation to the elderly. The work used generally accepted scientific methods of research: observation, measurement, comparison, systematization, generalization, analysis, synthesis, induction, deduction and so on. The dissertant used the methods of empirical sociological research: surveys (interviewing and questionnaires). The information base of the research is provided by analyzing scientific literature, normative legal documents, statistical data.

Empirical base of the research.

Under the guidance and/or with the direct participation of the author in the period of from 2018 to 2023, the following representative sociological studies were conducted, the results of which formed the basis of the thesis work:

1. empirical research and analysis of expert opinions regarding the system of management of interdepartmental interaction of health care organizations and social service organizations in the provision of social services and medical care to the older generation within the framework of the introduction of advanced social practices in the long-term care system and the problems that hinder the effective implementation of these practices; qualitative research by means of expert interviews with the subsequent generalization of the results obtained with persons occupying leadership positions in state and non-state social service and health care organizations, the volume of the target sample of the conducted expert interview - 19 experts from among the key managers/deputy managers of social service and health care organizations, taking into account their qualifications, specialty and length of service;

2. study of the effectiveness of interdepartmental interaction in the system of social services for elderly citizens, empirical research and analysis of employees» opinions regarding the system of interagency interaction management within the framework of the introduction of the SDU elements and the problems hindering the effective implementation of social practices, the volume of the target sample of the conducted survey by questionnaire method - 305 respondents from among the employees of social service organizations.

The dissertation research was conducted in stages:

at the first, theoretical-methodological stage (2018-2021), the author developed the strategic positions of the research: object, subject, goal, objectives, theoretical, methodological and methodological foundations of the problem study;

at the second, scientific-analytical stage (2021-2023), the dissertant analyzed domestic and foreign literary sources, documents of regulatory legal framework, state statistical information, accounting and reporting documents of social services and so on. The author directly carried out empirical research and analyzed the management system of interdepartmental interaction in the sphere of social services for elderly citizens, the functioning of the SDU for those in need of assistance, the possibilities of improving the quality of life of the older generation by developing the management system of interdepartmental interaction between the institutions of social services for elderly citizens, etc.;

at the third, systemic and generalizing stage (2022-2024), the author systematized and generalized the materials of the work, formulated conclusions, substantiated the principles, prerequisites, approaches, tools, developed new mechanisms of regulation of interagency interaction between organizations of social services for elderly citizens to increase the accessibility of service provision in the conditions of the implementation of national projects, finalized the dissertation research.

In order to solve the set tasks of improving the effectiveness of the management system of interagency interaction between state and non-state social service providers, it is necessary to analyze how different social organizations provide services to the elderly, forming different combinations in each option of interaction in order to address the pressing problems of senior citizens (legal regulation; paid/unpaid, formal/informal care). What forms of service can be intertwined, forming different ways of interaction between social service providers and medical organizations in serving elderly citizens.

Scientific novelty of the study:

1) In the work from the position of sociology of management socio-institutional features of the system of social services for senior citizens are established, based on the principles that reflect the value characteristic of this institution: non-discrimination, targeting, adequacy, accessibility, sufficiency, minimization of changes, voluntariness, confidentiality.

2) The dissertant scientifically substantiated the necessity of reforming the existing processes and mechanisms of management of interdepartmental interaction between the actors of social services for elderly citizens. As a result of the research the author has established the specifics of existing interdepartmental barriers and opportunities to improve the effectiveness of various forms of interaction between organizations of social services for elderly citizens, taking into account the peculiarities of the process of formation of a new client-oriented model that ensures quality provision of services, maximally adapted to each person.

3) The definition of interagency cooperation was clarified and supplemented and management system of interdepartmental interaction in social services from the point of view of sociology of

management, as the interaction of different-level state The definition of interagency interaction and management system of interagency interaction in social services from the point of view of sociology of management as the interaction of different-level state and public structures, which has a complex character and ensures the provision of services in the main directions of social policy in relation to elderly citizens.

4) On the basis of the conducted research the evidence base was formed, which allowed to develop and justify the principles, tools, model, technologies and mechanisms of regulation and improvement of the system of management of interagency interaction between actors of social services for elderly citizens within the framework of the introduction of LCS in St. Petersburg.

5) Based on the conducted research, the dissertant proposed a model of actors of interdepartmental interaction management in the organization of long-term care for elderly citizens in St. Petersburg.

6) The model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg was developed during the realization of the pilot project of the long-term care system.

Within the framework of the conducted sociological research the actual problems on organizational-legal and scientific-methodological assessment of interdepartmental interaction from the position of sociology of management between social service and health care organizations in St. Petersburg are raised, namely: state bodies and organizations of different sectoral orientation and organizations of different sectoral orientation in order to increase the availability of guaranteed services and necessary social and medical assistance to elderly citizens.

Theoretical significance of the dissertation research consists of in addition and development of scientific ideas about the essence and content of the problem of interdepartmental interaction of social service organizations for the elderly. Generalized conclusions contained in the materials of the study can be used in further improvement of typological criteria and indicators of the effectiveness of interdepartmental interaction of social service organizations of the elderly at all levels. In the educational and methodological aspect, this dissertation can be used in the creation of curricula and the development of training courses in theoretical and applied sociology and social work. Conclusions and recommendations formulated as a result of the study can be applied to the organization of the system of training and retraining of specialists in the field of social management on the basis of universities, as well as postgraduate education. and retraining of specialists in the field of social management. In particular, the materials of the work can be used in the preparation of educational programs of general and special educational disciplines in the field of social management. and special educational disciplines on specialties: «Sociology», - for training of students, bachelors, masters, as well as can be applied in improving the quality of training, retraining and advanced

training of specialists Social work» («Theory of Social Work», «Social Policy», «Social Gerontology», «Rehabilitation of various categories of clients of social services», «Technology of Social Work»).

The scientific and practical significance of the results of the research is that the main provisions, conclusions and recommendations can be implemented in the activities of specialized social structures of the social protection system. The conducted research allows to optimize interagency interaction in the process of long-term care as a subsystem of social services for the elderly, and on this basis to improve the existing and offer more modern and diverse technologies of long-term care. and diverse technologies of long-term care. And the creation of the regional coordination center of CDS as an experimental innovation platform for improving interagency interaction between social service organizations and health care to solve the problem of identifying citizens in need of certain social services.

The experience of St. Petersburg can be used in solving strategic tasks in the context of the implementation of national projects to improve the mechanisms of management of interagency cooperation processes in other regions of the Russian Federation and executive bodies of state power.

The research is aimed at implementing a system for managing interdepartmental interaction in the sphere of social services for elderly citizens, creating and approbation of the mechanism of interdepartmental interaction, overcoming the barriers of interdepartmental interaction and realization of managerial decisions in the context of expert group formation.

Materials of the thesis can be used in the choice of management decisions in the sphere of social policy in relation to the elderly, the development of state programs and national projects both at the federal and regional levels; in solving the problems of optimizing the management of the social service system, in the introduction of new social technologies and practices in the activities of social service organizations; in the preparation of training courses for advanced training and professional retraining courses for specialists of the health care and social services systems and social service organizations.

Practical significance of the work consists in the possibility of using the obtained conclusions and recommendations in the activities of governmental structures to improve the processes of management of interdepartmental interaction of health care and social protection agencies involved in the provision of socio-medical services to the older generation.

The degree of reliability and approbation of the results of the research is provided by observance of principles of theorizing on the basis of scientific methodology; use of methods of gathering, processing and interpretation of the received information, corresponding to the purposes, tasks and logic of construction of the research; confirmation of truth of theoretical provisions by empirical material; use of complementary and mutually verifying methods of empirical research;

representativeness of a sample; discussion of the received results on scientific forums, congresses, conferences, conferences and other events.

The main provisions and conclusions of the dissertation research, theoretical and practical results of the work were presented at conferences, seminars, including international ones: All-Russian scientific conference «Kovalev Readings» (St. Petersburg, 2021, 2022, 2023), International scientific-practical conference «The older generation of modern Russia» (Nizhny Novgorod, 2021), International round table «Interaction of the university, state social institutions and socially-oriented NGOs in the realization of the idea of educational and social inclusion» (Yekaterinburg, 2021), International Conference «Development of inclusive communities in Russia» (Yekaterinburg, 2021) in Russia» (Yekaterinburg, 2021), St. Petersburg Gerontological Forum ‘Actual problems of gerontology and priorities of state policy in the sphere of medical and social support of senior citizens in Russia’ (St. Petersburg, 2022, 2023), XX International Scientific and Practical Conference on Social Policy ‘Actual trends in the development of social policy in Russia’ (St. Petersburg, 2022). International Forum «Older Generation» (St. Petersburg, 2022, 2023), National Congress with international participation «Rehabilitation - XXI century: traditions and innovations» (St. Petersburg, 2022, 2023), Annual Scientific and Practical Conference with international participation «Pushkov Readings» (St. Petersburg, 2022, 2023), International Congress «Medical Rehabilitation: Scientific Research and Clinical Practice» (St. Petersburg, 2023).

Key provisions of the thesis have been approved by the author in the practical work of the following organizations:

1. St. Petersburg State Institution «Center for Social Service Organization» (creation and development of the Service of social district officers, formation of social support routes, organization of interdepartmental interaction on the basis of agreements with medical organizations, development of information resources in the sphere of social services: creation of the Unified telephone service center (call-center), digital services Navigator of social services in St. Petersburg with a calculator of the cost of the recommended set of social services, information service - chat-bot «Social district officer»).

2. St. Petersburg State Budgetary Institution «City Information and Methodological Center ‘Family’ (creation of a system of continuous professional training for specialists of the social sphere taking into account innovative new social technologies, including the introduction of the system of long-term care (10 additional professional educational programs of advanced training), digital service for specialists of the social service system «Classifier of methods and technologies in the sphere of social services ‘Professional sociotechnologies of St. Petersburg»).

3. St. Petersburg State Autonomous Educational Institution of Higher Education «St. Petersburg State Institute of Psychology and Social Work» (formation of programs of additional

professional education for specialists of the social service system). and Social Work» (formation of programs of additional professional education for specialists of the social service system).

4. St. Petersburg State Budgetary Institution of Social Services «Complex Center of Vasileostrovsky District» (implementation of programs of additional professional education for specialists of the social service system). 4. (realization of a pilot project in St. Petersburg of a system of long-term care for elderly and disabled citizens in need of care, the use of software to monitor the provision of social services by the IISDU «Optima», the introduction of mobile devices in the work of social workers and care assistants, the creation of a system of schools of care to train relatives and specialists, and rental points for technical rehabilitation equipment).

Publications.

The main provisions and results of the thesis are reflected in 12 publications of the author, including a monograph and 6 articles published in peer-reviewed scientific journals recommended by the Higher Attestation Commission.

Structure of the dissertation research.

The dissertation is structured in accordance with the object, subject, purpose of the research and the logic of the tasks arising from it. The dissertation consists of an introduction, three chapters containing nine paragraphs, a conclusion, a list of used sources and literature containing 218 titles, and seven appendices, 28 figures and 26 tables. The total volume of the thesis is 257 pages (161 pages without bibliography and appendices).

Provisions to be defended:

✓ Social service is a set of norms, rules, values and principles regulating the interaction of individuals, social groups and organizations carrying out activities to overcome difficult life situations of vulnerable categories of the population. Institutional characteristics of social service include narrow (public authorities, social service organizations) and wide (organizations of other spheres of activity, professional communities, international organizations, charitable foundations, volunteers) circle of actors whose interaction is regulated by certain formal and informal rules, including the quality of publicity as a key parameter of actors» activity.

✓ Social-institutional features of the system of social services for the population of older age groups are based on a number of principles that reflect its value characteristic as a social service institution: non-discrimination, targeting, adequacy, accessibility, sufficiency, minimization of changes, voluntariness, confidentiality.

✓ Following the institutional logic, the most effective social service systems are in a state of constant development. The main feature is interorganizational, inter-institutional interaction. Social service should be considered as a changing and developing social institution of modern society,

the organizational basis of which is interagency interaction, which is characterized by integrative, informational and communicative, regulatory and preventive functions.

✓ Interagency interaction is a process of impact of objects (subjects) among themselves, providing their mutual conditionality and connections, affecting the quality and condition, contributing to problem solving, organization of joint integrated activities, use of social partnership mechanisms and investment. The management system of interdepartmental interaction is a system of management of the subjects included in it, based on various links between it, with their impact on each other, ensuring their mutual conditionality, resulting in changes in the qualities and states of objects (subjects), contributing to the realization of opportunities, solving problems, organizing joint activities, using the mechanisms of partnership and attracting additional resources.

✓ The main barriers to interdepartmental interaction between the main actors, health care and social service organizations, in the provision of social and medical services to the elderly are: disunity / lack of normative legal acts on the implementation of interdepartmental interaction at the federal and regional levels; low level of automation of social service processes, which prevents the introduction of digital technologies; lack of an integrated approach to the identification and social support of people in need of social services in the elderly; lack of a comprehensive approach to the provision of social and medical services to the elderly; and lack of social support to the elderly.

✓ The main indicators of the effectiveness of the system for managing interagency interaction within the framework of the introduction of the CDS are: a high level of standardization/digitalization/automatization; availability/development of criteria for assessing circumstances that worsen the living conditions of elderly citizens; availability/development of a system for forecasting care needs, the level of professional competence of specialists involved in recognizing citizens in need of social services and providing social services; the existence of agreements on interaction between the social services and the elderly.

✓ The model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot CDS project includes: the organizational and functional structure of the territorial level; the general scheme of interaction between state authorities and resource bases of provision in the region. and resource bases of provision in the region; organizational and cross-cutting processes of participating actors.

Main scientific results:

✓ Social service is a set of norms, rules, values and principles regulating the interaction of individuals, social groups and organizations that carry out activities to overcome difficult life situations of vulnerable categories of the population, see the first chapter and paragraph 2.1 of the work, as well as works [53,57,58, 63] from the list of publications of the author of the dissertation;

all analytical studies were conducted personally by the author of the dissertation, personal contribution is at least 80%).

✓ Institutional characteristics of social services include narrow (public authorities, social service organizations) and wide (organizations of other spheres of activity, professional communities, international organizations, charitable foundations, volunteers) circle of actors whose interaction is regulated by certain formal and informal rules, including the quality of publicity as a key parameter of actors' activity, see paragraph 1.1 of the work, as well as works [36,58] from the list of publications of the author of the dissertation; all analytical studies were conducted by the author of the dissertation personally, personal contribution is at least 80%).

✓ Socio-institutional features of the system of social services for the population of older age groups see paragraph 1.3 of the work, as well as works [53,62] from the list of publications of the author of the dissertation; all analytical studies were conducted personally by the author of the dissertation (personal contribution is at least 70%).

✓ The main feature of the social service institute is inter-organizational, inter-institutional interaction, see the first chapter and paragraph 2.1 of the work, as well as works [36,63,65] from the list of publications of the author of the dissertation; all analytical research was carried out personally by the author of the dissertation (personal contribution is at least 80%).

✓ The concept of «interdepartmental interaction» is formed - as a process of influence of objects (subjects) among themselves, providing their mutual conditionality and connections, affecting the quality and state, contributing to solving problems, organizing joint integrated activities, using mechanisms of social partnership and investment, see chapter 2 of the work, as well as works [36,59,63] from the list of publications of the author of the dissertation; all analytical studies were conducted personally by the author of the dissertation (personal contribution is at least 80%).

✓ The concept of «management system of interagency interaction» - as a management system of subjects included in it, based on various links between them, with their influence on each other, providing their mutual conditionality, as a result of which there are changes in the qualities and states of objects (subjects), contributing to the realization of opportunities, solving problems, organizing joint activities, using partnership mechanisms and attracting additional resources, see Chapter 2 of the work, as well as works [56,61] from the list of the public.

✓ The main barriers to interagency cooperation, see paragraphs 2.2. and 2.3. of the work, as well as works [59,63,64] from the list of publications of the author of the dissertation; all analytical studies were personally conducted by the author of the dissertation.

✓ The main indicators of the effectiveness of the system of management of interagency interaction within the framework of the implementation of the long-term care system see paragraphs

3.1. and 3.2, as well as works [36,59,60,63] from the list of publications of the author of the dissertation.

✓ The model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot project of the long-term care system, see paragraph 3.3. of the work, as well as works [53,60,61] from the list of publications of the author of the dissertation; all analytical studies were conducted personally by the author of the dissertation, personal contribution is at least 80%).

CHAPTER 1. THEORETICAL FOUNDATIONS FOR THE STUDY OF SOCIAL SERVICES IN THE SYSTEM OF SOCIAL INTERACTIONS

1.1 Social services for elderly citizens as an object of sociological analysis

Social service is one of the key sectors of social policy. Nowadays, in many countries it is considered as a necessary function of society and a technology with the help of which governments can solve social problems. In Russia, as noted above, there are more and more managerial subjects of social services for the elderly, their growth is also prescribed by Federal Law No. 442-FZ, so the relevance of the task of their coordinated interdepartmental interaction is growing. But the solution of this task in practice is hindered by the existing interdepartmental barriers in social services, and in theory - by the weak development of the topic of social interactions in the applied version of sociological theory. It is all the more important to study the changes that have taken place and to manage inter-sectoral interactions in order to ensure that the modern elderly person remains included in familiar spheres of action.

The results of the UN prospective calculations for 2022 confirm that the trend of population aging will increase: older people over 65 years of age make up 5% in 1961, 6% in 1991, 10% in 2021, by 2050, according to the average version of the UN forecast, their share will increase to 16%¹.

As noted by Russian contemporary scientists, socio-demographic changes have become one of the main reasons for the development of new forms of care for older people, including those with dementia (predicted to increase to 18 people per 100,000 by 2050). The institutionalization of new social practices requires scientific reflection both to improve the development of long-term care, a promising area of social services for the elderly (WHO 2013), and to develop scientific knowledge about long-term care for older people with dementia².

Legal acts of the Russian Federation use different terms in relation to the elderly population: - in the Constitution of the Russian Federation - the term «senior citizens»; - in the Concept of Demographic Policy of the Russian Federation for the period up to 2025 - the terms «population of older age groups / elderly people»; the Strategy of Actions in the interests of citizens of the older generation in the Russian Federation until 2025 - the term «citizens (people) of the older generation»; - in the State Program of the Russian Federation «Social support of citizens» - the term «senior citizens».

¹ World population as estimated by the UN 2022 revision// Demoscope Weekly. - № 955-956. - September 6-19. - 2022. [Electronic resource]: Mode of access: URL: <https://www.demoscope.ru/weekly/2022/0955/index.php> (date of reference: 15.11.2023).

² Mishenichev K. S., Borodkina O.I. Actual problems of formation of long-term care practices for elderly people with dementia// Journal of Social Policy Research. for elderly people with dementia// Journal of Social Policy Research. - 2023. - T. 21. - № 3 -- C. 504.

In accordance with the methodology for determining the age groups of the population, approved by the order of Rosstat from 17.07.2019 № 409, as of 01.01.2020, the population in the working age includes: men 16 - 60 years old, women 16 - 55 years old; older than the working age: men - 61 years old and more, women 56 years old and more. The National Standard of the Russian Federation «Social Service of Population. Terms and definitions»³. The age is rising, as envisioned by the pension reform, and will reach 60 for women and 65 for men in 2028.

According to the classification of the World Health Organization, citizens over 60 years of age are classified as elderly citizens.

Thus, not only the terminology established by various normative legal acts, which are mandatory for application in all types of documentation on social services, but also the age limit is currently different.

Similarly, in the literature and official sources there are narrow and broad definitions of social services and social services. and broad definitions of social services and social services⁴. In a broad interpretation, social services cover not only the range of services provided to support the well-being and social inclusion of people (services for the care of children, the elderly and the disabled, employment and vocational training services, services for the inclusion of disadvantaged groups), but also services in the areas of health care, education, physical education and sport, culture, and employment. A narrow definition of social services (social services) is the provision of care, protection and inclusion services for specific populations - children, minors, the elderly, people with mental, mental or physical disabilities, substance abusers and other vulnerable groups (minorities, immigrants, etc.).

However, even a narrow interpretation retains the problem of defining boundaries, as in many cases different services overlap (e.g. health services in the case of care for the elderly or education in the case of childcare). Also, the definition of «social service» varies across countries and cultures⁵. In addition, there are a number of similar terms in the English-language literature (social security, societal security, social safety, social protection, social care).

³ GOST R 52495-2005. National standard of the Russian Federation. Social service of the population. Terms and definitions. [Electronic resource]: Mode of access: URL: <https://legalacts.ru/doc/gost-r-52495-2005-natsionalnyi-standart-rossiiskoi-federatsii/> (date of circulation 26.05.2023)

⁴ EC-European Commission (2010), Second Biennial Report on Social Services of General Interest. Commission Staff Working Document, SEC (2010) 1284 final, Brussels; BEPA – Bureau of European Policy Advisers (2011), Empowering People, Driving Change. Social Innovation in the European Union, Luxembourg: Publications Office of the European Union; Sirovátka, T. and B. Greve (2014), ‘Social services and the public sector’, in B. Greve and T. Sirovátka (eds), Innovation in Social Services. The Public–Private Mix in Service Provision, Fiscal Policy and Employment, Aldershot: Ashgate, pp. 9–20.

⁵ Compston, H. (Ed.). (2004). Handbook of Public Policy in Europe: Britain, France and Germany. Springer.

Many of the domestic researchers consider social services as a subsystem of social protection and social policy⁶.

The structural-functional approach in the analysis of social services is presented in the works of T. S. Panteleeva, E. I. Holostova and others⁷. In this approach, social services are considered as a system, where the main elements are types of institutions, their functions, goals and activities, ethical and legal norms, types of assistance and services. Significant attention is paid to interaction with other institutions and organizations, the system of structural units, cooperation of formal and informal social support systems.

In fact, the development of «home-based social services» began in 1987. with the delivery of groceries to lonely elderly people, who had difficulties in getting coupons, standing in queues, etc, and then its functions and facilities were increasingly expanded.

The term «social service» was first legislatively enshrined in the Concept of Social Service Development in the Russian Federation of 1993⁸. It was the beginning of the transition to the European system of social protection⁹. The implementation of the Concept was facilitated by the adoption of federal laws «On Social Services for the Elderly and Disabled»¹⁰ and «On the Basics of Social Services for the Population of the Russian Federation»¹¹ in 1995. In them, social service was understood as the activity of providing social services to citizens.

Federal Law №. 442-FZ retained this definition. Today this law is the main legal regulator of the social service system. The law also establishes the principles of social services, determines the powers of state authorities at the federal and regional levels, the rights and obligations of recipients of social services, forms of social services, types of social services, and so on. The Law has significantly changed the procedure for the provision of social services to the population. Thus, by

6 Kochyan, L. M. Social service and social protection as paradigms of Russian social work // Academic Notes of the Russian State Social University. - 2013. - T. 2. - № 6. - C. 45-54; Voronov, A. N. Social service for families and children in the Russian Federation: problem statement // Vestnik of St. Petersburg University. Series 12: Psychology. Sociology. Pedagogy. - 2010. - № 4. - C. 300-309; Doroshenko N. N. Social service in the realization of social policy of the state // Modern problems of science and education. - 2013. - №. 6. - C. 979-979. Grigorieva I.A., Ukhanova Y.V., Smoleva E.O. Transformation of social policy in Russia in the context of population aging // Economic and social changes: facts, trends, forecast. - 2019. - T. 12. - № 5. -C. 124-140.

7 Holostova, E. I. I., Malofeev, I. V. The system of social service of the population: historical excursus and modern view: a monograph. - Moscow: Publishing and Trading Corporation "Dashkov and K", 2016. - 368 c.

8 The concept of development of social services in the Russian Federation. Organization of social service of the population: Collection of normative acts (1993-1994). - M., 1994. - C. 40-41.

9 Vorontsova, M. V., Makarov V.E. Social protection and social service of the population / edited by M. V. Vorontsova. - Moscow: Yurait Publishing House, 2021. - 330 c.

10 Federal Law "On social services for citizens of elderly age and disabled" from 02.08.1995 №122-FZ (lost value by the introduction of the Federal Law of December 28, 2013. "On the bases of social service of citizens in the Russian Federation") // [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) ((date of reference: 02.08.2021)

11 Federal Law "On the bases of social service of the population in the Russian Federation" from 10.12.1995 No. 195-FZ (lost significance by introduction of the Federal Law of December 28, 2013. "On the bases of social services of citizens in the Russian Federation") / [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) ((date of reference: 02.08.2021)

involving organizations of various forms of ownership in the provision of social services provided for by federal and regional legislation on social services, the expansion of the social services market is ensured.

«A number of domestic studies note the contradiction of the real practice of social services for the elderly with formally established rules, which is often justified by competition – competition between social service providers (O.A. Parfenova, I.S. Petukhova, 2019), poor integration of medical and social services (E.V. Selezneva et al. 2022), transition to market values in the practice of social services (A.V. Starshinova, O.I. Borodkina, 2020). In turn, these processes can lead to the emergence of unplanned innovations (Leichsenring 2004), which also have the potential for the institutionalization of new forms of social services»¹².

At the same time, serious innovations have emerged, in particular, the concept of «social service providers» has been introduced, which can be both state and non-state. The procedure for the provision of social services and organization of social services has been changed. The objects of service - recipients of social services - are offered to conclude social service contracts (except for fixed-term social services). Some services have become paid services under certain conditions from free of charge. Thus, the contractual basis of social services and its civil-law character are formed, requiring the development of rules of interaction between the parties in the provision of certain services, financial responsibility of the parties for the possibility of receiving social services or for their financing, etc. This brings the problem of social interaction in social service policy to the forefront of their activities. At the same time, both the practical regulation of the interaction between the parties in social services and the theoretical justification of the choice of a certain model of interaction need to be elaborated and are new for theory and practice.

Russian changes are based on the experience of Western countries, which are also following the path of combining and interacting the efforts of the state with commercial and non-commercial social services. The division of responsibility for social services and social policy in general is associated with decommodification - the weakening of dependence of a person»s or a group»s well-being on the activities of other social groups in the public or market sector. This term was coined by G. Esping-Andersen, a classic of modern social policy, who proposed to study social policy as a system of interactions between the state (1st sector), the market (2nd sector) and NGOs/NGOs (3rd sector). (3rd sector)¹³.

Social services and decommodification as such can have different «weight» in the life of society. For example, social services may be aimed solely at caring for the most vulnerable members

12 Mishenichev K. S., Borodkina O.I. Actual problems of formation of long-term care practices for elderly people with dementia// Journal of Social Policy Research. for elderly people with dementia// Journal of Social Policy Research.- 2023. - T.21. - № 3. - C. 505

¹³ Esping-Andersen, G. (1990). The three worlds of welfare capitalism. Princeton University Press.

of society; or social services may aim to maximize the quality of life for each individual, regardless of how successful he or she is in his or her employment. In the latter case, the level of decommodification will be the highest, and the mission of social services becomes, in fact, the mitigation of social inequality, since the task of eliminating inequality is now perceived as utopian.

These trends describe the changes in the practices of social services and social services in modern society and the state. and social services in modern society and state. From a theoretical point of view, they are successfully described by the theoretical framework of institutionalism and institutional analysis. Consideration of social services from such broader positions implies that they represent an emerging social institution, as they create norms, values, and regulate the behavior of a large number of agents involved in various types of relations and interactions¹⁴. All this allows us to characterize the development of social service as the formation of the most important social institution of modern society. Based on the ideas of the classics of sociology, the main features of a social institution are stability and reproducibility, but social service is just being formed and the legislation on it changes quite regularly. From this point of view, social service has not yet developed as an institution, because it has not passed the necessary test of time, according to D. North¹⁵. However, there are already formal and informal rules and norms regulating the activities of social service organizations and people's behavior; the organizations themselves, through which the functions of the institute are implemented; professionals who carry out specific activities. Let us agree that «the institution of social service emerges in response to a number of key needs of society: in redistribution of public goods; in obtaining various types of social services; in protection against instability of socio-economic situation; in control over deviant behavior of a certain group of population; in an individual approach to the provision of social services; in the implementation of a model of cooperation in the social sphere in the conduct of social work; in the education of qualified personnel of social services; in the management of social»¹⁶.

Sociological interpretations, which bring a decisive role in the formation of institutional understanding of social service, define it as a highly effective social technology that allows providing effective social support to citizens in a difficult socio-economic situation that objectively disrupts the livelihood of a person or social group¹⁷. A characteristic feature of social service as a social institution

¹⁴ Holostova E. I., Malofeev I. V. The system of social service of the population: historical excursus and modern view: a monograph. - Moscow: Publishing and Trading Corporation "Dashkov and K", 2016. - 368 c.

¹⁵ North D. Institutions, institutional change and the functioning of the economy. M.: Fund of economic book "Nachala", 1997.

¹⁶ Malofeev I. V. Social services in the system of social services / I. V. Malofeev. - 3rd ed. - Moscow: Publishing and Trading Corporation "Dashkov and Co", 2020. - 172 c.

¹⁷ Doroshenko N. N. Social service in the realization of social policy of the state // Modern problems of science and education. - 2013. - №. 6. - P. 979-979; Firsov, M. V., Namestnikova, I. V., Studenova, E. G. Subject space of social work as a basis for the profile of the educational program: implementation of the joint project of the European program TEMPUS "TUNING RUSSIA" // Bulletin of Moscow State Regional University. - 2012. - № 2. - C. 118-126.

is that in it an individual is considered both as an object (recipient of services) and as a subject realizing his/her personal potential (service provider) ¹⁸.

The most important characteristic of social service as an institution is the following its moral, ethical and value parameters. Social services are based on the observance of human rights and respect for the dignity of the individual, is humane in nature and does not allow the humiliation of honor. and does not allow humiliation of honor and dignity of a person¹⁹. It is based on a number of principles that reflect the value characteristic of social service as an institution. Systematizing and concretizing the wording of the principles presented in Federal Law №. 442-FZ, these principles can be presented as follows:

- the principle of non-discrimination (citizens» access to social services should be free and equal);

- the principle of targeting (social services should be as personalized and specific as possible);

- the principle of adequacy (the scope of social services should allow their recipients to lead an active social life);

- the principle of proximity (social service providers should be close to the place of residence of their beneficiaries); and to the place of residence of their recipients);

- the principle of sufficient resources (resource capital (human, financial, material and technical) should be sufficient to meet the needs of citizens in social services); the principle of adequate resources (resource capital (human, financial, material and technical) should be sufficient to meet the needs of citizens in social services).

- in social services);

- the principle of minimizing changes (social services should be aimed at preserving the citizen»s stay in the habitual favorable environment);

- the principle of voluntariness;

- the principle of confidentiality (non-disclosure of personal data and observance of privacy rules).

Observance and development of these principles in the activities of a social institution is important for the preservation of the value structure of public service - in particular, those organizations that are included in the activities of the institution. According to E.A. Vasilieva and A.F. Borisov, the system-transformation processes of public administration (and in particular, administrative reform), can violate the value bases of state activity - for example, as a result of the administrative reform in the Russian legislation a somewhat distorted definition of public services

¹⁸ Vorontsova, M. V., Makarov V.E. Social protection and social service of the population / edited by M. V. Vorontsova. - Moscow: Yurait Publishing House, 2021. - C. 203.

¹⁹ Topchiy, L. V. Social service of the population: values, theory, practice. - Moscow: RGSU Publishing House, 2012. - 322 c.

has been fixed: «instead of a way to meet the needs of citizens, they have come to be understood as control and licensing functions of state bodies»²⁰. In this respect, the principles of activity of the social service institute can be a balancing basis that does not allow external changes to affect the fundamental elements of its functioning and development.

The social service system includes numerous interactions of various actors. The main actors are defined by normative-legal acts, and their relations are formalized as much as possible. They include, in particular:

- the federal executive body that performs the functions of the federal executive authority, which performs the functions of elaboration and realization of state policy and normative-legal regulation in the sphere of social services;
- a government authority of a constituent entity of the Russian Federation authorized to exercise powers in the sphere of social services;
- social service organizations under the jurisdiction of federal executive authorities or under the jurisdiction of a constituent entity of the Russian Federation;
- non-state (commercial and non-profit) social service organizations;
- individual entrepreneurs providing social services.

These actors in the course of their activities ensure the realization of the main functions of social services. They include integration function (inclusion and creation of decent living conditions for all categories of citizens as members of society), information and communication function (identification and generalization of information about citizens in need of certain social services, establishment of regular interaction with them), regulatory and preventive function (carrying out activities of legal, pedagogical, socio-medical nature aimed at preventing and overcoming negative phenomena in society)²¹.

Of course, in practice, the implementation of these functions and the process of social services in Russia is accompanied by a number of problems. In particular, studies note that those who are more informed and actively oriented to receive services are more likely to apply for them. Many citizens

²⁰ Vasilieva E.A., Borisov A.F. Transformation of values of regional civil servants in the conditions of administrative reform: sociological analysis // Public Administration. Electronic Bulletin. - Issue 63. - August 2017. - C. 396 - 413.

²¹ Topchiy, L. V. Social service of the population: values, theory, practice. - M.:RGSU Publishing House, 2012; Firsov, M. V., Namestnikova, I. V., Studenova, E. G. Subject space of social work as a basis for the profile of the educational program: implementation of the joint project of the European program TEMPUS "TUNING RUSSIA" // Vestnik of Moscow State Regional University. - 2012. - № 2. - P. 118-126; Holostova, E. I. I., Malofeev, I. V. The system of social service of the population: historical excursion and modern view: a monograph. - Moscow: Publishing and Trading Corporation "Dashkov and K", 2016. Holostova, E. I. I., Malofeev, I. V. The system of social service of the population: historical excursion and modern view: a monograph. - Moscow: Publishing and Trading Corporation "Dashkov and K", 2016. Holostova, E. I. I., Malofeev, I. V. The system of social service of the population: historical excursion and modern view: a monograph. - Moscow: Publishing and Trading Corporation "Dashkov and K", 2016. - 368 c.

in need of assistance are often are not aware of the provisions of the legislation²². There is also a general incompatibility of the provisions of the current legislation with the realities of life²³. There is a problem of access to quality social services for low-income categories of Russians in the context of a decrease in the number of free services against the background of a significant decline in incomes of the population²⁴. There is a problem of lack of coordination of activities of ministries and agencies, inadequate salaries of social workers²⁵.

There are also significant gaps in legislation: lack of clear normative indicators of the content, volume, quality and safety of social services, as well as mechanisms for bringing to account²⁶. At the same time, the fundamental Federal Law №. 442-FZ, which regulates the procedure for the provision of social services, has not yet been amended to supplement the List of social services with services that provide a social package of long-term care, although the development of the LCS is currently in full swing: since 2018, 34 regions of the Russian Federation have been pilot regions, and from September 2023, 55 regions of the Russian Federation are included in the LCS pilot project from September 2023. Thus, the implementation of the LCS is carried out throughout the Russian Federation in 89 subjects and, according to K.S. Mishnichev and O.I. Borodkina, «is a kind of social innovation, as it is focused on the introduction of innovative practices of social services»²⁷.

Problem-oriented approach is one of the focuses of sociological analysis of social services. It helps to understand what shortcomings exist in the development of the institution and partly - what previous stages («path dependence») they are caused by. At the same time, this approach does not allow us to form a broader and, to some extent, innovative view of the dynamics of functioning and development of the institute. and development of the institution. In particular, it does not lead to an expanded understanding of the actors involved not only in solving problems, but also in setting new development objectives.

For example, in addition to the listed, established and formally defined actors of the social service institute, there is a «around institutional» set of actors, informally, but sometimes quite strongly influencing the activities of formal actors. These include international organizations of socio-protective, socio-assisting orientation related to social work (International Federation of Social

²² Lyashko, S. V., Rogova, A. M. Awareness of the population of St. Petersburg about the activities of social services // Personality and Culture. - 2018. - № 4. - С. 20-27. - [Electronic resource]: Mode of access: URL: <http://www.лик-спб.рф/soderzhanienomera.html#2011> (date of reference: 02.08.2021).

²³ Pavlovskaya, O. Y. Social service under new rules: problematic aspects of theory and practice// Vestnik of Voronezh State University. Series: Law. - 2019. - № 2. - С. 242-248.

²⁴ Ibid. P. 245

²⁵ Malofeev I. V. Social services in the system of social services / I. V. Malofeev. - 3rd ed., ster. - Moscow: Publishing and Trading Corporation "Dashkov and Co", 2020. - 172 c.

²⁶ Zueva N. L. Current problems of legislation on social service and trends in law-making // Vestnik of Voronezh State University. Series: law. - 2016. - №. 1 (24).

²⁷ Mishenichev K. S., Borodkina O.I. Actual problems of formation of long-term care practices for elderly people with dementia// Journal of Social Policy Research. for elderly people with dementia// Journal of Social Policy Research. - 2023. - T.21. - № 3. - с. 504.

Workers, United Nations, International Labor Organization, International Committee of the Red Cross, UNESCO, etc.), Russian and foreign charitable foundations, individual volunteers and volunteer organizations. These actors do not appear by chance.

In connection with the growing needs of the population, changes are taking place, aimed at to develop the sphere of social services and improve state regulation in the period since the late 1980s (Fig. 1). Thus, the system of social service is undergoing changes, which are conditioned by structural and socio-cultural changes in society (ageing, migration, increase in the number of single-parent families, equalization of the number of families with a single parent, etc.). with one parent, equalization of women and men in rights, growth of unemployment, etc.), inclusion of market mechanisms for the provision of social services through the access of non-state providers, starting from 2015. All this affects the increase in the number of users of social services and their needs²⁸.

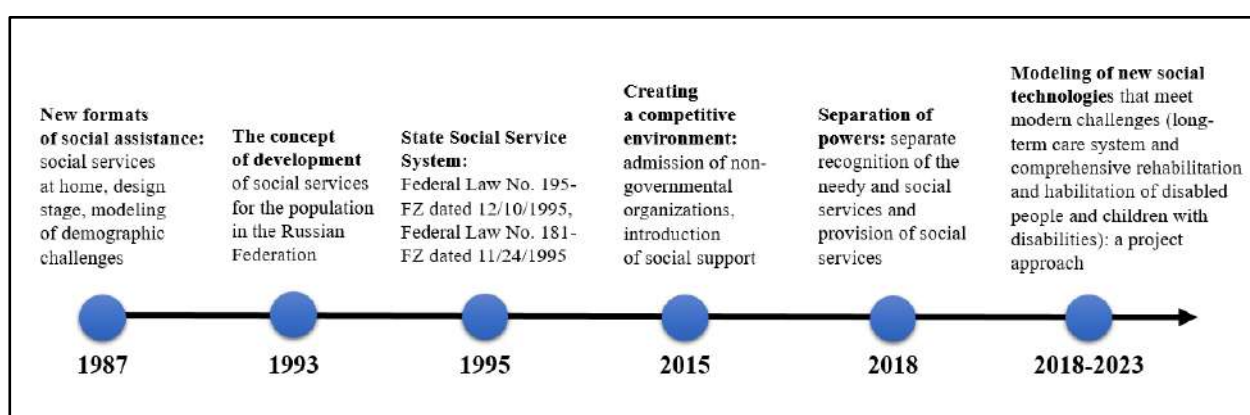


Figure 1: Development of the institution of social services in the Russian Federation

Source: compiled by the author

In addition, the focus has recently shifted from individual, personal characteristics of a person to the situation in which he/she finds himself/herself, which determines the need to consider him/her as a subject of social services.

In the modern practice of social sphere organizations, in the state and social programming, there has emerged and received a new approach to social services and social programming, the concept of «difficult life situation» has appeared and was first reinforced - it is understood as a situation that objectively disrupts the life activity of a citizen, which he/she cannot overcome on his/her own. However at the same time, a citizen in a difficult life situation is seen not as a passive, but as an active subject who can, with some help, get out of this situation. This subject-subject understanding of interaction, which is one of the distinctive features of modern sociology. one of the

²⁸ Martinelli, F. (2017). Social services, welfare states and places: an overview // Martinelli, F., Anttonen A., and Mätzke M. (Eds). *Social Services Disrupted: Changes, Challenges and Policy Implications for Europe in Times of Austerity*. Publisher: Edward Elgar. – P. 11–48.

distinctive features of modern sociology of management²⁹. An example of this is the active social policy of the regions to develop the provision of state social assistance on the basis of a social contract that determines the rights and obligations of the recipient of such assistance.

Summarizing the introductory theoretical analysis, we will make the following conclusions.

At present, social services are considered as a «necessary function» of society and a mechanism through which states can combat social problems. with social problems. There is No unified approach to the definition of the term, but the conducted analysis of relevant sources allowed us to establish that the content component of social service is services that improve the quality of life and social comfort of needy categories of the population. Social service can be considered as a process of social service provision, as a technology, as a paradigm of social work, but the most promising theoretical framework is given by the idea of social service as a social institution.

In this paper social service is considered as a social institution, that is a set of norms, rules, values and principles that regulate the interaction of individuals, social groups and organizations that carry out activities to overcome difficult life situations. in order to overcome difficult life situations of certain categories of people.

We have shown that the institutional characteristics of social service include a narrow (public authorities, social service organizations, individual entrepreneurs) and a wide (organizations of other spheres of activity, international organizations, charitable foundations, volunteers) circle of actors whose interaction is regulated by certain formal and informal rules; the quality of publicity as a key parameter of the actors» activity, as well as the results of their activity; the integrative character of social service as a key parameter of their activity and the results of their activity; the quality of publicity as a key parameter of the actors» activity. as well as the results of their activities; integrative, informational and communicative, regulatory and preventive functions.

Like other social institutions, social services are subject to the effect of historical conditionality of development, which in sociological interpretation is expressed by the concept of «path dependence» - dependence on the path, on the chosen trajectory of development³⁰. The essence of this effect is reduced to the fact that actual, overdue changes in one or another institution can in one or another institution may be difficult to implement due to the previous aspects of formation and development of this institution³¹. In the context of analyzing social services, according to researchers³², in this regard, the situation of transition from the Soviet state-paternalistic model of

²⁹ Volchkova L.T. Social management: reflexion of a sociologist / L.T. Volchkova, V.A. Malyshev, V.N. Minina // Social management and planning: a collection of articles / edited by L.T. Volchkova. - SPb.: OOO "Knizhny Dom", 2004. - C. 7 - 23.

³⁰ Radaev V.V. Sociology of markets. M.: GU-VSHE, 2003. - C. 116-117.

³¹ David, P. (1985). Clio and the Economics of QWERTY. The American Economic Review, 75(2), 332-337. – P. 332

³² Rozhdestvensky A.V. Gosudarstvennoe regulirovanie sotsial'noi sfery [State regulation of the social sphere]. Cheboksary: Izdvo Chuvash. un-ta, 2009. - 231s.; Paramonov V.V.. Formation of the model of social policy in modern Russia / V.V.Paramonov, V.E.Paramonova // Bulletin of Peoples' Friendship University of Russia. - 2014. - № 1. - C. 21-

social security, including mainly guarantees on pension provision, is important. In the Soviet model there was social services at home, it was carried out only in closed organizations of stationary services - nursing homes. There was a need for a transition to a modern model of social service development, taking into account the needs of different categories of citizens, forms of social services (home-based, semi-permanent, inpatient) and guaranteed types of social services. In the process of transition, an important model was the countries with market economies, which had already developed systems of social services and long-term care. That is why the analysis of foreign experience is important for understanding the key characteristics of the development of social services in the Russian Federation.

1.2 Social services in the system of social interaction

As our theoretical research and analysis of foreign experience have shown, social services can be considered as a changing and developing social institution of modern society, the organizational basis of which is interagency interaction. The theory of institutionalism explains that the organization of interagency interaction and the changes associated with its strengthening are normative process of development. Institutions «establish the range of possibilities and shape the incentives of human behavior»³³, forming «not a rigid framework, but a flexible supporting structure that changes under the influence of practical action»³⁴. At the same time, the key mechanism of purposeful rule change is the cooperation of stakeholders with each other³⁵. These theoretical postulates have already been developed into international practical recommendations of the International Labor Organization and national social service systems. However, they all note that the organization of interaction as such is the most problematic point in the transformation processes³⁶. That is why the theoretical analysis of social service as a system of social interactions is so important.

The notion of «interaction» has a long tradition in sociological science. It is directly related to the concept of «action», the most popular and authoritative interpretation of which is defined by M. Weber. Weber interprets action as such behavior, with which the acting individual associates a certain

28; Pavlovskaya, O. Y. Social service under new rules: problem aspects of theory and practice // Vestnik Voronezh University of Peoples' Friendship. and practice // Vestnik of Voronezh State University. Series: Law. - 2019. - № 2. - C.242-248.

³³ Ingram P. Changing the rules: Interests, Organizations, and Institutional Change in the U.S. Hospitality Industry // The New Institutionalism in Sociology / Ed. By M.C. Brinton, V. Nee. N.Y.: Russel Sage Foundation, 1998. - P. 258

³⁴ Radaev V.V. New Institutional Approach and Deformalization of Rules in the Russian Economy // Economic Sociology: New Approaches to Institutional and Network Analysis / Co-editor. And scientific editor. V.V. Radaev. Moscow: Russian Political Encyclopedia (ROSSPEN), 2002. - C. 163.

³⁵ Radaev V.V. Sociology of markets. M.: GU-VSHE, 2003. - C. 120.

³⁶ Social security for social justice and fair globalization. Periodic discussion on social protection (social security) in line with the ILO Declaration on Social Justice for a Fair Globalization, 2011. on Social Justice for a Fair Globalization, 2011. [Electronic resource]: Mode of access: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/relconf/documents/meetingdocument/wcms_154242.pdf (date of access: 15.08.2021); Public policies for social and solidarity economy. Assessing progress in seven countries. ILO/International Labor Office. - Geneva: ILO, 2017. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_582778.pdf (Accessed August 15, 2021).

meaning and relates this meaning to the actions of other people³⁷. To explain social relations at the macro level, Weber uses the concept of «socially oriented action»³⁸, understanding it as a subjectively meaningful correlation of one's behavior with the behavior of others on the basis of «conventional agreements».

Developing the significance of action in social life, T. Parsons developed a universal system of human action consisting of four systems: the system of behavior (solves the problems of adaptation), the system of personality (solves the problems of purposefulness and goal achievement), the system of social-social (solves the problems of social interaction and integration of society), the system of culture (solves the problems of preservation and reproduction of patterns)³⁹.

From Parsons's point of view, social action in its essence should bring society to a state of equilibrium, i.e. contribute to social development through the achievement of goals, taking into account various factors of the external environment. Each action has a number of orientations, i.e. properties and qualities: cognitive (cognitive), cathectic (recognizing the positive value of the action), evaluative orientation (ability to choose)⁴⁰. «Elementary action»⁴¹ includes the actor, the goal, the situation (conditions and means), normative orientation, and decision making. It is for his normativism and underestimation of developmental factors, which, in fact, cannot help but upset the equilibrium, that Parsons has been criticized for the last 70 years. Modern society is developing rapidly, and Parsons's model for explaining change does not work.

A somewhat different dominant concept of social action is emphasized by J. Habermas in the theory of communicative action. At the center of social change, J. Habermas puts communicative action, which is connected with the linguistic coordination of the acting actor, as well as with the understanding and consensus of other acting actors⁴². It is the logic of «communicative» rationality that allows actors to organize knowledge and behavior in accordance with social norms and subjective evaluations (practical interest); to model, predict and evaluate social processes (technical interest); to search for common meanings and evaluations in everyday communication,

³⁷ Weber M. Basic Sociological Concepts / Transl. from German. M.I. Levina // Weber M. Selected Works. M.: Progress, 1990. - C. 602-603.

³⁸ Weber M. On Some Categories of Understanding Sociology // Dobrenkov V.I. (ed.) West-European Sociology of the XIX - early XX centuries: texts. Moscow: Nauka, 1996. - C. 507.

³⁹ Parsons T. System of Modern Societies. M., 1997. C. 16.

⁴⁰ Ibid. C. 18-24.

⁴¹ Parsons T. On the Structure of Social Action. Moscow: Academic Project, 2000. [Electronic resource]: Mode of access: URL: <https://socioline.ru/pages/talkott-parsons-o-strukture-sotsialnogo-dejstviya> (date of reference: 20.06.2022).

⁴² Habermas J. Moral consciousness and communicative action: per. from German. SPb.: Nauka, 2000. - C. 20.

formalizing them into laws, norms and traditions (emancipatory interest)⁴³. Thus, communicative action is «an action oriented towards achieving mutual understanding»⁴⁴.

But for our study in the interaction model proposed by J. Habermas, the interactions between the system and the lifeworld are more important. The founder of the theory of communicative action divides the system world with the state and economy and the lifeworld with the private and public sphere. The instruments of the systemic world in the form of money and power «colonize» the lifeworld with its relations of solidarity. This is the main problem of modern society, leading to a motivational crisis and the rise of «systemic violence» manifested in the bureaucratization of society⁴⁵.

The research approach proposed by J. Habermas is relevant for analyzing the interagency interaction of the social actors under consideration in the health care and social service systems, defining the roles of the state in the form of legislative regulation of the spheres of activity, the economy in the form of the emerging market of social services and their payment, the public and private spheres in the form of the development of civil society, including opportunities for non-state providers, including socially-oriented non-profit organizations, as well as the role of the state in the health care and social service systems.

H. Luhmann in his theory of self-referential systems distinguishes the levels of formation of social systems: interaction, organization, society, based on the evolution of communication links and actions within the systems. The social system in his paradigm is considered as an operationally closed system, for which environmental processes are stimuli that contribute to the formation of structural connections between the processes in the system and in the environment. On the example of our problem under study, the need to build connections and communications to organize interdepartmental interaction between the two spheres of health care and social services can be considered as a reaction of operationally closed two branch systems to the socio-demographic processes of population aging. This explains the existence of problems in the construction of interaction between the two industries.

It can be noted that N. Luman was the first to pay attention to the problems of building inter-system communications and processes related to them, noting the possibilities of providing intra-system communications primarily for the functioning of established systems.

⁴³ Monson P. Jurgen Habermas and Modernity // Monson P. (ed.) Modern Western Sociology: Theories, Traditions, Perspectives. A. Livanova. SPb.: Notabene, 1992. - C 307-345.

⁴⁴ Habermas J. Moral consciousness and communicative action: per. from German. SPb.: Nauka, 2001. - C. 242. [Electronic resource]: Mode of access: URL: http://jezmmm.ru/wp-content/uploads/2022/06/1983_2001_moralnoe_soznanie_i_kommunikativno.pdf (date of access: 25.03.2023).

⁴⁵ Habermas J. The relationship between the system and the lifeworld in late capitalism // Thesis, 1993. - Vol. 2.- C. 123-136. [Electronic resource]: Access mode: URL: file:///C:/Users/k220/Desktop/Texts%20July%20%20202024/2_2_2_2Haber.pdf (date of access: 15.07.2023)

Thus, the sociological interpretation of the concept of «interaction» is very multifaceted. To analyze interagency interaction and social service institution as a whole, this category provides normative and communicative guidelines, as well as determines the importance of value rationality in any action, including managerial decision-making.

Social interaction, in its turn, is a series of consecutive, interdependent actions of several actors. Following Weber» tradition, it is purposeful, goal-oriented and controllable⁴⁶. If we are talking about individuals, we speak about interpersonal interaction; if we are talking about organizations, we speak about interorganizational interaction⁴⁷. In the case of interagency interaction, the actors are institutionally defined subjects who achieve their goals through professionally determined actions. Thus, not only separate individuals, but also entire organizations and institutions as actors can act as parties to interaction.

The concept of social interaction is actively used in the study of the most effective ways of interactions in the institutional environment, including the study of state organizations. Thus, according to R. Merton⁴⁸, the fundamental disadvantage of bureaucracy is its tendency to promote «goal shifting» in the process of interaction. Excessive observance and compliance with rules and regulations leads to the fact that rules become an end in themselves and sometimes prevent organizations from achieving their real goals. In addition, employees of bureaucratic structures often try to apply formal rules and procedures in unique, non-standard situations, which leads to dysfunctional results. F.Selznick⁴⁹ discovered the phenomenon of «suboptimization» of communications in bureaucratic interaction, when delegation of authority leads to the fact that organizational units pursue goals different from the stated goals of the organization as a whole. T. Burns and G. Stalker⁵⁰ note that highly bureaucratic organizations are resistant to change. The prevailing atmosphere of hierarchy, control, efficiency and predictability suggests that members of such organizations prefer continuity of operations and resist change. Such organizations are weak in innovations or in absorbing new ideas, and changes in communication channels (in our case - in the situation of interagency interaction in the organization of social services) can help to overcome this inertia.

The links between collective actors play a special role in the situation of social interaction. They represent a complex combination of cognitive, technological, innovative and political levels (Fig. 2) and are determined by the socio-cultural environment and the level of the actor activity. Thus,

⁴⁶ Weber M. Basic Sociological Concepts / Transl. from German. M.I. Levina // Weber M. Selected Works. M.: Progress, 1990. - 808 c.

⁴⁷ Ibid. - C. 552

⁴⁸ Merton R. Social Theory and Social Structure. M.: AST, AST Moscow, Guardian, 2006. - 873 c.

⁴⁹ Selznick Ph. The Moral Commonwealth: Social Theory and the Promise of Community. Berkley: University of California Press, 1994.

⁵⁰ Burns, T., and Stalker, G.M. The Management of Innovation, London, 1961.

top-level interactions often refer to more intensive interactions involving interdependent problem solving and decision making that cross the boundaries of professional knowledge. In this case, the terms «integration» or «partnership» are typically used, which are derived from the category of social interaction and describe relationships in which actors come together to form a unified structure. The authors of the modern theory of collective activity progress («reinforcing interconnectedness») are M. Cooper, M. Evans, and J. Pibis (2016). It is assumed that the theory of collective activity progress occurs due to repeated over time interaction, leveling of cultural differences, clarification of understanding of meanings and characteristics of the object - the carrier of the problematic (difficult life) situation⁵¹.

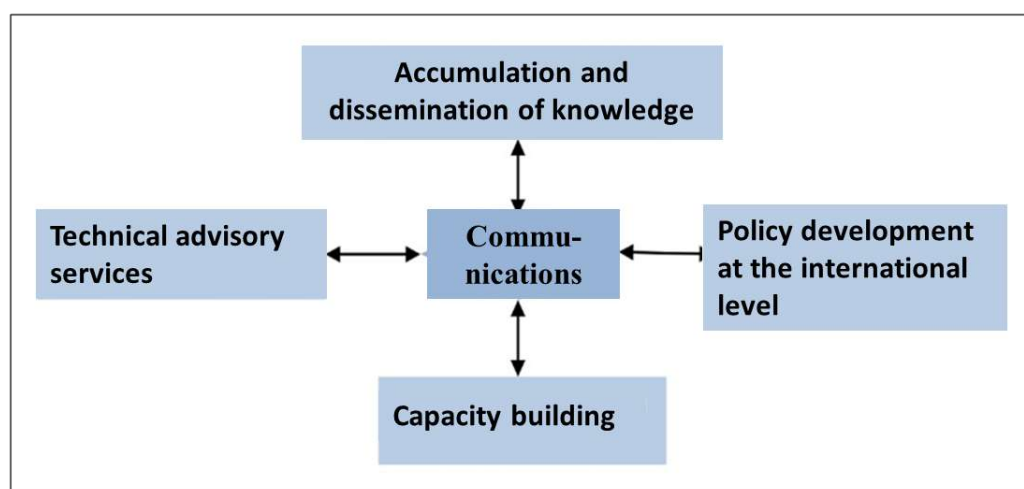


Figure 2: Characteristics of ties in the process of social interaction⁵²

Social service as a process of social interaction, thus, appears as a repeated transformation of complex multi-level relations between individual institutional (collective) actors (public authorities, social service organizations, individual entrepreneurs, international organizations, charitable foundations, volunteers) in the socio-political and socio-economic system of society, the purpose of which is a positive change (harmonization) of relations between institutions, their Social service in this case acts as an instrument of this communicative transformation and social interaction in general. Different cultural contexts and pluralism of opinions trigger the process of resolving conflicts within the system arising from the clash of interests. Debates and conflicts, in which the subjects of

⁵¹ Allen and Clarke (2010). 'What works' to achieve effective collaboration between community organizations: A literature review. Wellington, New Zealand: Allen & Clark Policy and Regulatory Specialist Ltd; Cooper, M., Evans, Y., & Pybis, J. (2016). Interagency collaboration in children and young people's mental health: A systematic review of outcomes, facilitating factors and inhibiting factors. *Child: Care, Health and Development*, 42(3), 325-342. [Electronic resource]: Mode of access: URL: <https://doi.org/10.1111/cch.12322> (date of access: 15.08.2021).

⁵² Social security for social justice and fair globalization. Periodic discussion on social protection (social security) in line with the ILO Declaration on Social Justice for a Fair Globalization, 2011. on Social Justice for a Fair Globalization, 2011. [Electronic resource]: Mode of access: URL: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_154242.pdf (date of access: 15.08.2021).

interaction inevitably participate, by trial and error contribute to the search for compromises. Social service as a process of social interaction brings not only institutional but also cultural changes, forming a new type of collective action, creating new multilevel relations in society, solving urgent social problems.

The complexity of analyzing social service as social interaction consists in its heterogeneity and multilevel nature. With the passage of time and intensification of interactions between actors of the process of solving social problems (difficult life situations), it goes from simple interaction, in which links form relatively simple processes of information and communication; to cooperation (links form agreements and political and institutional actions); collaboration (links form joint decision-making and joint budget for their implementation) and, finally, integration as the highest mode of social interaction, in which links form intensified and intensified processes of information and communication; to cooperation (links form agreements and political and institutional actions).

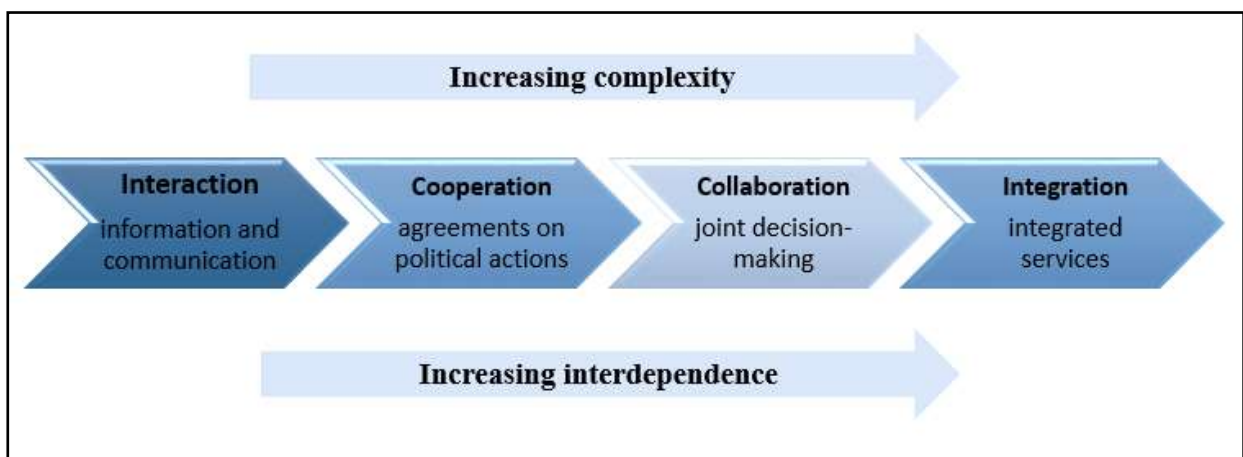


Figure 3: Continuum of social service as a system of social interaction⁵³

A new philosophy of interaction between the state, citizens and institutions aimed at the needs of people, solving their problems, and eliminating bureaucratic barriers in the provision of services by the state. The introduction of a client-centered approach in public administration can be called a new culture of interaction between the state and citizens, based on empathy, professionalism and honesty.

The goal is to introduce standards for citizens (external client), businesses, employees of public authorities and organizations (internal client), based on accessibility, comfort, the possibility of receiving services both in paper and electronic form. In the practice of public administration comes service-design and design thinking as a method of creating human-centered products and services.

⁵³ Allen and Clarke (2010). What works' to achieve effective collaboration between community organizations: A literature review. Wellington, New Zealand: Allen & Clark Policy and Regulatory Specialist Ltd; Morgan, S, Pullon, S, Garrett, S et al. (2018) Interagency collaborative care for young people with complex needs: front-line staff perspectives. Health & Social Care in the Community. Epub ahead of print February 25, 2019. DOI: 10.1111/hsc.12719.

The evolution of design as a method of creative thinking began in the middle of the last century: R. Buchanan, D. Kelly, N. Cross, H. Rittel, P. Rowe, G. Simon, B. Fuller⁵⁴ .

The introduction of a client-centered approach and service design in public administration also contributes to the improvement of interagency cooperation. Creating services tailored to the needs and expectations of citizens requires close cooperation between different agencies and organizations. This helps to avoid duplication of functions, optimize processes and improve coordination between different structures of the state.

Interagency cooperation in the implementation of a client-centered approach also contributes to increasing the transparency and efficiency of the work of government agencies, and is focused on deep respect for the personality of the recipient of social services. Citizens have the opportunity to apply for assistance to any state body, knowing that their needs will be taken into account and met.

Thus, the development of interagency interaction within the framework of the client-centered approach contributes to improving the quality of public services, meeting the needs of citizens and improving the interaction between the state and society as a whole.

1.3 Foreign models of social services

Social services demonstrated significant growth in the second half of the twentieth century in many countries of the world. Decommodification processes represented the main vector of the principle of social citizenship and characterized the features of the so-called «Keynesian» welfare state⁵⁵. Thus, the financing, creation and regulation of social services became more the task of the state. Factors that contributed to the development of social services during this period are usually attributed to: the effects of industrialization and urbanization, the influence of Protestant thought regarding the state's responsibility for welfare, and the growing influence of trade unions and the labor movement⁵⁶ . As states developed, the dependencies between members of society became more intense, and there were more systematic responses on the part of the state to factors that made individuals, and therefore society as a whole, vulnerable. In parallel with this, research into social services, analyzing the effectiveness of the measures taken, and developing theoretical models developed. To date, for example, there is a proven effectiveness of social service

⁵⁴ Eight Strategies for Comprehensive Anticipatory Design Science // Buckminster Fuller Institute. Access mode: URL: <https://www.bfi.org/design-science/primer/eight-strategies-comprehenssiva-anticipatory-design-science>

⁵⁵ Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton University Press.

⁵⁶ Flora, P., & Heidenheimer, A. J. (Eds.). (1981). *The development of welfare states in Europe and America*. Transaction Publishers.

programs for poverty alleviation⁵⁷, where the childcare allowance is a particularly effective tool⁵⁸. It has also been shown that social services are more effective than public transfer payments in addressing this problem⁵⁹. In addition, research shows that social services have a positive impact on people's quality of life⁶⁰. In contrast to the widespread view that social services are simply a tool for redistributing resources to ensure social justice, some scholars argue that state-financed social services play a key role in economic development⁶¹. Thus, social policy expenditures should be considered as investments⁶², and the modern social state should be called a service state. At the same time, the main investments of the state should be directed not to the development of production, as there is no economic necessity in this, but to the development of services for various groups of consumers. However, studies show that the effectiveness of social programs is significantly reduced when they are not implemented properly or when these programs are not implemented comprehensively⁶³.

Scientific literature has attempted to systematize the experience of different countries. Despite the fact that comparative analysis of different systems of social policy⁶⁴ and, in particular, social services, has for a long time oscillated between two rather unrelated approaches (descriptive historical monographs of individual countries on the one hand, and extensive statistical comparisons of quantitative aggregate data on expenditures, coverage or timing of implementation of national public schemes on the other), attempts at comprehensive analysis have been particularly active since the 1990s⁶⁵, which has been significantly influenced by the subsequent typology of states all over the world.

There are a number of problems that arise in the process of systemic description of social services in different countries. Firstly, consideration of foreign experience of social services shows the ambiguity of interpretation of the concept of «social services». Thus, for example, in Great Britain it is often understood as social *services* provided individually at the local level («*personal social services*»), while in most other countries - services are provided through state social insurance

⁵⁷ Kenworthy, L. (1999). Do social-welfare policies reduce poverty? A cross-national assessment. *Social Forces*, 77(3), 1119-1139; Chen, S., Li, J., Lu, S., & Xiong, B. (2017). Escaping from poverty trap: a choice between government transfer payments and public services. *Global health research and policy*, 2(1), P. 1-16.

⁵⁸ Chen, S., Li, J., Lu, S., & Xiong, B. (2017). Escaping from poverty trap: a choice between government transfer payments and public services. *Global health research and policy*, 2(1), P. 1-16.

⁵⁹ Ibid.

⁶⁰ Dimian, G. C., & Barbu, A. (2012). Public services-key factor to quality of life. *Management & Marketing*, 7(1), 151.

⁶¹ Martinelli, F. (2017). Social services, welfare states and places: an overview // Martinelli, F., Anttonen A., and Mätzke M. (Eds). *Social Services Disrupted: Changes, Challenges and Policy Implications for Europe in Times of Austerity*. Publisher: Edward Elgar. P. 11-48.

⁶² Hemerijck, A. (2012). Stress-testing the new welfare state. *The politics of the new welfare state*, 68-90.

⁶³ Ringel, J. S., Schultz, D., Mendelsohn, J., Holliday, S. B., Sieck, K., Edochie, I., & Davis, L. (2018). Improving child welfare outcomes: balancing investments in prevention and treatment. *Rand Health Quarterly*, 7(4).

⁶⁴ Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton University Press.

⁶⁵ Alber, J. (1995). A framework for the comparative study of social services. *Journal of European Social Policy*, 5(2), 131-149; Anttonen, A., & Sipilä, J. (1996). European social care services: is it possible to identify models? *Journal of European social policy*, 6(2), 87-100.

systems («social welfare services» or «social care services»)⁶⁶. A report prepared by the European Commission in 2011 noted these patterns: «At times, terms such as social services, social well-being, social protection, social assistance, social care and social work are used interchangeably to mean social services»⁶⁷.

In European countries, social services include: permanent care focused on the elderly and disabled; pre-school education services; employment-related services; social housing⁶⁸. And the European Commission, making an attempt to harmonize the legislation, refers to the common characteristics of social services: the principle of solidarity and comprehensiveness, the absence of commercial orientation, the participation of volunteers, as well as the proximity of the service provider and the purchaser, asymmetry in their relations⁶⁹. However, the lack of a common understanding makes the process of comparing countries much more difficult - this is where researchers and social service theorists agree.

Second, it is difficult to draw the line between social services and commercial services. Although there is a certain perception that social services are universal and generally accessible, in practice the line is somewhat blurred, since in many states social services are provided by both the non-profit and for-profit sectors and financed by the state⁷⁰. In addition, it is extremely difficult to quantify the informal assistance provided to people⁷¹ by their families, neighbors or acquaintances and members of the same church parish. In addition, the same service may belong to different social sectors. For example, services provided to care for people with disabilities may be simultaneously categorized as social services or health care⁷².

The characteristic features of the social service system in a particular country depend on the proportion of the main providers in the total volume of services provided. They can be: public sector, commercial sector, non-profit organizations, as well as informal sector, which includes assistance provided mainly on a voluntary basis from family, friends, neighbors, etc., as well as informal sector.

Certain obligations to provide services can be fixed by legislation, but can also be formed by cultural peculiarities and traditions of different countries. According to the way of provision, social services can be provided in closed institutions of permanent residence (boarding schools, shelters,

⁶⁶ Compston, H. (Ed.). (2004). *Handbook of Public Policy in Europe: Britain, France and Germany*. Springer.

⁶⁷ *European Social Services: A map of characteristics and trends* / prep. by Brian Munday / University of Kent, Council of Europe, 2003. - P. 2.

⁶⁸ EC-European Commission (2010), *Second Biennial Report on Social Services of General Interest*. Commission Staff Working Document, SEC (2010) 1284 final, Brussels.

⁶⁹ Neergaard, U., & Nielsen, R. (2013). *European Legal Method: Towards a New European Legal Realism?* Djøf Forlag. http://libsearch.cbs.dk/primo_library/libweb/action/dlDisplay.do?docId=CBS01000614164&vid=CBS&afterPDS=true

⁷⁰ Anttonen, A., & Sipilä, J. (1996). European social care services: is it possible to identify models? *Journal of European social policy*, 6(2), 87-100; Gilyadova, M. N. Financing of social services: foreign experience // *Siberian School of Finance*. - 2015. - №. 6. - C. 61-66.

⁷¹ *Ibid.*

⁷² Doty, P. (1988). Long-term care in international perspective. *Health Care Financing Review*, 1988 (Suppl), 145.

etc.), in day care centers of different types, which are open. Also the concept of need for social services differs in different countries. Needs are determined by objective factors (subsistence minimum, minimum income, etc.) and subjective factors (taking into account the user's point of view in the assessment process). And, first of all, the groups of recipients of social services differ. They can be elderly people, minors, disabled people, addicts, homeless people, low-income people, etc. The need is determined by objective factors (subsistence level, minimum income, etc.).

Depending on the prevailing form of organization in a country and sources of funding, a classification of social service models was introduced at the turn of the century, with a particular focus on describing quantitative differences in social welfare in Western Europe⁷³.

The first, the Scandinavian model of social services, most characteristically describes the following countries: Sweden, Denmark, Norway and Finland. It is based on budget financing, with the state or local government playing a key role. The model has great advantages for the recipients of services, as it provides a wide choice of services, closely monitors the observance of users' rights, specifically defines the rights due to social insurance, and is sensitive to gender issues.

The second model, the Mediterranean model, based on family care, is based on the limited provision of public services. It is most characteristic of Greece, Spain, Portugal, Italy, Cyprus, Italy and Malta. Christian values and the informal sector play a major role in this model, in particular the invitation of migrant women to help with family care. A characteristic feature of the model is that people with higher incomes tend to use the services of the commercial sector more often.

The third model, the British model of means-testing, is particularly common in the United Kingdom and Ireland. It is characterized by the fact that the state, abandoning the direct role of service provider, contracts with providers from other sectors, leaving only special cases to be managed by the state.

Finally, the fourth, northern European model, which most characteristically describes Germany, Austria and the Netherlands, is based on the principle of subsidiarity. A significant role in this model is played by large non-profit organizations, which are often financed by the state on the basis of social insurance or subsidies provided on a competitive basis.

The proposed classification is interesting and useful from the point of view of understanding the current trends in the development of the social service institution in Russia: since in the situation of normative-legal modeling of the modern social service system in the 1990s, our country had a rather serious background of the Soviet social security system, and the newly created since 2015 Russian system is trying to integrate the possibilities of old-age risk insurance taking into account the

⁷³ Anttonen, A., Baldock, J., & Sipilä, J. (Eds.). (2003). *The young, the old, and the state: social care systems in five industrial nations*. Edward Elgar Publishing.

new direction of the social security system development through prospective mutual interaction with the social security system.

Therefore, we will turn in more detail to those countries that, first, were considered as a source of change in the transition from the Soviet model of social security to the new model of social services, and, second, are similar in terms of social and economic development and influence on globalization⁷⁴.

Thus, in this paper the social service system will be considered on the basis of the experience of five countries - Finland, Germany, Japan, Great Britain and the USA. Consideration of the experience of the selected countries will allow us to compare different approaches to the organization of the social service system in the most complete way, as the countries differ to a great extent in the ways of building such systems.

Since all of the countries listed are Organization for Economic Cooperation and Development (OECD) countries, let's look at some common patterns in social service systems, especially in continuing care, whose role has become particularly important in the context of the COVID-19 pandemic. For example, continuing care facilities are now caring for more people and more residents with chronic conditions than ever before. This places a tremendous strain on the system of such facilities—a strain that is projected to increase in the coming years as the OECD population continues to age⁷⁵. In addition, long-term care costs are rising rapidly. Estimates project that spending on public insurance organizations⁷⁶ will increase by more than 70% over the next 50 years, amounting to 2.7% of GDP in 2070⁷⁷.

In Finland, social services are among a number of functions that municipalities are obliged by law to perform. Compared to other countries, health and social care in Finland are integrated in a single ministry, with local authorities (municipalities) organizing most primary health care and social services and jointly with other municipalities operate hospital districts to provide specialized services⁷⁸. The aim of the Finnish social protection system (and its component, social services) is to guarantee every citizen the right to the necessary means of subsistence and decent care.

Finnish social services are based on the Scandinavian model of the welfare state. Broad public responsibility and tax funding play a crucial role⁷⁹. The government plays an important leadership role in establishing the basic principles of social security and in monitoring their implementation.

⁷⁴ Ariaans, M., Linden, P., & Wendt, C. (2021). Worlds of long-term care: A typology of OECD countries. *Health Policy*, 125(5), - pp. 609-617.

⁷⁵ OECD (2021). Social spending (indicator). doi: 10.1787/7497563b-en (Accessed August 03, 2021).

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ EC-European Commission (2010), Second Biennial Report on Social Services of General Interest. Commission Staff Working Document, SEC (2010) 1284 final, Brussels.

⁷⁹ Sipilä J. (ed.). *Social care services: the key to the Scandinavian welfare model*. - Routledge, 2019.

However, the actual provision of social security takes place at the local level, in municipalities⁸⁰. Specialized medical care (40.1%) and permanent care for the elderly and disabled (25%) account for the largest share of social services. Home care provided by private companies reaches 28% of total services, while residential care provided by the private sector accounts for only 12%⁸¹. Finland has the highest share of social expenditure as a percentage of gross domestic product (GDP) among the countries considered, at 29.1% in 2019⁸².

Germany differs from other countries in that it has historically been dominated by the non-profit sector, which has been funded through subsidies from each state government and regulated by law. Crucial is the principle of subsidiarity, which is that informal care should, wherever possible, take precedence over state intervention. The long-term care system is financed by social insurance contributions, the amount of which is set at the national level and regulated through a network of public and private insurers. In 2019, there were 109 public funds and 48 private funds⁸³. Social expenditure as a share of GDP amounted to 25.9% for 2019. The role of the local level is high, accounting for 63% of total social financing. In 2017, there were 3.4 million people in need of long-term care, 63% of whom were women⁸⁴. At the same time, modern Germany tries to involve the family in the care of the elderly, but there are many structural problems, as a large proportion of adults lead non-family lives.

Social services in Japan are largely employer-provided, but there is a publicly funded system of personal social services provided by local governments for key groups of people in need. In large cities, municipal agencies cooperate with non-profit organizations. Access to social services for most Japanese workers is highly dependent on the size of the organizations that provide them and their financial situation. Although the informal sector is quite influential in Japan, its role is not as significant in large cities due to fairly well-developed social and geographic mobility. Given Japan's high life expectancy of 81 years for men and 87 years for women, and the persistence of activity at the age of longevity, emerging active longevity programs focus on physical activity, social employment that ensures engagement in action, and mental balance.

⁸⁰ Hetemaa, T., Kannisto, R., Knape, N., Ridanpää, H., Rintala, E., Rissanen, P., ... & Syrjänen, T. (2021). Social welfare and health care services in Finland 2019: Expert evaluation. [Electronic resource]: Access mode: URL: https://www.julkari.fi/bitstream/handle/10024/142741/URN_ISBN_978-952-343-684-8.pdf?sequence=1&isAllowed=y (Date of access: 22.05.2022)

⁸¹ Kalliomaa-Puha, L., & Kangas, O. (2018). ESPN Thematic Report on Challenges in long-term care: Finland.

⁸² OECD (2021). Social spending (indicator). doi: 10.1787/7497563b-en (Accessed August 03, 2021).

⁸³ Curry, N., Schlepper, L., & Hemmings, N. (2019). What can England learn from the long-term care system in Germany? Research Report. [Electronic resource]: Mode of access: <https://www.nuffieldtrust.org.uk/research/what-can-england-learn-from-the-long-term-care-system-in-germany> (accessed 03.08.2021).

⁸⁴ 22. OECD (2019), Can Social Protection Be an Engine for Inclusive Growth? Development Center Studies, OECD Publishing, Paris, [Electronic resource]: URL: <https://doi.org/10.1787/9d95b5d0-en>; 1. OECD (2020). Workforce and safety in long-term care during the COVID-19 pandemic. OECD Publishing (accessed on 15.08.2021).

At the same time, Japan has introduced a system of long-term care for those in need of nursing care due to health conditions.

Social spending as a share of total GDP was 22.3% in 2019⁸⁵. notably, the budget of Japan's long-term care system consists of premiums (50%) and taxes (50%). Every citizen aged 40 years and older pays premiums, while taxes are collected from the national government (25%), prefecture (12.5%), and municipality (12.5%). Municipalities develop a long-term care plan every 3 years; premiums and supplements are revised accordingly. The long-term care system was introduced in 2000 and has tripled by 2019⁸⁶.

In the UK, local authorities retain greater responsibility but are increasingly contracting services to the private sector. Contracts are awarded with equal frequency to both for-profit and not-for-profit organizations. The primary source of funding is taxation. Special emphasis is placed on working with «problem» cases⁸⁷. In the UK, virtually 80% of total social care expenditure is spent on long-term care, which includes residential, nursing and community care⁸⁸. As a share of total GDP, social care spending accounted for 20.6% in 2019⁸⁹.

The social service system in the USA is characterized by a largely liberal orientation, where the role of the state is not so significant in comparison with other countries considered. This is reflected in the developed private market of social insurance, and less coverage of social service recipients as compared to other countries. Charitable and non-profit organizations play a major role in the US social service system. The state provides targeted subsidies to stimulate their activities. It also monitors the quality of service delivery. The state's obligations include: support of families (family allowances for poor families at the birth of a child, assistance to single-parent families), disabled people, pensioners and so on. A characteristic feature of the social service system in the USA is the assumption that a citizen of the country is obliged to worry about his/her own well-being to a greater extent. Confirmation of this can be found in the data: the share of social services in total GDP is the lowest among the countries examined - in 2019 it amounted to 18.7%⁹⁰. In 2018, 14 million adults in the U.S. needed long-term care. Of these, 7.9 million (56%) were over age 65, and 6.1 million (44%) were between the ages of 18 and 64⁹¹.

⁸⁵ OECD (2021). Social spending (indicator). doi: 10.1787/7497563b-en (accessed 03.08.2021).

⁸⁶ Yamada, M., & Arai, H. (2020). Long-term care system in Japan. *Annals of Geriatric Medicine and Research*, - 24(3), - P. 174.

⁸⁷ Compston, H. (Ed.). (2004). *Handbook of Public Policy in Europe: Britain, France and Germany*. Springer.

⁸⁸ NHS Digital. (2017). *Adult social care activity and finance report, England 2016-17*, URL: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report> (accessed 14.09.2021).

⁸⁹ OECD (2021). Social spending (indicator). doi: 10.1787/7497563b-en (accessed 03.08.2021).

⁹⁰ Ibid.

⁹¹ Jones, A. L., Dwyer, L. L., Bercovitz, A. R., & Strahan, G. W. (2019). *The National Nursing Home Survey*. National Center for Health Statistics. Vital and Health Statistics.

Consideration of the experience of different countries has allowed to establish that the development of social service systems in different countries is provided mainly through state regulation with active involvement of non-state structures and participation of the citizen himself. The growing demand for social services requires increasing the efficiency of financing from public sources and expanding the participants of the emerging social markets, involving third sector organizations - SONCOs, as well as commercial structures. The balance of the combination of different institutions: state/ beneficiary, family/ service market in its diversity in the social policy of different states (welfare mix) is different in terms of the emerging economic contribution and conditions of participation of SONCOs and businesses.

At the same time, it is necessary to note the main role of the state, providing protection and development of economic and social well-being of citizens, and the growing importance of the economic contribution of the third sector to the creation of general welfare and well-being. The economic aspect of productive activity of SONCOs as not only executors of socially useful programs at the expense of grant support, but also providers of social services at the expense of the state is actively studied by foreign and domestic researchers (L.M. Salamon, Y.A. Skokova, I.G. Krasnopolskaya, O.I. Borodkina).

It is also possible to note a number of common features significant for understanding the global dynamics of social services in general and the prospects for the development of this system in Russia in terms of interdepartmental and intersectoral cooperation, including taking into account current demographic trends and the need to develop new forms of social work: active longevity programs and long-term care projects, given the growing number of elderly people, as well as the necessary financial investments for the development of infrastructure for the provision of social services and the formation of a new social services system in Russia. I.A. Grigorieva and G.V. Kolosova note that St. Petersburg is intensively developing interdepartmental cooperation between executive authorities and public institutions of health care and social services with the participation of SONCOs, ensuring the implementation of measures to improve the system of long-term care for elderly and disabled citizens.⁹²

What is common is that in each country the obligation to provide part of social services is assumed by the state. In European countries the financial responsibility of states for social services is noticeably higher than in Japan and the USA, nevertheless, in each country state organizations are the leading actor whose initiatives become the dynamic center of social services provision.

The leading role of the state in the financing of services ensures the process of continuous target-setting and control over the effectiveness of the functioning of social services as a social

⁹² Grigorieva I.A., Kolosova G.V. Social interactions in the system of long-term care for the elderly // *Uspekhi gerontologii*. - 2021. - T. 34. - № 6. - C. 922.

institution. This, in turn, leads to constant institutional adaptation to new socio-economic and demographic conditions, changing social needs, interests and values. At the same time, following the institutional logic, the most effective social security systems are in a state of constant reform. This is a sign of institutional strength, not a defect of their structure.

The main feature of such continuous reform in the countries - leaders in the implementation of social services in the modern world is inter-organizational, inter-institutional, inter-agency cooperation⁹³. Interagency collaboration is described as a process in which social service providers from different agencies and departments work together to increase their effectiveness. Interagency collaboration involves continuous communication and intensive interaction at various levels of government and policy⁹⁴. In practical terms, it is interaction that today is the most grounded and at the same time frequently encountered answer to the question of how the processes of providing social services to citizens should be organized. Interagency interaction develops in the format of social dialogue of all interested organizations involved in solving a particular task of social services. Comparative analysis of domestic and foreign experience of effective managerial activity has shown that the problems of domestic modern management could be largely solved by raising the level of professional education and subsequent training and retraining of executives and managers, as well as analyzing and implementing successful foreign experience and management strategies.⁹⁵

The role of interagency cooperation in the implementation of social services is also emphasized by the International Labor Organization (ILO). The ILO documents treat interagency cooperation and its proper organization as a modern challenge (challenge⁹⁶) of the social service institution, the answer to which is important for its further development. At the same time, the

⁹³ Salmon, G. (2004). Multi-Agency collaboration: The challenges for CAMHS. *Child and Adolescent Mental Health*, 9(4), - 156-161. URL: <https://doi.org/10.1111/j.1475-3588.2004.00099.x> (accessed on 10.09.2021).

⁹⁴ Allen and Clarke (2010). 'What works' to achieve effective collaboration between community organizations: A literature review. Wellington, New Zealand: Allen & Clark Policy and Regulatory Specialist Ltd; Grace, M., Coventry, L., & Batterham, D. (2012). The role of inter-agency collaboration in 'joined-up' case management. *Journal of Interprofessional Care*, - 26(2), - P. 141-149. [Electronic resource]: Access mode: URL: <https://doi.org/10.3109/13561820.2011.637646> (Date of access: 15.08.2021).

⁹⁵ Kolosova G.V. Comparative analysis of domestic and foreign experience of effective managerial activity // *Sociology and Law*. - 2018. - № 1 (39). - C. 12.

⁹⁶ Public policies for social and solidarity economy. Assessing progress in seven countries. ILO/ International Labor Office. - Geneva: ILO, 2017. Retrieved from [Electronic resource]: Mode of access: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_582778.pdf (date of access 15.08.2021).

following can be recognized as the main principles of proper organization, based on the analysis of ILO documents⁹⁷ and national strategies of development of the social service sphere⁹⁸.

Coherence - compliance of organizational aspects of interagency cooperation with the socio-economic policy in the country as a whole; its goals, objectives and the «spirit» of political changes.

Participation - support for collective participation, active citizenship, public initiatives and other ways of expanding the actors of the social service institution.

Sustainability - correlation of goals and objectives of interagency cooperation with the more global goals of environmental development, formation of a sustainable ecosystem of the municipality, region, country as a whole.

Effective management (efficiency) - transparent and accountable process of control over the organization of interagency cooperation; social partnership in the process of leadership and management. In addition, the experience of various countries demonstrates the importance of official monitoring mechanisms that comprehensively track the effectiveness of interagency cooperation.

Cultural context (culture) - the conscious transformation of management practice recommendations depending on the traditions and cultural characteristics of the place of their implementation⁹⁹.

Professionalism (expertise) - managing an interagency organization in practice requires well-trained supervisors and managers.

pragmatic governance - focus on the final result (effective social services) and use the widest possible range of tools and means to achieve it.

Pluralism - the model of interagency cooperation in a particular state cannot be dogmatic. Regions should be able to ensure the identification of errors in state planning and management, as well as to influence the processes of monitoring and control over interagency interaction.

The development of inter-agency collaboration between health and social services to address issues of optimizing the individual vitality of older persons to maintain and improve their functional capacity is identified as a key challenge in the following World Health Organization (WHO) documents:

⁹⁷ Social security for social justice and fair globalization. Periodic discussion on social protection (social security) under the ILO Declaration on Social Justice for a Fair Globalization, 2011.[Electronic resource]: Mode of access: URL:https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_154242.pdf (date of access: 15.08.2021); Public policies for social and solidarity economy. Assessing progress in seven countries. ILO/ International Labor Office. - Geneva: ILO, 2017. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---coop/documents/publication/wcms_582778.pdf (accessed on 15.08.2021);

⁹⁸ NHS Digital. (2017). Adult social care activity and finance report, England 2016-17, [Electronic resource]: Access mode: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report>; OECD (2021). Social spending (indicator). doi: 10.1787/7497563b-en (accessed 03.08.2021); Martinelli, F. (2017). Social services, welfare states and places: an overview // Martinelli, F., Anttonen A., and Mätzke M. (Eds). Social Services Disrupted: Changes, Challenges and Policy Implications for Europe in Times of Austerity. Publisher: Edward Elgar. - P. 11-48.

⁹⁹ Ibid.

- WHO World Report on Ageing and Health, 2016;
- WHO recommendations for community-based care for declining individual resilience, 2017;
- Delivering integrated care for older people, recommendations for systems and services (ICOPE), 2019.

These documents define the key role of health and social protection, laying the foundations for the need to shape long-term care, which is defined as the activities undertaken by others to ensure that people who have suffered a significant permanent loss of capacity can maintain a level of functional capacity consistent with their fundamental rights, freedoms and human dignity¹⁰⁰.

Special attention is paid to the integration of care and support services for the elderly in the health and social care systems, and the principle of orientation of services towards residential care «Aging at Home» is proclaimed.

The new concept as mechanisms envisages strengthening of management and control systems to implement the concept of individualized care plans for the elderly, increasing the efficiency of participating services at the level of the management system. New approaches require the development of financial and human resources, their training, application of technological solutions for information exchange.

Thus, foreign experience demonstrates that interagency interaction is the most important basis for the development of modern social service institution, as well as for building network interaction with the health care system. Its implementation and organization, taking into account the expediency of building network interaction in social management, can be considered the main task. The sociological perspective of using foreign experience in this case can become an effective tool for organizing interagency interaction, as it allows us to understand its specificity as social interaction, as well as the role of interaction in social services and the barriers that exist today. Since the system of social services both in Russia and in the world as a whole is undergoing reform and modernization, theoretical analysis of the ongoing and anticipated changes is very important. It allows us to show what elements of this or that institution can be considered fundamental, as well as what are the sources of social changes and accompanying problems.

It can be concluded that the WHO recommendations are significant in the international arena not only for medical services, but also for their consolidation with social services, which is relevant for the world community and the Russian Federation, which has been implementing since 2018 a system of long-term care for elderly and disabled citizens in need of assistance.

¹⁰⁰ Global Ideas Age Watch Older people's right to health, right to be counted. - C.5. [Electronic resource]: Mode of access: URL: https://rce.kg/wp-content/uploads/2018/12/HelpAge_executive_summary_final_Russianlow-res.pdf (date of access: 23.05.2023)

CONCLUSIONS OF CHAPTER 1

As a result of the theoretical study, we came to the following conclusions.

1. Social service has relevant institutional characteristics, representing a set of norms, rules, values and principles in the framework of interaction between various actors of narrow (public authorities, social service organizations, individual entrepreneurs) and wide (organizations of other spheres of activity, international organizations, charitable foundations, volunteers) circle, performing integration, information and communication, regulatory and preventive functions, whose activities are governed by certain formal and informal rules.

2 The basic principles of social service, reflecting its value characteristic as an institution, are non-discrimination, targeting, adequacy, proximity, sufficiency of resource, minimization of changes, voluntariness, confidentiality.

3. Social services are a culturally embedded system. Each country's social service system addresses unique problems. The characteristic features of the social service system in a particular country depend on the proportion in which the main providers are distributed in the total volume of services provided. The difference in cultural traditions and experience leads to ambiguity in the interpretation of the concept of «social service». This makes foreign comparative analysis of social services difficult, but demonstrates its complexity and diversity.

4. Following the institutional logic, the system of social services can be considered as a constantly changing and developing social institution of modern society, the main feature of which is interorganizational, inter-institutional, interdepartmental interaction.

5. The theoretical basis for analyzing the social service institute is the concept of «interaction» as a set of actions involving the development of the system from simple information interaction to cooperation, collaboration and integration in order to successfully solve social problems. The concept of social interaction is actively used in the study of the most effective ways of interactions in the institutional environment, including the study of professional interaction between organizations of different spheres of social activities aimed at the recipient of social services.

6. Social service as a process of social interaction, thus, appears as a repeated transformation of complex multi-level relations between separate institutional (collective) actors in the socio-political and socio-economic system of society, accompanied by a number of problems caused by imperfect legislation, lack of coordinated solutions, different economic models of tariff formation of state-guaranteed services.

CHAPTER 2. ANALYSIS OF THE MANAGEMENT SYSTEM OF INTERDEPARTMENTAL INTERACTION IN THE SPHERE OF SOCIAL SERVICES FOR ELDERLY CITIZENS IN SAINT PETERSBURG

2.1 Main trends in the development of social services for elderly citizens

All over the world there is a trend towards demographic ageing of the population, which is expressed in a constant increase in the share of older citizens in the total age structure of society. Fig. 4 shows the dynamics of citizens by age groups in the Russian Federation.

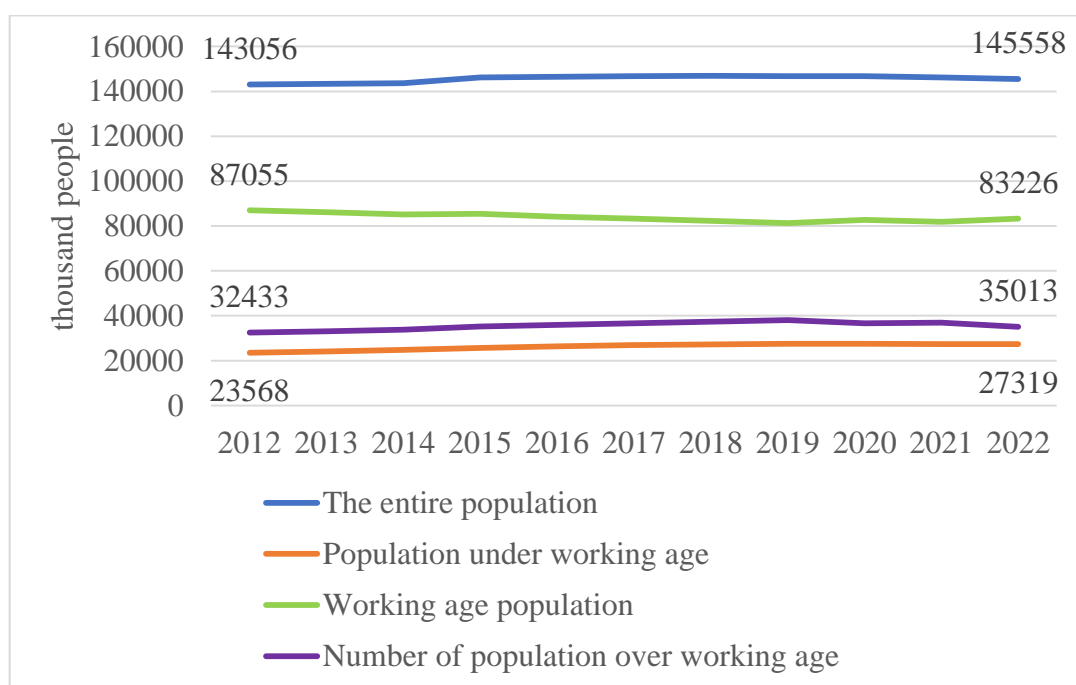


Figure 4. Population dynamics by age groups in the Russian Federation, thousand people¹⁰¹

A similar demographic situation, expressed by the rapid growth in the number of citizens above working age against the background of a decrease in the working-age population, is observed in St. Petersburg, which is reflected in Fig. 5.

¹⁰¹ Population of the subject of the Russian Federation. [Electronic resource]: Access mode: URL: <https://www.fedstat.ru/indicator/61751> (date of reference: 21.06.2023).

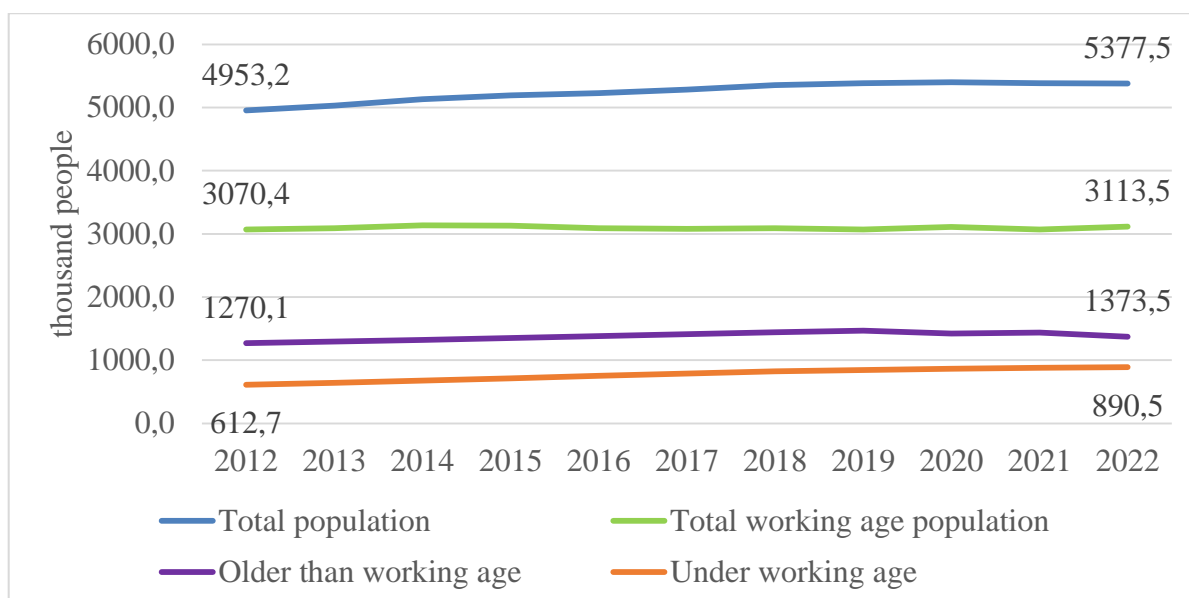


Figure 5. Dynamics of population by age groups in St. Petersburg, thousand people.¹⁰²

In terms of economic and social impact assessment, the demographic load factor per able-bodied citizen is growing, which leads to increased financial expenditures on social policy, including the construction of health care facilities and OSON, contributing to the development of social infrastructure.

Over the period 2012-2022, the number of persons over working age increased from 1,270,100 (25.6 percent of the total population) to 1,373,600 (25.5 percent of the total population).

Given the historical events related to the siege of Leningrad, St. Petersburg is the only constituent entity of the Russian Federation with the largest number of veterans of the Great Patriotic War. Therefore, special attention is paid to the conditions for providing social services to this category of senior citizens. From 2023, the budgetary provision of free social services in all forms for this category of citizens is growing, and there is a growing need to develop infrastructure for the provision of social services at home, and to develop forms of long-term care.

There are about 58,000 veterans of the Great Patriotic War in St. Petersburg, including former juvenile prisoners of Nazi concentration camps, including:

1.7 thousand invalids and participants of the Great Patriotic War;

45.8 thousand veterans from among those awarded with the sign «Resident of the Siege of Leningrad»;

5.4 thousand home front workers;

5.1 thousand former juvenile prisoners of Nazi concentration camps.

¹⁰² Structure of the permanent population at the beginning of the year (as of January 1) by sex and age groups [Electronic resource]: Mode of access: URL: <https://www.fedstat.ru/indicator/43219> (date of access: 30.09.2023)

The federal guarantees of free social services for 9 categories of veterans of the Great Patriotic War and disabled veterans of combat operations introduced from 01.01.2023 led to social tension caused by the division of the categories of veterans of the Great Patriotic War into federal and regional beneficiaries. This necessitated a legislative discussion in 2023-2024 on the exemption from payment for social services for home front workers and former juvenile prisoners of Nazi concentration camps.

The issues of charging for social services have evolved since 1995, given that the funds of recipients of social services when provided by both state and, since 2015, non-state providers of social services are one of the main sources of financial provision of social services, along with the funds of regional budgets.

The issues of payment for social services are regulated by federal and regional legislation on social services: Federal Law №. 442-FZ provides for 9 categories of veterans and disabled veterans of the Great Patriotic War and combat veterans for free provision of social services (categorical approach) and the possibility for regional legislation to set a limit on the average per capita income for free provision of social services (targeting approach based on need), as well as to set additional categories of veterans and disabled veterans and combat veterans for free provision of social services (categorical approach).

St. Petersburg Regional Law №. 717-135 of 24.12.2014 «On Social Services in St. Petersburg» (Law №. 717-135) provided for 11 privileged categories for free provision of social services. In addition, for the recipients of social services who pay for them, out of eight types of social services, only two types of social services are provided for a fee: social welfare and socio-medical services.

According to the annual monitoring of social services conducted by the St. Petersburg Social Policy Committee: in 2023, 48.9% of social service beneficiaries (68.4 thousand people) were served free of charge, 51.1% (71.6 thousand people) - for a fee, taking into account preferential conditions established by regional legislation.

In June 2024, regional Act №. 717-135¹⁰³ classified home front workers and prisoners of Nazi concentration camps as free recipients of social services. Addressing the issues of accessibility of social services in terms of their chargeability requires continuous evolution of federal and regional legislation on social services, both in socio-political and socio-economic aspects in terms of the application of categorical and targeted approaches that affect the development of economic and social well-being of citizens and the formation of society»s attitude towards the older generation, which is an important socio-public factor.

¹⁰³ The Law of St. Petersburg from 26.06.2024 № 443-97 "About modification of the Law of St. Petersburg "About social service of the population in St. Petersburg" Mode of access: URL: Consultant Plus (consultant.ru) (date of access: 28.06.2024).

This change is aimed at expanding the list of categories entitled to free social services in all forms of social services, at establishing social justice and at ensuring equal rights for all categories of citizens who made a major contribution to the victory in the Great Patriotic War, as well as for citizens who endured severe suffering and cruel trials during the war.

Law № 717-135, which came into force in 2015, has been amended and supplemented since 2016: 2016, 2018, 2019, 2022, 2023 and 2024. This is the result of joint work of the Government of St. Petersburg and the Legislative Assembly of St. Petersburg aimed at continuous improvement of the state regional management of social services in order to ensure the quality and accessibility of social services.

Another demographic emphasis of modern times is the trend of increasing life expectancy. This is quite natural, given the progress in the field of medicine and the effectiveness of drugs. Another factor is the fashion for a healthy lifestyle and conscious behavior of people regarding their health. An exception in the dynamics of the indicator is recorded during the COVID-19 pandemic from 2019 to 2021, when the life expectancy indicator, unfortunately, decreased, both in St. Petersburg and in the Russian Federation. The dynamics of this indicator is presented in Fig. 6.

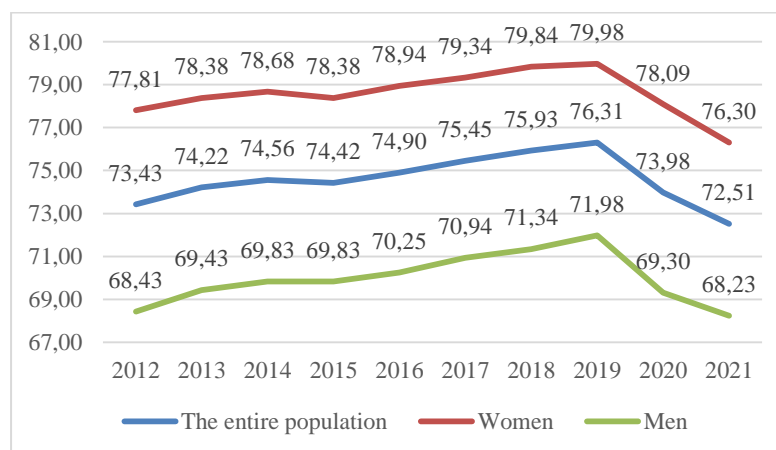


Figure 6. Dynamics of life expectancy in St. Petersburg¹⁰⁴

The average life expectancy at birth in St. Petersburg in 2021 was 72.5 years for both sexes, which is significantly higher than in the Russian Federation as a whole (70.1 years in 2021). However, there is a problem similar to the overall situation in the country: life expectancy for men is almost 10 years shorter than for women.

In 2023, life expectancy in the Russian Federation amounted to 73.4 years, in St. Petersburg - 76.5 years (exceeded the pre-visionary indicator of 2019).

The priority area of social development is to achieve the national goal of increasing life expectancy in the Russian Federation to 78 years by 2030, and in St. Petersburg to 79.11 years. By

¹⁰⁴ Life expectancy at birth. [Electronic resource]: Mode of access: URL: <https://www.fedstat.ru/indicator/62200> (date of reference: 22.03.2024)

2046 it will increase to 79.83 years in the Russian Federation, which follows from the demographic [forecast of Rosstat](#).¹⁰⁵

Positive demographic trends are driving a new approach to assessing available resources, including the use of the elderly themselves.¹⁰⁶

The growing number of elderly citizens and increasing life expectancy require the development of regional social service and health care systems and their interaction.

To date, the state policy in relation to the elderly and disabled citizens has taken serious steps in the formation of social infrastructure that improves their quality of life. Trends in the development of social services form conditions that require modern mechanisms in the management of interdepartmental interaction of executive authorities in the process of solving state tasks, which should be adapted to the requirements and opportunities of elderly citizens.

The social protection system of the Russian Federation currently has a number of serious contradictions that negatively affect the quality of life of the elderly and disabled. The most significant problems are the fragmentation of actors in the social sphere in terms of organizing interagency cooperation, choosing methods and forms of comprehensive solutions to the problems of the elderly and disabled, the imperfection of federal and regional legislation, and the complexity of the processes of modernization of the social service system. In this regard, there is a need to create real mechanisms of interagency cooperation.

On the basis of professional research activity the author has formed the concept of interagency cooperation in the social sphere - as coordination of activities of various state and public structures, specialists providing social services and medical care, possessing professional competencies to carry out complex activities aimed at improving the quality of life of senior citizens in the relevant spheres of activity.

The concept of the management system of interagency interaction in social services, which includes many different levels and elements (subjects), is also formulated. This system includes various multilevel state and public structures, organizations of different forms of ownership and departmental affiliation, which allows improving social mechanisms and links of interagency interaction.

The existing practice of joint activities of social services of the city in the modern conditions of population aging requires strengthening the role of the executive power of the city in ensuring coordinated activities of various social spheres, the activities of which are aimed at improving the quality of life of the elderly and disabled. Nevertheless, the issues of overcoming departmental

¹⁰⁵ Life expectancy in Russia. [Electronic resource]: Access mode: URL: <https://rg.ru/2023/10/20/rosstat-ozhidaemaia-prodolzhitelnost-zhizni-vyrastet-k-2045-godu-do-7983-goda.html> (date of reference: 28.12.2023)

¹⁰⁶ Kolosova G.V. Institutionalization of long-term care for the elderly: the experience of St. Petersburg // Social and Humanitarian Knowledge. - 2021. - Vol. 7. - № 2. - C. 187.

barriers, improving the mechanism of information interaction between government agencies and assessing the effectiveness and control of interdepartmental interaction remain relevant today.

In this context, interagency cooperation can be characterized as a process that provides links between subjects, the result of which are their common action, aimed at achieving a promising synergistic effect for the purpose of quality provision of elderly citizens with various types of assistance guaranteed by the state.

It should be noted that in 2010 the requirements for the formation of a unified system of interdepartmental electronic interaction in the sphere of social services provision were introduced into the practice of domestic state and municipal administration by the Federal Law of 27.07.2010 № 210-FZ «On Organization of Provision of State and Municipal Services». This requirement is embedded in the concept of forming an «open state», which treats the transparency of the decision-making process as a necessary condition for the effectiveness of public administration.

In this regard, interdepartmental interaction can be considered as an exchange of documents, data, information, including in electronic form between authorities and organizations of different spheres and levels of activity in order to provide public services.

The effectiveness of social services is primarily characterized by the level of satisfaction of social service recipients, the increase of which depends on the quality of management of the system of interdepartmental interaction. Recently, digitalization has been used as the main tool for improving the mechanisms and processes of interagency interaction. Having analyzed the main factors affecting the effective operation of social organizations, we can note that establishing productive relationships with different organizations can help to solve many social issues built on similar interests, goals and functions, to solve the same problems.¹⁰⁷

Today, the practice of public administration includes a client-centered approach. This is a new national initiative included in the List of initiatives for socio-economic development of the Russian Federation up to 2030, approved by the Russian Government Order №. 2816-r of 06.10.2021¹⁰⁸ under the title «State for People».

According to the new paradigm, digital transformation is a rethinking of public administration, where the needs of citizens are put first and all public services are built around the needs of people. The special role of digitalization of public administration is to improve public services to meet the interests of users.

¹⁰⁷ Kolosova G.V. Nehaev I.I. Main factors affecting the effective activity of social organizations // *Sociology and Law*. - 2017. - № 3 (37). - C.12.

¹⁰⁸ Order of the Government of the Russian Federation from 06.10.2021 № 2816-r "On approval of the list of initiatives of socio-economic development of the Russian Federation until 2030". [Electronic resource]: Access mode: URL: https://www.consultant.ru/document/cons_doc_LAW_397326 (date of reference: 20.02.2022)

To address the emerging problems of the older generation, the state takes various support measures and develops strategic programs at both the federal and regional levels.

In order to create conditions for the active longevity of older people, in 2016 the Government of the Russian Federation approved the Strategy of Actions in the Interests of Senior Citizens until 2025 (the Strategy), which is being implemented in two stages: from 2016 to 2020 and from 2020 to 2025.

The strategy is aimed at ensuring a decent standard of living, accessibility of social services based on need, medical care, information and communication technologies, feasible employment, creation of conditions for cultural and leisure activities, physical education and sports.

The main directions of the Strategy that ensure social protection and well-being of elderly citizens, taking into account the priority goals and objectives aimed at the implementation of active longevity programs and building the LDS:

improving the quality and accessibility of social services and medical care, and developing LCS within the framework of the regional project «Older Generation» of the national project «Demography»;

active longevity, including promotion of labor employment, creation of conditions for cultural and leisure activities, for physical training and sports within the framework of the Strategy are presented in Fig. 7:

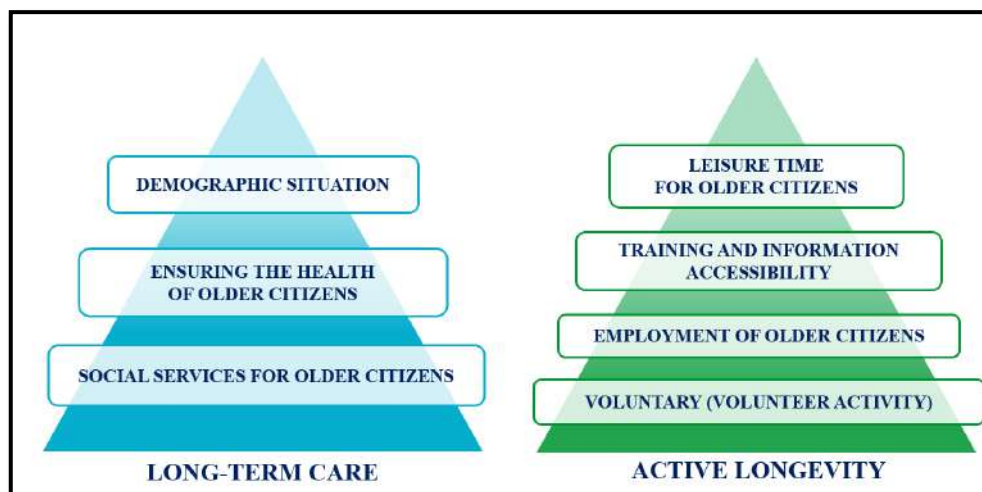


Figure 7: Key areas of the Strategy ensuring social protection and well-being of elderly citizens

Source: compiled by the author

In order to strengthen interdepartmental cooperation between social service and health care institutions when elderly citizens receive medical care and social services, in August 2018, the

Government of St. Petersburg approved a roadmap for the creation of a system of comprehensive medical and social care for elderly citizens in our city for the -years 20192021¹⁰⁹ .

As a result of the roadmap implementation, the following results were achieved:

- Strengthening interagency cooperation between health care and social service institutions: defining rules for assessing the condition of the elderly, their needs for medical care, social services and regulations for diagnosing and routing elderly citizens;
- Improving the quality of comprehensive medical and social care by coordinating the activities of health care and social service institutions, using information technologies, and ensuring continuity in the medical and social support of elderly citizens;
- establishment of the St. Petersburg State Institution «Center for Social Service Organization» subordinated to the St. Petersburg Committee for Social Policy in order to improve the quality of social service provision by introducing a unified approach to the identification, survey of living conditions, recognition of citizens in need of social services and drawing up individual programs for the provision of social services with subsequent evaluation of the results of their implementation;
- organizing the activities of the service of social work specialists on the basis of the St. Petersburg state cantonal institution «Center for the Organization of Social Services» in inpatient health care institutions with nursing care beds in order to ensure continuity of inpatient social services;
- introduction by the Committee for Social Policy of St. Petersburg, based on an interdisciplinary approach, of mechanisms for identifying citizens in need of social services, surveying their living conditions, and determining their individual need for social services in order to improve the quality of the individual program of social services, specifying the necessary forms of social services, types, scope, and timing of social services;
- Optimization of the activities of social service organizations providing social services to elderly citizens in all forms of social services in order to make social services available to elderly citizens in need of long-term care for medical reasons;
- development of geriatric service in outpatient and polyclinic health care institutions and in medical hospitals;
- Monitoring to determine St. Petersburg»s prospective need to increase budget expenditures on social services in order to create a competitive environment in the sphere of social services between integrated centers, state residential institutions and non-state providers of social services, as well as the application of an effective mechanism for the distribution of St. Petersburg»s

¹⁰⁹ Order of the Government of St. Petersburg of 28.08.2018 No. 38-rp "On the Action Plan ("road map") for the creation of a system of comprehensive medical and social care for elderly citizens in St. Petersburg for 2019-2021". in St. Petersburg for 2019-2021". [Electronic resource]: Access mode: URL: [https://base.garant.ru/43449620/\(date_of_reference:25.07.2022\)](https://base.garant.ru/43449620/(date_of_reference:25.07.2022))

budget funds, taking into account the possibility for elderly citizens to choose providers of social services (both state and non-state).

A significant outcome of the implementation of the measures is an increase in the share:

- recipients of social services who received socio-medical services in the form of social services at home from the total number of recipients of social services under social services at home from 22% (2019) to 24.1% (2021);
- integrated social service centers that have entered into agreements with health care institutions that are part of St. Petersburg's geriatric service structure in order to ensure continuity of social and medical care for elderly citizens from 60% (2019) to 100% (2021);
- of elderly citizens covered by medical check-ups from the total number of elderly citizens to be examined in the current year from 63% (2019) to 100% (2021).

The continuation of the regional roadmap aimed at solving interdepartmental problems of the social service and health care systems was naturally followed by the implementation of the regional project «Development and implementation of a program of systemic support and improvement of the quality of life of senior citizens (the city of federal significance St. Petersburg)» of the federal project «Senior Generation» of the national project «Demography» (regional project «Senior Generation»)¹¹⁰.

The purpose of the regional project is an important direction of organization of professional environment of interdepartmental interaction and coordination of social service and health care systems with the participation of various state and public structures.

The structure of the regional project «Older Generation» includes two main directions and is presented in Figure 8.

The first area involves monitoring the achievement of five health indicators in terms of improving the quality and accessibility of medical care for persons over working age, inpatient geriatric care, dispensary and preventive examinations, and vaccination against pneumococcal infection.

The second direction is two indicators in the sphere of social services: improving the quality and accessibility of social services for persons of working age and disabled persons, and the creation of an LCS for persons of working age and disabled persons in need of social services.

¹¹⁰ Regional project "Development and implementation of the program of systemic support and improvement of the quality of life of citizens of the older generation". [Electronic resource]: Access mode: URL: gov.spb.ru (date of access: 17.02.2022)

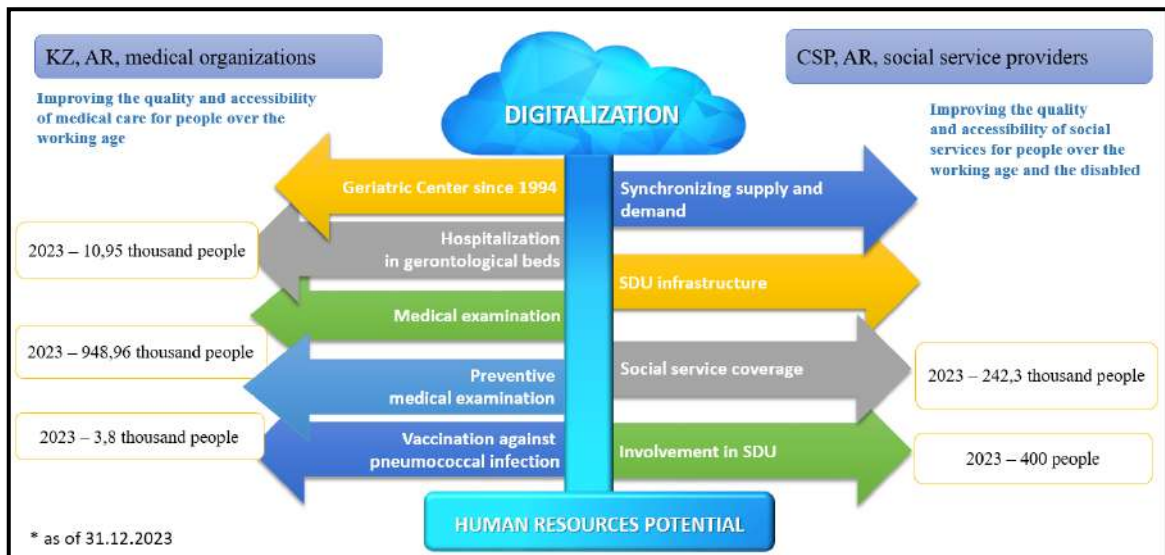


Figure 8. Structure and ecosystem of the regional project «Older Generation», monitoring indicators as of 31.12.2023

Source: compiled by the author on the basis of data from the Committee for Health Care and the Committee for Social Policy of St. Petersburg

In order to improve the effectiveness of the implementation of the regional project “Older Generation” we analyzed documents, which was supplemented with a significant amount of statistical data on the dynamics of aging and social services for the elderly, in order to identify promising areas for the development of the management system of interagency cooperation in St. Petersburg within the framework of new project approaches, including the improvement of regional social protection services.¹¹¹

In St. Petersburg, in accordance with Federal Law №. 442-FZ and Law №. 717-135, citizens recognized by the St. Petersburg State Institution «Center for the Organization of Social Services» (St. Petersburg State Institution «COSO») as being in need of social services are provided with social services in various forms (in-home, semi-permanent, and inpatient).

Recognition of citizens in need of social services and preparation of an individual program of social services provision (IPSSP) is carried out by the district bureaus of the SPb SCU «CPSS» on the basis of an individual assessment of need for social services.

Social services included in the IPPSU on the basis of the list of social services provided by social service providers approved by Law №. 717-135 are provided by social service providers included in the Register of Social Service Providers in St. Petersburg (the Register) on the basis of

¹¹¹ Kolosova G.V. Transformation of social services for the elderly in St. Petersburg towards the organization of long-term care at home //Vestnik NNGU. Series: “Social Sciences” Nizhny Novgorod State University named after N.I. Lobachevsky, 2022. - Vol. No. 3. -C. 161.

the IPPSU and an agreement concluded between the social service provider and the citizen or his/her legal representative.

In accordance with Article 9, paragraph 3 of Federal Law №. 442-FZ, in order to conclude an agreement on the provision of social services, a citizen or his/her legal representative must apply with the IPPSU to the social service provider specified in Section 12 of the IPPSU.

Today, St. Petersburg has a well-developed system of social service institutions, both state and non-state.

The Register of social service providers (2023) includes 120 social service providers, of which 76 provide social services to elderly and disabled citizens (53 state organizations and 23 non-state organizations).

The indicator of coverage of elderly citizens with social services in various forms of social services in St. Petersburg is higher than the average indicator in the north-Western Federal District, which is 13.8% by the end of 2022. In St. Petersburg it is 15.8%. At the end of 2022, 235,000 people received social services, in 2023 - 242,300 people.

An important form of social services and the most preferred by older people is social services in the form of social services at home.

In 2009, St. Petersburg started to introduce a system of social and medical home care as a pilot regional project. Having proved its effectiveness, the project was transformed and is being implemented to date in accordance with regional legislation.

As before, the main role in the provision of social services to the elderly and disabled is assigned to the district level institutions - 18 integrated social service centers.

Today, St. Petersburg has implemented a three-tier model of providing social services in a home-based form: social and domestic, social and medical care, social and medical care; an expanded regional list of social services has been established, which includes 109 titles for 8 types of social services, which significantly exceeds the number of services provided by the exemplary list of social services by types of social services approved by the Government of the Russian Federation of 24.11.2014 №. 1236.

Thus, there are 344 home care units in 18 integrated centers, including:

- 215 home-based social service units (about 31,800 people are served annually),
- 79 specialized departments for social and medical services at home (about 8,800 persons are served annually),
- 50 home-based socio-medical care units (caregivers» units) (serving about 1,200 people).

In total, about 42,000 people are served in home-based services at the integrated centers.

Despite improvements in neighborhood services in this area, the current need for nursing assistant services is greater than the available capacity of public providers.

Work with the non-governmental sector remains an important area. In 2022, only 1.6 thousand out of 4.6 thousand beneficiaries of caregiver services are served by integrated centers, 3.0 thousand people. - 3.0 thousand people are served by integrated centers and 3.0 thousand people by non-state providers.

At the same time, the problems of the labor market in the search for qualified care assistants (caregivers), economic imbalance of budget financing of services provided by state and non-state providers, expansion of the capacity of social service providers in order to eliminate the waiting list for social services are relevant.

Unfortunately, in 2023, the availability of social and medical care at home decreased despite the growth in the number of recipients of social services among elderly and disabled citizens in general: 4.3 thousand people, of whom 1.9 thousand people received services in state organizations and 2.5 thousand people from non-state providers. - 2.5 thousand people received services from non-state providers.

At the same time, there is a tendency of growth of recipients in public organizations due to the mechanism of risk management of «deferred» development formed by the author, overcoming the conservative management style of state structures, introduction of mechanisms of interdepartmental interaction with the health care system.

An important foundation of interdepartmental mechanisms of the health and social care system is: human resources capacity and growing professional competencies, including those related to issues of digitalization of the sectors.

Closely related to these opportunities are also the professional requests of social services to identify citizens through interagency collaboration with health care organizations.

Interdepartmental cooperation allows for the full provision of social service recipients with various types of guaranteed medical care in the form of comprehensive geriatric assessment, psychiatric care, dispensary observation, vaccinations, disability determination and registration of an individual rehabilitation or habilitation program for a disabled person (IPRA), and palliative care.

The need to organize a full-fledged process of identifying elderly citizens in need of social services ensured the reform of the social service system in St. Petersburg towards the formation of an «open state» and the introduction of the principles of client-centeredness in terms of the establishment of an organization authorized to recognize citizens in need of social services from 01.07.2019: the SPb SCU «Center for Social Service Organization» (SPb SCU «COSO»), on the basis of which the Service of social district officers was created, providing proact

The activity of the Social Precinct Officers Service is a significant aspect in the implementation of the main management mechanisms of the system of interdepartmental cooperation, which has increased the accessibility of social services for the citizens of the city, as well as provided a comprehensive approach to human needs based on the «one-stop-shop» principle. In the course of the analytical study, the following functional tasks were formed, which are assigned to the specialists of the Service of social district officers as coordinators of interdepartmental interaction: identification of citizens in need of various forms of social services and social support activities, including for obtaining the necessary medical care.¹¹²

In order to improve their own work, the specialists of the social district officers» service study methods and modern technologies used in work with citizens by other departmental bodies in the social sphere.

Thus, in order to inform citizens in need and their relatives about the opportunities to receive social services, the procedure for their receipt, as well as organizations providing these services in St. Petersburg, and the development of remote technologies of interaction with the population, the following activities were carried out:

in 2020, a unified telephone service center (call center) of the Social Precinct Officers» Service was opened using a multichannel telephone;

in 2021, an information portal on social services in St. Petersburg «Social Services Navigator» was introduced; an online service «Social Services Cost Calculator» was developed. In the period from 2022 to 2024, 18.0 thousand people used the calculator;

a new information service was launched in 2022 - a chatbot in the Telegram channel (@spb_social_assistent_bot).

To inform the population about the activities of the Social Precinct Officers» Service, the official website of the SPB SCU «COSO»¹¹³, groups in the social networks «Vkontakte» and «Odnoklassniki», and handout booklets with information about the activities of the Social Precinct Officers» Service are distributed. In the period from 2019 to the present day, the official website of the SPB SCU «COSO» was visited by about 80.0 thousand people; in the group of the SPB SCU «COSO» «Vkontakte» - 4.0 thousand subscribers.

According to the annual monitoring, the number of issued IPPSSUs is analyzed depending on the categories of recipients of social services, which shows an annual increase in the number of elderly citizens recognized as in need of social services in the total number of citizens who applied for

¹¹² Kolosova G.V., Gushchina M.R. Evaluation of the effectiveness of social district officers in St. Petersburg in the organization of social support of elderly citizens //In the collection: Senior Generation of Modern Russia in the organization of social support of elderly citizens // In the collection: The older generation of modern Russia. materials of the international scientific-practical conference. Nizhny Novgorod, 2021. - C. 43.

¹¹³ Activities of the State Unitary Enterprise "CLC". [Electronic resource]: Mode of access: URL: <http://coso.ksp.gov.spb.ru/> (date of reference: 25.12.2023).

IPPSSUs. Every year, about 115 thousand people are recognized in need of social services, of which more than 64% are elderly citizens (Figure 9).

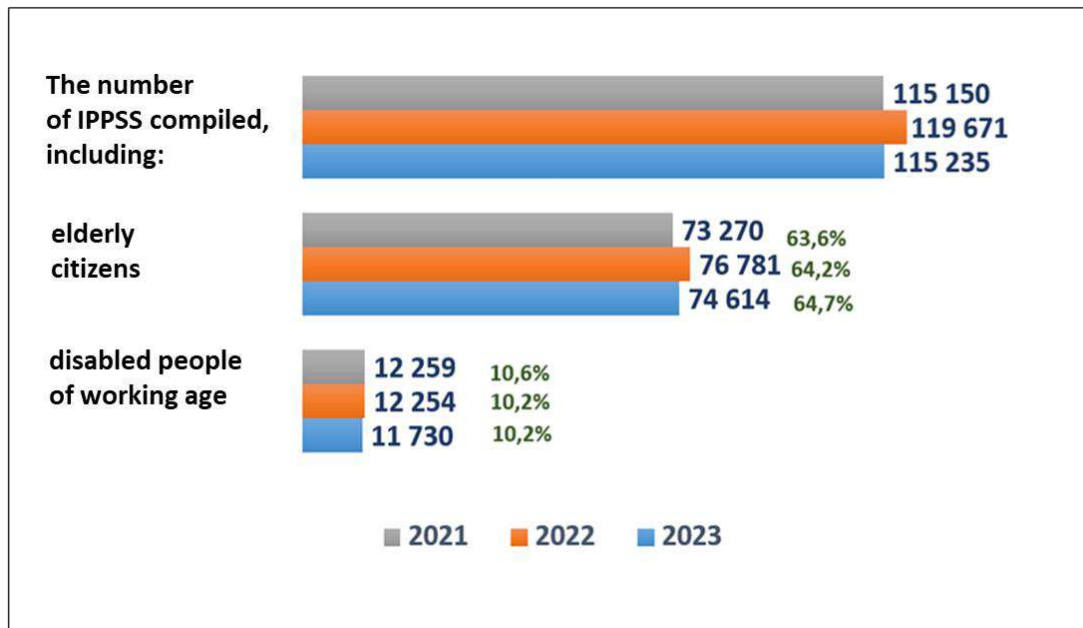


Figure 9. Monitoring of recognizing citizens in need of social services as of 01.01.2024.

Source: compiled by the author on the basis of data from the St. Petersburg Committee for Social Policy

Thanks to the established institution that implements the state service, it is possible to provide the state service at home mainly for elderly and disabled citizens who are dependent on assistance and have functional limitations in independently applying for the necessary help. In this regard, the number of initial recognitions of citizens in need of social services and the formation of social routes to social service providers with the help of specialists of the institution has increased.

Over 67.9 thousand visits of the bureau's specialists to the applicant/representative for examination of living conditions/submission of documents for recognition/issuance of IPPSS and more than 171.1 thousand primary IPPSS were organized during the period of activity of the SPb SCU «COSO» from 2019 to 2024. Monitoring of indicators of implementation of the proactive method of providing the state service of recognizing citizens in need of social services and initial identification of citizens in need is presented in Table 1:

Table 1

Monitoring of indicators of implementation of the proactive method of providing the state service of recognizing citizens in need of social services and initial identification of citizens in need of social services

Indicators	Unit of measurement	2019 year	2020 year	2021 year	2022 year	2023 year	2024 (Q1)	Total:
Proactiv-particular way	Number of trips	-	8944	13938	17349	22260	5431	67922
State-venal service	Total recognized	75233	103280	115150	119671	115235	27459	556028
Identification	Number of primary IPPSU	23155	32482	34 281	37 224	35 494	8 425	171061
Percentage of initially identified citizens	%	30,8	31,5	29,8	31,1	30,8	30,7	30,8
Source: compiled by the author								

Thus, the results of the activity of the Service of social district officers indicate both positive trends in terms of increasing the coverage of recognized citizens in need of social services, and problematic aspects of the availability of sufficient infrastructure of social service providers, which requires significant investment of budgetary funds.

As noted by Russian sociologists in St. Petersburg, thanks to the functioning of the COSO «it was possible to form routes for lonely elderly people with moderate and advanced dementia, about whom social services learn, as a rule, from neighbors or relatives: calling a psychiatrist on duty at home, calling emergency psychiatric care, sending an informational letter to the guardianship and custody authorities with a request to pay attention to a lonely elderly person for possible recognition of his/her incapacity in the future¹¹⁴.

Figure 10 presents information on the lack of sufficient capacity of social service providers for social services for elderly citizens.

¹¹⁴ Mishenichev K. S., Borodkina O.I. Actual problems of formation of long-term care practices for elderly people with dementia// Journal of Social Policy Research. - 2023. -T.21. - № 3. - C. 510.

Period	The total number of citizens of the older generation recognized as in need of social services, people	The total number of citizens of the older generation who received social services, people	The share of citizens of the older generation who received social services in the total number of citizens of the older generation recognized as in need of social services, percent
2021	87 103	73 344	84,20%
2022	88 853	77 509	87,23%
2023	93 903	81 213	86,49%

Figure 10. Information on the lack of sufficient capacity of social service providers for social services for elderly citizens, 2021-2023.

Source: compiled by the author on the basis of data from the St. Petersburg Committee for Social Policy

Unfortunately, about 15% of elderly citizens are unable to find their own provider to receive the necessary social services, which requires further social support to determine the timing of their admission to a social service provider with sufficient capacity.

The effectiveness of management decisions on the creation of the Social Precinct Service and client-oriented services is confirmed by the expert community.

Thus, in 2020, St. Petersburg's practice «Service of social district officers» was placed on the federal portal «Smarteka» of the Agency for Strategic Initiatives as the best regional practice in the social sphere, contributing to the realization of national goals and improving the quality of life of all citizens through the development of mechanisms for coordination of interagency cooperation at the state level¹¹⁵ through the development at the state level of mechanisms for coordinating interagency cooperation.

In 2021, the practice «Improving the quality and accessibility of social services» of the Social Precinct Officers Service became a finalist in the first competition of practices and initiatives of evidence-based approach to management decision-making among teams of state and municipal services organized by the Accounts Chamber of the Russian Federation¹¹⁶.

On the basis of a systematic approach, it was possible to solve the tasks of ensuring close interdepartmental cooperation between various actors of social services in order to ensure timely prevention of circumstances that determine the need of a citizen in social services, to determine the

¹¹⁵ Organization of the service of social district officers. [Electronic resource]: Mode of access: URL: <https://smarteka.com/practices/organizaciya-sluzby-social-nyh-ucastkovyh?tab=task> (date of reference: 15.06.2023)

¹¹⁶ Results of the Competition of the Accounting Chamber 2021. [Electronic resource]: Access mode: URL: <https://ach.gov.ru/news/sbornik-po-dokazatelnoy-politike-21?highlight-search-result=FIRST&highlight-search-result=CONCURSE&highlight-search-result=PRACTICE&highlight-search-result=INITIATE&highlight-search-result=Applied&highlight-search-result=ACCEPTED&highlight-search-result=Approach&highlight-search-result=APPROVED&highlight-search-result=Managed&highlight-search-result=Resolved> (access date: 11.02.2023)

individual needs of citizens in social services, social support activities, and to improve the quality of compilation of IPPSS and individual routes of social services.

Thanks to effective state management, the Service of social district officers has ensured the creation of a mechanism of interdepartmental interaction with 121 medical organizations, 18 district administrations, 120 social service providers included in the Register of social service providers, of which 76 provide social services for elderly and disabled citizens since 2019 (Fig.11).

About 30% of social service providers belong to non-governmental organizations (23 organizations), which creates a professional competitive environment for improving the quality and accessibility of social services for elderly Petersburgers, taking into account their need.

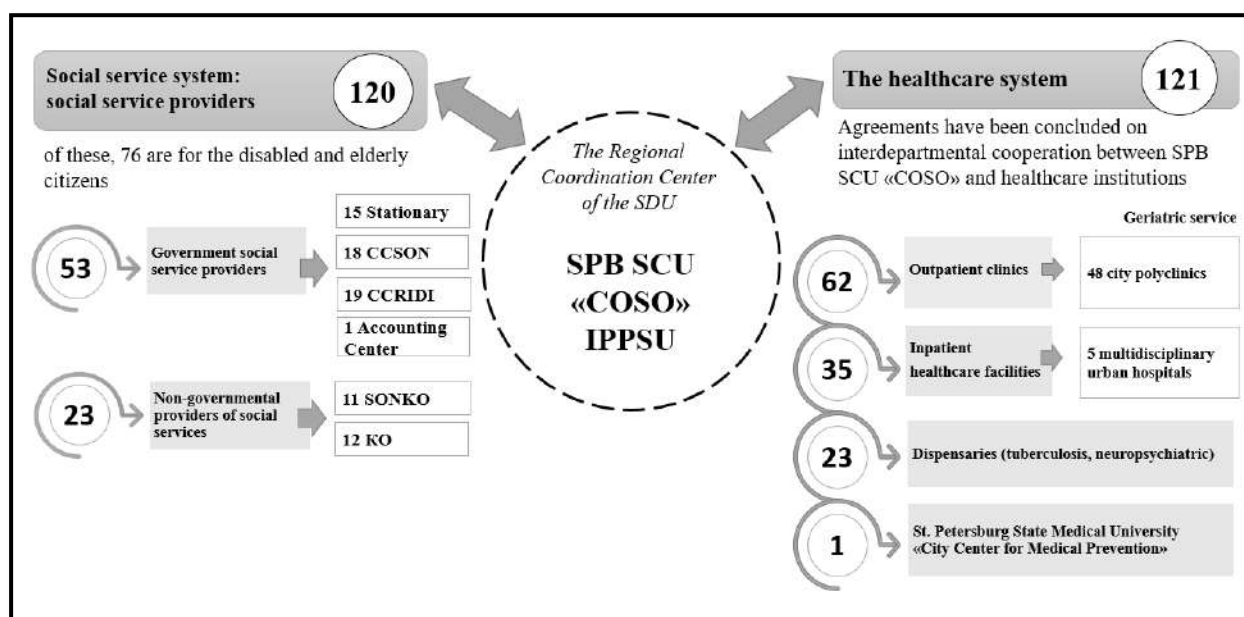


Figure 11. Current system of interdepartmental interaction of the social service organization, 2023

Source: compiled by the author on the basis of data from the Committee for Health Care and the Committee for Social Policy of St. Petersburg

The main purpose of interagency cooperation is to obtain the necessary information on the state of health to assess the need for social services and to classify the person's problems, taking into account the circumstances of need for social services in the form of complete or partial loss of the ability to self-service or mobility due to age or disability.

This confirms our research among experts on the organization of interagency cooperation on the need to introduce such forms of interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens as the conclusion of interagency agreements.

Currently, on the basis of agreements, the SPb SCU «COSO» has organized interaction with 121 medical organizations, including 62 outpatient and polyclinic and 35 inpatient health care

institutions of St. Petersburg. In 2023, 655 responses were received from medical organizations to recognize citizens in need of social services.

In 2023, the Health Care Committee continued the implementation of measures to improve the availability of medical care in the profile of «geriatrics». The structure of the geriatric service of St. Petersburg allows providing medical care in the profile of «geriatrics» on a planned basis to patients 60 years and older with signs of senile asthenia, in the form of:

primary specialized medical and sanitary care in outpatient conditions in 48 city polyclinics, including 40 geriatricians» offices, 15 geriatric departments, including 10 geriatric day hospitals (157 gerontological beds). According to the Health Care Committee, in 2023, the number of geriatrician visits amounted to 204.5 thousand, and 5.4 thousand people were hospitalized in day hospital beds;

specialized, except for high-tech, medical care in the profile of «geriatrics» in 5 multidisciplinary city hospitals, including the St. Petersburg State Budgetary Health Care Institution «City Geriatric Medical and Social Center», the St. Petersburg State Budgetary Health Care Institution «Hospital for War Veterans», the St. Petersburg State Budgetary Health Care Institution «N.A. Semashko City Hospital №. 38», and the St. Petersburg State Budgetary Health Care Institution «Geriatrics». In 2023, 6.6 thousand people aged 60 and older will be hospitalized in gerontological profile beds on a 24-hour basis.

In 2023, the specialists of the medical and social department will provide 18.9 thousand visits, including 1.9 thousand medical visits by doctors, 2.0 thousand by nurses, 3.0 thousand by social work specialists, 2.1 thousand by psychologists, and 9.9 thousand calls will be received.

According to the monitoring of indicators of the regional project «Older Generation» in 2023:

- hospitalization rate for gerontological beds for persons over 60 years of age per 10,000 people of the corresponding age - 87.56 (11,978 people, including 5,377 people hospitalized in gerontological day hospital beds) (target indicator - 60.1);
- Number of citizens treated in gerontology beds - 11.98 thousand people (target - 5.14 thousand people);
- coverage of citizens over working age with preventive examinations, including health check-ups (964,617 people) - 67.4% (target - 65.3%);
- the share of persons over working age who have been diagnosed with diseases and pathological conditions and are under dispensary observation (1,044,094 persons) - 86.5% (target - 80.0%);
- Number of citizens 65+ who underwent medical examination and preventive check-ups - 601,153 people;

– share of citizens over working age from risk groups residing in social service organizations who have been vaccinated against pneumococcal infection, % (of the number of residents) - 95.9% (3,826 residents, 3,669 people have ever been vaccinated) (target - 95%) In 2023, this indicator is excluded from the monitoring of the Ministry of Health of the Russian Federation;

– the share of surgical interventions for proximal femur fractures in persons over working age (an additional indicator of the National Medical Research Center for Geriatrics, not included in the targets of the regional project «Older Generation») - 57.4% (2,490 people);

Currently, the main resource for interagency cooperation is a two-level system of agreements between social service organizations and medical organizations: at the stage of identification and recognition of citizens for the introduction of «signal» technology of mutual information about the problems of a person, both in obtaining medical care and his/her needs in social services in connection with restrictions due to age or disability; in the provision of socioal services by social service providers and health care organizations; and in the provision of social services by social service providers and health care organizations.

The formed architecture of interagency interaction is a professional result of the interaction of the two spheres of activity, but now requires digital renovation.

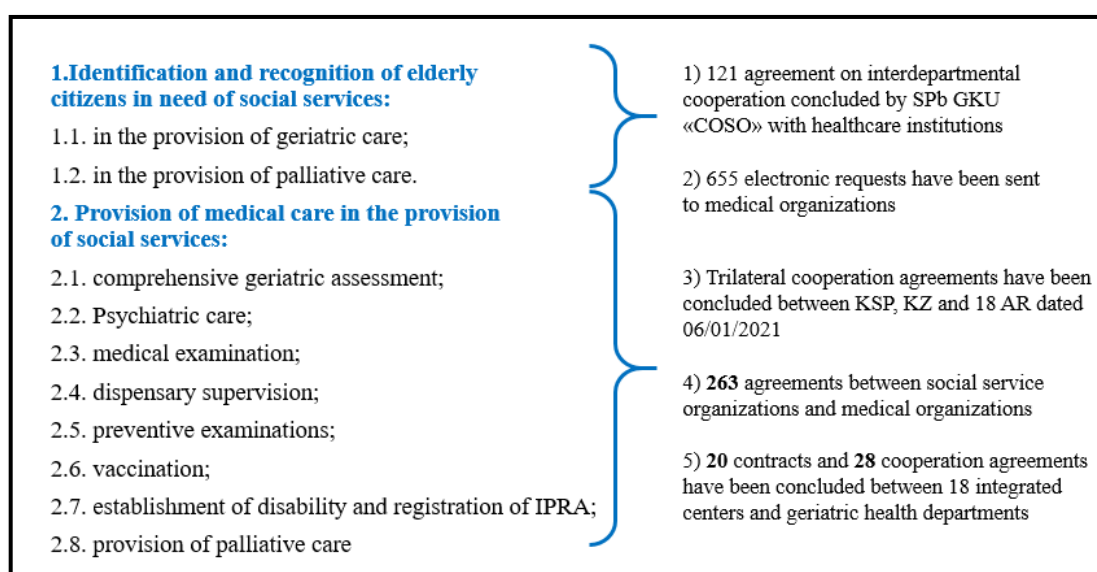


Figure 12. Areas of interdepartmental interaction between social service and health care organizations of St. Petersburg, 2023

Source: compiled by the author on the basis of data from the Committee for Health Care and the Committee for Social Policy of St. Petersburg

In 2023, in order to implement measures aimed at ensuring interdepartmental cooperation in the areas of social services and health care in the interests of the elderly, 263 cooperation agreements

were concluded between medical organizations, including geriatric departments (offices) and social service organizations, including: 86 agreements - with inpatient social service organizations under the jurisdiction of the St. Petersburg Social Policy Committee; 177 agreements - with various social service organizations under the jurisdiction of St. Petersburg district administrations, including 35 agreements with inpatient social service organizations and 67 agreements with 18 integrated centers.

In 2023, the Health Committee coordinated the activities of health care and social service institutions in providing comprehensive medical and social assistance to elderly citizens, including through the implementation of agreements concluded between the Geriatric Center and 18 integrated centers.

20 contracts and 28 cooperation agreements have been concluded between 18 integrated centers and geriatric departments (offices) of state health care institutions under the jurisdiction of St. Petersburg district administrations and the Health Care Committee.

At the same time, the existing system of interdepartmental interaction between social service and health care organizations in St. Petersburg on the basis of signed agreements does not provide for the use of modern capabilities of sectoral digital systems and is difficult to monitor and control its results.

Another important area of interdepartmental work is the identification by the health care system of elderly citizens with relevant geriatric syndromes and in need of permanent nursing care¹¹⁷, the results of which are very important for the further provision of social services.

In 2023, medical organizations involved in the provision of geriatric care screened 364.9 thousand people over 60 years of age for senile asthenia, 65,4 thousand people (17.9%) showed signs of senile asthenia, 93.0 thousand people (25.5%) showed signs of preasthenia, 27.9 thousand people were referred for consultation to a geriatrician, and 7,200 people were referred to geriatric hospitals, including for comprehensive geriatric assessment. The results of screening for the age group - senile asthenia are presented in Fig. 13.

¹¹⁷ Kolosova G.V. The experience of St. Petersburg in the implementation of measures aimed at developing a system of long-term care for elderly citizens: a project approach // Organization and management in social work / Edited by M.G.Gildingersh, V.S.Testova. St. Petersburg: St. Petersburg State University of Economics, 2021. - C. 9.

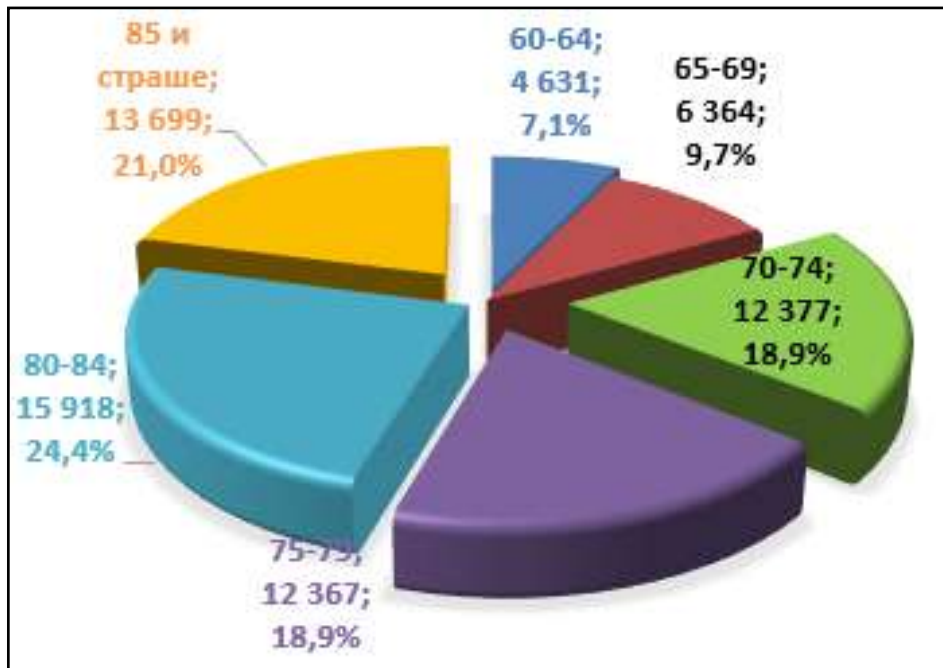


Figure 13. Results of screening of senile asthenia using the questionnaire «Age is not a hindrance» in St. Petersburg

Source: compiled by the author on the basis of data from the Health Care Committee

At the same time, to date, there is № full-fledged signaling interaction between geriatric services and the SPb GKU «COSO».

A priority area of development is the development of a mechanism for informing medical organizations of the SPb SCU «COSSO» about the identification of elderly citizens in need of social services (Fig.14).

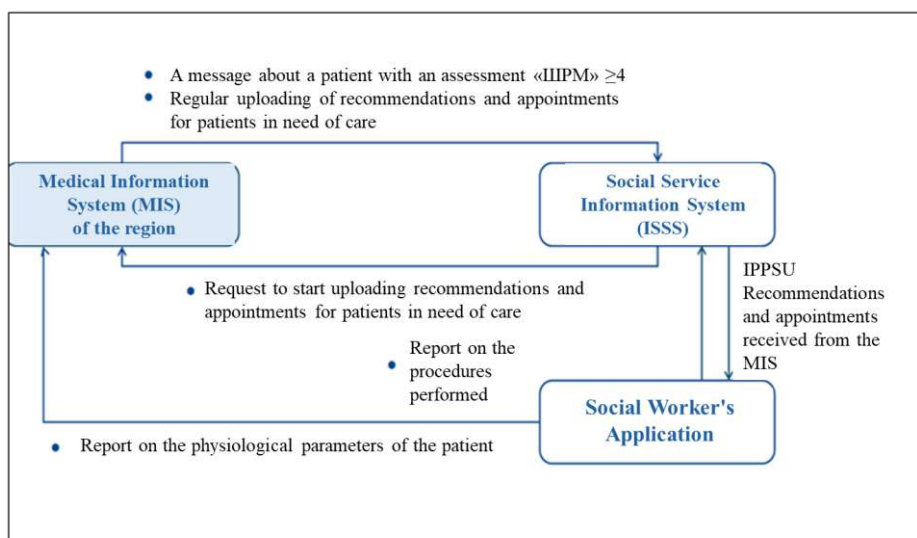


Figure 14: Information systems for information exchange between health care organizations and social institutions

Source: compiled by the author

From the perspective of sociology of management, it is reasonable to consider the application of innovative technologies on the example of constructive social regulation. The use of information technologies is aimed not only at automating everyday operations, but also at improving managerial decision-making processes by ensuring an efficient flow of data, including their collection, analysis and exchange.

The introduction of information technologies pursues the goals not only of automating routine processes, but also of making managerial decisions at a qualitatively new level by ensuring effective information data flows through departmental information systems.

In order to improve the efficiency of seamless routing of senior citizens to organizations where they can receive various types of assistance (including social, medical, psychological, legal and other services), a mechanism of interaction should be developed when older people in need of care are detected, with automatic notification of social services for the subsequent recognition of the person in need of social services and their inclusion in the overall monitoring system.

Based on the analysis of the results of the expert interview, recommendations on improving the efficiency and accessibility of information resources in the field of organizing interagency interaction in the context of the implementation of national projects through the creation of a common digital space have been obtained. However, there is a question about the need to develop a system of remote interaction between participants of different spheres using open and convenient information systems and electronic services.

The problem of digitalization of the social service sector is also noted by domestic sociologists, emphasizing the acuteness of the issues of «development and implementation of modern digital technologies in the sphere of social assistance to certain categories of citizens (the elderly, people with disabilities, etc.); these problems have not yet been given due attention in the context of digital transformation of the social service sector»¹¹⁸.

It should be noted that in the practice of social work the role of experimental sites designed to test innovative ideas is high due to the low predictability of the social environment and ambiguity of the result of social innovation. In St. Petersburg, since 2021, on the basis of one of the integrated social service centers providing services in the form of social services at home, a unified information system for long-term care using mobile smartphones equipped with a GPS navigator is being tested¹¹⁹.

The results of the implementation of digital practice are the minimization of paperwork. The peculiarity of workflow organization is that social workers, nurses and caregivers record social

¹¹⁸ Arkhipova E.B., Borodkina O.I. Problems and contradictions of digital transformation of social services in Russia// *Sociology of Science and Technology*. - 2021. - T.12. - № 4. - c. 130.

¹¹⁹ Kolosova G.V. Innovative management of social sphere in the conditions of digitalization // *Sociology and Law*. - 2023. - T. 15. - № 1. - C. 84

services rendered on a mobile device in real time. In turn, heads of departments can remotely manage the workflow of line staff, including the preparation of work assignments (work plans), maintenance of work documentation (preparation of contracts, acts with the calculation of the amount of payment), preparation of reporting documentation for the analysis of labor costs.

It should be noted that the approbation of improvement of approaches to identification of citizens in the system of social services was carried out with the personal participation of the author within the framework of implementation of the roadmap for the creation of a system of comprehensive medical and social care for elderly citizens in St. Petersburg for -20192021, which laid the foundation for the modern mechanism of interdepartmental interaction between the organization of social services and health care, and is being successfully implemented.

CONCLUSION TO PARAGRAPH 2.1.

Paragraph 2.1 presents the main trends in the development of the system of social services for elderly citizens in St. Petersburg at the present stage.

Taking into account the peculiarities of the regional market of social services, formed since 2015 due to the changes in the federal legislation on social services in terms of admission of non-state organizations to provide social services, it is necessary to note the high share of social service providers providing social services to elderly citizens, 63.3% of the total number of providers in the Register, by type of ownership of organizations this indicator is 44.1% - state organizations, 19.2% - non-state organizations. Thus, the social service infrastructure is adjusting to the growing demand for social services, taking into account the growing number of elderly citizens in St. Petersburg.

At the same time, by 2019 in St. Petersburg there are barriers to access to social services on the part of elderly citizens who have serious functional deficits due to age and existing diseases, due to their inability to apply to the relevant services. This problem contributed to the introduction of mechanisms for identifying such citizens through the creation of the SCU «COSO» and the Service of social district officers.

The establishment of the institution ensured the need to build professional interdepartmental relations with the health care system. By 2024, this is ensured through the conclusion of agreements with medical organizations in terms of mutual exchange of information on citizens in need.

In the conditions of digital transformation of the sphere of public administration, the synchronization of sectoral state information systems for the introduction of a proactive approach to the identification and support of the elderly to receive the necessary medical care and social services is an urgent interdepartmental task.

2.2 Assessment of the current system of interdepartmental interaction between health care and social service organizations in providing social services and medical care to elderly citizens

In order to assess the existing system of management of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens, to analyze the existing inter-sectoral problems, an empirical study by the method of expert interview and analysis of expert opinions of 19 specialists occupying managerial positions in state and non-state organizations of social services and health care at various levels was conducted.

Analyzing the findings of the qualitative study

Qualitative research method

The qualitative research was carried out by the method of expert interviews with persons who hold managerial positions in public administration systems, as well as state and non-state social service organizations and health care institutions. The interviews were conducted in face-to-face and online format, taking into account the location of the expert, with audio recordings of the interviews, with the volume of about 60 minutes per one expert.

Principle of expert selection

The choice of interviewees is conditioned by their significant experience and professionalism in the management system of social service and health care spheres. Their managerial experience and practical knowledge allow them to provide information on key aspects and trends in the mentioned areas, which makes the interview unique in looking at the problem from the internal client's point of view, and enables them to use the assessments in practice to develop interventions.

For the qualitative research, 19 experts with a sufficient level of competence in the issues we studied were selected. The list of interviewed experts with indication of their professional qualification characteristics is presented in Table 25 of Annex 4. A specific expert mentioned in the report will be identified by indicating the ordinal number (E. 1, E. 2, etc.) indicated in this table.

Out of 19 experts, 17 people hold a senior position in the social service sector: 13 people - in state organizations (of which 4 people represent other regions of the Russian Federation, including pilot subjects of the Russian Federation on the long-term care system); 4 people - in SONCOs from among social service providers. The remaining 2 experts hold a managerial position in the public health care sector.

By education level, the experts were divided as follows:

All 19 experts have higher education. Of those who have higher education in the profile of training: 5 people. - in the direction of social work, 1 person - in the direction of law, 8 people. - in the direction of medical, 1 person - in the direction of mathematical and mechanical,

1 person - in the direction of state municipal management in the social sphere, 1 person - in the direction of public relations specialist, 1 person - in the direction of economist-sociologist, 1 person - in the direction of economist-sociologist. - in the direction of economist-sociologist, 1 person - in the direction of finance. 11 experts have more than one higher education. Among the interviewed experts - 1 person. - Candidate of Medical Sciences, 1 person. - Doctor of Medical Sciences, 1 person, 1 person. - Candidate of Psychological Sciences.

A guide to the expert interviews is provided in Appendix 5 and examples of a range of interview transcripts are provided in Appendix 6.

1. Assessment of the current system of interdepartmental interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens

This assessment includes analysis of such parameters as experts' understanding of the definition and content of the term «interagency interaction»; ideas about the effectiveness of various forms of interagency interaction; availability of innovative products in organizations; development and availability of information resources in the field of interagency interaction.

1.1 Experts' understanding of the definition and content of the term «interagency cooperation»; perceptions of the effectiveness of various forms of interagency cooperation.

The results of systematization of positions of all interviewed experts allow us to state that interagency interaction is understood as interaction of entities of different departmental affiliation for the purpose of providing social services and social support in the sphere of social services to citizens in accordance with the legislation of the Russian Federation.

Interagency interaction includes organizational conditions determined by cooperation agreements concluded between social service institutions and other subjects of interagency interaction for the purpose of providing social services and social support in the sphere of social services for citizens in accordance with the legislation of the Russian Federation. Along with social service and medical organizations, many experts also suggest that the main subjects of interdepartmental interaction include sectoral institutions: culture, sports, education; as well as subjects of charitable activities: socially oriented non-profit organizations and religious denominations; non-state providers of social services. At the same time, analyzing the opinions of experts, one can note unstructured judgments about the involvement of its various subjects in the system of interagency interaction, their role in the structure of interagency and intersectoral interaction.

Meanwhile, one of the experts of a government agency gives a broader definition of interagency interaction, defining it as a way of sharing information and experience, which also includes local self-government bodies, extra-budgetary funds and multifunctional centers.

«Interagency interaction is a way of exchanging information and work experience between bodies providing public services, public institutions under the jurisdiction of state bodies, other state bodies, local government bodies, bodies of state extra-budgetary funds, multifunctional centers in cases stipulated by the legislation of the Russian Federation» (E. 3).

At the same time, a significant number of experts from both government agencies and NGOs (E. 1, E. 4, E. 5, E. 7, E. 10, E. 13, E. 15, E. 19) agree that, despite the creation of conditions for the organization of interagency cooperation in the field of services for the elderly and disabled in St. Petersburg, the mechanisms of interagency cooperation between its subjects are currently underdeveloped.

Summing up the results of this block of questions, the assessment of experts' opinions about the organization of interdepartmental interaction contains the presence of the factor of development of mechanisms of interdepartmental interaction of health care and social service organizations and is presented in Table 2:

Table 2

Assessment of the organization of interdepartmental interaction

Indicator evaluation	Availability of development factor (people)	Absence of development factor (people)	Presence of development problems (people)
Development of mechanisms for interdepartmental interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens	19	0	8

In terms of available mechanisms of interagency cooperation, many experts (all but E. 10 and E. 19) recognize the need for such forms of interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens as the conclusion of interagency agreements; the creation of interagency working groups, commissions, councils; the sending of various interagency requests; and the integration of departmental information

systems. At the same time, a number of experts (E.1, E.2, E.3, E.4, E.5, E.8, E.11, E.12, E.13, E.14, E.15, E.17) draw attention to the need to create a unified information base.

«All of the above forms are appropriate, but it would be more effective to realize them within the framework of information interaction based on unified software products, i.e. process automation» (E.4).

At the same time, there are two alternative opinions regarding the forms of interagency cooperation - from the expert from the public health sector and from the expert from SO NCOs. Thus, the expert from the public health sector believes that the implementation of such forms of interagency cooperation as the conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests makes it difficult to obtain operational data. Attention was drawn to the need to have normative legal acts directly regulating the solution of a particular issue for social services and health care systems, completely excluding the adoption of additional, including subordinate normative legal acts.

«All of the above is a major obstacle to obtaining operational data. Regulatory documents should be of direct action for the social service and health care system and completely exclude the adoption of additional, including by-laws» (E. 19).

The expert of SO NCOs does not consider the normative-legal fixation of interagency cooperation to be effective at all. In his opinion, there is a need for targeted work to create such informal conditions, in which all parties are interested in interagency cooperation and clearly understand its purpose. The task of creating informal conditions and increasing motivation for interaction between different subjects can be performed by a special official (coaching manager).

«Any forms, but not paper agreements - this is formal, as a rule. In life, as a rule, it does not work. For example, there is an interdepartmental council on volunteerism with membership of various executive bodies of state power (IOGV), the activities of the council are prescribed on paper, unfortunately, the tasks that are set, they are not fulfilled, there are formal stories that are prescribed, and everything ends at holding 1-2 times a year Council. In fact, No decisions are made. Informal fixing, human understanding of common goals and objectives, general sessions where representatives of the various committees understand the common goal they need to accomplish. And when the common goal is set, and the common KPI to be achieved, and the responsibility of both, then the goals will be achieved. So that everyone feels and feels responsible, not just reporting. It is necessary to make such a link so that both structures feel dependent on each other. Then interagency cooperation will be built. And there should be a common goal at the planning stage and in the process of working groups. There should be a common coaching manager responsible for interaction, but the structures themselves should be interested» (E. 10).

1.2 Availability of innovative products in organizations.

The analysis of innovative products available in the organizations where the experts work is also an integral parameter of the assessment. It is advisable to conduct the analysis for different types of organizations, representatives of which took part in the interview: state institutions of social services; state institutions of health care; SO NCOs.

Let's consider the main innovative products highlighted in a number of public institutions in the social service sector.

Thus, the expert of the St. Petersburg State Budgetary Institution «Center for Social Rehabilitation of Disabled People» (E.1) identified existing modern inclusive communities that unite state organizations of various spheres of activity and representatives of SO NPOs, including the parent community:

- expert group on autism spectrum disorders;
- a club of responsible and caring people.
- The expert of the SPb GBU «GIMC «Family» (E.2) singled out:
- programs of additional professional education of specialists involved in the formation of the LCS in St. Petersburg, as part of the implementation of activities of the regional project «Senior Generation»;
- professional information resource «Classifier of methods and technologies in the sphere of social services «Professional sociotechnologies of St. Petersburg» from 2021.

The head of the St. Petersburg State Kazan Institution «Center for Social Service Organization» (E. 4) noted modern digital products of the social sphere.

«Introduction of the information Internet portal «St. Petersburg Social Services Navigator» from 2020, from 2021 - Internet service «Calculator of the cost of the recommended set of social services», from 2022 - chatbot in the Telegram channel»

One of the representatives of integrated social service centers (E. 6) indicated the creation of Care Schools as an innovative product, as a new inpatient substitution technology.

Among SO NCOs, the presence of an innovative product was noted in the management company «Social Geriatric Center «OPEKA» LLC in the form of «Ecosystem «OPEKA».

«The activities of the Guardianship Ecosystem allow a person to benefit from all services, from Smart Guardianship, rehabilitation and boarding houses, to palliative care and home-delivered meals. Over the years, a scheme has been fine-tuned that allows an elderly person, when he or she loses the ability to self-care, to receive services of a quality that can minimize the negative effect on the quality of life caused by his or her illnesses» (E. 9).

The following innovative products, which are new inpatient-substitution technologies, are highlighted in the Interregional Public Organization of Disabled Persons and Pensioners «Jewish

Charity Center «Care - Hesed Avraham» (E. 7): Memory and Health Center; Day Center «Patchwork»; individual home care programs for people in need of caregivers; complex medical and social rehabilitation at home, including after covid, stroke.

In the autonomous non-profit organization of social services for elderly and disabled citizens «Svet» (E. 5), regular professional development of caregivers and training in practical skills, as well as testing, which is aimed at improving the level of professional competencies of line staff, were noted as innovative products.

In the autonomous non-profit organization of social adaptation of pensioners «Silver Age» (E.10), the availability of separate chat rooms, meetings and supervision aimed at open, transparent and controlled communications are highlighted as innovative products.

Further, it is necessary to analyze the idea of innovative products in the sphere of social services in other regions. Thus, the expert from Tyumen (E. 14), highlights the following innovative products in his organization:

- Creation of a system for electronic monitoring of the health status of elderly and disabled citizens receiving social services at home, as well as the provision of medical consultations in a remote format;

- joint activities based on the procedure of interagency cooperation in order to implement the LCS, including proactive identification of citizens in need of care, assessment of a person's functional capabilities, transfer and implementation of doctor's recommendations to ensure an individualized approach, conduct preventive measures, prevent complications of the course of diseases;

- Implementation of the interdepartmental Action Plan («roadmap») to prevent mortality of social service recipients in social service organizations providing inpatient social services for 2021-2024.

The expert representing the Leningrad region (E. 16) did not highlight innovative products in his organization.

The expert representing Kuzbass (E. 17) singled out as innovative products in his region:

- a single coordination center SRS on the basis of the State Institution «Center for Social Benefits and Informatization of the Ministry of Social Protection of the Population of Kuzbass» (ECC): «The UCC receives data on proactive identification of citizens in need (potentially in need) of social services, including nursing care, data on citizens receiving social services and in need of medical care. The ECC acts as a center of communication with other agencies, primarily with health care organizations, and a particular citizen in need of external assistance, within the framework of working with a case» (E. 16);

- use of the Unified Information System for Long-Term Care «Optima»;

- use of the LCS Single Number, a toll-free multichannel telephone number 8-800-302-14-10;
- development of proactive identification of citizens in need of care through internal affairs bodies (district commissioners), neighbors, acquaintances, municipal services, volunteer and other organizations.

The expert representing the Ministry of Labor and Social Protection of the Russian Federation (E. 15) noted the innovative perspective.

«Development of integrated digital resources of the Ministry of Health of the Russian Federation and the Ministry of Labor of the Russian Federation, for example, in terms of expanding the Unified State Information System of Social Security (USISSO), or creating a new state information system».

As for innovative products in the public health care sphere, the St. Petersburg State Budgetary Health Care Institution «City Geriatric Medical and Social Center» has developed a system of remote monitoring of patients with severe neuromuscular diseases aimed at the development of telecommunication medicine (E. 19).

The expert of the St. Petersburg State Budgetary Healthcare Institution «Hospital for War Veterans» also singles out digitalization of medicine using tablets in work with low-mobility groups of patients as an innovative product (E. 18).

1.3 Development and availability of information resources in the field of organization of interdepartmental interaction.

An integral condition for effective interagency cooperation is the development and availability of information resources. In this regard, experts were asked to assess the level of development of information resources, and in case of a high assessment to indicate specific resources.

Some experts - representatives of SO NCOs (E. 5 and E. 7) and state institutions (E. 2, E. 13, E. 14, E. 15, E. 18, E. 19) noted the problem of underdeveloped and inaccessible information resources.

One of the experts (E. 12) noted the lack of regulation by interagency agreements of access to such resources as GIS «REGIZ», interdepartmental cooperation system SPb.

The rest of the experts who gave a high assessment highlighted AIS «St. Petersburg ESRN» as such resources, showed awareness of sectoral digital services, such as «St. Petersburg Social Services Navigator», increased use of the Internet, Telegram-channel, VKontakte, exchange of information leaflets and booklets, application «Gosuservices».

The single long-term care information system (LTCIS) «Optima» was indicated by some experts (E. 4, E. 8).

Assessment of expert opinions in terms of the demand for the main mechanisms of interdepartmental interaction, which is confirmed by the existing management practice of St. Petersburg at the present stage. This is reflected in the leading positions of formal practices: conclusion of agreements, creation of working groups, sending interdepartmental requests, and emphasizes the professional «skepticism» of the introduction of «digital» and new technologies, is reflected in Table 3:

Table 3

Assessment of the demand for interagency cooperation mechanisms

Mechanisms	Demand (people)	Neutral assessment (people)	Unclaimed (people)
Conclusion of interagency agreements	17	0	2
Establishment of interdepartmental working groups	17	0	2
Sending interdepartmental requests	17	0	2
Availability of normative legal acts	13	5	1
Use of innovative products in organizations	12	0	7
Availability of information resources	12	6	1
Creation of a unified information base	12	7	0

2. Main barriers to interagency cooperation between health care and social service organizations in providing social services and medical care to elderly citizens .

Experts agree in identifying such key problems as the disconnection of normative legal acts on the implementation of interagency cooperation between health care and social service institutions at the federal and regional levels; the lack of clear regulations and instructions for specialists at all levels in the formation of long-term care. It is noted the need to improve the mechanism of information interaction between state bodies and to assess the effectiveness and control of interagency cooperation.

In addition to the challenges identified above, the following challenges were also noted:

- absence of legislative regulation of the provision of the urgent service of escorting recipients of social services staying in state inpatient social service institutions during hospitalization (it is noted that escorting recipients of social services in case of their hospitalization in inpatient medical institutions up to the emergency room and distribution to the hospital department is not possible on the basis of the current legislation). By the Law of St. Petersburg dated 25.10.2022 №. 566-92 «On Amending the Law of St. Petersburg «On Social Services in St. Petersburg»¹²⁰ social service «Accompanying social service recipients receiving social services in inpatient form of social services during hospitalization in medical organizations for the purpose of caring for the said recipients» from 01.01.2023 is included in the regional list of social services provided by social service providers in St. Petersburg, in order to recognize elderly persons as elderly persons.
- lack of harmonized medical information forms;
- lack of professional competencies among social work specialists in terms of basic knowledge of geriatric medicine and nursing care;
- doctors workload and fear of taking on extra work;
- the absence of an integrated approach to the patient on the basis of a compulsory health insurance policy and to the rehabilitation of a disabled person on the basis of an individual program of rehabilitation or habilitation of a disabled person (IPRA);
- lack of a comprehensive approach (procedure) to the organization of the system of interaction between health care and social service institutions in the provision of social health care services to elderly citizens, which should include: a procedure for medical check-ups, preventive examinations, and dispensary monitoring of elderly persons who have significantly lost the ability to maintain themselves; a procedure that provides for a comprehensive geriatric assessment, including a medical examination for signs of dementia detected by the Ministry of Health of the Russian

¹²⁰ Law of St. Petersburg of 25.10.2022 No. 566-92 "On Amending the Law of St. Petersburg "On Social Services in St. Petersburg" URL: <https://login.consultant.ru/link/?req=doc&base=SPB&n=263638&dst=100005,2> (accessed on 12.01.2023)

Federation; and a procedure for the provision of medical care for elderly persons who have significantly lost the ability to maintain themselves.

The expert from Tyumen (E. 14) also notes problems that are very relevant for his region:

- incompatibility of information resources, causing the need for health care providers to enter information additionally into the social protection information system;
- insufficient awareness of the specifics of activities, services provided, activities of related agencies;
- Low priority in the provision of health services to the elderly;
- the presence of the facts of long terms (more than 10 days) of preparation by medical organizations of medical documents/conclusions for registration of citizens for social services in inpatient form, including in connection with the need to pass a significant number of doctors in accordance with federal orders and long-term appointment to narrow specialists.

According to the expert from Kuzbass (E. 17), the shortage of medical personnel in primary care in polyclinics is relevant for his region.

2.1 Interdepartmental barriers to the adoption of digital technologies

The state of information interaction in the system of interagency interaction requires analyzing the problems that hinder the introduction of digital technologies. The experts pointed out the following main problems.

- interdepartmental disconnection, including the problem of tunneling of departmental systems, low level of automation of social service processes;
- lack of predominantly domestic software for use by government agencies - the need to create and promote domestic developments in such technologies as artificial intelligence, big data, blockchain was noted.

One of the experts noted the problem of imposing hidden fees when implementing digital technologies: «Sending reports in the AIS reports program - paid, connection to the electronic document management system - paid, for correct uploading of data to GIS «REGIZ» it is necessary to install software for maintaining electronic medical records with further monthly payment, etc.» (E. 12).

Two experts representing SO NCOs (E. 5 and E. 7) see the following as problems hindering the introduction of digital technologies: lack of digitalized workplaces for specialists, as well as lack of special computer literacy skills among the elderly population; lack of identification of need for social support; lack of standards for the provision of social support services.

2.2 Difficulties in the implementation of social support measures by social service organizations when citizens receive health care services

The next issue to be considered is the analysis of difficulties in the implementation of social support activities by social service organizations when citizens receive health care services. Many experts emphasized the following difficulties.

- the problem of information exchange about the recipients of social services, access to necessary information;
- underdeveloped accessible environment in polyclinics, difficulties in making appointments to narrow specialists;
- territorial attachment under the compulsory health insurance policy to the place of residence;
- lack of medical patronage at home: the inability of persons who do not leave home to register medical indications for disability and IPRA and undergo the necessary examinations at home.

2.3 Analyze the problems of managerial personnel and difficulties faced by managers in the social sphere.

All experts of SO NCOs (E. 5, E. 7, E. 9 and E. 10), a part of experts of state social service institutions (E. 1, E. 2, E. 4, E. 13, E. 15), one of the experts from the public health care sector (E. 19) acknowledge the problem with management personnel related to the introduction of innovations in the organizations» activities. The experts agree that there is a problem of both quantitative and qualitative shortage of personnel.

The following challenges were also highlighted:

- lack of a concept for the development of the social protection system in St. Petersburg;
- poor information about the main goals and objectives of the national project «Demography» in terms of cooperation of both the subjects of the national project and , respectively, the object of involvement;
- lack of legal protection of social service providers from unjustified, unlawful demands of relatives, legal representatives of social service recipients, parental communities;
- Increase in the number of disabled children, aggravation of disability groups among disabled children (psychiatry);
- staff turnover;
- age and educational limitations in the mastery of modern digital products by the staff of institutions and employers» lack of resources to provide staff with opportunities for professional development at the required level.

The expert from Tyumen (E. 14) along with the lack of labor resources also highlights such problems as disproportion between the level of remuneration of monitored (social workers) and non-

monitored (social work specialists, heads of structural subdivisions) categories of workers; lack of mechanisms for recalculation of real financial norms for the performance of the state task.

As a result of the analysis of experts' opinions, Table 4 presents the main strategic barriers of interagency interaction, for the elimination of which it is necessary to create certain conditions in order to ensure effective management of interagency interaction.

Table 4

Main problems/strategic barriers to interagency cooperation

Problem/strategic barrier	Number of experts who noted that this barrier is important (people)	Number of experts who noted that this barrier is neutral (people)	Number of experts who noted that this barrier is absent (not important) (people).
Disunity/lack of normative legal acts on organization of interdepartmental interaction	17	2	0
Low level of digitalization of the interagency interaction process	17	2	0
Problems of human resources potential and new staff competencies	18	1	0
Lack of a comprehensive approach to identifying elderly citizens in need, classifier of social support activities	11	8	0

3. Existing opportunities/resources of interagency cooperation between health care and social service organizations in providing social services and medical care to elderly citizens.

Analysis of resources that provide opportunities for interdepartmental interaction between health care and social service organizations when working with elderly citizens includes assessment of the system of professional development and training (human resources); rational prioritization of interdepartmental interaction; assessment of departmental information systems.

3.1 Perceptions of the skills development and training system

The availability of qualified staff plays a basic role in the quality provision of social services and medical care to elderly citizens, which necessitates an assessment of the existing system of staff development and training.

5 experts (E. 1, E. 3, E. 8, E. 11, E. 16) consider the existing system of professional development and training to be quite optimal. 14 experts note the necessity of its improvement: this number includes 4 experts from SO NCOs (E. 5, E. 7, E. 9, E. 10), 2 experts from the public health care sector (E. 18 and E. 19) and 8 experts from the public social service sector (E. 2, E. 4, E. 6, E. 12, E. 13, E. 14, E. 15, E. 17). At the same time, many experts did not give a definite answer to the question on creation of a competitive basis for filling vacant positions (E. 2, E. 5, E. 8, E. 9, E. 10, E. 11, E. 13, E. 14, E. 15, E. 18, E. 19); a considerable number of experts considered this measure inexpedient (E. 1, E. 3, E. 6, E. 7, E. 12, E. 16, E. 17). At the same time, one expert (E. 4) suggests that the system of professional development should be inseparable from the certification process, which, in his opinion, would create a competitive basis.

The experts were also asked the question «Do you think that sufficient attention is paid to improving the level of education of employees of social service and health care organizations? What forms of training (in-person/distance) would be acceptable for your team? In your opinion, is it necessary to develop special interagency programs and projects to create and maintain jobs?».

The opinions of experts from public institutions were divided when answering this question. A part of experts from public institutions of the social service sphere (E. 2, E. 13, E. 15, E. 16, E. 17), as well as one expert from the health care sphere (E. 19) consider it necessary to expand practice-oriented short-term programs in combination of distance and full-time forms of training. At the same time, another expert from the health sector has a different opinion.

«It is necessary to increase the number of hours for professional development cycles for social service workers, and in full-time form» (E. 18).

At the same time, for health care workers, he believes the measure is unnecessary.

As for the development of special interdepartmental programs and projects for job creation and preservation, the experts either found it difficult to answer or answered that this measure is not required. At the same time, a specific proposal was voiced by the head of the SPb GBU «Family».

«It is necessary to establish a Center for Professional Competencies» (E.2).

As for the positions of representatives of SO NCOs, three experts (E. 5, E. 9 and E. 10) consider insufficient attention paid to improving the level of education of employees of social service and health care organizations. They consider a combination of different (distance and face-to-face) forms of training to be the most acceptable. Two experts voiced specific proposals that independently agreed on the demand for psychological direction. Thus, one expert (E. 9) proposed to include in

educational programs blocks on the topics of client-orientedness, psychology of communication with the recipient of social services, and one expert (E. 10) considers it necessary to expand opportunities for free advanced training for psychologists working with elderly citizens (the expert drew attention to the lack of free programs for psychologist).

The remaining representative of SO NCOs takes a neutral position, noting the following circumstance.

«Each non-governmental organization independently decides for itself this issue. In the social sphere there is № unified system of education upgrading. Re-qualification works only in medical organizations in accordance with the NPA» (E. 7).

At the same time, this expert noted the advisability of developing interagency programs and projects to create and maintain jobs - they suggest projects involving psychologists or information technology.

«Projects involving psychologists or information technology will be useful» (E. 7).

3.2 Perceptions of priorities in interagency cooperation

The experts prioritized the interaction of social service institutions with health care institutions (polyclinics, inpatient medical institutions), as well as with the bureau of medical and social expertise. Interaction with cultural and sports institutions to organize leisure activities for citizens of all ages was mentioned by only one expert (E. 4). One expert (E. 2) also noted the need for an agreement between the St. Petersburg Committee for Social Policy, the Committee for Health Care and the Committee for Informatization and Communication on information interaction and recipients of social services.

3.3 Departmental information systems in expert organizations

As a departmental information system, the experts from St. Petersburg state social service institutions (E. 1, E. 2, E. 3, E. 4, E. 6, E. 8, E. 11, E. 12, E. 13) highlighted mainly the automated information system «Electronic Social Register of the Population of St. Petersburg» - AIS ESRN, PUKDSSO. An expert from Tula (E. 14) mentioned the unified information system of social protection based on «ASUPD Tula»; an expert from the Leningrad Oblast mentioned the digital service «Social Calculator». One of the representatives of SO NCOs (E. 7) noted the internal database - «Hesed Avraham» information system using a third-party information system. Representatives of other SO NCOs (E. 5, E. 9, E. 10) noted the absence of specific departmental information systems.

The experts» opinions on the ways to solve the existing problems of interagency interaction, taking into account the existing infrastructure, among which the need for the development of social infrastructure and human resources, solving the problems of social support, digitalization of information exchange are presented in Table 5:

Existing interagency collaboration capabilities/resources

Solutions	Demand (people)	Neutrality (persons)	not in demand (people)
Development of the system of professional development and training	12	7	0
Development of interdepartmental VET programs for line personnel, creation of Professional Competence Centers, integration of related knowledge bases	10	7	2
Integration of departmental information systems in the sphere of health care and social services for information exchange	12	7	0
Standardization of social support activities	11	8	0
Development of social infrastructure to meet the growing needs of citizens	19	0	0

4. Perspective directions of interdepartmental interaction between health care and social service organizations in providing social services and medical care to elderly citizens.

All experts noted the need to create practice-oriented mechanisms of interagency cooperation, ensuring the implementation of normative legal acts of different levels of departmental and interagency nature. At the same time, only a part of experts (E. 6, E. 9) indicated specific mechanisms - round tables, working groups, practical conferences.

Open and accessible customer-oriented electronic services, information systems and portals for citizens are available in the organizations of all interviewed experts. These services, systems and

portals are understood by experts as the institution's website, in particular the section of the website for receiving appeals, a group on V Kontakte, Telegram, and the Social Services Navigator.

4.1 Prospects for the development of digital services and mechanisms for involving senior citizens in the digital society

The experts identified the following promising areas for involving senior citizens in the digital society.

- digitalization of data, integration of databases and systems of different agencies;
- development of a database of successful practices on the platform «Professional Sociotheque» of SPb GBU «Family»;
- development of smart voice assistants in facilitating interaction of senior citizens with different agencies;
- gradual introduction of the social certificate;
- development of a targeted information and communication campaign.

At the same time, only one of the experts, a representative of SO NCOs, believes that the financial situation of elderly citizens and the lack of computers for many of them do not allow them to be fully involved in the digital society. This is understood as one of the problems of the population's unwillingness to use new digital technologies, especially for older age groups. At the same time, this indicates the need to strengthen interdepartmental cooperation in the example of social services and health care, not only in the usual format based on requests or certificates brought by the citizen himself, but mainly in the construction of a system of digital exchange in order to obtain available information from departmental information systems without the participation of the citizen in need, but in his favor.

«I believe that digitalization of elderly citizens may be very limited now, because there are no computers, there are no tablets, smartphones are very expensive, in old age memory deteriorates and the use of functions or applications must be repeated many times to make it accessible and understandable. Thus, it will turn out that the personal account and personal data will depend only on the social worker and his actions. It will turn out that it is not the client who will sign the act of rendered services, but the social worker himself» (E. 5).

4.2 Proposals on the need to establish collegial bodies

The experts were asked the question «Is it necessary to create collegial bodies for the effective organization of interagency cooperation? In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the older generation and working out the mechanism of building interdepartmental interaction can have a significant impact on the development of socially significant programs and projects?».

Opinions of experts were divided as to the need to create collegial bodies for effective organization of interagency cooperation. Thus, one part of experts believes that such bodies already exist (E. 3, E. 7, E. 8, E. 10, E. 11, E. 12, E. 16, E. 17, E. 19), another part of experts believes that their additional creation is necessary (E. 1, E. 2, E. 4, E. 5, E. 6, E. 13, E. 14, E. 15). Some experts made specific suggestions. The expert representing a public institution in the field of social protection (E. 2) proposes the establishment of coordination councils. In this case, the fundamental requirements, which, in his opinion, guide the interacting entities in organizing joint activities, are: interest of each of the interacting parties in finding ways to solve problems; combining the efforts and capabilities of each party in overcoming the problems of the recipient of services, the solution of which one party is ineffective; constructive cooperation in resolving controversial issues.

The expert representing SO NCOs takes a neutral position on the need to create collegial bodies for effective organization of interagency cooperation. He emphasizes that the expediency of establishing such collegial bodies and commissions directly depends on their authority to influence changes in legislation and identifies 3 key criteria for successful work of the commission on interagency cooperation:

«1 - The commission leadership is focused on the problem; 2 - The commission discusses the problem and proposes solutions; 3 - There is an ongoing analysis of the problem-solving process and review of best practices» (E. 9).

Above we have considered various aspects related to the improvement of the system of interagency cooperation between social service and health care institutions. At the same time, the implementation of any projects of innovative nature requires the development of mechanisms for their management. Therefore, let us further consider the opinions of experts regarding such mechanisms.

4.3 Mechanisms for managing innovative projects for social services and health care to organize work with various categories of social service recipients, including elderly citizens.

The following suggestions were voiced among the experts:

- creation of expert and professional centers with the involvement of subjects of interagency cooperation;
- creation of a unified information base between the spheres of health care and social services with the provision of information to the citizen in his personal cabinet on the State Services;
- automatic generation of unified protocols based on data from digital platforms of the health and social care system;
- creation of a consultation platform for experience exchange on the basis of the Gerontology Center or Vocational Rehabilitation Center;

- SWOT analysis, monitoring the effectiveness of the innovation project by obtaining feedback;
- work with personnel, public organizations;
- The use and development of voice assistants;
- establishment of an expert council involving representatives of authorities, professional community, SONCOs, universities, and business;
- elaboration of target indicators to maintain a high level of motivation of participants in innovation projects;
- development of information campaigns aimed at interconnected coverage of innovative projects in the spheres of social services and health care.

At the final stage of the interview the experts were asked the following question: «What recommendations can you offer to improve the effectiveness of the organization of interagency cooperation in the system of social services for elderly citizens in the new conditions of implementation of national projects?».

The experts voiced the following main recommendations to improve the effectiveness of the organization of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of the implementation of national projects:

- improvement of normative legal acts at the federal level, including the creation of narrowly focused interdepartmental working groups to develop and adapt already existing normative legal acts at the regional level;
 - Staff training and development;
 - increasing the involvement of public authorities;
 - changing the forms of federal monitoring aimed at the person as a recipient of social services rather than at the amount of social services;
 - use of EGISSO for reporting on the regional project «Senior Generation», consideration of the possibility of uploading the provided social services into EGISSO;
 - further automation of social service processes and creation of a unified information base for different subjects of interdepartmental interaction;
 - joint training of employees of medical and social institutions at trainings and programs of additional education;
 - information interaction between different actors with the involvement of mass media (mass media);
 - orientation of the work of social services to the person, his/her current state, and not only to the norms;

- Creation of transparent work regulations for all levels, reflecting the entire sequential mechanism of appeals in various life situations, increasing the accessibility of these regulations for both employees and ordinary citizens through social advertising;
- creation of collegial bodies to organize interdepartmental interaction;
- - Establishment of a help desk or call box for both workers and citizens to seek clarification on how to obtain assistance;
- Establishment of short-term practical training courses (1-2 full working days) for all OSON specialists.

CONCLUSIONS ON PARAGRAPH 2.2.

By interagency interaction the majority of interviewed experts understand the interaction of different levels of subjects of different departments - first of all, social services and health care.

At the same time, in order to solve a number of tasks for the development of active longevity programs, interdepartmental cooperation can also involve entities from other departments and other sectors: cultural, sports, and educational institutions; social service providers represented by socially oriented non-profit organizations (SO NPOs) and commercial structures.

Experts noted that a significant factor in effective interagency cooperation is the use of information technologies and resources.

In this regard, it is also quite relevant to involve the entities responsible for the development of information systems in interdepartmental interaction. In St. Petersburg such executive authority is the Committee for Informatization and Communications and its subordinate institutions: St. Petersburg State Unitary Enterprise «St. Petersburg Information and Analytical Center» (SPb SUE «SPb IAC») and St. Petersburg State Institution «Multifunctional Center for Provision of State and Municipal Services» («My Document»), the powers of which include technological development and financial support of regional state information systems.

Thus, thanks to the conducted research, it is possible to form an ecosystem of interdepartmental interaction of the social service system with other sectoral and functional state systems.

Formal organizational conditions of interagency cooperation, such as the presence of normative legal acts directly regulating the solution of a specific issue for social services and health care systems; creation of a unified information base; conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests, are necessary, but insufficient conditions for effective practical implementation of interagency cooperation. Along with these conditions, it is also necessary to work purposefully to create such

informal conditions, in which all parties are interested in interagency cooperation and clearly understand its purpose.

Many organizations are creating innovative products to reach different groups of service recipients depending on their needs. Among the information resources currently used in organizations, the following were highlighted: AIS «St. Petersburg ESRN», Social Services Navigator, Internet, Telegram-channel, VKontakte, exchange of information leaflets and booklets, and the application «State Services».

The results of the expert survey showed the relevance of the following barriers of interagency interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens:

Disjointed normative legal acts on the implementation of interagency interaction of senior citizens at the federal level;

Lack of clear regulations and instructions for professionals at all levels; challenges to digital inclusion;

difficulties in the implementation of social support activities by social service organizations when citizens receive health care services;

staffing issues.

The analysis of resources that provide opportunities for interdepartmental cooperation between health care and social service organizations in working with elderly citizens has shown the expediency of improving the system of training and professional development, in particular, through practice-oriented courses for different categories of specialists and line staff; increasing the volume of thematic blocks devoted to the psychology of communication, work with clients, etc., training specialists to work with modern information systems, etc.

Promising directions are the creation of practice-oriented mechanisms of interaction, in particular, such as round tables, working groups, practical conferences; development of digital services, creation of mechanisms for involving senior citizens in the digital society; mechanisms for managing innovative projects in the system of interagency cooperation are also needed. The expert survey also provided a lot of recommendations to improve the effectiveness of the organization of interagency cooperation in the system of social services for elderly citizens in the new conditions of the implementation of national projects.

2.3 Analysis of the effectiveness of interdepartmental interaction management within the framework of implementation of long-term care system in St. Petersburg social service organizations

In order to identify the main barriers to the formation of effective interdepartmental cooperation between health care and social service organizations in the identification of elderly

citizens in need of social services and their subsequent inclusion in the social service system represented by social service providers of various forms of ownership, an empirical study and analysis of the opinions of workers by questionnaire survey method was conducted, the volume of the target sample of the survey - 305 respondents, which characterized organizational-administrative, socio-psychological and economic factors that influence the development of innovation potential of employees of social service organizations. and economic factors influencing the development of innovative potential of employees of social service organizations. ¹²¹

The need to analyze the existing problems and barriers that hinder effective interagency interaction determines the need for an empirical study, which will reveal the existing practices of interagency interaction in organizations directly integrated into this system. The research program is presented in Appendix 1.

Hypothesis of the study.

The implementation of conditions for the organization of interaction between different management subjects, providing for the elimination of interdepartmental barriers, will ensure the effectiveness of interdepartmental interaction management in the sphere of social services for elderly citizens in St. Petersburg.

It can be assumed that the main problem hindering effective interagency collaboration is lack of resources, which includes a number of major barriers:

- economic (low fiscal capacity, including lack of planning of development expenditures);
- infrastructural (insufficient material and technical equipment and capacity of social service organizations);
- human resources (low wages, low staffing levels, imbalance of the staffing structure in line with the new professional standards);
- technological (low level of digitalization);
- administrative (problems of interdepartmental interaction).

Study design and methods.

The empirical study used a combined strategy based on supplementing the qualitative research conducted in the form of expert interviews with a survey research based on questionnaire survey of 305 respondents. The questionnaire designed for interviewing respondents is presented in Appendix 2.

Method of sample design

¹²¹ Kolosova G.V. Managing innovation processes in the social sphere: overcoming staff resistance to innovation// Personnel and Intellectual Resources Management in Russia. - 2022. - Vyp. № 5 (62). - C. 13.

A purposive sampling technique was used for the study, in which specialists from all 76 OSON organizations involved in providing care to elderly and disabled citizens, including those participating in the formation of the LCS in St. Petersburg, were included in the survey. The questionnaire was formed in the form of a Google-form, information with a proposal for participation in the survey of at least three specialists from the organization was sent in the form of an informational letter with a link to the questionnaire to the e-mail addresses of the organizations.

The general population for the sampling frame, sectoral (industrial), includes social service professionals among line staff and deputy managers in different types of organizations: 53 state and 23 non-state providers of social services in the context of different all forms of social services - in stationary form of social services, in the form of social services at home, semi-stationary form, as well as two educational organizations under the jurisdiction of the Committee on Social Policy of St. Petersburg and implementing programs of additional professional education (SAOU VPO «SPbGIPSR» and SPb GBU GIMC «Family»); SPb GKU «COSO».

A total of 305 respondents took part in the study aimed at studying the effectiveness of interagency cooperation in the system of social services for elderly and disabled citizens. The distribution of respondents by type of organization is presented in Fig. 15:

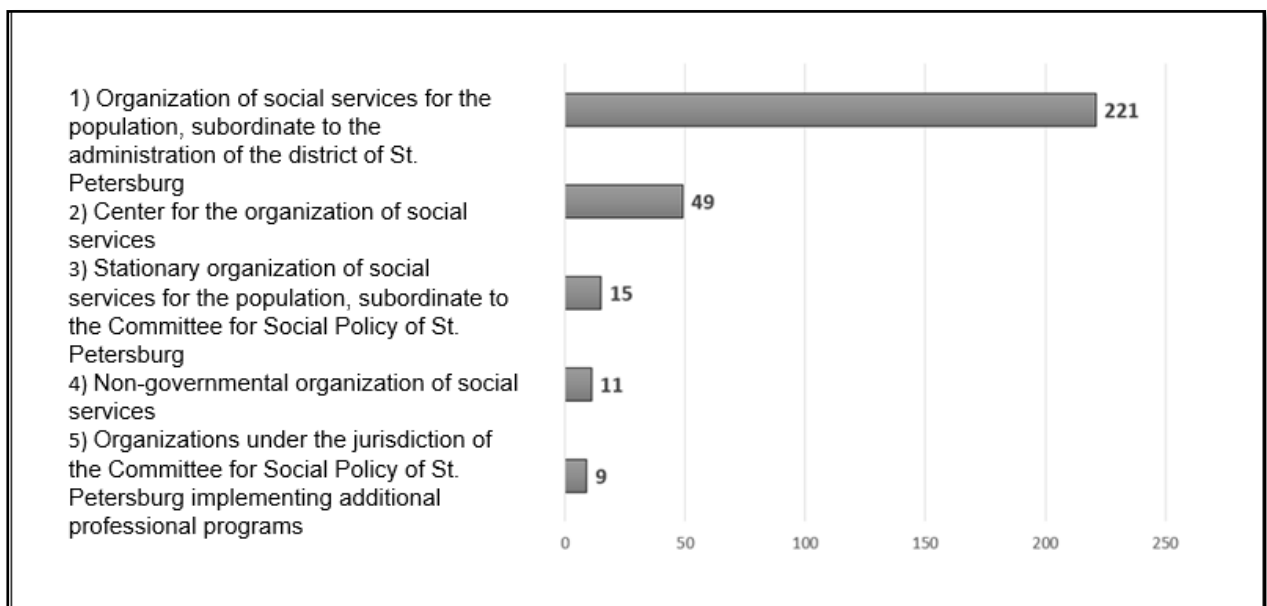


Figure 15. Distribution of respondents by type of organization, people.

Analysis of the quantitative data presented in Diagram 1 allows us to state that the majority of respondents (72.5%) work in OSONs subordinated to district administrations; 16.1% of respondents work in the Center for Social Service Organization; 4.9% of respondents work in inpatient OSONs subordinated to the Committee for Social Policy of St. Petersburg; 3.6% of respondents work in non-state OSONs, and 2.9% of respondents work in organizations that are under

the jurisdiction of the Committee for Social Policy of St. Petersburg and -implement additional vocational education and training programs.

Analyzing the obtained results of the quantitative study.

The study presents the underlying results related to the proof of hypothesis. A full overview of the questionnaire results and social characteristics of respondents is contained in Appendix 3. It also presents data on the social characteristics of respondents (Appendix 3: Fig. 25), the most demanded forms of social services in OSON (Appendix 3: Fig. 26), respondents» assessment of the level of infrastructure development in OSON departments (Appendix 3: Fig. 27), as well as the main directions of development of OSON work with citizens with various geriatric syndromes (Appendix 3: Fig. 28). The results obtained will be used in subsequent studies, including the study of problematic issues, taking into account other relevant aspects.

Fundamental conditions for organizing interagency cooperation within the framework of long-term care system implementation.

The study of the underlying conditions for the organization of interagency interaction includes: identification of factors for increasing the effectiveness of interagency interaction, factors for improving mechanisms for identifying citizens in need of social care and social services, and analysis of the system of staff training within the long-term care system.

Respondents were asked to choose the most significant factors for increasing the efficiency of interagency cooperation. The distribution of respondents» opinions is presented in Table 6:

Table 6

Respondents» assessment of the most significant factors in improving the efficiency of interagency cooperation

Factor	% of respondents who noted the importance of the factor	% of respondents who noted neutrality of the factor	% of respondents who said that the factor is not important at all
Use of interdepartmental interaction mechanisms in identifying and recognizing citizens in need of social services	91,8%	8,2%	0

Factor	% of respondents who noted the importance of the factor	% of respondents who noted neutrality of the factor	% of respondents who said that the factor is not important at all
Increased funding	69,1%	27,9%	3%
High level of standardization/digitization/automation	72,1%	26,9%	1%
Availability/development of criteria for assessing circumstances that worsen the living conditions of citizens	70,2%	28,5%	1,3%
Availability/development of a system for forecasting care needs	66,9%	31,5%	1,6%

The analysis of the data presented in Table 6 shows that the most important factor highlighted by the overwhelming majority of respondents is the use of mechanisms of interdepartmental interaction in identifying and recognizing citizens in need of social services. At the same time, there are № respondents who believe that this factor is not important at all. At the same time, the other factors are also significant, according to the respondents, due to the prevalence of respondents who noted the importance of the factor and a very low number of respondents who noted that the factor is not important at all.

Given that the initiating stage, where the interaction between different agencies begins (the entry point for the emergence of a life case), is considered the most important for improving the efficiency of interagency interaction, this study focuses on assessing the opinion on improving the process of identifying citizens as objects within the interagency interaction system of the main actors providing services.

Respondents» opinions on the significance of factors that allow improving the mechanisms of identifying citizens in need of social care and provision of social services are presented in Table 7:

Table 7

Respondents» assessment of factors for improving the mechanisms for identifying citizens in need of social care and social services

Factor	% of respondents who noted the importance of the factor	% of respondents who noted neutrality of the factor	% of respondents who said that the factor is not important at all
Application of typing mechanisms when recognizing citizens in need of social services	62,6%	36,1%	1,3%
Building a routing system	65,3%	31,8%	2,9%
Planning and control over the provision of social services, including through the use of information systems	75,1%	22,9%	2%
Development of a classifier of social support activities	67,5%	30,8%	1,7%
Participation of families in interaction with social services	74,1%	25,6%	0,3%
Establishment of kinship care schools for families	49,8%	48,9%	1,3%
Development of professional competencies of specialists involved in recognizing citizens in need of social services and providing social services	85,6%	13,1%	1,3%

The analysis of the data presented in Table 7 shows that the majority of factors are significant in the respondents» opinion. At that, the most significant factor (according to respondents) is the development of professional competencies of specialists involved in the recognition of citizens in need of social services and provision of social services. It is also worth highlighting a factor, in respect of which respondents» opinions are divided - creation of schools of kinship care for families: there is an almost equal number of respondents who consider the factor important and those who consider this factor neutral.

In view of the respondents» recognition of the high importance of developing professional competencies of specialists involved in recognizing citizens in need of social services and providing social services, it is necessary to study the respondents» opinions about the main problems that hinder the effectiveness of training within the framework of the LCS. The expected problems and respondents» assessments of their significance are presented in Table 8:

Table 8

Respondents» assessment of the importance of the problem of the effectiveness of the training system in the long-term care system

Problem	% of respondents who noted the importance of the problem	% of respondents who noted the neutrality of the problem	% of respondents who said that the problem is not important at all
Insufficient number of specialists trained under professional development and retraining programs	71,5%	28,2%	0,3%
Development of professional competencies of specialists involved in recognizing citizens in need of social services	83,9%	15,1%	1%
Staff turnover	63,6%	34,1%	2,3%

Thus, the majority of respondents recognize the importance of all the problems of the effectiveness of the system of personnel training within the framework of long-term care system, indicated in Table 8. At the same time, according to respondents, the problem related to the development of professional competencies of specialists involved in recognizing citizens in need of social services is of the highest importance.

Assessment of satisfaction with the process of forming elements of interdepartmental interaction within the framework of the introduction of LCS in social service organizations.

Satisfaction with the process of forming elements of interdepartmental interaction within the framework of the introduction of LCS in organizations includes the assessment of the following parameters: the effectiveness of interaction; routing; the degree of coordination of actions of interaction participants; the organization of social support; the availability of information exchange.

Respondents assessed the listed parameters in the context of different types of organizations: the effectiveness of interaction, satisfaction with routing, satisfaction with the degree of coordination of the interaction participants» actions, satisfaction with the organization of social support, satisfaction with the available information exchange.

Analysis of the data presented in Table 9 shows some differences in respondents» assessments by types of organizations. Thus, the highest assessment of the effectiveness of interagency cooperation prevails in organizations that are under the jurisdiction of the St. Petersburg Committee for Social Policy and implement additional professional programs: among the respondents of these organizations an excellent assessment slightly prevails and there is № bad assessment at all. The lowest, but generally not bad assessments are observed among respondents of non-state OSON: slightly more than a quarter of respondents poorly assess the effectiveness of interagency cooperation; excellent and good assessments are given by an equal number of respondents - slightly more than a third.

In the OSONs subordinated to the administrations of St. Petersburg districts; in in-patient OSONs subordinated to the Committee for Social Policy of St. Petersburg, and in the Center for Social Service Organization, a generally good assessment prevails. At the same time, in the OSONs subordinated to the administrations of St. Petersburg districts, the overall performance assessment is slightly lower due to the following indicators: equal number of respondents who gave excellent and poor ratings (in the other two types of organizations, the number of respondents who gave excellent ratings slightly exceeds the number of respondents who gave poor ratings) and slightly lower number of respondents who gave good ratings.

Table 9

Evaluating the impact of the interaction

Type of organization	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
OSON, subordinated to the administrations of St. Petersburg districts	19,9%	60,2%	19,9%
Inpatient OSONs under the jurisdiction of the	20%	73,3%	6,7%

St. Petersburg Committee for Social Policy			
non-State OSONs	36,4%	36,4%	27,2%
Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs	55,5%	44,5%	0
St. Petersburg State Unitary Enterprise «COSO»	20,4%	69,4%	10,2%

Analysis of the data presented in Table 10 shows a slightly higher assessment of satisfaction with routing in the organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg and implementing additional professional programs, while the number of respondents holding the opposite opinion is also high. In other organizations № significant differences in assessments are observed, in general, neutral assessment prevails.

Table 10

Satisfaction with routing

Type of organizations	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
OSON, subordinate to the administrations of the districts of St-. Petersburg	18,6%	62%	19,4%
Inpatient OSONs under the jurisdiction of the St. Petersburg Committee for Social Policy	33,3%	60%	6,7%
non-State OSONs	18,2%	72,7%	9,1%
Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs	55,6%	22,2%	22,2%
St. Petersburg State Unitary Enterprise «COSO»	22,4%	69,4%	8,2%

Analysis of the data in Table 11 shows some differences in respondents» satisfaction with the degree of coordinated actions of interaction participants by types of organizations. In organizations run by the St. Petersburg Committee for Social Policy and implementing additional professional programs, a slightly higher level of satisfaction is observed.

On the contrary, in OSON, subordinated to the administrations of St. Petersburg districts-, slightly lower satisfaction is observed. In other types of organizations a neutral attitude to this aspect of interagency cooperation prevails.

Table 11

Satisfaction with the degree of coordination of actions of interaction participants

Type of organizations	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
OSON, subordinate to the administrations of the districts of St-. Petersburg	19,5%	55,2%	25,3%
Inpatient OSONs under the jurisdiction of the St. Petersburg Committee for Social Policy	26,7%	60%	13,3%
non-State OSONs	27,3%	63,6%	9,1%
Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs	44,4%	55,6%	0
St. Petersburg State Unitary Enterprise «COSO»	22,4%	69,4%	8,2%

The analysis of the data presented in Table 12 allows us to assert that the highest satisfaction with the organization of social support is observed in the organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg and implementing additional professional programs due to the prevalence of excellent assessment and a low number of respondents who gave a poor assessment. For the rest of the organizations in general, neutral attitude to satisfaction with the organization of social support prevails. The data obtained indicate that the factor is insignificant or that there is no problem that requires immediate action.

Table 12

Satisfaction with the organization of social support

Type of organizations	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
OSON, subordinate to the administrations of the districts of St.-Petersburg	24,4%	59,8%	15,8%
Inpatient OSONs under the jurisdiction of the Committee for Social Policy of St. Petersburg Social Policy Committee of St. Petersburg	33,3%	46,7%	20%
non-State OSONs	18,2%	63,6%	18,2%
Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs	55,6%	33,3%	11,1%
St. Petersburg State Unitary Enterprise «COSO»	26,6%	71,4%	2%

Analysis of the data in Table 13 shows that the highest satisfaction with the available information exchange is demonstrated by organizations -that are under the jurisdiction of the Committee for Social Policy of St. Petersburg -and implement additional professional programs. In other types of organizations, neutral assessment prevails. At the same time, -a slightly lower assessment of satisfaction with the available information exchange is observed -in the OSONs subordinated to the administrations of St. Petersburg districts-: just over a quarter of respondents rated it poorly.

Table 13

Satisfaction with available information exchange

Type of organizations	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
OSON, subordinate to the administrations of the districts of St.-Petersburg	17,2%	57,5%	25,3%

Type of organizations	% of respondents who gave the appropriate assessment		
	That great.	Neutral	Bad
Inpatient OSONs under the jurisdiction of the St. Petersburg Committee for Social Policy	13,3%	73,4%	13,3%
non-State OSON	18,2%	81,8%	0
Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs	55,6%	44,4%	0
ST. PETERSBURG STATE UNITARY ENTERPRISE «COSO»	20,4%	73,5%	6,1%

In addition, key results in the process of providing social services can serve as criteria for the effectiveness of interagency cooperation. Integration and coordination of various services and organizations involved in the provision of social services can be measured on the basis of improved accessibility, quality and efficiency of the services provided. This includes improving the process of customer service, increasing customer satisfaction, reducing waiting times and increasing the efficiency of resource utilization. Thus, the key indicators and results in the sphere of social service provision can confirm the success of interagency cooperation and its impact on improving the lives of citizens.

To systematize the performance criteria, respondents were asked to rate the significance of each of the specified outcomes.

The analysis of the respondents' positions presented in Table 14 shows the high importance of each of the listed results: in quantitative terms, the respondents who noted the importance of this or that result prevail everywhere, while there is a very low number of respondents who noted that the result is not important at all. Thus, the proposed criteria for assessing the effectiveness of interagency interaction should be taken into account in the development of methodological recommendations for optimizing the management system of interagency interaction.

Table 14

Respondents' assessment of the significance of results measuring the effectiveness of interagency cooperation

Result	% of respondents who noted the importance of the result	% of respondents who noted the neutrality of the result	% of respondents who said that the outcome was not important at all
Availability of agreements on interaction with medical organizations	73,1%	25,6%	1,3%
Early identification of the target group of citizens (recipients of social services)	78,7%	20,7%	0,6%
Increased coverage of citizens in need of social services	83,3%	16,1%	0,6%
Development of intra-departmental interaction, allowing for the use of a combination of forms of social services	83,9%	15,1%	1%
Satisfaction of citizens with the provision of social services	85,6%	14,4%	0
Family satisfaction with the support received / increase in the number of families serving an older person at home	75,7%	23,7%	0,6%
Reduction of paper workflow	81,3%	17,4%	1,3%

It was also suggested that the results measuring the effectiveness of interagency cooperation are determined by a number of conditions. The above hypothesis was also tested by assessing the opinions of employees of different organizations about the importance of the listed conditions.

The analysis of the data presented in Table 15 confirms the high importance of each of the listed conditions due to the quantitative prevalence of respondents who noted the importance of any condition and a very low number of respondents who do not consider this or that condition significant. At the same time, the results of the analysis allow us to single out a condition that is somewhat less significant in comparison with other conditions - the formation of a professional base of best practices and technologies (slightly more than a quarter of respondents consider it neutral).

Table 15

Respondents» assessment of the significance of the conditions for the effectiveness of participants in interagency cooperation

Condition	% of respondents who noted the importance of the condition	% of respondents who indicated that the condition was neutral	% of respondents who said the condition was not important at all
Coordination of the activities of participants of interagency interaction, including their timely informing	88,9%	11,1%	0
Formation of a professional database of best practices and technologies	72,4%	26,6%	1%
Development of professional competencies of participants in interagency cooperation	85,6%	13,4%	1%
Development of electronic information exchange on recipients of social services	84,3%	14,7%	1%
Improvement of regional normative legal documents in the sphere of regulation of interdepartmental interaction of bodies and institutions of different agencies	84,3%	14,7%	1%

CONCLUSIONS ON PARAGRAPH 2.3.

According to the study, the conditions essential for respondents to improve the efficiency of interagency cooperation within the framework of LCS implementation include:

- Use of mechanisms of interdepartmental interaction in identifying and recognizing citizens in need of social services;
- increase in funding;
- high level of standardization/digitization/automation;

- availability/development of criteria for assessing circumstances that worsen the living conditions of citizens;
- Availability/development of a system for anticipating care needs.

At the same time, the most significant factor is the use of interagency cooperation mechanisms at the stage of identification and recognition of citizens in need of social services, which is confirmed in practice by the activities of the service of social district officers of the State Institution of Social Services.

Factors significantly affecting the effectiveness of the application of mechanisms for determining individual need when recognizing citizens in need of social services are:

- building a routing system;
- planning and control over the provision of social services, including through the use of information systems;
- development of a classifier of social support activities; participation of families in interaction with social services;
- development of professional competencies of specialists involved in recognizing citizens in need of social services and providing social services.

One of the most significant factors was identified by respondents as the development of professional competencies of specialists involved in recognizing citizens in need of social services and providing social services. The majority of respondents noted that there are problems with the effectiveness of the existing system of personnel training, which requires a quick response to new challenges and technologies in order to master them by the specialists of the industry. For a number of respondents it is also quite important to create schools of kinship care for families.

Summarizing the results of the study, the directions for further development of interagency cooperation include:

- coordination of the activities of the participants of interagency interaction, including their timely informing; formation of a professional base of best practices and technologies;
- development of professional competencies of the participants of interagency interaction;
- development of electronic information exchange on recipients of social services;
- improvement of regional normative legal documents in the sphere of regulation of interdepartmental interaction of bodies and institutions of different agencies.

The results of the study confirmed the hypothesis about the influence of conditions on the effectiveness of interagency interaction, which can be confirmed by such indicators as:

- Availability of agreements on cooperation with medical organizations; early identification of the target group of citizens (recipients of social services);

- development of digital technologies to reduce paper-based document flow;
- development of intra-departmental interaction, allowing for the use of a combination of forms of social services within the framework of social support activities;
- increasing the coverage of citizens in need of social services;
- satisfaction of citizens with the provision of social services;
- Family satisfaction with the support received / increase in the number of families serving an older person at home;
- Increase in the number of specialists trained in relevant programs, including training in modern professional competencies of interdepartmental cooperation.

The results of the survey showed the relevance of the development of interagency interaction between OSON and medical institutions: there is a sufficient number of respondents who believe that this interaction has not yet reached the required professional level. Moreover, some OSONs do not have specific agreements with medical institutions.

Analysis of the survey data in different types of organizations allowed to identify a number of relevant areas of improvement of interagency cooperation within the framework of the implementation of the LCS:

- adjustment of programs of additional education in accordance with the requirements of the LCS in organizations implementing additional educational programs. The main ways to improve programs are: planning the number of students and the content of programs of additional professional education based on the needs of educational services through preliminary analysis of the social sector; strengthening the practical orientation of programs of additional professional education; attracting the necessary staff; improving the criteria for assessing the quality of additional professional education;
- additional professional education or vocational training at the direction of the LCS for specialists of different positions: head of the social service organization; heads of departments; social workers; social work specialists; caregivers (care assistants); specialists in rehabilitation work in the social sphere; junior medical personnel; psychologists;
- improving the process of information exchange on the following issues: on methods and technologies of social work within the long-term care system; on medical recommendations, which are the basis for recognizing citizens in need and for revising the IPPSU; on the possibility of involving volunteer organizations; on the possibility of taking into account kinship care;
- Ensuring accessibility of social services by regulating the development of offers of participants of the social services market, corresponding to the demand of elderly citizens, and increasing budget financing.

CONCLUSIONS OF CHAPTER 2

The current demographic situation in the country, associated with the aging of the population, sets new goals and objectives for the state and society, aimed at improving the quality of life of senior citizens depending on individual need, ensuring more effective use of their active potential in the life of society.

The priority direction of social development is to achieve the national goal: to increase life expectancy in the Russian Federation by 2030.

The demographic emphasis of our time is the trend of increasing life expectancy. In 2023, life expectancy in St. Petersburg will exceed the pre-Kovidian indicator.

In the context of new challenges, Presidential Decrees №. 204 and №. 474 «On National Goals and Strategic Objectives for the Development of the Russian Federation», which defined the main ways to implement the socio-economic development of the country, which influenced the solution of demographic problems, to improve the standard of living of citizens, as well as to expand the possibilities of new knowledge regarding the state management of social processes in all regions of the Russian Federation, became timely in 2019.

The realization of long-term national objectives in St. Petersburg in the field of demography is ensured through the implementation of roadmap activities in 2019-2021 and the regional project «Older Generation» of the national project «Demography» in 2019-2024, which contributed to the introduction of a client-centered model of social service system management and systematically brought St. Petersburg to the implementation of the LCS within the framework of the federal pilot project from 01.09.2023, ensuring the expansion of opportunities for the regional social service system.

The main goal of the LCS is to provide people in need of care with balanced social services and medical care both at home, as well as to support their families and teach them how to help their loved ones.

State policy towards elderly and disabled citizens is undergoing a serious transformation, expanding the boundaries of traditional social services by developing new technologies and directions, such as long-term care, comprehensive rehabilitation and habilitation of people with disabilities, and accompanied living. New legislative initiatives affect the need for social investment in the development of social infrastructure that improves the quality of life of citizens and the speed of regional management decisions.

One of the strategic barriers remains interdepartmental disconnection in terms of synchronization of existing sectoral information systems in order to ensure information exchange on recipients of social

services, including through departmental information systems in social services and health care, which is confirmed by the author's research.

The development of an interdisciplinary approach, the common goals of which are to increase the duration, level and quality of life of senior citizens, to strengthen their social protection, should be carried out on the basis of analytical and managerial knowledge and practical actions based on sociological concepts, conducted research, with the involvement of scientific knowledge of other disciplines - economics, personnel management, medicine.

CHAPTER 3. DEVELOPMENT OF THE SYSTEM OF INTERDEPARTMENTAL COOPERATION OF ORGANIZATIONS PROVIDING SOCIAL SERVICES TO ELDERLY CITIZENS IN ST. PETERSBURG

3.1 The main directions for improving interagency cooperation in the sphere of social services for elderly citizens.

Analyzing the results of the conducted research, the majority of experts (tab. 4) highlighted the actual problems in the sphere of social services for elderly citizens in St. Petersburg, based on which the main strategic barriers to the effective development of interagency cooperation were identified:

1. lack of a system for forecasting the needs of elderly citizens in social services.
2. Lack of social infrastructure.
3. interdepartmental isolation of the participants of the system of assistance to the elderly, lack of information exchange, digitalization of interdepartmental interaction.
4. Low level of automation of social service processes in general.
5. Problems of staffing of the social service sector, effectiveness of the system of additional professional education.
6. Differences in rationing and tariff setting of social services and new piloted social services of the SRS.

The paper analyzes in detail the current system of social services for elderly citizens, the prerequisites for its transformation in connection with the implementation of measures of the regional project «Older Generation» from 2019, aimed at forming professional links between health care and social services in order to achieve the indicators of the national project «Demography».

The main problem of forming an effective system of social services, expanding its capabilities, including through interdepartmental cooperation, is the lack of resources: financial, human, infrastructural, technological, given the fairly new experience since 2015 of the formation of the system of social services and the emerging conditions of planning and forecasting its development.

Reviewing the results of the research, the following conclusions can be drawn:

- imperfect normative legal regulation at the regional level, which requires revision of the list of social services and standards for their provision;
- deficit of budget financing to ensure the accepted social obligations under the IPSSU issued to the residents of St. Petersburg;
- lack of a medium-term forecast on the amount of budget allocations required to expand the capacity of social service providers in order to eliminate the infrastructure deficit in social

services, and in the long term - for the prospective development of social infrastructure, taking into account socio-demographic challenges;

- lack of assessment of infrastructural resources of state and non-state organizations, their involvement in pilot projects aimed at the development of social services;

- Lack of indicators in sectoral state programs to stimulate the development of innovative projects, new social technologies, social support activities that provide for interdepartmental cooperation between different sectors.

The peculiarity of the social service system is strict state regulation, given that the main financial source for the provision of social services is the regional budgets of the constituent entities of the Russian Federation.

State regulation of the social services market is built on the principles of social investment by allocating budget funds for its development.

The main objective of the national projects - the development of human capital - is particularly relevant for social sectors, given the need to balance the demand for social services with the supply of established infrastructure, which includes labor markets.

Thus, economic, human resources, infrastructural and technological factors that contribute to the formation of budgetary security, development of human resources, creation of new institutions, increase in capacity, and introduction of digital technologies of the conducted processes play a role in social services in observance of this balance. Figure 16 presents the scheme of factors» influence on the development of human capital in the social service system not only on the recipients of social services, but also on the industry specialists who form the industry labor market.

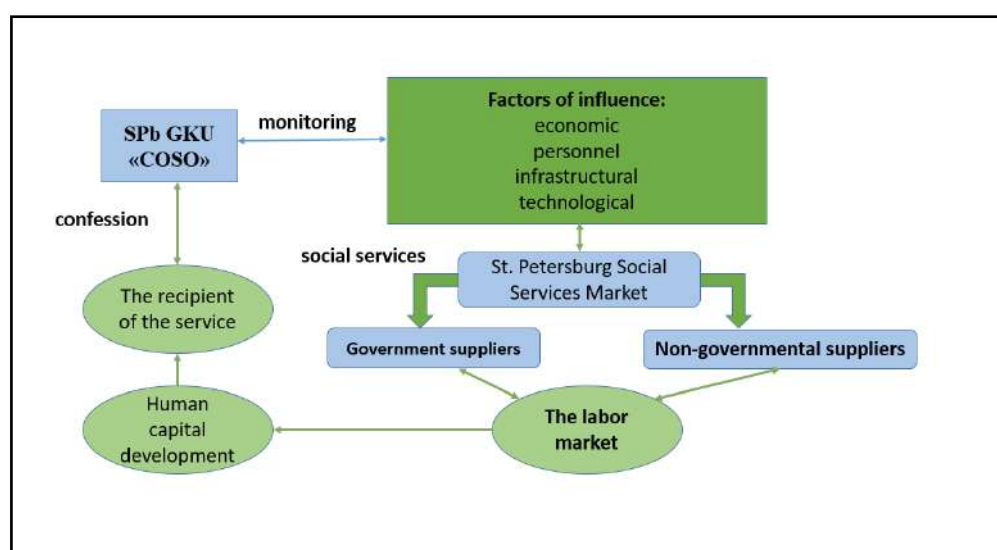


Figure 16. Scheme of factors» influence on the development of human capital in the social service system

Source: compiled by the author

The majority of experts (Table 4) and respondents (Annex 3: Table 24) just noted the personnel problems of the industry: lack of specialists due to low salaries, high professional requirements that require the development of retraining system, the need for changes in the system of remuneration of industry specialists.

non-state providers, who are more flexible in reducing the infrastructural deficit of places in social services, are ready to open new places at the expense of the budget and are actively included in the regional Register of social service providers in order to receive compensation from regional budgets for social services provided. At the same time, state organizations are quite conservative in the introduction of new social technologies, inclusion in pilot projects, which is often expressed in the form of staff resistance to innovations and requires the introduction of new programs of additional professional training of modular type.

This problem was particularly evident in St. Petersburg when state organizations - integrated social service centers of district administrations - were included in the pilot project of the LCS in 2023.

Therefore, at the stage of St. Petersburg's inclusion in the federal pilot project of the LCS, the issues of improving the system of interdepartmental interaction remain particularly relevant.

Social interactions generate a network of social relations, organized and integrated due to the presence of a common value orientation, which, in this case, should be the improvement of the quality of life of older people. Thus, the development of the social service system forms conditions that require new mechanisms of professional interagency interaction in the process of solving common state tasks.

In the Russian system of governance at all levels of interaction, there are often shortcomings in coordinating actions and developing joint solutions to problems. This is due to the fact that the dominant model of vertical and centralized public administration does not always effectively correspond to the diversity of modern social structure in Russia, which requires horizontal interactions and coordination of various actors. It should be noted that top-down vertical governance operates differently in social systems compared to technical systems. In social systems, it is important to take into account «feedback» to be able to make adjustments to the decisions already made.

Since 2015, simultaneously with the transformation of social services, the constituent entities of the Russian Federation began to introduce a project approach aimed at solving specific regional problems using the program-targeted method, to form a system of a package of regional state programs, secured with budget financing and contributing to the formation of development expenditures of different sectors. In St. Petersburg, since 2015, 18 state inter-sectoral programs have been in place, including «Social Support of Citizens in St. Petersburg» and «Health Care

Development in St. Petersburg».

Since 2019, the constituent entities of the Russian Federation have been ensuring the implementation of 13 national projects.

It is in the national project «Demography», implemented in 2019-2024, that the synergy of the health care and social service systems in achieving common goals aimed at increasing life expectancy in terms of improving the quality and accessibility of medical care and social services for elderly citizens.

The implementation of regional projects «Older Generation», included in the national project «Demography», contributes to building regional models of interagency interaction management in the existing social service systems of the constituent entities of the Russian Federation and the pilot projects of the LCS that are being implemented.

At the stage of St. Petersburg's preparation for the formation of the LCS, the author has implemented a system of management of interdepartmental interaction in the sphere of social services for elderly citizens since 2019, the main elements of which are presented in Fig. 17.

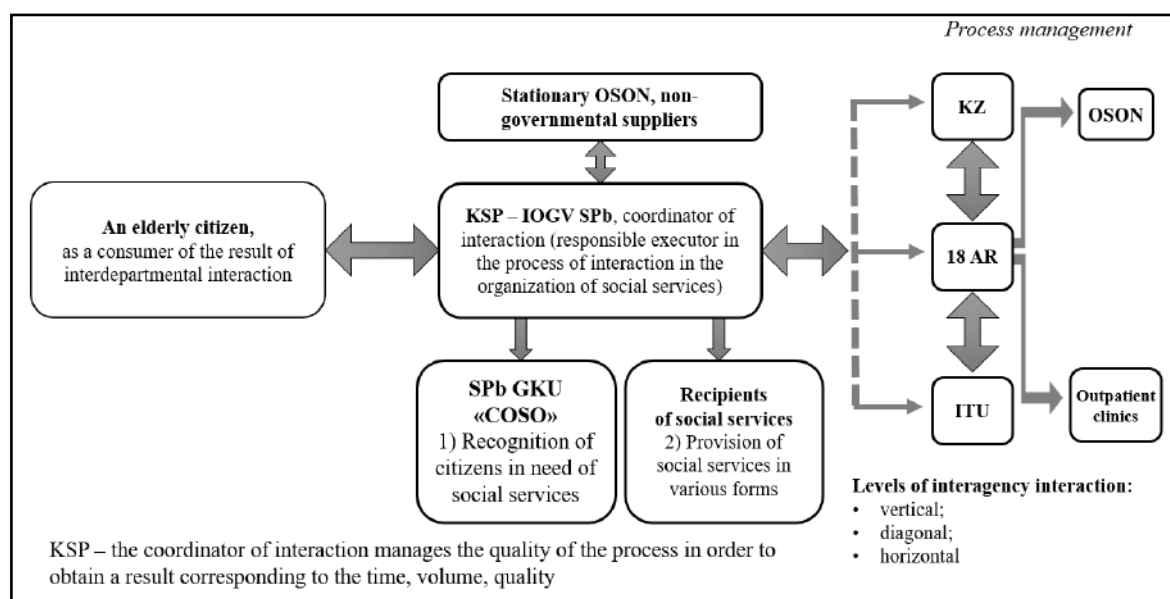


Figure 17. Management system of interdepartmental interaction in the sphere of social services for elderly citizens on the example of St. Petersburg

Source: compiled by the author

Approbation of the management system ensured interaction of different levels: vertical, horizontal, diagonal between bodies and organizations of both regional and federal subordination involved in the provision of assistance and services to elderly citizens.

The management system includes the main state structures responsible for making management decisions and regulating processes (the Committee on Social Policy (CSP), the

Committee on Health (CH), district administrations in charge of health care and social service institutions (AR)), participants (medical organizations, social service organizations (SSOs), federal bureaus of medical and social expertise (MSE)).

This management system is based on the process approach used in the client-centered model of public administration, in which human needs are put first, and all public services are built around people's needs, taking into account their characteristics. The coordinating function is performed by the St. Petersburg Committee for Social Policy.

Thus, the main directions for improving interdepartmental interaction, including during the implementation of the LCS in St. Petersburg are:

1. normative legal support of the procedure for interagency cooperation and signing of cooperation agreements between medical organizations and social service organizations.

2. technological solutions for the digitalization of the industry: defining the information system on the basis of which integration, synchronization and data transfer between departmental information bases will be carried out.

3. Creation of a balanced system of social services at home, in semi-stationary and stationary forms, including provision of social services using stationary substitution technologies. Improving the activities of existing structural subdivisions of social service organizations, taking into account specialization in the following areas: dementia prevention, cognitive disorders, post-stroke, geriatric, as well as providing the possibility of short-term release of the family from the care of an elderly citizen.

4. Professional training of personnel, including training and professional development of specialists providing social services in the field of long-term care, establishment of professional competence centers in St. Petersburg for training of trainers-teachers and improvement of regional educational programs of VET.

5. Supporting a family with an elderly person in need of long-term care. Training of relatives in care, including them in the system of LCS. Specially for this purpose, 18 schools of care and 34 rental points for technical rehabilitation equipment have been established in St. Petersburg in all districts of the city on the basis of 32 OSON.

6. Improvement of the definition of the volumes of financial support for services and the procedure for the formation of tariffs for social services. Synchronization of the processes of recognition

and provision of social services in various forms taking into account individual need (matching the demand for social services on the part of recipients of social services with the offers on the market of social service providers).

7. Involvement of non-profit and commercial organizations in the implementation of state policy in the social sphere, ensuring their access to inclusion in the Register of social service providers and to regional budget funds allocated for the provision of social services.

The priority of the state management of social policy in relation to elderly citizens was chosen precisely long-term care in the service of the elderly, subject to the provision of social services by interacting social institutions. Of the managerial decisions in the implementation of social policy in relation to senior citizens, the development of LCS in addition to the existing capabilities of regional social service systems is quite natural, taking into account the demographic aging of the population and trends in the development of social infrastructure.

The main directions of development of the system of social services for elderly citizens taking into account the implementation of the regional project «Older Generation» are the development of 18 CCOSON and the use of resource opportunities of non-state providers.

Resource opportunities for the development of the LCS on the basis of 18 KCCSON include the following areas:

1. provision of socio-medical care at home: 55 departments out of 351, 1,624 care recipients out of 46,088 recipients of home care, which is only 3.5% of the total number of home care recipients. At the same time, in 2019, at the beginning of the regional project implementation, there were № such services in state organizations;

2. provision of social rehabilitation services depending on geriatric syndromes in the semi-inpatient form of social services continues to remain at a low level of coverage: 34 out of 100 departments in the semi-inpatient form had specialization, social services were received by only 8,772 people out of 40,035 recipients in this form (22%). This is largely due to the problems of obtaining premises and budget funds for the development of such popular technologies.

3. by 2022, it was possible to form care schools and rental points for KCCSON in the structure of all CCOSON, which are mandatory elements of the formation of LCS.

The development of social infrastructure of 18 KCCSON is presented in Table 16:

Table 16

Development of social infrastructure of 18 KCCSON as of 01.01.2024

Name of offices	Number of wards/Number of seats	Number of people served
Social services at home		
Total at home, incl:	351	46088
Home social service department (HSSD)	212/-	34314

Name of offices	Number of wards/Number of seats	Number of people served
Specialized Department of Social and Medical Home Care (SOSMOD)	81/-	9797
Social and Medical Care Unit (SMCU)	55/-	1624
Mobile Social Service Brigade Unit (MSBU)	2/-	328
Gerontology home care unit	1/-	25
Semi-permanent form		
Total in semi-permanent form, incl:	100/ 1310	40035
Social and Leisure Department (SLD)	35/-	25733
Day Care Unit (DCU)	31/ 725	5530
Social Rehabilitation Unit (SRO)	34/ 585	8772
Stationary form		
Temporary stay unit (TU)	15/ 220	1135
Urgent social services		
Total urgent social services are provided, including:	102/-	166214
Schools of care	18/-	1839
Rental points for auxiliary equipment	19/-	1640
Emergency Social Services Department (SSD)	32/-	86819
Psychological Emergency Department (PED)	17/-	37716
Social canteen (OSS)	4/-	2414
Reception and Counseling Unit (RCU)	12/-	35786
TOTAL:	568/ 1530	253472
Source: compiled by the author		

A peculiarity of state organizations continues to be the high share of provision of urgent social services that do not require long-term social services and support, which is 65.6% (out of 253,472 people, 166,214 were recipients of urgent social services). Long-term social technologies require serious professional and financial resources; therefore, it is important to provide professional training

for staff and forecast budget investments, taking into account the growing number of recipients of social services in various forms of social services.

Taking into account the peculiarities of development of state providers, non-state organizations ensure a competitive environment in social services, promptly responding to the emerging demand for long-term social services. The demand for forms of social services from non-state providers of social services for 2023 is presented in Table 17:

Table 17

Demand for forms of social services from non-state social service providers, 2023

Name of indicator	Total	At home, total	Of which.			Semi-permanent form, total	Inpatient form, total	Of which.	
			home care	home health care	panic button			permanent residence	temporary residence
Number of suppliers	23	18	18	18	3	5	10	10	7
Number of people who received social services under IPPSU, persons.	7023	5176	163	2777	2236	685	1162	1050	112
Demand for forms of social services, %	100	73,7	2,3	39,6	31,8	9,8	16,5	15	1,5
Source: compiled by the author									

In 2023, 23 non-state organizations provided social services to 7023 people, of which 73.7% were served in home-based form, 16.5% - in stationary form, 9.8% - in semi-stationary form.

The analysis reflects a high demand for social and medical care at home: 2,777 people received this type of support out of 7,023 people in 18 non-governmental organizations, which is 39.6% of the total number of recipients and exceeds the capacity of 18 KCCON. At the same time, for non-state organizations, the professional level of the engaged specialists and their compliance with new professional standards remains important, which is a special condition for annual selection for subsidies to compensate for the costs of social services provided.

Summing up, it should be noted that the availability of criteria for assessing the circumstances of neediness and the system of forecasting the needs for social services, as well as the development of professional competencies identified in the results of the survey of respondents, are important

factors in the formation of a social infrastructure that includes the capacity of state and non-state providers to provide quality and accessible social services in various forms of social services, which ensures the necessary routing in the purpose of social services, as well as the development of professional competencies in the field of social services.

3.2 Mechanisms of interagency cooperation within the framework of the implementation of the long-term care system in St. Petersburg

The relevance of further development of interdepartmental interaction between health care and social services is confirmed by the new state tasks set by the President of the Russian Federation V.V. Putin in his Address to the Federal Assembly of the Russian Federation of 29.02.2024 (the list of Orders Pr - 616).

Starting from 2025, 11 new national projects have been launched, including the «Long and Active Life» project, which is aimed at improving the quality of life in Russia and developing the national healthcare system: «By 2030, life expectancy in Russia should be at least 78 years, and in the future, as we planned, we will have to reach the level of 80 plus,» the head of state said. The head of state also instructed the Russian Ministry of Labor and the subjects of the Russian Federation to bring the system of long-term care to a single high standard and to ensure maximum accessibility for those who most need such assistance, which is about half a million of our citizens. By 2030, we need to make sure that 100 percent of citizens in need of long-term care services use them and are provided with them.¹²² The implementation of measures to increase the coverage of long-term care for elderly and disabled citizens in the Russian Federation (up to 500,000 people), who are most in need of these services by 2030, will be included in the national project «Family». In addition, it is planned to introduce amendments to the Russian legislation establishing the procedure and conditions for the provision of such services, unified for all regions, defining the economic mechanism of financial support for LTC.

Analyzing the main stages of creating a professional LTC, we can note, that the social and economic consequences of the introduction of the LTC consist in the following effects: reduction of the flow to inpatient institutions; slowing down of negative processes, including age-related ones; improvement of the quality of life of citizens; relieving the burden on medical institutions; preserving the possibility for medical institutions to work; saving of money in related spheres (health care). in related spheres (health care).¹²³

¹²² Message of the President of the Russian Federation to the Federal Assembly from 29.02.2024. [Electronic resource]: Mode of access: URL: https://www.consultant.ru/document/cons_doc_LAW_471111/ (date of reference: 01.03.2024)

¹²³ Kiseleva L.S., Kolosova G.V., Semenova A.A. Creating a system of long-term care for elderly and disabled citizens in St. Petersburg: the experience of the regional project “Older Generation” / Monograph. - St. Petersburg: publishing house SPb GIPSR. 2022. - 97c.

From September 1, 2023, in all constituent entities of the Russian Federation, as part of the regional projects «Older Generation» of the national project «Demography», a federal project of the Ministry of Labor of the Russian Federation is being piloted for the creation of an LCS for elderly citizens over 65 years of age, disabled people with persistent disabilities, including those from among the participants of a special military operation.

In St. Petersburg, the implementation of the regional LCS project was carried out in 2023 in accordance with the Action Plan («roadmap») for the creation in 2023 of a system of long-term care for elderly and disabled citizens in need of care in St. Petersburg, approved by St. Petersburg Government Order №. 17-rp of 28.08.2023.

The Roadmap 2023 included 25 measures in four areas. The responsible coordinator for the Roadmap implementation was the St. Petersburg Committee for Social Policy, co-implementers: the Committee for Health Care, the Committee for Informatization and Communications, administrations of 18 districts of St. Petersburg, the St. Petersburg State Institution «Central Social Service Center», the St. Petersburg State Institution «City Information and Settlement Center» (St. Petersburg State Institution «GIRC»), the St. Petersburg State Budgetary Institution for Social Services «Integrated Center of Vasileostrovsky District», which is under the jurisdiction of the Vasil administration, and the St. Petersburg State Institution «Integrated Center of Vasileostrovsky District».

The model of LCS in St. Petersburg for 2023 was approved by the order of the Committee for Social Policy of St. Petersburg from 01.09.2023 № 2258-r.

Also, the order of the Committee for Social Policy of St. Petersburg №. 2259-r dated 01.09.2023 approved the procedure for interdepartmental interaction, including information interaction, within the framework of the LCS implementation. This procedure is implemented through the following mechanisms of interdepartmental interaction:

- from 2019 of agreements of the SCU «COSO» with medical organizations to obtain medical information for the implementation of the state service of recognizing citizens in need of social services and drawing up the IPPSU, currently 121 agreements have been concluded;

- agreements between the St. Petersburg Committee for Social Policy, the St. Petersburg Committee for Health Care and 18 district administrations of St. Petersburg to define the subject of interagency cooperation from 2021, the expansion of the areas of interaction in connection with the participation of St. Petersburg in the pilot project of the LCS in 2023 required the conclusion of new forms of agreements. On 13.06.2024 the work on updating and renegotiation of 18 tripartite agreements on cooperation from 01.06.2021 was carried out;

– agreements concluded from 2021 between social service providers and medical organizations for the provision of various types of medical assistance to social service recipients in the provision of social services, currently 34 social service organizations have concluded agreements with 87 medical organizations.

The procedure and mechanisms of interdepartmental interaction within the framework of the implementation of the LCS in St. Petersburg are presented in Figure 18.

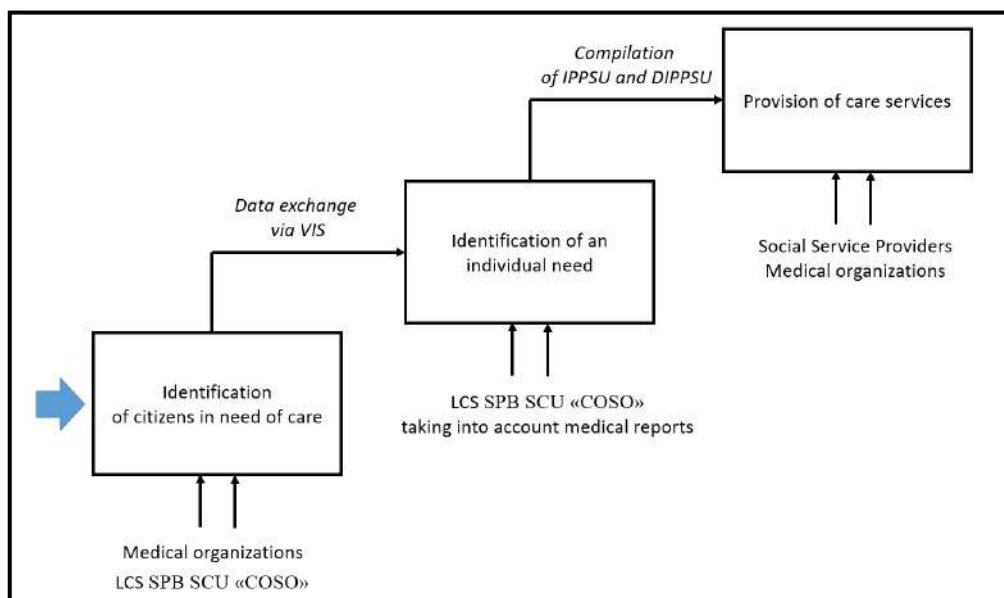


Figure 18. Procedure and mechanisms of interdepartmental interaction within the framework of the SDS implementation in St. Petersburg

Source: compiled by the author

In order to coordinate the procedure and mechanisms of interagency interaction, a Regional Coordination Center (RCC) and 17 territorial coordination centers with 50 experts trained to determine the individual needs of citizens in social services, including in the social package of the LCS, were established on the basis of the SPb GKU «COSO».

In 2023, GBUSON «KC Vasileostrovsky District» provided social care services to 400 people. For these purposes, the LCS includes 397 professional care assistants who have undergone vocational training under a special program. In 2023, 43,412.7 thousand rubles were allocated for the implementation of the pilot project, including 21,272.2 thousand rubles (49%) - federal subsidy funds, 22,140.5 thousand rubles (51%) - regional budget funds. The funds were used for the wages of care assistants taking into account the approved standard of 335 rubles per hour of care, purchase of technical rehabilitation equipment for rental centers, purchase of tablets for care assistants in order to digitally record the social services provided.

Within the framework of the LCS at the federal level, a new economic mechanism for forming the cost of the LCS social package based on the cost per hour of care has been proposed.

SPb SCU «GIRC» jointly with the St. Petersburg State Treasury Institution «Information Technology and Communications Department» carried out organizational work to create an LCS module in the automated information system «Electronic Social Register of the Population of St. Petersburg» for use by RRCs.

In 2024, work on the implementation of the pilot project of the LCS in St. Petersburg continues in accordance with the Action Plan («roadmap») for the creation in 2024 of a system of long-term care for elderly and disabled citizens in need of care in St. Petersburg, approved by St. Petersburg Government Order №. 28-rp of 29.12.2023. Four integrated social service centers (Vasileostrovsky, Moskovsky, Nevsky, Primorsky districts of St. Petersburg) provide the social package of LCS. The indicator of persons served for 2024 is 416 persons per month; 152,985.5 thousand rubles have been allocated for this purpose, of which 74,962.9 thousand rubles (49%) are federal subsidy funds and 78,022.6 thousand rubles (51%) are regional budget funds.

The indicators of the implementation of the pilot project of the SRS in St. Petersburg in 2023-2024 are presented in Table 18:

Table 18

Implementation of the pilot project of the LCS in St. Petersburg in the period 2023-2024

Period	Number of MCCSONs	Number of citizens served, persons	Number of care assistants	Total amount of funds, thousand rubles	Amount of funds from the federal budget, thousand rubles.	Amount of funds from the budget of St. Petersburg, thousand rubles.
2023	1	400	397	43 412,7	21 272,2	22 140,5
2024	4	416	413	152 985,5	78 022,6	74 962,9
Source: compiled by the author						

The main barrier to interagency cooperation between social services and health care is currently the lack of digital technological solutions for information exchange and the results of the implementation of agreements.

At the present stage in the Russian Federation in accordance with strategic documents¹²⁴ digital transformation of various sectors is taking place, including social protection and health care,

¹²⁴ Federal project "Creation of a single digital circuit in health care on the basis of a unified state information system in the field of health care (UGISZ)" of the national project "Health Care", the Concept of creation of a unified state information system in the field of health care, approved by the order of the Ministry of Health and Social Development of Russia from 28.04.2011 № 364, the Concept of digital and functional transformation of the social sphere, related to the sphere of activity of the Ministry of Labor and Social Protection of the Russian Federation, for the period up to 2025,

which has determined one of the main directions of deep reorganization and re-engineering of functional processes with the wide use of digital tools as mechanisms of process execution.

In St. Petersburg, as part of the federal project «Older Generation» of the national project «Demography», measures are being taken to organize information interdepartmental interaction between social service organizations and medical organizations and synchronization of departmental information systems (VIS).

In order to recognize a citizen in need of social services and to determine the individual need for social services, to provide social services in all forms of social services, social services require information from medical organizations containing information on the health status of the citizen and recommendations for his or her medical and social support, taking into account regulatory legal acts governing the procedure for interdepartmental interaction between social service organizations and health care¹²⁵.

In order to overcome barriers to effective interdepartmental information interaction, to ensure information exchange about recipients of social services through departmental information systems in the field of social services and health care, with the personal participation of the author, work is being carried out to cooperate with regional and federal state authorities to amend the above-mentioned regulatory legal acts providing for electronic exchange using a unified system of interdepartmental information exchange. And also on development of necessary clarifications on organization of electronic interdepartmental information interaction between health care and social service organizations when determining medical indications for provision of social services within the framework of development of state information systems of different levels.

Taking into account the results of the conducted research, the author proposes to consider the following options for the implementation of work to optimize the processes of digitalization in the social sphere:

1) Improve interagency cooperation in terms of information exchange on citizens in need of care between health care and social service organizations through existing departmental information systems (VIS).

In order to fulfill the above task it is necessary to ensure the possibility of VIS in the sphere of social services using the regional system of interdepartmental electronic interaction to send requests to the medical information system (MIS) and receive responses that will contain

approved by the Ministry of Labor and Social Protection of the Russian Federation. [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2022).

¹²⁵ Order of the Ministry of Health of Russia № 202n; Appendix № 38 of the joint order of the Ministry of Health of Russia № 345n, Ministry of Labor of Russia № 372n from 31.05.2019 "On approval of the Regulations on the organization of palliative care, including the procedure for interaction between medical organizations, social service organizations and public associations, other non-profit organizations operating in the field of health protection". [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 12.09.2022)

information about elderly and disabled citizens who need social services and medical care. The peculiarity of St. Petersburg at the present stage is the presence of a regional MIS at the customizable digital circuit of the state information system «Regional fragment of the unified state information system in the sphere of health care» (REGIZ).

In the future, it is required to conclude an agreement between the operators of information systems on information interaction, providing for the composition of information from medical organizations, necessary for the recognition of citizens in need of social services and transmitted through digital technologies (Fig. 19).

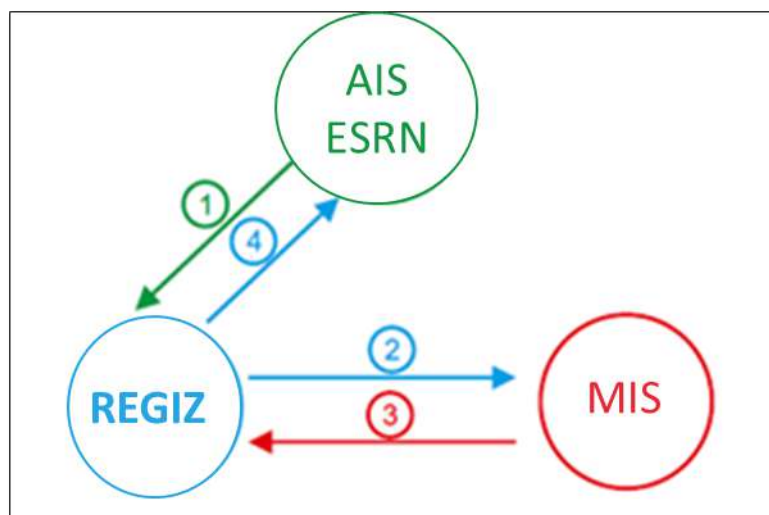


Figure 19: Automation of the process of interagency interaction between social services and health care spheres

Source: compiled by the author

In Fig. 19 the author presents the developed mechanism of sending electronic requests for information from medical organizations to social services:

1. Sending a request by the Service of Social District Officers of the SCU «COSO» through the automated information system «Electronic Social Register of the Population of St. Petersburg» (AIS ESRN) using the individual identification number SNILS to obtain a medical report to recognize a citizen in need of social services.

2. Receipt of the request by the polyclinic and completion of the medical report (in structured form) in the electronic medical record.

3. Uploading information from the medical information system (MIS) to the state information system of St. Petersburg «Regional fragment of the unified state information system in the sphere of healthcare» (REGIZ).

4. Sending a notification with the processing result to REGIS in AIS ESRN for the St. Petersburg Social Precinct Service to obtain the necessary medical information about the citizen to recognize him/her as in need of social services.

Based on the analysis of the regulatory framework and the developed mechanism of the automated process of interdepartmental interaction, the author prepared and sent proposals for amendments to the orders of the Ministry of Health of Russia and the Ministry of Labor of Russia in terms of the organization of electronic interaction between health care and social service organizations in determining medical indications for the provision of social services, which are presented in Appendix 7; Table 26.

2) Introduce the use of tablets and mobile devices in the work of care assistants in order to display the social services provided, enter them into the Register of recipients of the social package of the SRS, send information messages to the staff of medical organizations in order to respond in a timely manner to the deterioration of the state of health and adjust the package of social services.

The strategy for digital transformation of key sectors of the economy, social sphere and public administration of St. Petersburg in 2021 envisioned St. Petersburg's participation in a federal project to create a digital platform of the LCS, the purpose of which was a unified digital control of long-term care processes in the regions. Unfortunately, this federal project was excluded from the list of projects of digital transformation of the social sphere. Thus, its regulation and development can be carried out only at the expense of regional resources and regional normative legal regulation.

Due to the lack of a system for monitoring the results of the functioning of social service organizations, there are difficulties in automating the control of the direct work of line staff (care assistants) in the provision of social services, including the recording of information on the volume of services provided and the time spent on it, information on the movement and performance of the assigned route, as well as on its results of the implementation of IPPSS and social support measures in relation to the recipient of social services.

Since 2021, the author initiated a project on the basis of the State Budgetary Social Insurance Institution «KC Vasileostrovsky district of St. Petersburg». The experimental site was set up to introduce an automated system of control over the provision of social services using mobile devices with GPS-navigator and a special program.

At present, 153 social workers, 2 nurses and 58 care assistants of the State Budgetary Social Security Institution «Vasileostrovsky District of St. Petersburg» are provided with mobile devices and work in the above program.

Already now, the staff has been relieved of the need to maintain documentation manually, prepare paper weekly work assignments (work plans) for social workers, nurses and care assistants. All working documentation is done in an electronic program: preparation of draft contracts with social service recipients, acts on social services provided by the social service provider with calculation of the amount of payment, preparation of reporting documentation for the accounting department. With

the help of the automated control system it is possible to remotely transfer the task to an employee taking into account unscheduled changes (illness of another employee, appearance of a new beneficiary).

The results of using software on mobile devices show the effectiveness of leveraging alternative resources, including information resources, to address the root causes of interagency fragmentation using digital management techniques:

- Improving the professional discipline of social workers and care assistants of the experimental site;
- freeing up time for the provision of social services with increased coverage of recipients of social services;
- increasing control over the provision of social services;
- the possibility of further integration into a number of other areas of digitalization of the social sphere and interdepartmental interaction with the health care system.

Taking into account the experience of the experimental site on implementation of software for automation of social services provision processes, the author developed a proposal for replication of experience in other social service organizations and made appropriate changes to regional legislation with the possibility of using third-party information systems that ensure automation of social services provision processes and control of their provision, further transfer to the state information system.

Unfortunately, the digitalization of social service provision processes meets resistance from managers and employees of social service organizations. Currently, only two comprehensive centers of Vyborg and Moskovsky districts of St. Petersburg are considering the possibility of inclusion in this program.

Undoubtedly, overcoming such resistance to the use of new technologies and digital solutions should be carried out through continuous professional training. This dictates the need to create a continuous system of additional professional education for specialists at different levels of the social service system (senior and middle managers, line staff).

As part of the implementation of the activities of the regional project «Older Generation» from 2019, the improvement of professional education and vocational training, as well as additional professional education of specialists of social service organizations included in the emerging system of LCS, on the basis of the St. Petersburg State Autonomous Educational Institution of Higher Education «St. Petersburg State Institute of Psychology and Social Work» (SPSI) and the St. Petersburg State Budgetary Institution «GIMC «Family» is provided¹²⁶. This required the development

¹²⁶ Kolosova G.V. The experience of St. Petersburg in the implementation of measures aimed at the development of long-term care, the formation of active longevity and the growth of quality of life of senior citizens // Social work: theory, methods, practice: scientific and methodological collection; vol. 2 / Edited by M.M. Bubnova et al. - SPb.: SPb GBU "City information and methodological center 'Family', 2020. - C. 29.

, with the author's participation, of model training programs of modular type in the volume of 18, 36, 72 hours of training with the involvement of teachers in various areas: provision of social services in various forms, assessment of individual needs, features of medical care for elderly citizens, socio-medical care, basics of geriatric and psychiatric care for the elderly, psychological features of aging, features of digitalization in social services and health care. Indicators of increasing the human resource potential of the social service system in St. Petersburg in connection with the formation of the LCS are presented in Table 19:

Table 19

Indicators for increasing the human resource potential of the social service system in St. Petersburg in connection with the formation of the LCS

	Total, people.	2019	2020	2021	2022	2023	plan 2024
GIMC Family	2655	529	421	400	436	419	450
GIPSR	1047	364	122	134	126	151	150
TOTAL	3702	893	543	534	562	570	600
Source: compiled by the author							

Taking into account the completion of the regional project «Senior Generation» in 2024, it is necessary to note as a significant result: the formed system of professional retraining aimed at specialists of different levels of state and non-state providers. A total of 3,102 people have already been trained in the period from 2019 to 2024, and another 600 people will receive the necessary professional knowledge in 2024.

The relevance of the formed system of continuous training is dictated by the constantly changing standards in the social sphere. Until 01.03.2024 the professional standard «Caregiver (care assistant)» approved by the order of the Ministry of Labor of Russia from 30.07.2018 № 507n was in force. From 01.03.2024 the professional standard «Care Assistant» approved by the order of the Ministry of Labor of Russia from 31.05.2023 № 482n came into force. The changes were necessitated by the need to develop the LCS, namely, the function of care assistants includes the provision of care services with mandatory requirements to undergo professional training. This necessitated the introduction of relevant changes in the staffing tables of social service organizations, taking into account the norms stipulated by the relevant professional standards for care assistants and social workers when providing social services in various forms of social services, including in-home care by social workers and care services for persons in need of care by care assistants: taking into account the existing system of in-home social services in St. Petersburg for the citizens of St. Petersburg, the system of social services in St. Petersburg is based on the following criteria

Changes in the professional standard of a care assistant, as the main specialist in the emerging long-term care system, dictate special requirements for monitoring the staffing of the new area, given the need for mandatory training of care assistants and the implementation of procedures that comply with labor legislation. Monitoring of human resources within the framework of the implementation of the LCS pilot project is presented in Table 20:

Table 20

Monitoring of human resources within the framework of the implementation of the pilot project of the LCS

Name/date	As of 01.01.2023	As of 01.01.2024	As of 01.03.2024.
Medical nurse, pcs. unit.	319,5	303,5	305,5
Social worker, pcs. unit.	3 529,0	3 469,0	3 372,25
Caregiver (care assistant), pcs. unit.	453,0	444,5	52,0
Care assistant, pcs .unit.	130,0	243,0	741,75
Care assistant in the LCS, pcs .unit.	-	210,0	210,0
Source: compiled by the author			

Taking into account the timing of the introduction of the new professional standard, 17 KCCSON carried out timely work on structuring the job responsibilities of social workers and care assistants: 741.75 staff units included in the staff schedules of KCCSON comply with the new professional standard. Care assistants within the framework of the LCS (210 staff units) undergo mandatory training on a 36-hour program upon employment.

Thus, as mechanisms of interdepartmental interaction within the framework of the LCS implementation in St. Petersburg, given the existence of agreements between health care and social service organizations, it is necessary to develop information and technological solutions in the field of development and operation of St. Petersburg's information systems in the social sphere, including software and hardware and information protection tools that ensure the automation of monitoring processes and the possibility of integrating data on recipients of social services.

The introduction of digital technologies into the practice of social services requires a comprehensive approach, including the development of user-friendly software, its replication in the system of LCS participants, simplifying the bureaucratic procedures of paper-based document flow, the readiness of LCS participants to use new digital technologies, and the development of the necessary competencies and staff motivation.

Thus, modern requirements to the development of necessary competencies and motivation of personnel contribute to the formation of a continuous training system that provides a balance of values, culture of interaction, and digital transformation. Specialists of the social service system belong to the «helping» professions, for which traditionally the main skills were «soft» skills that contribute to the management of emotions, cognitive abilities, including social skills, including communication, resilience, cooperation. But the modern world makes high demands on the need to develop professional and digital skills, the formation of which ensures the demand for a specialist in the social labor market.

In this context, it is necessary to note a special connection between the system of professional training of industry specialists formed in St. Petersburg and the opportunities created for the presentation of technologies and practices used by specialists on the digital platform «Professional Sociotheque of St. Petersburg» (<https://sociotekaspb.homekid.ru/>), developed in 2021 with the author's personal participation.

At present, 134 personal offices of OSON have been created in the classifier of methods and technologies in the sphere of social services «Professional Sociotheque of St. Petersburg», where 1,063 practices and programs have been placed, including 399 for elderly citizens, which is 37.5% of the total number of practices, including:

- 152 methods and technologies (38.1%), in which 25.3 thousand participated, 49 methods and technologies can be implemented in a remote format, which is 32.2% of the number of methods and technologies aimed at improving the quality of life of elderly citizens;

- 138 clubs (34.6%), in which 9,800 people participated, 29 clubs can work remotely, which is 21% of the number of clubs functioning for elderly citizens;

- 66 social work programs (16.5%), in which 11.6 thousand people participated, 15 programs can be implemented in a distance format, which is 22.7% of the number of programs aimed at improving the quality of life of elderly citizens;

- 41 projects (10.3%), in which 3.7 thousand people participated, 13 projects can be realized in a remote format, which is 31.7% of the number of projects aimed at working with elderly citizens;

- 2 additional general education (general development) programs (0.5%), in which 54 people participated, one of them can be implemented in a distance format.

The total number of recipients of social services who participated in practices and programs was about 190,500 people, including about 50,500 elderly citizens, which is 26.5% of the total number.

Since 2022, a Virtual Living Room has been operating for recipients of social services, including best practices provided in St. Petersburg. The Virtual Living Room contains 92 practices, including 35 practices (38%) for elderly citizens.

The Professional Sociotheque of St. Petersburg was honored:

- in 2021 at the «Active Longevity 2021» competition, included in the 100 best practices of the Russian Federation, organized by ASI «Smarteka»,
- in 2022 by the Accounts Chamber of the Russian Federation in the contest «Practices and Initiatives of Evidence-Based Approach to Management Decision Making» was singled out in the nomination «Problem Analysis»,
- in 2023 in the «Project Olympus» competition took 2nd place in the nomination «Territory Development and Management Projects».

The professional sociotechnical library of St. Petersburg is the basis for holding, including in digital format, professional skill contests at the regional and all-Russian level, and a motivating driver for continuous education and exchange of accumulated experience of industry specialists, taking into account the implementation of new pilot projects.

3.3 Model of interagency interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot project long-term care system

The project management system established since 2015 is aimed at meeting the interests and needs of the individual through the implementation of a client-centered approach, building the activities and structure of departments, ensuring quality service delivery, maximally adapted to each person.

Improving the quality of life of each person and the level of trust of citizens, organizations and state bodies is ensured through the transformation of approaches to working with people to solve their life situations.

The new culture of public administration puts people's needs first, builds all public services around people's needs, and envisages a special role for digitalization of public administration aimed at improving public services to meet the interests of citizens.

The application of a targeted approach to the provision of social services is hampered by the lack of a legislative framework, including the problems of development of interagency regulation mechanisms. The federal legislation lists mandatory regional regulations to be adopted, including the procedure for information interaction of departmental information systems within the framework of interdepartmental interaction between OSON and health care. But, at the same time, the federal legislation does not describe a specific mechanism, a list of activities and administrative procedures for the organization of interdepartmental interaction. This leads to a situation in which regional public authorities independently develop regulations for participants of interagency interaction, which affects the diversity of organizational models and law enforcement in different regions of Russia.

It should be noted that the system of participation of Russian regions in national projects is regulated by the project office; in St. Petersburg this function is performed by the Project Office - the project office of the St. Petersburg Governor»s Administration.¹²⁷

The model of subjects of management of interdepartmental interaction in the organization of long-term care for elderly citizens in St. Petersburg, developed by the author, based on the practice and experience of the current system, paying special attention to the main functions of management.

The organizational function of distributing tasks and responsibilities among the participants of interagency interaction, establishing communication links, planning, coordinating and monitoring the implementation of tasks and goals, establishing the degree of compliance of results with expectations, adjusting actions if necessary to ensure the effectiveness of work is assigned to the regional coordination center of the long-term care system.

The planning function is carried out by the Council for Strategic Development and Project Activities, which prepares proposals on the main directions of St. Petersburg»s socio-economic policy, develops strategic plans, programs, draft goals and objectives, and determines ways and means of achieving them. The Council consists of scientists from the Russian Academy of Sciences and heads of organizations under the jurisdiction of the Russian Ministry of Health and the Russian Ministry of Science and Higher Education.¹²⁸

In addition, this structural unit is responsible for supporting the implementation of the regional project «Older Generation».

In order to improve the efficiency and coordinated actions of the participants of interagency interaction in the implementation of LCS from 2023, the LCS Coordination Center on the basis of the St. Petersburg State Institution of Social Services is integrated into the practice-oriented model of the subjects of management of interagency interaction in the organization of long-term care for elderly citizens in St. Petersburg developed by the author (Fig. 20).

¹²⁷ Resolution of the Government of St. Petersburg from 02.09.2019 № 591 "On the organization of project activities in the executive bodies of state power of St. Petersburg". [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) ((date of access: 02.08.2021)

¹²⁸ Resolution of the Governor of St. Petersburg from 23.07.2019 № 38-pg "On the Council for Strategic Development and Project Activities in St. Petersburg". [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of access: 23.12.2023)

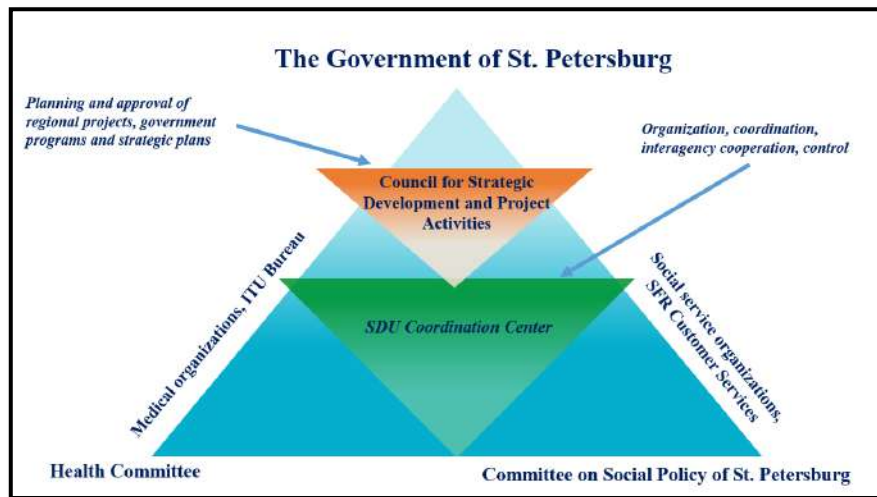


Figure 20. Model of subjects of management of interagency interaction in the organization of long-term care for elderly citizens in St. Petersburg

Source: compiled by the author

The results of the activities of the LCS coordination center and pilot project participants are entered monthly into information systems at various levels that monitor the results of the implementation of national projects, in particular the «Older Generation» project, which includes LCS indicators:

- national projects management subsystem of the state integrated information system of public finance management «Electronic Budget»;
- information system for monitoring the national projects «Demography», «Health Care», «Education», «Science» on the basis of the Center for Information Technologies and Systems of Executive Authorities;
- software and information complex of the Ministry of Labor and Social Protection of the Russian Federation, including the section «Organization of interdepartmental interaction between government authorities of the constituent entities of the Russian Federation» with a subsection «Medicine»;
- St. Petersburg state information system «Project Management Information System».

A comprehensive solution to the identified strategic barriers (organizational, financial, personnel, etc.) in the formation of the LCS is the development of a model of interagency cooperation in the field of social services for elderly citizens in the implementation of the LCS pilot project, which, based on the analysis of current problems and shortcomings in the management system, determines the key areas and stages of development.

The existing model of the LCS is already aimed at applying a proactive approach in terms of identifying citizens in need, assessing the need of elderly citizens

for a certain volume of the social package of the LCS and existing social and medical services in social care and health care. The LCS model is presented in Figure 21.

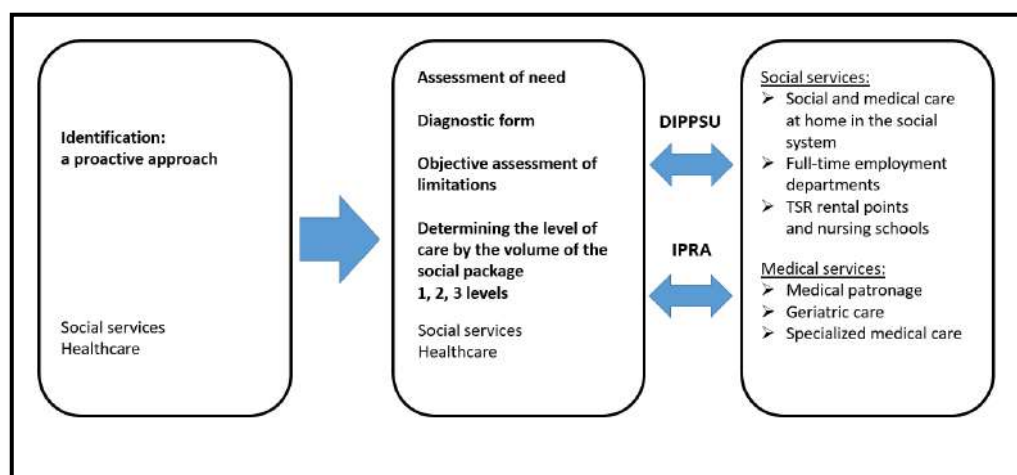


Figure 21. Model of a long-term care system

Source: compiled by the author

The development of existing and new technologies and services in social care and health care is carried out taking into account the needs of the elderly person in long-term care services, established in an addendum to the IPPSU (DIPPSU), as well as in the individual program of rehabilitation and habilitation of disabled persons (IPRA), developed jointly by health care institutions and federal institutions of medical and social expertise (MSE). The IPRA form is established at the federal level and is an interdepartmental document that defines guaranteed amounts of assistance from different spheres of activity, including health care and social services.

When creating a model of interagency cooperation in the sphere of social services for elderly citizens in the implementation of the pilot project of the LCS, it is important to take into account the needs and interests of elderly citizens, providing them with access to quality and guaranteed services, as well as the features of the LCS, which include a number of elements, the importance of which was confirmed by respondents and experts in the conducted research. Table 21 presents the 9 main elements of the LCS, indicating the existing problems and solutions.

Table 21

Challenges and solutions to LCS

№. n/a	Elements of the SRS	Problems	Solutions
1.	Identification	Lack of a system for anticipating care needs	Establishment of a monitoring and forecasting system

№. n/a	Elements of the SRS	Problems	Solutions
2.	Routing	Lack of unified routing standards	Formation of standardized lists of routes for obtaining necessary assistance
3.	Standardization of care	Lack of uniform standards of care	Establishing standards of care and monitoring of care processes and outcomes
4.	Coordination	Lack of fixed functions for the coordination of state and non-state social service providers	Establishment of the RCC. Creation of a Register of those in need of LCS
5.	Organization of interdepartmental cooperation	Lack of interagency interaction standards, interaction and communication protocols, digital exchange	Updating of NAPs of the health and social services system
6.	Staffing	Understaffing. Lack of a unified training system	Updating of professional standards, staffing standards. Establishment of a TVET system
7.	Health and social service infrastructure	Imbalance of infrastructure supply to demand	Infrastructure development. Social investment
8.	Supporting kinship care	Lack of training system	Establishment of schools of care and rental centers for TCPs
9.	Informing	Lack of awareness	Development of contact centers and digital services
Source: compiled by the author			

The problems outlined in the LCS emphasize the need to establish professional links between the regional systems of social services and health care and are relevant for the formation of an effective model of interagency cooperation in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the LCS pilot project.

Priority objects of interagency interaction management are (Fig.22):

1) the quality of bureaucratic interaction:

a) Quality of service interaction (quality of inquiries, meetings, documents, expertise, group work);

b) quality of interdepartmental coordination (including the quality of selection of participants to interdepartmental commissions and organizing committees; quality of processing of decisions made by interdepartmental working groups, councils, boards);

c) quality of the development process (quality of seminars, conferences, internships, symposia);

2) quality of digital interaction, including the quality of information exchange (quality of information environment; quality of information protection; speed of data exchange).

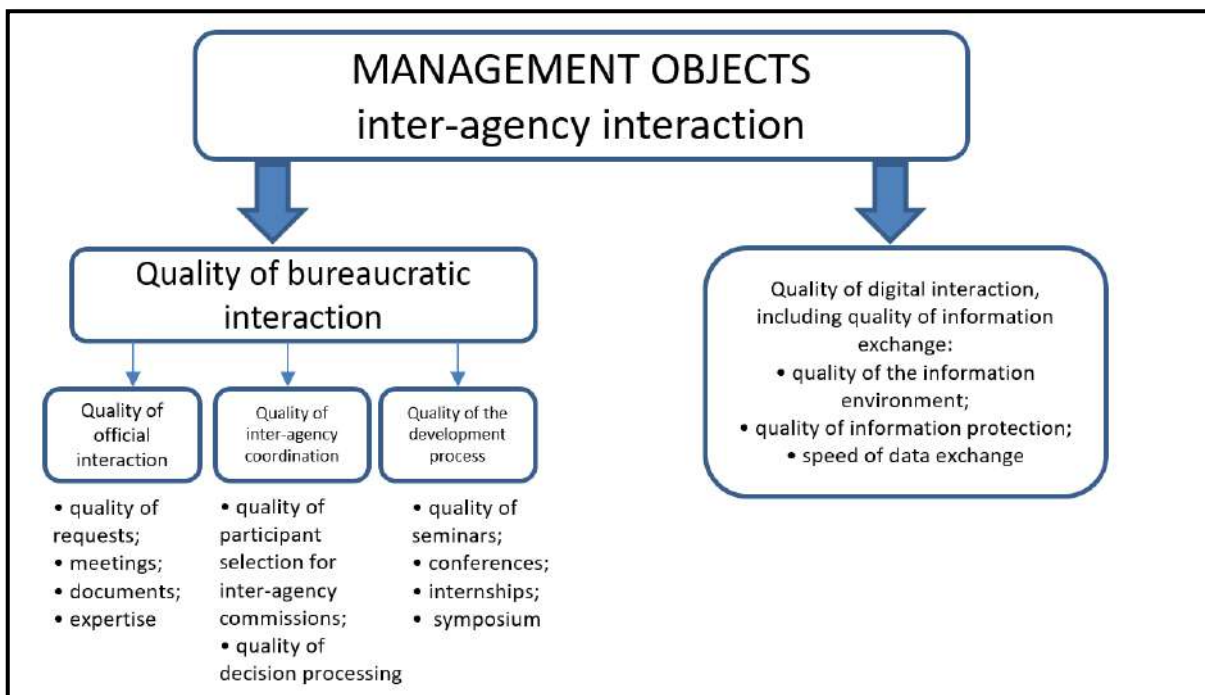


Figure 22: Objects of interagency interaction management

Source: compiled by the author

The model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the LCS pilot project is presented in Fig. 23:

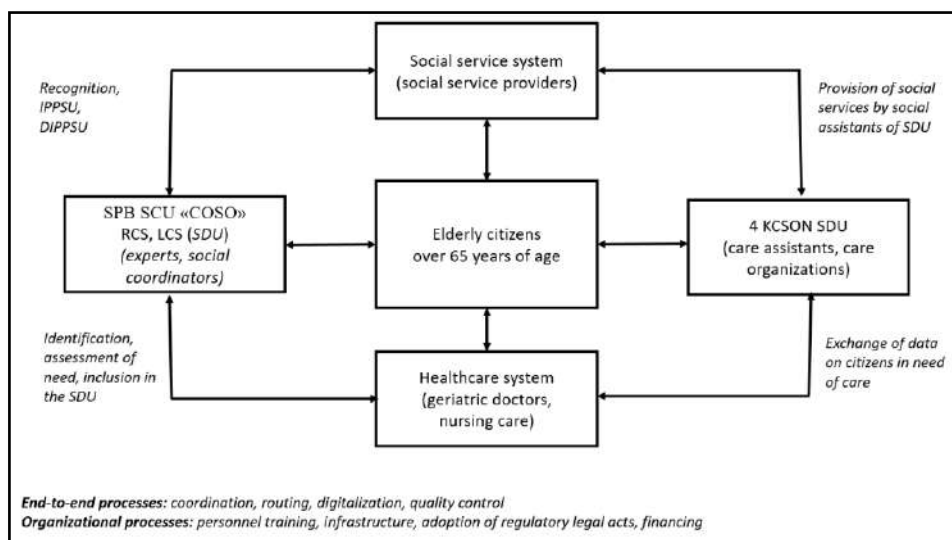


Figure 23. Model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the LCS pilot project

Source: compiled by the author

The model of interagency interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot project of the LCS includes: the organizational and functional structure of the regional level; the general scheme of interaction between state structures

and resource bases of provision in the region; organizational and cross-cutting processes of the subjects involved in the implementation of the pilot project of the LCS.

This model is built and tested on the basis of a client-oriented approach, creating an ecosystem of network interaction between social service and health care organizations around the elderly person and his or her functional problems, requiring interdisciplinary participation in their solution by specialists of the two spheres with high professional competencies. In this model, special attention is paid to the process approach in terms of performing such functions as coordination, routing, digitalization, and quality control. To perform these functions, the important organizational elements of the LCS are personnel training, infrastructure development, legal regulation, and financial support.

The system of vertical and horizontal integration ties of the two spheres is aimed at achieving the following results:

1. Ensuring that potentially needy elderly citizens are identified in a proactive manner using the following points of entry into the health care system: results of referral/signals to the outpatient clinic for comprehensive geriatric assessment, various screenings for geriatric syndromes, preventive examinations, dispensary check-ups, and specialized medical care.

- 2 Determination of an elderly citizen»s individual need for social services, including social care services, including on the basis of information from medical organizations.

3. integration of social and health care information systems.

4. organization of social services and medical care: infrastructure and unified standards.

5. Ensuring monitoring of results: the integration of information systems can realize the functions of monitoring and control over the provision of services, exchange of data on the health status and needs of elderly citizens, as well as automate the processes of recording and analyzing information to make informed decisions.

6. Provide feedback and support: maintain constant communication with the senior citizen and his/her loved ones, provide them with information, advice and necessary assistance to ensure a decent quality of life and well-being.

Building such integration links ensures the effective provision of social services and health care to older citizens, improves their quality of life and guarantees comprehensive support and care from the State.

Assessing the effectiveness of the tested model of interdepartmental interaction in the sphere of social services for elderly citizens in St. Petersburg during the implementation of the pilot project of the LCS, the following conclusions can be drawn:

1. availability of developed infrastructure in comparison with other regions of the Russian Federation of health care and social service systems, which contributes to a quick start of the pilot project of the LCS in St. Petersburg;

2. providing a management system for the social and health care tasks of the LCS pilot project;
3. organization of interdepartmental interaction through the system of agreements concluded at different levels;
4. organization of the system for improving professional competencies of specialists in the social service sector.

The strategic objective of further development of interdepartmental interaction between the two systems is the transition from analog and electronic interaction to digital interaction, which corresponds to the strategic directions in the field of digital transformation of the social sphere and health care, defined in the orders of the Government of the Russian Federation №. 842-r dated 05.04.2024 and №. 959-r dated 17.04.2024. The stages of further development of interagency cooperation in the implementation of the LCS are presented in Fig. 24.

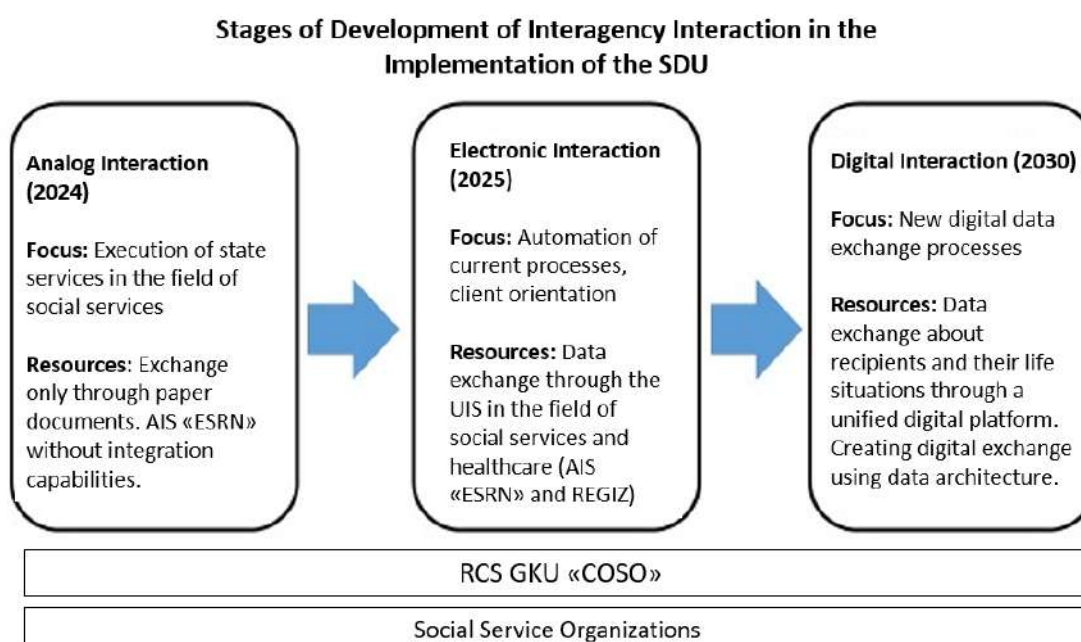


Figure 24. Stages of development of interagency cooperation in the implementation of the LCS

Source: compiled by the author

Analyzing the development of interdepartmental interaction between the systems of social services and health care in St. Petersburg during the implementation of the LCS, it can be noted that social services are the initiators of interdepartmental interaction processes, since they are the ones who are tasked with involving elderly citizens in the LCS. Accordingly, the coordinating function is currently assigned to the St. Petersburg Committee on Social Policy. Unfortunately, the passive role of the Committee for Health Care and the Committee for Informatization and Communication can be noted in these processes.

Therefore, interdepartmental interaction in St. Petersburg is predominantly analog with elements of electronic on the basis of concluded agreements. Attempts to introduce digital technologies of information exchange on citizens in need face different levels of «digital maturity» of the two systems and lack of regulatory norms in regulatory legal acts at the federal level. The health care system at the present stage has a higher level of digitalization, which is designed and implemented through a single digital system with vertical and horizontal links, providing primary health care with automated workplaces and unified software. At the same time, in social services digital development is provided at the expense of regional opportunities and technological solutions, information on the provision of social services is not integrated into the state information system «Unified Centralized Digital Platform in the Social Sphere» (UCP), which is being formed from 2024.¹²⁹

Therefore, a full-fledged professional transition to digital exchange of the two systems is possible only in the distant future, taking into account the experience of implementing new strategies in the field of digital transformation of health care and social sphere. And this is a problem not only for St. Petersburg, but practically for all regions of the Russian Federation.

In general, for effective implementation of long-term care system, indicators, evaluation of the results of the implementation of a new innovative project of SRS are necessary. The effectiveness of implementation is influenced by many factors, which are analyzed in the study:

- infrastructural orientation;
- project management system and control;
- Adaptation and resistance to innovation;
- performance evaluation system.

It is reasonable to consider socio-medical and socio-economic results of implementation as a system for assessing the effectiveness of the results of the LCS pilot project. The socio-medical results should include the assessment of individual care in social services from the point of view of reducing the burden on the health care system: a reduction in the level of hospitalization, ambulance calls, the frequency of outpatient medical care for citizens included in the LCS. As socio-economic results of investing budget funds of different levels in social services can be considered: creation of new jobs in the LCS system, keeping relatives as employed in the labor market by providing care for their loved ones, growth of additional tax revenues, reduction of regional expenditures for the creation of new places in stationary social service organizations.

¹²⁹ Resolution of the Government of the Russian Federation from 29.12.2023 № 2386 "On the state information system "Unified centralized digital platform in the social sphere" (together with "Regulations on the state information system "Unified centralized digital platform in the social sphere"). [Electronic resource]: Mode of access: URL: Consultant Plus (date of reference: 15.04.2024).

CONCLUSIONS ON CHAPTER 3.

Summarizing the analysis in Chapter 3, the following conclusions can be drawn.

Approbation of models of interdepartmental interaction of health care and social service systems remains relevant for all regions of the Russian Federation in the implementation of the federal pilot project on the formation of the LCS and further prospects for its development until 2030.

Preparation for St. Petersburg's inclusion in the federal LCS project has been carried out since 2019 within the framework of the regional project «Older Generation», taking into account the experience of providing social and medical care services in several areas: analyzing the existing infrastructure of social services and medical care for elderly citizens, identifying regional peculiarities and problems, determining ways to solve them, building the architecture of interagency interaction, taking into account the main directions and specifics of the

In St. Petersburg interdepartmental interaction at the present stage is ensured through agreements between social service and health care organizations, both at the stage of recognition of a citizen in need of social services by the State Commission for Social Services (analog interaction is supplemented by the possibilities of electronic information exchange), and when social services are provided by providers - only on the basis of paper agreements.

The level of digital exchange between the two industries is at the initial, projected stage and is hampered by the lack of regulatory framework at the federal level and the significant differences in the digital strategies of the two industries.

In addition to administrative, organizational, legal, and technological barriers, a serious obstacle to the formation of professional interagency cooperation is the level of human resources development, taking into account the current requirements of professional standards, competencies, and the level of digitalization of industries.

In St. Petersburg, it was possible to form a continuous system of professional training for social sphere specialists, model additional professional education training programs that meet modern requirements, create a digital platform for sharing professional achievements aimed at positively motivating specialists to innovations and novelties of modern legislation, and introduce mechanisms for informing participants of the LCS pilot project about the achievements of the social sphere. to positively motivate specialists to innovations and novelties of modern legislation, and to introduce mechanisms for informing participants in the pilot project of the LCS about the achievements of the social sphere.

It remains relevant for regional systems of LCS to obtain the results of the effectiveness of the implemented pilot project of LCS, including the need to assess its impact on the further development

of health care, social services, the regional labor market of the two spheres, economic and social consequences of the application of an integrated interdisciplinary approach in the implementation of the rights of elderly citizens to receive medical and social care.

CONCLUSION

The conducted sociological analysis of the management system of interdepartmental interaction in the sphere of social services for elderly citizens on the example of St. Petersburg and the fulfillment of the research objectives set in the paper provided the **following results**:

1. Theoretical research of sociological approaches has shown the significance of using the theory of social interactions in the formation of management practices, making managerial decisions in relation to the object under study: interagency interaction as an institute of social management, in determining the main subjects of interaction and links that ensure the functioning of the management system of interagency interaction as a whole. No less important is the application of the theory of communicative action, which considers the instrumental actions of the sphere of labor, aimed at achieving success, the result of which is provided by the criteria of effectiveness, and communicative actions that ensure mutual understanding of the acting actors of the designed system, their cooperation and contractual capacity, in our case - when making rational managerial decisions to achieve a common goal.

Principle approaches of sociology of management as a field of science investigating modern managerial practices, including sociological analysis of the foundations of managerial decision-making of purposeful impact on modern social processes in society, provided the theoretical and methodological basis of the conducted research.

2. The heterogeneous and multilevel relations formed between the subjects of the system of interagency interaction in social services require practical embodiment through the construction of professional communications and their development from agreements on joint actions to joint decision-making in order to integrate the subjects of interaction.

The network of social interactions of the object studied in this paper consists of social actors - bodies and organizations involved in the provision of social services and medical care for the elderly, and mechanisms of interrelationships created and developed between them. Professional communicative interactions between actors and links for the exchange of resources and results of activities in relation to the elderly are considered as links in the work.

The evolution of modern public administration in the Russian Federation envisages a transition to a client-centered approach that provides a comprehensive solution to human problems by improving process activities in order to increase the effectiveness of interaction between the state and the individual.

3. The studied foreign models of social services include mainly the insurance principle of providing long-term social care services, focus on the integration of assistance and support services in the health care and social care system through network interactions, using an integrated, solidarity approach that promotes the harmonization of legislation. For the new practice of the Russian

Federation in terms of long-term care system development, this foreign experience is relevant for legislative regulation of the new pilot system at the national level, determination of expenditures allocated for state regulation of social risks, including those related to population ageing, in the form of investments in the social sphere, rather than expenditures requiring optimization and reduction, taking into account the growing demand for social services and the need to develop infrastructure and the social labor market, including the need to

4. The study analyzes in detail the system of social services for elderly citizens of St. Petersburg and the prerequisites for its modernization in connection with the implementation of measures of the regional project «Older Generation», ensuring the development of professional networking of health care and social services from 2019 in order to achieve the indicators of the national project «Demography» on the accessibility of medical care and social services for elderly citizens, ensuring the need for synergy between the two sectors: health care and social services.

As a result of the assessment of the current market of social services and geriatric services of medical organizations for elderly citizens in St. Petersburg, taking into account the projected socio-demographic factors of population aging and life expectancy growth, the author identified problems in access to social services for elderly citizens, taking into account their functional deficits due to existing diseases in terms of informing them about their right to medical and social assistance and their subsequent inclusion in the healthcare system. Since 2019, in order to level out the existing problems, a number of management practices have been implemented in St. Petersburg with the author's personal participation: the creation and development of the service of social district officers, the conclusion of agreements with medical organizations, the introduction of a system of continuous professional training for social sphere specialists, digital services for specialists and recipients of social services.

5. The conducted empirical research has identified the existing barriers to the development of interdepartmental interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens: a) economic (lack of financial resources, peculiarities and differences in tariff formation of services of the two spheres); b) infrastructural (insufficient material and technical equipment and capacity (capacity) of social service organizations); c) personnel (low level of wages,

6. Based on the results of the empirical study, recommendations for taking the following measures aimed at the formation of effective interagency cooperation were formed:

– synchronization of normative legal acts on implementation of interdepartmental interaction of senior citizens at the federal level;

- Approval of unified regulations and standards for specialists of the two spheres, providing routing and social support for the elderly person, taking into account his/her need for medical and/or social assistance;
- formation of unified indicators of the effectiveness of interagency cooperation;
- application of technological digital solutions ensuring interdepartmental interaction of the two spheres;
- development of programs for the development of professional competencies of personnel.

7. The study presents the experience of creating a management system of interdepartmental interaction in the sphere of social services for elderly citizens on the example of St. Petersburg, necessary to ensure the interaction of bodies and organizations of both regional and federal subordination involved in the provision of assistance and services to elderly citizens, with the formation of multi-level integration links: vertical, horizontal, diagonal. The mechanism of formation of the management system contributes to improving its effectiveness in cases of assessing the quality of the formed integration links of interaction between subjects in terms of distribution of authority, responsibility, coordination, introduction of feedback mechanisms.

Approved management system based on the process approach used in the client-centered model of public administration, in which human needs are put first, all public services are built around the needs of people, taking into account their characteristics. Thus, this management system is focused on the needs of the elderly through an integrated approach that ensures timely receipt of medical care and social services.

8. The main directions for improving interdepartmental interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens include: a) normative legal support of the procedure for interdepartmental interaction at the regional level in the form of the conclusion of interdepartmental agreements on cooperation between health care organizations and social service organizations; b) development of technological solutions for digitalization: the definition of the state»s

9. The need to regulate the management system of interdepartmental interaction between health care and social service organizations during the introduction of LCS contributed to the practical implementation of the mechanisms of interdepartmental interaction developed by the author, which take into account the specifics of the stages of integration links: identification of citizens, determination of their individual needs in the amount of necessary assistance, provision of a social package of LCS, corresponding to the need, inclusion of those served in the health care system for their social services Practical mechanisms of integration ties in St. Petersburg are ensured through

the conclusion of agreements of different levels, providing for both vertical ties (public authorities) and horizontal ties (social service organizations and medical organizations). As practical management solutions, conditions have been created in St. Petersburg for the prospect of digital information exchange through the introduction of digital solutions in the activities of social service organizations and the improvement of digital competencies of staff through a system of continuous training and the formation of motivational activity.

10. The model of interagency interaction in the sphere of social services for elderly citizens in St. Petersburg developed in the course of the research during the implementation of the pilot LCS project includes: a regional organizational and functional structure; a general scheme of interaction between state structures and organizations of social services and health care; organizational and cross-cutting processes of entities involved in the implementation of the pilot LCS project.

This model is built and tested on the basis of an integrated approach, forming an ecosystem of network interaction between social service and health care organizations around the needs of the elderly person, requiring interdisciplinary participation of specialists from both sectors in their solution. In this model, special attention is paid to the process approach in terms of performing such functions as coordination, routing, digitalization, and quality control. To perform these functions, the important organizational elements of the LCS are personnel training, infrastructure development, legal regulation, and financial support.

The system of vertical and horizontal integration links of the two spheres is aimed at achieving the following results: a) identification of elderly citizens in need in a proactive way using the following entry points into the health care system: applying to a polyclinic for a comprehensive geriatric assessment, various screenings of geriatric syndromes, preventive examinations, dispensary examinations, specialized medical care; b) determination of an elderly citizen's individual need for social services; c) determination of the individual need for social assistance; d) identification of the elderly citizen's need for social services.

Building integration links of networking ensures effective provision of social services and medical care to elderly citizens, improves their quality of life and guarantees comprehensive support and care from the state.

11. The results of the conducted research have shown that the mechanisms of practical implementation of interdepartmental interaction in social service and health care organizations, including in the formation of long-term care, require not only their testing and implementation in terms of networking, but also further improvement and development in terms of digital programming of social processes and professional communications.

The goals of the development of interagency cooperation at the present stage are defined in the global digital transformation of public administration of all sectors providing assistance and services to citizens, including the elderly. The current strategies of digital development of the social sphere and healthcare, adopted by the Government of the Russian Federation in April 2024, open up opportunities for the constituent entities of the Russian Federation to build integration digital solutions that contribute to the common goal: improving the quality of life of elderly citizens with the introduction of new social technologies such as LCS.

The formation of a digital environment in public administration entails the need for changes in professional, social communications. «Digital» is being introduced into public administration with high speed, which requires the design of fast management decisions in all spheres. The development of network interactions with the use of new information technologies will contribute to the growth of effective interagency interactions and provide a common goal of two industries - health care and social services in relation to elderly citizens in need of assistance.

BIBLIOGRAPHY

1. Abchuk V.A., Borisov A.F., Vorontsov A.V. Methods of research in management: Textbook. SPb: Rostok, 2011. - 480 c.
2. Actual problems of digitalization of social services, collective monograph/edited by O.I. Borodkina, A.V. Starshinova - SPb: Skifia-print, 2021. - 232 c.
3. Arkhipova E.B., Borodkina O.I. Problems and contradictions of digital transformation of social services in Russia// Sociology of Science and Technology. - 2021. - T.12. - № 4. - C. 116-134.
4. Arkhipova, E.B.; Starshinova, A.V.; Borodkina, O.I. Factors of the development of the non-state sector of social services in the Russian regions // Society and State.-2023.- Vol. - 32.- No. 4.- P. 96-118. [Electronic resource]: Mode of access: URL: DOI: 10.17323/1811-038X-2023-32-4-96-118 (date of address 15.02.2024).
5. Arjes F. The child and family life under the Old Order. Yekaterinburg: Izd-v Ural. unta, 1999. - 416 c.
6. Bashkiriyova A.S., Baranova N.P., Bogdanova D.Yu. et al. Introduction of advanced social practices based on innovative gerontotechnologies in the system of long-term care for elderly and elderly patients // Uspekhi gerontologii. - 2021. - T. 34. -№ 4. - C. 599-608.
7. Beloborodov S.V. Raising the quality of interdepartmental interaction of executive authorities: autoref. dis....-cand. ekonom. nauki: 08.00.05. - M., 2011. - 26 c.
8. Berger P., Lukman T. Social construction of reality. Treatise on the sociology of knowledge. - Moscow: Medium. 1995. - 124 c.
9. Borisov A.F. Sociology of management: textbook for bachelors. Moscow: Academy, 2014. - 302 c.
10. Borisov A.F., Chelenkova I.Yu. Sociology of corporate governance: a monograph. - Stary Oskol, 2020. - 220 c.
11. Borodkina O.I. et al. Social investment: problems and development strategies //Terra Economicus. - 2022. - № 20 (2). - C. 99-110.
12. Borodkina O.I. Theoretical approaches and problematics of research on social activism in the field of health. In Collection: Russian society today: values, institutions, processes. Materials of the scientific conference. - St. Petersburg. - 2023. - C.78-81.
13. Vavilina Y.V., Vasilieva E.N.. Social protection and social service of the population - the leading subjects of social work at the municipal level // Modern innovative society: dynamics of formation, development priorities, modernization: economic, social, philosophical, legal, general scientific aspects: mat-lys of interdisciplinary scientific-practical conf. Part 2. - Saratov: Academy of Management, 2015. - C. 57-59.

14. Weber M. On Some Categories of Understanding Sociology // Dobrenkov V.I. (ed.) West-European Sociology of the XIX - early XX centuries: texts. Moscow: Nauka, 1996. - C. 507.
15. Weber M. Basic Sociological Concepts / Per. from German. M.I. Levina // Weber M. Selected Works. - M.: Progress, 1990. - C. 602-603.
16. Vidyasova L. A., Grigorieva I. A. Study of the possibilities of social inclusion of the elderly through interaction in the online environment (on the example of communities in the social network «VKontakte») // Journal of sociology and social network «VKontakte» in the social network «VKontakte») // Journal of Sociology and Social Anthropology. - 2018. - T. 21. - № 2. - C. 106-132.
17. Showcase of statistical data. [Electronic resource]: Mode of access: URL: <https://showdata.gks.ru> (date of reference: 13.05.2021).
18. Vishnevsky A.G. Demographic transition and the problem of demographic self-regulation. Reply to A.B. Sinelnikov // Sociological Journal. - 2019. - T. 25. - № 4. - C. 93-104.
19. Age-sex composition of the population of St. Petersburg. Statistical bulletin. Department of the Federal State Statistics Service for St. Petersburg and the Leningrad Region (PETROSTAT). [Electronic resource]: Access mode: URL: https://78.rosstat.gov.ru/storage/mediabank/14000923_Возраст-пол%20нас%20СПб%202023.pdf (date of reference: 15.02.2024).
20. Volchkova L.T., Malyshev V.A., Minina V.N. Social management: scientific reflection of a sociologist // Social management and planning: Collection of articles / St. Petersburg State University, ed. by L.T. Volchkova. - SPb: OOO Knizhny Dom», 2004. - C. 7-22.
21. Voronov A.N. Social service of family and children in the Russian Federation: problem statement // Vestnik of St. Petersburg University. Series 12: Psychology. Sociology. Pedagogy. - 2010. - № 4. - C. 300-309.
22. Vorontsova M.V., Makarov V.E. Social protection and social service of the population / edited by M.V. Vorontsova. - Moscow: Yurait Publishing House, 2021. - 330 c.
23. World report on aging and health. - World Health Organization. - 2016. - 316 c. [Electronic resource]: Mode of access: URL: https://static-0.minzdrav.gov.ru/system/attachments/attaches/000/047/769/original/Всемирный_доклад_ВОЗ_about_aging_and_health.pdf?1570458859 (date of access: 17.06.2023).
24. Galkin K. A. Features of medicalizing behavior in relation to the elderly in interactions with doctors and social workers // Humanitarian of the South of Russia. - 2023. - T. 12. - № 2(60). - C. 14-27.
25. Galkin K. A., Rassolova E. N. Modern sociological approaches to the study of innovation (critical review) // Social and Humanitarian Knowledge. - 2023. - Vol. 9. - № 4. - C. 394-405.

26. Galkin K.A. E-HEALTH and online health communities in everyday life of elderly rural residents during the pandemic // *Uspekhi gerontologii*. - 2021. - T. 34. - № 4. - C.538-544.
27. Galkin K.A. Limited space: the city during the pandemic in the representations of the elderly // *Interaction. Interview. Interpretation*. - 2021. - T.13. - № 2. - C. 27-40.
28. Galkin K.A. Assemblies of aging in different environments: application of material optics // *Sociological Review*. - 2021. - № 3. - C. 244-260.
29. Galkin K.A. Strategies of caring for the health of the elderly in the city and in rural areas. According to the materials of qualitative sociological research // *Materials V International Scientific and Practical Conference (Moscow, 22-23.06.2023)* / Ed. by V.V.Lokosov; ISEPN FNISC RAS. - M.: FNISTS RAN, 2023. - C. 146-148.
30. Global Ideas Age Watch The right of older people to health, the right to be counted. - World Health Organization. - 2018, - 16 c. [Electronic resource]: Mode of access: URL: https://rce.kg/wp-content/uploads/2018/12/HelpAge_executive_summary_final_Russianlow-res.pdf (date of reference: 23.05.2023).
31. Golubev A.G., Sidorenko A.S. Theory and practice of aging in the conditions of COVID-19 pandemic // *Uspekhi gerontologii*. - 2020. - T. 33. - № 2. - C. 397-408.
32. Golubeva E.Yu., Khabarova L.G., Soloviev A.G. Foster family as a new technology of care in the policy of active aging in remote northern territories // *Human Ecology*. - 2017. - № 11. - C. 42-46.
33. GOST R 52495-2005. National standard of the Russian Federation. Social service of the population. Terms and definitions. [Electronic resource]: Mode of access: URL: <https://legalacts.ru/doc/gost-r-52495-2005-natsionalnyi-standart-rossiiskoi-federatsii/> (date of circulation 26.05.2023).
34. Grigorieva I.A. One hundred years of transformations of social policy in Russia // *Journal of Social Policy Research in Russia*. - 2017. - № 4. - C. 497-514.
35. Grigorieva I.A., Bogdanova E.A. Concept of active aging in Europe and Russia in the face of pandemic Covid-19 // *Laboratorium: Journal of Social Research*. - 2020. - № 12 (2). - C. 187-211.
36. Grigorieva I.A., Kolosova G.V. Social interactions in the system of long-term care for the elderly // *Uspekhi gerontologii*. - 2021. - T. 34. - № 6. - C. 919-927.
37. Grigorieva I.A., Parfenova O.A.. Socially oriented NPOs and social enterprises as drivers of social service denationalization: barriers and opportunities // *The Journal of Social Policy Studies*. - 2021. - T. 19. - № 1.

38. Grigorieva I.A., Sizova I.L., Moskvina A.Yu. Social services for the elderly: the implementation of Federal Law No. 442 and further prospects // Monitoring of public opinion: Economic and social changes. - 2019. - № 4. - C. 153-172.
39. Daniels G. Application of activity theory in the conditions of interagency interaction // Cultural-historical psychology. - 2016. - T 12. - № 3. - C. 21-26.
40. Deren I.I., Samofatova K.A. Formation of the mechanism of regulation of the system of long-term care for people of older generation in Stavropol Krai of the Russian Federation. // Vestnik of the University. - 2023. - № 4. - C. 169- 178.
41. Activities of the SPB SCU «COSO». [Electronic resource]: Access mode: URL: <http://coso.ksp.gov.spb.ru/> (access date: 19.01.2022).
42. Domashova E.V., Borisov A.F. Efficiency of management of the system of social protection at the regional level // Mission of confessions. - 2019. - T. 8. - № 5 (40). - C. 565-570.
43. Doroshenko N.N. Social service in the realization of social policy of the state // Modern problems of science and education. - 2013. - № 6. - C. 979-989.
44. Eruslanova R.I. Tekhnologiya sotsial'noi sotsial'nogo servisuzhdeniya dlya zhizniia i invalidov na doma. Study guide for bachelors. 5th ed. Moscow, 2018. - 168 c.
45. The Law of St. Petersburg from 19.12.2018, No. 771-164 «On the Strategy of socio-economic development of St. Petersburg for the period up to 2035.» [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).
46. The Law of St. Petersburg from 21.12.2010 № 719-166 «On additional measures of social support of certain categories of citizens on financing the costs associated with the provision of services for social and medical care at home». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).
47. The Law of St. Petersburg from 26.12.2014 № 717-135 «On social services of the population in St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).
48. Zakharov N.L., Pokrovskaya N.N., Smetanina T.V. et al. Socio-economic analysis of innovative management of digital media communications: Monograph. - SPb.: VVM Publishing House, 2022. - 198 c.
49. Zubrilina S.B. Professional mobilization for the digitalization of social industries. Professional mobilization of social branches in the conditions of digitalization: Matls of the business program of the XV Inter. forum «Senior Generation», St. Petersburg / edited by G.V. Kolosova. - SPb.: SPb GBU «City information and methodological center 'Family'», 2022. - C. 32-34.

50. Zueva N.L. Current problems of the legislation on social service and tendencies of lawmaking. and trends in lawmaking // Vestnik of Voronezh State University. Series: Law. - 2016. - № 1 (24). - C.16-22.
51. Ivanov D.V., Asochakov Y.V., Bogomyakova E.S. Sociology: textbook/under. Ed. D.V. Ivanov. - 2nd ed., revised. and ext. - Moscow: Prospect, 2023. - 344c.
52. Keliaev V.N., Grigorieva I.A. Theory of social work. Textbook. 2nd ed., per. and supplement. - Ser. 61. Bachelor and Master. Academic course. - Moscow: Yurait, 2018. - 254 c.
53. Kiseleva L.S., Kolosova G.V., Semenova A.A. Creating a system of long-term care for elderly and disabled citizens in St. Petersburg: the experience of the regional project «Senior Generation» / Monograph. - St. Petersburg: publishing house SPb GIPSR. 2022. - 186 c.
54. Klement'ev D.S., Bubnova M.I. Economic sociology and sociology of management: the specifics of research on management processes // State management. Electronic bulletin. - 2019. - № 75. - C. 145-167.
55. Klimova S.G. Meanings and practices of denationalization of social services // Sociological Studies. - 2017. - № 2. - C. 48-56.
56. Kolosova G.V. Innovative management of social sphere in the conditions of digitalization // Sociology and Law. - 2023. - T. 15. - № 1. - C.79-87.
57. Kolosova G.V. Institutionalization of long-term care for the elderly: the experience of St. Petersburg // Social and Humanitarian Knowledge. - 2021. - Vol. 7. - № 2. - C. 194-203.
58. Kolosova G.V. Nehaev I.I. Main factors affecting the effective activity of social organizations // Sociology and Law. - 2017. - № 3 (37). - C. 6-12.
59. Kolosova G.V. Experience of St. Petersburg in the implementation of measures aimed at developing a system of long-term care for elderly citizens: a project approach // Organization and management in social work / Edited by M.G. Gildingersh, V.S. Testova. St. Petersburg: St. Petersburg State University of Economics, 2021. - C. 6-12.
60. Kolosova G.V. Experience of St. Petersburg within the framework of realization of measures aimed at the development of long-term care system, formation of active longevity and growth of life quality of senior citizens // Social work: theory, methods, practice : scientific and methodological collection; vol. 2 / Edited by M.M. Bubnova et al. - SPb.: SPb GBU «City information and methodological center 'Family', 2020. - C. 85-89.
61. Kolosova G.V. Regional aspect of the organization of interdepartmental interaction in the system of social services for elderly and disabled citizens: the experience of St. Petersburg // Social work: theory, methods, practice: scientific and methodological collection; vol. 3. / Edited by V.A. Barabokhina et al. - SPb.: SPb GBU «City information and methodological center 'Family', 2021. - C.19-48.

62. Kolosova G.V. Comparative analysis of domestic and foreign experience of effective managerial activity // *Sociology and Law*. - 2018. - № 1 (39). - C. 6-13.
63. Kolosova G.V. Transformation of social services for the elderly in St. Petersburg in the direction of organization of long-term care at home // *Vestnik NNGU. in St. Petersburg in the direction of organizing long-term care at home* // *Vestnik NNGU. Series: «Social Sciences» Nizhny Novgorod State University named after N.I. Lobachevsky*. N.I. Lobachevsky, 2022. - Vol. No. 3. - C. 159-167.
64. Kolosova G.V. Management of innovation processes in the social sphere: overcoming the resistance of personnel to innovations // *Personnel management and intellectual resources in Russia. and intellectual resources in Russia*. - 2022. - Vyp. № 5 (62). - C. 11-15.
65. Kolosova G.V., Gushchina M.R. Evaluation of the effectiveness of social district officers in St. Petersburg in the organization of social support for elderly citizens // In the collection: *The older generation of modern Russia. materials of the international scientific-practical conference*. Nizhny Novgorod, 2021. - C. 42-46.
66. *Integrated Care for the Elderly (ICOPE): Mechanism of concept realization. Recommendations for systems and services*. - World Health Organization. Geneva, 2020. - 42 c. [Electronic resource]: Mode of access: URL: <https://whodc.mednet.ru/> (date of reference: 17.06.2023).
67. *Concept of the development of social services in the Russian Federation. Organization of social service of the population: Collection of normative acts (1993-1994)*. -M., 1994. - C. 40-41.
68. Kochyan L.M. Social service and social protection as paradigms of Russian social work // *Academic notes of the Russian State Social University*. - 2013. - T. 2. - № 6. - C. 45-54.
69. Luhmann N. Forms of assistance in the process of changing social conditions / Per. from the German edition of Luhmann N. *Formen des Helfens im Wandel gesellschaftlicher Bedingungen* // *Sociological Journal*. -2000. - № 1/2. - C. 17-36.
70. *Best practices of national projects of Russia*. [Electronic resource]: Mode of access: URL: <https://xn--80aqagb0ahs.xn--80aapampemcchfmo7a3c9ehj.xn--p1ai/search?page=2#searchResults> (date of reference: 13.05.2021).
71. Lyashko S.V., Rogova A.M. Informedness of the population of St. Petersburg about the activities of social services // *Personality and Culture*. - 2018. - № 4. - C. 20-27.
72. Malofeev, I.V. *Social services in the system of social services* / 3rd ed., ster. - Moscow: Publishing and Trade Corporation «Dashkov and Co», 2020. -172 c.
73. Merton R. *Social Theory and Social Structure*. - M.: AST, AST Moscow, Guardian, 2006. - 873 c.

74. Mikhaleva A.V. Transformation of social service of elderly people in the conditions of population ageing: autoref. dis... kand. soc. nauk. - SPb, 2010. - 21 c.
75. Mishenichev K. S., Borodkina O.I. Actual problems of forming practices of long-term care for elderly people with dementia// Journal of Social Policy Research. - 2023. - T.21. - № 3. - C. 503-518.
76. Monson P. Jurgen Habermas and Modernity // Monson P. (ed.) Modern Western Sociology: Theories, Traditions, and Prospects. A. Livanova. SPb.: Notabene, 1992. - C 307-345.
77. Myshko F.G. Best regional practices in the development of social services for the elderly population // Vestnik of the Moscow University of the Ministry of Internal Affairs of Russia. - 2023. - № 3. - C.141-146. [Electronic resource]: Mode of access: URL: <https://doi.org/10.24412/2073-0454-2023-3-141-146> (date of address: 10.02.2024).
78. Navigator of social services. [Electronic resource]: Mode of access: URL: <http://coso.ksp.gov.spb.ru/navigator-socialnyh-uslug/>(date of reference: 13.05.2021).
79. North D. Institutes, Institutional Change and the Functioning of the Economy. Moscow: Fund of Economic Book «Nachala», 1997. - 180 c.
80. Noskova O.P. Volunteerism Institute as a modern form of public solidarity on the example of the All-Russian action #MYAVMESTE // Social and Humanitarian Knowledge. - 2020. - Vol. 6. - № 4 (24). - C. 368-379.
81. Ovcharenko S.A., Djurinskaya L.F., Kolosova G.V. Social and legal bases of the implementation of social protection of the population //Economics, Law, Organization and Management in social work: Collection of scientific papers, St. Petersburg, 26.01.2017. St. Petersburg: St. Petersburg State University of Economics, 2017. - C. 7-19.
82. Oganyan K.M., Kolosova G.V., Nehaev I.I. Social technologies of human resources management in social services //Management of human resources in social services and organizations of St. Petersburg: Collection of scientific papers of the annual city scientific and practical seminar, St. Petersburg, January 26, 2018 / Edited by K.M.Oganyan. St. Petersburg: St. Petersburg State University of Economics, 2018. - C. 120-122.
83. Integrated care for the elderly (ICOPE). Methodological manual. Recommendations for conducting assessments and designing person-centered care organization schemes in primary health care - World Health Organization. Geneva, 2019, - 94 p. [Electronic resource]: Mode of access: URL: <https://whodc.mednet.ru/ru/osnovnye-publikaczii/zdorove-licz-starshego-vozrasta/3231.html> (date of access: 17.06.2023).
84. Organization of the service of social district officers. [Electronic resource]: Mode of access: URL: <https://smarteka.com/practices/organizacia-sluzby-social-nyh-ucastkovyh?tab=task> (date of reference: 13.05.2021).

85. Pavlenok P.D. Social policy and social work: interrelationships in the context of renewal of the Russian society // Bulletin of the Educational and Methodological Association of Higher Education Institutions of Russia on education in the field of social work. - 2014. - № 1. - С. 5-16.
86. Pavlovskaya O.Y. Social service under new rules: problematic aspects of theory and practice // Bulletin of Voronezh State University. Series: Law. - 2019. - № 2. - С. 242-248.
87. Paramonov V.V., Paramonova V.E. Formation of the model of social policy in modern Russia // Bulletin of Peoples' Friendship University of Russia. - 2014. - № 1. - С. 21-28.
88. Parsons T. On social systems. Moscow: Academic Project, 2002. - 832 с.
89. Parsons T. On the Structure of Social Action. Moscow: Academic Project, 2000. - 880 с.
90. Parfenova O.A.. Involvement of the elderly in volunteer and civic activity as a tool to overcome social exclusion // Monitoring of public opinion: economic and social changes. - 2020. - № 4. - С. 119-135.
91. Parfenova O.A.. Care of elderly citizens in the state social services: autoref. diss. kan. sots. nauk. - St. Petersburg, 2017. - 25 с.
92. Parfenova O.A., Petukhova I.S. Competition for the care of the elderly: tactics of social services in new conditions // Monitoring of public opinion: economic and social changes. and social changes. - 2019. - № 4 (152). - С. 173-186.
93. Patyan L., Golubeva E.Y., Seman J., Trobert M.A. Risks of social exclusion in the interaction between the state and family in the system of care for the elderly // Human Ecology. - 2020. - № 1. - С. 42-49.
94. Perfilieva M.B. Personnel management as a problem of choice of management technologies // Social technologies and modern society: a collection of scientific papers in honor of the ten-year anniversary of professional scientific and pedagogical activity of the Department of Sociology of SPbSEU / Ed. by Dr. philos. sciences, prof. K.M. Ohanyan. - SPb.: SPbSEU, 2015. - С. 106-121.
95. Perfilieva M.B., Vorontsov A.V., Malyavin S.N. Modern research problems of sociology// Izvestia Saratov University. New series: Sociology. Politology. - 2023. - Т. 23. - № 3. - С 244-249.
96. Resolution of the Government of the Russian Federation from 15.04.2014 № 296 «On approval of the state program of the Russian Federation ‘Social support of citizens’. [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).
97. Resolution of the Government of the Russian Federation from 29.12.2023 № 2386 «On the state information system ‘Unified centralized digital platform in the social sphere’ (together

with the 'Regulations on the state information system 'Unified centralized digital platform in the social sphere»). [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.02.2024).

98. Resolution of the Government of St. Petersburg of 11.06.2024 No. 459 «On the Draft Law of St. Petersburg «On Amendments to the Law of St. Petersburg «On social services of the population in St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 20.06.2024).

99. Resolution of the Government of St. Petersburg from 23.06.2014 № 497 «On the State Program of St. Petersburg «Social Support of Citizens in St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

100. Resolution of the Government of St. Petersburg from 02.09.2019 № 591 «On the organization of project activities in the executive bodies of state power of St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of access: 12.09.2023).

101. Resolution of the Government of St. Petersburg from 29.12.2014 № 1289 «On approval of the Regulations of interdepartmental interaction of executive bodies of state power of St. Petersburg in connection with the implementation of the powers of St. Petersburg in the sphere of social services of the population». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

102. Resolution of the Government of St. Petersburg from 29.12.2014 № 1290 «On the Procedure for interdepartmental interaction of executive bodies of state power of St. Petersburg in the provision of social services and social support.» [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of access: 12.09.2023).

103. Resolution of the Government of St. Petersburg from 30.06.2014 № 553 «On the state program of St. Petersburg «Health Care Development in St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 12.09.2023).

104. Order of the Russian Ministry of Labor of 10.11.2014, No. 874-n «On the sample form of the agreement on the provision of social services, as well as on the form of IPPSU». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 12.09.2023).

105. Order of the Ministry of Labor of Russia from 29.09.2020 № 667 «On the implementation in certain subjects of the Russian Federation in 2021 Model Model system of long-term care for elderly citizens and disabled people in need of extraneous care». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 15.06.2022).

106. Professional library of the social service worker. - 2022. - № 4. - 257 c. [Electronic resource]: Mode of access: URL: <https://lib.rucont.ru/efd/744001> (date of reference: 09.10.2023).

107. Order of the Committee for Social Policy of St. Petersburg from 07.09.2021 No. 2563-r «On Approval of the Regulations of the St. Petersburg State Institution ‘Center for Social Service Organization’, subordinate to the Committee for Social Policy of St. Petersburg, for the provision of services on the recognition of citizens in need of social services and drawing up an individual program for the provision of social services». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

108. Order of the Committee for Social Policy of St. Petersburg from 12.04.2021 № 853-r «On creation of an interdepartmental working group on the development in 2021 of normative legal acts for the implementation from 2022 of the system of long-term care in St. Petersburg». in St. Petersburg of the system of long-term care for elderly citizens and invalids.» [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

109. Order of the Committee for Social Policy of St. Petersburg from 11.05.2021 № 1309-r «On the formation of St. Petersburg State Budgetary Institution ‘City Information and Methodological Center’ Family» Classifier of methods and technologies in the field of social services «Professional sociotechnology of St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

110. Order of the Committee for Social Policy of St. Petersburg from 26.04.2018 № 235-r (as amended by the order of 28.07.2020) «On the organization and use of the work of volunteers (volunteers) in state institutions of social services of St. Petersburg». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

111. Order of the Committee for Social Policy of St. Petersburg from 09.12.2020 № 2950-r «On approval of tariffs for social services provided by providers of social services in St. Petersburg for 2021». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

112. Order of the Government of the Russian Federation from 05.02.2016 № 164-r «On approval of the Strategy of actions in the interests of citizens of the older generation in the Russian Federation until 2025». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

113. Order of the Government of the Russian Federation from 05.04.2024 № 842-r «On approval of the strategic direction in the field of digital transformation of the social sphere, related to the sphere of activity of the Ministry of Labor and Social Protection of the Russian Federation, for the period up to 20230». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 25.04.2024).

114. Order of the Government of the Russian Federation from 17.04.2024 № 959-r «On approval of the strategic direction in the field of digital transformation of health care.» [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2024).

115. Order of the Government of the Russian Federation from 20.02.2021 № 431-r «On approval of the Concept of digital and functional transformation of the social sphere, related to the sphere of activity of the Ministry of Labor and Social Protection of the Russian Federation, for the period of time up to 2025». up to 2025.» [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2023).

116. Order of the Government of the Russian Federation from 25.09.2017 № 2039-r approved the Strategy for improving financial literacy in the Russian Federation for 2017-2023. [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

117. Order of the Government of the Russian Federation from 29.11.2016, № 2539-r «On approval of the action plan for 2016-2020 on the implementation of the first stage of the Strategy of Actions in the interests of citizens of the older generation in the Russian Federation until 2025». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 17.05.2022).

118. Rozhdestvensky A.V. Gosudarstvennoe regulirovanie sotsial'noi sfery [State regulation of the social sphere]. Cheboksary: Izdvo Chuvash. un-ta, 2009. - 231 c.

119. Russian encyclopedia of social work / ed. by E.I. Holostova .- 4th ed. - Moscow: ITC Dashkov & K, 2019. - 1032 c. [Electronic resource]: Mode of access: URL: <https://lib.rucont.ru/efd/689431> (date of address: 09.05.2024).

120. Sadykov R.M., Bolshakova N.L., Hamadeeva R.Kh. Social service of the population in the conditions of its modernization: theoretical aspects //Vestnik Universitet. -№ 3. - 2021. - C. 156-161.

121. St. Petersburg state budgetary institution «City information and methodological center 'Family'. [Electronic resource]: Access mode: URL: homekid.ru (date of reference: 13.05.2021).

122. St. Petersburg State Institution «Center for the Organization of Social Services». [Electronic resource]: Access mode: URL: <http://coso.ksp.gov.spb.ru/> (access date: 13.05.2021).

123. Saraliev Z.H. Role of the family in ezhinstitutional interaction. In Sb.: Interaction of the family with other social institutions as an opportunity to overcome socio-cultural threats in Russia. Materials of the Interregional Scientific and Practical Conference. Publisher: Ind. entrepreneur V.S.Afanasiev. Saransk, 2020. - C. 1-4.

124. Saraliev Z.H., Petrova I.E. The elderly in ossian non-state social work // The Journal of Social Policy Studies. - 2018. - T. 16. - № 11. - C. 95-108.

125. Selezneva E.V. et al. Integration of medical and social services for the elderly in Russia: successes and barriers // *Voprosy gosudarstvennyi i unitsipalnogo upravleniya*. - 2022. - № 1. - C.148-169.
126. Sergeeva O.V. Sociology of aging and age inequality (review of Western concepts) // *Vestnik Volgogradskogo Gosudarstva Unsta. Series 7, Philosophy*. - 2012. - № 2 (17). - C. 74-79.
127. Skokova Yu.A., Rybnikova M.A. Size of the non-profit sector in the regions of Russia: factors of differences // *Journal of Sociology and Social Anthropology*. in the regions of Russia: factors of differences // *Journal of Sociology and Social Anthropology*. - 2022.- № 25 (1). - C. 70-102. [Electronic resource]: Mode of access: URL: <https://doi.org/10.31119/jssa.2022.25.1.3> (date of reference: 09.10.2023).
128. Soloviev A.K. Pensioner in the digital society / *Digital society - a new format of social reality: structures, processes and development trends: materials of the All-Russian scientific conf. XIV Kovalev Readings, November 12-14, 2020*. - C. 97-98.
129. Sorvina A.S. Social work as a mechanism for the realization of social cohesion // *Otechestvennyi zhurnal sotsial'noi rabotnosti [Fatherland Journal of Social Work]*. - 2010. - № 1. - C. 27-32.
130. Social interaction in the system of social work: a textbook for universities / Under the general editorship of Prof. Z.H. Saralieva. N. Novgorod, 2011. - 410 c.
131. Social security for social justice and fair globalization. Periodic discussion of social protection (social security) in accordance with the ILO Declaration on Social Justice for a Fair Globalization, 201. [Electronic resource]: Mode of access: URL:https://www.ilo.org/wcmsp5/groups/public/ed_norm/relconf/documents/meetingdocument/wcms_154242.pdf (date of access: 15.08.2021).
132. Social entrepreneurship and investment: from theory to practice, collective monograph / edited by O.I. Borodkina, A.V. Starshinova. - SPb.: Skifia-Print, 2020.- 350 p.
133. Sociology of management. Textbook for Bachelors / ed. by Prof. A.F.Borisov. - Moscow: Academy, 2014. - 388 c.
134. Titor S.E., Myshko F.G. Modern forms of service provision in the field of long-term care for elderly and disabled citizens // *Vestnik of the Moscow University of the Ministry of Internal Affairs of Russia*. - 2023. - № 2. - P.208-213// URL: <https://doi.org/10.24412/2073-0454-2023-2-208-213> (date of address: 10.02.2024).
135. Tikhonov A.V. Sociology of management: fundamental and applied knowledge. - Moscow: Kanon+ ROOI Rehabilitation, 2014. - 560 c.
136. Topchiy L.V. Social service of the population: values, theory, practice. - Moscow: RGSU Publishing House, 2012. - 322 c.

137. Decree of the President of the Russian Federation from 09.11.2022 № 809 “On Approval of the Fundamentals of State Policy on Preservation and Strengthening of Traditional Russian Spiritual and Moral Values.” [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 24.10.2023).

138. Decree of the President of the Russian Federation from 12.06.2024 № 482 «On some issues of the Administration of the President of the Russian Federation». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 15.06.2024).

139. Decree of the President of the Russian Federation from 07.05.2018 № 204 «On national goals and strategic objectives of the development of the Russian Federation for the period until 2024». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

140. Decree of the President of the Russian Federation from 09.10.2007 № 1351 «On approval of the Concept of demographic policy of the Russian Federation for the period up to 2025». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

141. Decree of the President of the Russian Federation from 21.07.2020 № 474 «On the national development goals of the Russian Federation for the period up to 2030». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

142. Care according to the rules. Schools of kinship care are being created in the country. Review by Y. Ilyina /Argumenty i fakty. 09.04.2021. [Electronic resource]: Access mode: URL: https://spb.aif.ru/?utm_source=fed.aif&utm_medium=redirect&utm_campaign=spb. (date of reference: 21.01.2022).

143. Federal law from 02.08.1995 № 122-FZ «On social services for citizens of elderly age and disabled people» (lost value by the introduction of the Federal Law from December 28, 2013 № 442-FZ «On the basis of social services for citizens in the Russian Federation»). [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

144. Federal Law No. 60-FZ of 18.03.2020 «On Amendments to Articles 2 and 31.4 of the Federal Law «On Non-Profit Organizations». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

145. Federal Law of 22.08.2004 № 122-FZ «On Amendments to the Legislative Acts of the Russian Federation and Recognition of some legislative acts of the Russian Federation as invalid». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

146. Federal Law of 28.12.2013 № 442-FZ «On the basis of social services for citizens in the Russian Federation». [Electronic resource]: Mode of access: URL: Consultant Plus (consultant.ru) (date of reference: 02.08.2021).

147. Federal project «Senior Generation». Ministry of Labor of Russia. [Electronic resource]: Mode of access: URL: <https://mintrud.gov.ru/ministry/programms/demography/3> (date of reference: 21.08.2021).

148. Firsov M.V., Namestnikova I.V., Studenova E.G. Subject space of social work as a basis for the profile of the educational program: implementation of the joint project of the European program TEMPUS «TUNING RUSSIA» // Vestnik of Moscow State Regional University. - 2012. - № 2. - C. 118-126.

149. Firsov M.V., Saralieva Z.H., Sudin S.A. et al. Fundamentals of clinical gerontological social work. Study guide. N. Novgorod, Izd vo NISOC, 2020. - 189 c.

150. Habermas Y. Moral Consciousness and Communicative Action: per. with German. SPb.: Nauka, 2000. - 378 c.

151. Habermas J. The relationship between the system and the lifeworld in late capitalism // Thesis. - 1993. - Vol. 2. - C. 123-136.

152. Holostova E.I., Malofeev I.V. The system of social service of the population: historical excursion and modern view: a monograph. - Moscow: Publishing and Trading Corporation «Dashkov and K», 2016. - 368 c.

153. Holostova, E.I. The system of social service of the population: historical excursion and modern view : a monograph / I.V. Malofeev; E.I. Holostova .- Moscow : ITC «Dashkov and K», 2017 . - 368 c. - Bibliogr.: p. 363-366. // URL: <https://lib.rucont.ru/efd/689174> (date of reference: 09.07.2024).

154. Cheltsova M.G. Social service as an institute of social security law // Interexpo Geo-Siberia. - 2015. - T. 6. - №. 1. [Electronic resource]: Mode of access: URL: <https://cyberleninka.ru/article/n/sotsialnoe-obsluzhivanie-kak-institut-prava-sotsialnogo-obespecheniya/viewer> (date of reference: 12.07.2021).

155. Cherkasskaya G.V. Research of the theoretical foundations of the organization of management of the social protection system // Otechestvennyi zhurnal sotsial'noi rabotnogo zhurnal sotsial'noi rabotnosti. - 2014. - № 1. - C. 11-42.

156. Population of the Russian Federation by municipalities // Federal State Statistics Service. [Electronic resource]: Mode of access: URL: <https://rosstat.gov.ru/compendium/document/13282?print=1> (date of reference: 02.06.2021).

157. What will happen to the project of the long-term care system - commented by the Ministry of Labor and the BF «Old Age in Joy». [Electronic resource]: Mode of access: URL:

<https://www.miloserdie.ru/news/chto-budet-s-proektom-sistemy-dolgovremennogo-uhoda-kommentiruyut-mintrud-i-razrabotchiki/> (date of access: 18.03.2021).

158. Care Economy. Review of international practices and Russia's experience. Department of Multilateral Economic Cooperation of the Ministry of Economic Development of Russia. [Electronic resource]: Mode of access: URL: <https://yandex.ru/search/?text=Экономика+care+Review+of+International+practices+and+Russia's+experience&lr=2&clid=2261452&win=425> (date of access: 21.01.2022).

159. Yakimets V.N., Nikovskaya L.I. Support for social entrepreneurship: evaluation of mechanisms and rating of Russian regions // Sociological studies. - 2019. - № 5. - С. 99-109.

160. Yarskaya-Smirnova E.R., Bodrova O.A. Models of legitimization of non-profit organizations as providers of social services // Journal of Sociology and Social Anthropology. - 2021. - Т. 24. - № 1. - С. 45-78.

161. Active Ageing: A Policy Framework. Geneva: World Health Organization, 2002.

162. Abrams L.S., Dettlaff A.J. Voices from the frontlines: Social workers confront the COVID-19 pandemic // Social work. – 2020. – № 65 (3). – P. 302-305.

163. Alber J. A framework for the comparative study of social services // Journal of European Social Policy. – 1995. – 5 (2). – P. 131-149.

164. Allen&Clark. What works to achieve effective collaboration between community organisations: A literature review. Wellington, New Zealand: Allen&Clark Policy and Regulatory Specialist Ltd. 2010.

165. Anttonen A., Sipilä J. European social care services: is it possible to identify models? // Journal of European social policy. – 1996. – № 6 (2). – P. 87-100.

166. Anttonen A., Baldock J., Sipilä J. (Eds.). The young, the old, and the state: social care systems in five industrial nations. Edward Elgar Publishing. 2003.

167. Ariaans M., Linden P., Wendt C. Worlds of long-term care: A typology of OECD countries // Health Policy. – 2021. – № 125 (5). – P. 609-617.

168. Belso-Martínez J.A., Mas-Tur A., Sánchez M., López-Sánchez M. J. The COVID-19 response system and collective social service provision. Strategic network dimensions and proximity considerations // Service Business. 2020. № 14 (3). P. 387-411.

169. BEPA – Bureau of European Policy Advisers. Empowering People, Driving Change. Social Innovation in the European Union. Luxembourg: Publications Office of the European Union. 2011.

170. Borodkina O.I. Starshinova A.V. Social investment as a trend of modern social policy (the case of russia) // International conference on social science studies (ICONSOS) Istanbul, Turkey, 25–28.08. 2022.– ISRES Publishing. – 2023.– P.377-382 (дата обращения: 09.10.2023).

171. Burns, T., and Stalker, G.M. *The Management of Innovation*, London, 1961.
172. Compston H. (Ed.). *Handbook of Public Policy in Europe: Britain, France and Germany*. Springer, 2004.
173. Cooper M., Evans Y., Pybis J. Interagency collaboration in children and young people's mental health: A systematic review of outcomes, facilitating factors and inhibiting factors. // *Child: Care, Health and Development*. – 2016. – № 42 (3). – P. 325-342.
174. Curry N., Schlepper L., Hemmings N. What can England learn from the long-term care system in Germany? *Research Report*. 2019. Retrieved from <https://www.nuffieldtrust.org.uk/research/what-can-england-learn-from-the-long-term-care-system-in-germany> (Accessed August 03, 2021).
175. Daniels H. Activity theory, discourse and Bernstein // *Educational Review*. – 2004. – № 56 (2). – P. 121-132.
176. Dimian G.C., Barbu A. Public services-key factor to quality of life // *Management & Marketing*. – 2012. – № 7 (1). – P. 151.
177. Doty P. Long-term care in international perspective // *Health Care Financing Review*. 1988 (Suppl). – P. 145.
178. EC-European Commission (2010), *Second Biennial Report on Social Services of General Interest*. Commission Staff Working Document, SEC (2010) 1284 final, Brussels.
179. Engeström Y. *Innovative Learning in Work Teams: Analysing cycles of Knowledge creation in Practice // Perspectives on Activity Theory*. Cambridge: Cambridge University Press. – 1999.
180. Engeström Y. et al. When the center does not hold: the importance of knotworking. In: S.Chaiklin et al. (eds.). *Activity Theory and Social Practice*. M.Hedegaard, U.Jensen, Aarhus University Press. – 1999.
181. Esping-Andersen G. *The three worlds of welfare capitalism*. Princeton University Press. 1990.
182. *European Social Services: A map of characteristics and trends* / prep. by Brian Munday / University of Kent, Council of Europe. – 2003. – 21 p.
183. Furceri D., Pizzuto P. The rise in inequality after pandemics: can fiscal support play a mitigating role? // *IMF Working Papers*. – 2021. – № 120.
184. Grace M., Coventry L., Batterham D. The role of inter- agency collaboration in «joined-up» case management // *Journal of Interprofessional Care*. – 2012. – № 26 (2). p. 141-149.
185. Grigoryeva I., Sidorenko A. Eldercare in transition(S): The special case of Russia // *International Journal of Care and Caring*. – 2019. – № 3 (1). – P. 59-73.

186. Hemerijck A. Stress-testing the new welfare state. The politics of the new welfare state. – 2012. – P. 68-90.
187. Hetemaa T., Kannisto R., Knappe N. et al. Social welfare and health care services in Finland 2019: Expert evaluation. – 2021. // URL:https://www.julkari.fi/bitstream/handle/10024/142741/URN_ISBN_978-952-343-684-8.pdf?sequence=1&isAllowed=y (дата обращения 21.01.2022).
188. Holman D., Walker A. Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses // *European Journal of Ageing*. – 2021. – № 18. P. 239-255.
189. Howe D. A brief introduction to social work theory. Macmillan International Higher Education. 2009.
190. Hsu A.T., Lane N.E., Sinha S.K. et al. Report: Understanding the impact of COVID-19 on residents of Canada's long-term care homes – ongoing challenges and policy responses. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 10 May, 2020.
191. Hutchins S.S., Truman B.I., Merlin T.L., Redd S.C. Protecting vulnerable populations from pandemic influenza in the United States: a strategic imperative // *American journal of public health*. – 2009. – № 99. – Suppl 2. – P. S243-S248.
192. Ingram P. Changing the rules: Interests, Organizations, and Institutional Change in the U.S. Hospitality Industry // *The New Institutionalism in Sociology* / Ed. by M.C.Brinton, V.Nee. N.Y.: Russel Sage Foundation, 1998. – P. 258.
193. Jones A.L., Dwyer L.L., Bercovitz A.R., Strahan G.W. The National Nursing Home Survey. National Center for Health Statistics. Vital and Health Statistics. 2019.
194. Kallioma-Puha L., Kangas O. ESPN Thematic Report on Challenges in long-term care: Finland. 2018.
195. Kenworthy L. Do social-welfare policies reduce poverty? A cross-national assessment // *Social Forces*. – 1999. – № 77 (3). – P. 1119-1139.
196. Lakner C., Yonzan N., Mahler D.G. et al. Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021. World Bank Data Blog. 2021.
197. Long-term care in ageing societies – challenges and policy options. Commission staff working document. European Commission, 2013.
198. Mac-Seing M., Rocha de Oliveira R. Health inequities and technological solutions during the first waves of the COVID-19 pandemic in high-income countries // *Global Health Promotion*. – 2021. – Vol. 28, – № 2. – P. 67-71.
199. Martinelli F. Social services, welfare states and places: an overview. In: Martinelli F., Anttonen A., Mätzke M. (Eds). *Social Services Disrupted: Changes, Challenges and Policy Implications for Europe in Times of Austerity*. Publisher: Edward Elgar. – 2017. – P. 11-48.

200. Meigal A., Korzun D. et al. Ambient Intelligence At-Home Laboratory for Human Everyday Life // *International Journal of Embedded and Real-Time Communication Systems*. – Vol. 10. – April-June 2019.
201. Morgan S., Pullon S., Garrett S. et al. Interagency collaborative care for young people with complex needs: front-line staff perspectives // *Health & Social Care in the Community*. 2018.
202. Neergaard U., Nielsen R. (Eds.) *European Legal Method: Towards a New European Legal Realism?* Djøf Forlag. – 2013. // URL:<http://libsearch.cbs.dk/primolibweb/action/diDisplay.do?docId=CBS01000614164&vid=CBS&afterPDS=true> (дата обращения 21.01.2022).
203. NHS Digital. *Adult social care activity and finance report, England 2016-2017*. – 2017. // URL:<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report> (дата обращения: 21.01.2022).
204. Nigam Shalu. *COVID-19, Lockdown and Violence against Women in Homes*. April 28, 2020. Available at SSRN: <https://ssrn.com/abstract=3587399> or URL: <http://dx.doi.org/10.2139/ssrn.3587399> (дата обращения: 21.01.2022).
205. OECD. *Can Social Protection Be an Engine for Inclusive Growth?* Development Centre Studies, OECD Publishing, Paris, 2019. <https://doi.org/10.1787/9d95b5d0-en>.
206. OECD. *Workforce and safety in long-term care during the COVID-19 pandemic*. OECD Publishing, 2020.
207. OECD. *Social spending (indicator)*. Accessed August 03, 2021. OECD Publishing, 2021.
208. *Political Declaration and Madrid International Plan of Action on Aging*. Second World Assembly on Aging. Madrid. Spain. April 8-12, 2002.
209. *Public policies for social and solidarity economy. Assessing progress in seven countries*. ILO/ International Labour Office. – Geneva: ILO, 2017. //URL: https://www.ilo.org/wcmsp5/groups/public/ed_emp/emp_ent/coop/documents/publication/wcms_582778.pdf (дата обращения: 15.08. 2021).
210. *Regional Implementation Strategy for the Madrid International Plan of Action on Ageing*. UNECE Ministerial Conference on Ageing. Berlin. Germany. September 11-13, 2002.
211. Ringel J.S., Schultz D., Mendelsohn J. et al. *Improving child welfare outcomes: balancing investments in prevention and treatment* // *Rand Health Quarterly*. – 2018. – № 7 (4).
212. Salamon L.M., Skokova Y., Krasnopolskaya I. *Subnational Variations in Civil Society Development: The Surprising Case of Russia*. *Nonprofit and Voluntary Sector Quarterly* // *Nonprofit & voluntary sector quarterly*. Sage Publications – 2020. – № 49(5). – P. 1058–1081. [Электронный ресурс]: Режим доступа: URL: <https://doi.org/10.1177/0899764020914400> (дата обращения 20.03.2024).

213. Selznick P. *The Moral Commonwealth: Social Theory and the Promise of Community*. Berkley: University of California Press, 1994.
214. Sipilä J. (ed.). *Social care services: the key to the Scandinavian welfare model*. – Routledge, 2019.
215. Sirovátka T., Greve B. Social services and the public sector. In: Greve B., Sirovátka T. (eds). *Innovation in Social Services. The Public–Private Mix in Service Provision, Fiscal Policy and Employment*. Aldershot: Ashgate, – 2014. – P. 9-20.
216. Starshinova A., Borodkina O. Russian social services' system transformation risks in the face of uncertainty. // *Globalization and Transformation of World Order*. Delhi. – 2023. – С. 93-108.
217. The challenging roles of informal carers // *UNECE Policy Brief on Ageing*. – № 22 (September 2019). – 20 p. //URL: https://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE_WG1_31 (дата обращения: 21.01.2022).
218. Tsai J., Wilson M. COVID-19: a potential public health problem for homeless populations // *The Lancet Public Health*. – 2020. Vol. 5. – № 4. – P. 186-187.
219. Yamada M., Arai H. Long-term care system in Japan // *Annals of Geriatric Medicine and Research*. – 2020. – Vol. 24.– № 3. – P. 174.

APPENDICES

Annex 1

Research Program.

Aims and objectives of the study

The main goal of the study was to examine the existing practices of interagency cooperation in the implementation of elements of the long-term care system in different types of social service organizations and to analyze the problems that arise on the way to the implementation of these practices.

In order to achieve this goal, a number of general and specific objectives need to be addressed.

As general objectives, it is necessary to:

1) Conduct an analysis of employees' opinions on the practices of interagency cooperation in the framework of the implementation of the elements of the LCS in their organizations and the problems hindering the effective implementation of these practices.

The realization of this general task includes a number of specific tasks:

- to identify the fundamental conditions for the organization of interagency cooperation within the framework of the implementation of the long-term care system;
- to assess the satisfaction with the process of forming elements of interdepartmental interaction within the framework of the implementation of the LCS in organizations;
- analyze ways of solving the problem of tariff setting for social services within the framework of forming state assignments of state social service providers and subsidizing non-state social service providers;
- To disclose the nature of interaction between OSON and other services;
- to analyze the survey data on the system of interdepartmental interaction within the framework of the LCS implementation in different types of organizations (in organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg -and implementing additional professional programs; at social service providers in the context of different forms of social services - in all forms of social services; in the inpatient form of social services; in the form of social services at home, semi-inpatient form and inpatient form with temporary residence).

2) Analyze expert opinions regarding the specifics of interagency cooperation within the framework of the implementation of the elements of the LCS in their organizations and the problems hindering the effective implementation of these practices.

Within this task, the following private tasks are required:

- to analyze the expert evaluation of the modern system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens;
- to identify the main problems of interdepartmental interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens;
- to reveal the existing opportunities/resources of interagency interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens;
- To identify promising directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens;
- To systematize the main recommendations to improve the effectiveness of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of national projects implementation.

Object of study

The object of the study is interdepartmental interaction between executive bodies of state power and organizations providing assistance to elderly citizens, including the involvement of volunteers (volunteers) and the development of kinship care.

Subject of the study

The subject of the study is strategic barriers and prospective directions of development of interagency cooperation mechanisms within the framework of the formation of the LCS.

Structure of the object of research

The Committee for Social Policy of St. Petersburg (the Committee) is an executive body of state power whose tasks include the implementation of state social policy in the territory of St. Petersburg, including social services for elderly and disabled citizens.

The Committee coordinates the activities of the social protection and health care departments of St. Petersburg district administrations, social service organizations, social service providers providing social services to elderly and disabled citizens, including socially oriented and commercial organizations, on issues related to the organization of interdepartmental cooperation in the field of social services, and also ensures coordination of interdepartmental cooperation in the field of social services.

In this connection, as part of the Committee's activities, a sociological analysis of the organization of interdepartmental cooperation in the system of social services for elderly and disabled citizens was carried out.

Theoretical interpretation of the subject of the study

Long-term care system (LTCS) is a complex system based on interagency cooperation for organizing and providing citizens in need of care with social, medical, rehabilitative and other services by authorized bodies and organizations, as well as assistance in their provision (social support);

Social service is an action or actions in the sphere of social service to provide permanent, periodic, one-time assistance, including urgent assistance, to a citizen in order to improve his/her living conditions and expand his/her opportunities to independently provide for his/her basic life needs.

Social support - activities to provide assistance to citizens, including parents, guardians, custodians, other legal representatives of minor children in need of medical, psychological, pedagogical, legal, social assistance not related to social services, by involving organizations providing such assistance on the basis of interagency cooperation.

Interagency interaction is a process that provides links between subjects, the result of which is their common action aimed at achieving a synergistic effect in the organization of social services for elderly citizens.

The empirical interpretation and operationalization of the concepts are presented in Table 22:

Table 22

Empirical interpretation and operationalization of concepts

notion	Characteristics and parameters reflecting the content of the theoretical concept	Indicator(s) (empirical attributes - parameters to be measured in the toolkit)
LCS	A set of measures aimed at supporting older persons with limited self-care abilities	Assessment of individual care needs; coordination; routing; hourly care; training system
Social services	Provision of social assistance to recipients of social services in order to improve their quality of life and ability to perform self-care	Social and medical care; citizen satisfaction with the quality of social services; information exchange.
Social support	Activities to assist citizens in obtaining necessary assistance	Overcoming life»s challenges; Minimizing negative consequences.
Interagency cooperation	A process that provides links between actors	Conclusion of agreements, establishment of working groups, availability of information resources, NAPs

Questionnaire as part of the quantitative research

1. In which organization do you work?

A) Social service organization subordinate to the administration of a district of St.

Petersburg

B) Inpatient social service organization subordinate to the Committee for Social Policy of St. Petersburg

C) non-state social service organization

D) Organizations run by the Committee for Social Policy of St. Petersburg and implementing additional professional programs

E) Center for the organization of social services

2. How old are you:

A) up to 30;

B) 31-40;

B) 41-50;

Г) 51-60;

D) over 61

3. Paul:

A) Female

B) Male

4. education:

A) Higher specialized higher education (social work, psychology, medicine...)

B) Higher non-core (military, technical, etc.)

5. Research Degree:

(A) Ph.

B) doctor of sciences

C) I don't have

6.1 The most significant factors in increasing the efficiency of interagency cooperation:

Indicator/assessment	1-important	2- neutral	3- at all. No matter
A) Use of mechanisms of interdepartmental cooperation in identifying and recognizing citizens in need of social services			
B) Increased funding			
B) High level of standardization/digitization/automation			

D) Availability/development of criteria for assessing circumstances that worsen the living conditions of citizens			
D) Existence/development of a system for anticipating care needs			

6.2 Improvement of mechanisms for identifying citizens in need of social services and provision of social services depends on:

Indicator/assessment	1-important	2- neutral	3- at all. No matter
A) Application of typification mechanisms in recognizing citizens in need of social services			
B) Building a routing system			
D) Planning and control over provision of social services, including with the use of information systems			
E) Development of a classifier of social support activities			
E) Involvement of families in interaction with social services			
G) Establishment of kinship care schools for families			
3) Development of professional competencies of specialists involved in recognizing citizens in need of social services and providing social services			

6.3 Challenges to the effectiveness of the training system in the long-term care system

Indicator/assessment	1-important	2- neutral	3- at all. No matter
(a) Insufficient number of specialists trained under professional development and retraining programs			
B) Development of professional competencies of specialists involved in recognizing citizens in need of social services			
D) Staff turnover			

7. Assess your satisfaction with the process of forming elements of interdepartmental interaction in your organization

Indicator/assessment	1 - excellent	2 - neutral	3 - bad
Effectiveness of interaction			
Routing			

Degree of coordination of actions of interaction participants			
Organization of social support			
Existence of information exchange			

8. What are the main results confirming the effectiveness of interagency cooperation

Indicator/assessment	1-important	2- neutral	3- at all. № matter
A) Availability of agreements on interaction with medical organizations			
B) Early identification of the target group of citizens (recipients of social services)			
B) Increased coverage of citizens in need of social services			
D) Development of intra-agency interaction, allowing for a combination of forms of social services			
E) Satisfaction of citizens with the provision of social services			
E) Family satisfaction with the support received / increase in the number of families serving an older person at home			
G) Reduction of paper workflow			

9. Specify the conditions, in your opinion, significant for the effectiveness of the participants of interagency interaction

Indicator/assessment	1-important	2 - neutral	3 - at all. № matter
A) Coordination of the activities of participants in interagency cooperation, including their timely informing			
B) Formation of a professional base of best practices and technologies			
C) Development of professional competencies of participants of interagency interaction			
E) Development of electronic information exchange on recipients of social services			
D) Improvement of regional normative legal documents in the sphere of regulation of interdepartmental interaction of bodies and institutions of different agencies			

10. What do you think contributes to solving the problems of tariff setting for social services within the framework of forming state assignments of state social service providers and subsidizing non-state social service providers?

Indicator/assessment	1-important	2- neutral	3- at all. № matter
A) Reduction of the regional List of social services in accordance with the federal List of social services			
B) Supplementing the List of social services with services providing for a long-term care social package			
C) Standardization of social services taking into account the determination of volumes and time costs for their provision			

11. Indicate with which actors your organization interacts?

- (A) Health organizations
- B) Organizations engaged in educational activities
- B) Employment Centers
- D) Institutions in the sphere of physical culture and sports
- E) Cultural institutions
- E) SO NCOS
- G) Religious organizations

12. Please assess the current level of interdepartmental interaction between medical organizations and social service organizations on the proposed scale? (0 - none; 1 - formal; 2 - beginning to form; 3 - many elements have been formed; 4 - almost all issues of interaction have been resolved; 5 - interaction is clearly established).



Questions №. 13-14 ONLY for organizations implementing additional professional programs

If you are a representative of another organization, skip these questions and move on to the next.

13. Does your organization conduct training activities for specialists involved in interagency cooperation in **accordance with the requirements of the long-term care system?**

(A) Programs of additional professional education in accordance with the requirements of the long-term care system shall be implemented

B) Conducted, but there is a need to improve and revise the programs of additional professional education to meet the requirements of the long-term care system

C) There is ~~№~~ need for additional training of specialists in this area

14. What, in your opinion, needs to be improved in the process of formation of programs of additional professional education in order to organize an integrated approach to the training of specialists in the field of social services?

Indicator/assessment	1-important	2 - neutral	3- at all. № matter
A) Planning the number of trainees and the content of additional professional education programs based on the needs of educational services through preliminary analysis of the social sector			
B) Strengthening the practical orientation of programs of additional professional education			
C) Attracting the necessary staff (specialists in «their» business)			
D) Improvement of criteria for assessing the quality of additional professional education			

For ALL social service providers (in any form of social services)

The remaining questions are ONLY for social service providers, if you are a representative of another organization you should complete the survey by clicking on the «submit» button at the end of the page.

15. What form of social services is most in demand in your organization (from 50%)?

A) At home

B) Semi-permanent (up to 4 hours)

B) Semi-permanent (over 4 hours)

D) Stationary (temporary)

E) Stationary (permanent)

E) Inpatient (five days)

16. What categories of recipients of social services prevail in your organization?

A) Elderly citizens

B) Disabled persons of working age

17. What circumstances of need for social services are most common among the recipients of social services in your organization?

A) **Complete loss of the** ability or possibility to perform self-care, to move independently, to provide the basic needs of life **due to age**

B) **Complete loss of the** ability or possibility to perform self-care, to move independently, to provide basic living needs **due to disability**

C) **Partial loss of the** ability or possibility to perform self-care, to move independently, to provide basic needs of life **due to age**

D) **Partial loss of the** ability or possibility to perform self-care, to move independently, to provide basic living needs **due to disability**

18. How many agreements has your organization concluded with medical organizations?

A) none

B) One

B) Two to three

D) More than three

19. What information do you lack when organizing the provision of social services in various forms of social services?

A) More complete information on the medical recommendations that are the basis for recognizing citizens as needy and for revising the IPPSU

B) Information on social work methods and technologies in the long-term care system

B) Information on the possibility of involving volunteer organizations

D) Information on whether kinship care can be taken into account

E) Other: _____

20. Does your organization use an information system to control the provision of social services (if «Yes», specify its name in the «Other» line)?

A) Yes

B) No, but there is a need

C) No

D) Other _____

21. From your point of view, which specialists, from your point of view, are in need of additional professional education or training in the field of long-term care?

A) Head of the social service organization

B) Heads of departments

B) Social worker

C) Specialist in social work

D) Caregiver (care assistant)

E) Specialist in rehabilitation work in the social sphere

(E) Junior medical staff

G) Psychologist

22. How do you assess the level of development of the infrastructure of your organization's offices within the framework of functioning of the long-term care system?

A) High (meets the requirements of the LCS)

B) Medium

B) Low (№ elements of the LCS have been implemented yet)

23. In what timeframe it is planned to open or re-profile structural subdivisions performing functions of long-term care (caregivers» services, TCP points, LDS, SROs, mercy departments, etc.).

A) 6 months

B) 1 year

B) not planned

24. Willingness of your organization to take part in the preparatory phase for the implementation of the LCS elements:

A) Re-typing

B) Development of home-based care with the creation of caregivers (care assistants) in social service organizations

B) Establishment of care schools for kinship caregivers for elderly citizens

D) Opening of day care units for citizens with cognitive disorders

E) Opening of temporary accommodation units for elderly citizens with the possibility of short-term relatives» release from care

E) Improvement of the activity of departments of mercy in the stationary form of social services

3) Development of accompanied accommodation for persons with disabilities

Question №. 25 ONLY for social service providers providing social services in the stationary form of social services

25. Which structural departments exist in your organization, taking into account the following specialization:

	Absent	Got it	The plan is to open
(A) Intensive care unit			
B) Geriatric ward			
C) Social service department for disabled people of working age			
D) Relief wards			

Questions nos. 26-31 ONLY for social service providers providing social services in the form of social services at home, semi-permanent and inpatient with temporary accommodation

26. What social services are provided in your organization in the form of social services at home?

- (A) Caregiver service (care assistants)
- B) School of Nursing
- C) not foreseen

27. What are the strategic barriers to establishing caregiver services:

Indicator/assessment	1-important	2- neutral	3- at all. No matter
A) Low wages (unattractiveness of the industry)			
B) Shortage of human resources in the labor market			
C) Low qualification of human resources staff lacking the necessary knowledge and skills			
D) Low level of motivation for retraining on the part of line staff			
E) Labor cost of providing social services			
(E) Lack of understanding of the goals and objectives of the new approach			

28. What social services are provided in the structural units of your organization?

- A) The possibility of short-term relatives being released from care
- B) Specialization of wards according to geriatric syndromes
- B) Specialization of the wards with regard to rehabilitation areas
- D) not foreseen

29. note the specialization of your organization's departments with regard to geriatric syndromes, if any:

- A) Cognitive disorders (memory impairment, dementia, Alzheimer's disease, etc.)
- B) Sensory deficits (decreased vision and hearing)
- B) Senile asthenia (decline in strength, endurance and physiologic functioning)
- D) Sarcopenia (decrease in muscle mass and muscle function)
- E) Falls syndrome
- (E) not foreseen
- G) Other:

30. Which of the listed directions of development should be further envisaged in your organization?

- A) Cognitive disorders (memory impairment, dementia, Alzheimer's disease, etc.)

- B) Sensory deficits (decreased vision and hearing)
- B) Senile asthenia (decline in strength, endurance and physiologic functioning)
- D) Sarcopenia (decrease in muscle mass and muscle function)
- E) Falls syndrome
- (E) not foreseen
- G) Other:

31. What are the strategic barriers in establishing day care and transitional living units for citizens with cognitive impairment, taking into account geriatric syndromes:

- A) Insufficient level of professional qualification of human resources personnel
- B) Insufficient experience in the application of practices and technologies of social work with this category of citizens
- C) Lack of material and technical base for application of social work practices with this category of citizens
- Г) Другое _____

Social characteristics of respondents

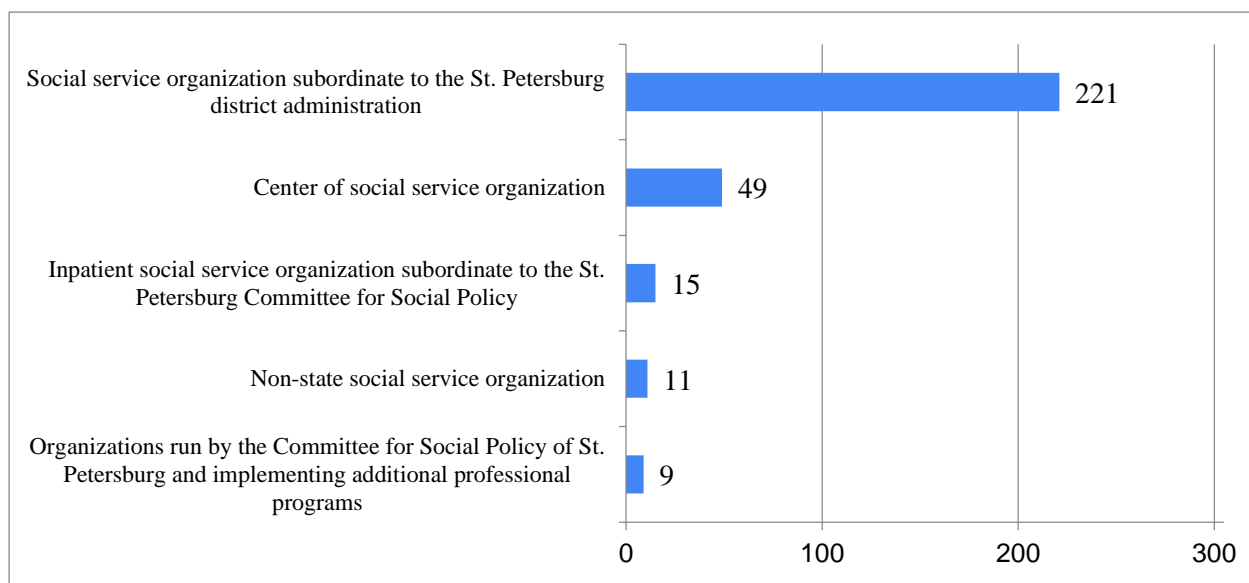


Figure 25. Distribution of respondents by type of organization

Analysis of the quantitative data presented in Fig. 25 allows us to state that the majority of respondents (72.5%) work in OSONs subordinated to district administrations; 16.1% of respondents work in the Center for Social Service Organization; 4.9% of respondents work in inpatient OSONs subordinated to the Committee for Social Policy of St. Petersburg; 3.6% of respondents work in non-state OSONs, and 2.9% of respondents work in organizations that are under the jurisdiction of the Committee for Social Policy of St. Petersburg -and implement additional professional services.

Out of 305 respondents, 8 respondents (2.6%) under 30 years of age; 73 respondents (23.9%) aged 31-40 years; 99 respondents (32.5%) aged 41-50 years; 83 respondents (27.2%) aged 51-60 years; and 42 respondents (13.8%) aged 61 years and above were interviewed.

282 women (92.5%) and 23 men (7.5%) were interviewed. Thus, women are predominantly employed in the sphere of social services.

190 respondents (62.3%) have higher profile education (social work, psychology, medicine, etc.), and the remaining 115 respondents (37.7%) have higher education that is not profile education for SRS (military, technical, etc.).

The problem of tariff formation of social services within the framework of formation of state assignments of state social service providers and subsidizing of non-state social service providers

The main ways of solving this problem were put forward, the significance of which was offered to respondents to assess:

1. Reduction of the regional List of social services in accordance with the federal List of social services: the significance of this method was noted by 40% of respondents; neutrality - 47.5% of respondents; complete absence of significance - 12.5% of respondents.

2. Supplementing the List of social services with services that provide for a social package of long-term care: the importance of this method was noted by 73.4% of respondents; neutrality - 25.6% of respondents; complete absence of importance - 12.4% of respondents.

3. Standardization of social services taking into account the determination of volumes and time costs for their provision: the significance of this method was noted by 71.1% of respondents; neutrality - 27.6% of respondents; complete absence of significance - 1.3% of respondents.

The results of the above data allow us to conclude that two ways of solving the problem of tariff setting for social services within the framework of forming state assignments of state social service providers and subsidizing non-state providers of social services are of high importance - supplementing the List of social services with services that provide for a social package of long-term care and standardizing social services with regard to determining the volume and time costs of their provision. At the same time, not all respondents consider it important to reduce the regional List of social services in accordance with the federal List of social services: the number of respondents who noted the neutrality of this method exceeds the number of respondents who noted its importance.

Nature of interaction between OSON and other services.

Interagency cooperation in the long-term care system involves interaction with both health care organizations and other services - with organizations engaged in educational activities; with employment centers; with institutions in the field of physical education and sports; with institutions in the field of culture; with charitable organizations: SO NPOs, religious organizations.

It is advisable to analyze the specifics of interaction with the above services and organizations also for each type of organization separately, taking into account their intersectoral and intersectoral interaction.

Interagency cooperation with health care organizations was noted by 98.2% of respondents from OSONs subordinated to district administrations; all respondents from inpatient OSONs subordinated to the Committee for Social Policy of St. Petersburg and non-state OSONs; 98% of respondents from the Center for Social Service Organization and 44.4% of respondents from organizations subordinated to the Committee for Social Policy of St. Petersburg -and implementing additional professional programs.

Interagency interaction with organizations engaged in educational activities was noted by 33.4% of respondents of the NEOs under the jurisdiction of district administrations; 46.7% of respondents of inpatient NEOs under the jurisdiction of the Committee for Social Policy of St. Petersburg; 27.3% of respondents of non-state NEOs; 30.7% of respondents of the Center for Social

Service Organization and 55.5% of respondents of organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg that implement additional professional programs.

Interagency interaction with employment centers was noted by 22.6% of respondents of the OSONs subordinated to district administrations; 53.3% of respondents of inpatient OSONs subordinated to the Committee for Social Policy of St. Petersburg; 54.5% of respondents of non-state OSONs; 53% of respondents of the Center for Social Service Organization and 55.5% of respondents of organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg that implement additional professional programs.

Interagency cooperation with institutions in the field of physical culture and sports was noted by 49.8% of respondents of the OSON, subordinated to district administrations; 46.7% of respondents of inpatient OSON, subordinated to the Committee for Social Policy of St. Petersburg; 9% of respondents of non-state OSON; 30.7% of respondents of the Center for Social Service Organization and 55.5% of respondents of organizations-, subordinated to -the Committee for Social Policy of St. Petersburg and -implementing additional professional programs.

Interagency cooperation with cultural institutions was noted by 72.9% of respondents of the OSON, subordinated to district administrations; 66.7% of respondents of inpatient OSON, subordinated to the Committee for Social Policy of St. Petersburg; 27.3% of respondents of non-state OSON; 53.1% of respondents of the Center for Social Service Organization and 33.3% of respondents of organizations, subordinated to the Committee for Social Policy of St. Petersburg and implementing additional professional programs.

Intersectoral interaction with SO NCOs was noted by 15.9% of respondents from OSONs under the jurisdiction of district administrations; 80% of respondents from inpatient OSONs under the jurisdiction of the Committee for Social Policy of St. Petersburg; 54.5% of respondents from non-state OSONs; 34.7% of respondents from the Center for Social Service Organization and 88.9% of respondents from organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg -that implement additional professional programs.

Intersectoral interaction with religious organizations was noted by 71% of respondents of DSSs under the jurisdiction of district administrations; 66.7% of respondents of inpatient DSSs under the jurisdiction of the Committee for Social Policy of St. Petersburg; 45.5% of respondents of non-state DSSs; 14.3% of respondents of the Center for Social Service Organization and 11.1% of respondents of organizations under the jurisdiction of the Committee for Social Policy of St. Petersburg that implement additional professional programs.

Despite the wide list of services with which interagency and intersectoral interaction is carried out in the system of social services for elderly citizens, special attention is paid to the interaction of OSON with medical organizations. Respondents were asked to assess the current level

of interagency interaction between medical organizations and OSON on a scale from 0 to 6, where 0 means that there is no interaction; 1 - it is formal; 2 - it is beginning to form; 3 - many (but not all) elements have been formed; 4 - almost all issues of interaction have been resolved; 5 - interaction is well established.

In UNSDs subordinated to district administrations, 4.1% of respondents acknowledged the absence of interagency interaction between medical organizations and social service organizations (which is 2.3% more than the number of respondents who did not note the presence of interaction with health care organizations in their organization); 25.3% of respondents acknowledged that interaction is formal; 28.5% of respondents noted that interaction is just beginning to form; 29.9% of respondents noted that many elements of interagency interaction with health care organizations are in place. Only 9.9% of respondents noted that almost all issues of interaction have been resolved, and even fewer respondents (2.3%) believe that interaction is clearly formed (fully, at the highest level).

In non-state OSONs, the opinions of respondents regarding interagency interaction between medical organizations and OSONs are divided: 27.3% of respondents believe that interaction is formal; the same number of respondents believe that interaction is just beginning to form. The opinion that many elements of interagency interaction have been formed is also held by 27.3% of respondents. 18.1% of respondents believe that almost all issues of interaction have been resolved. There are no respondents who hold extreme opinions - both the opinion that there is a complete absence of interaction and the opinion that interaction is fully formed.

Among the respondents of organizations under the jurisdiction of the St. Petersburg Committee for Social Policy and implementing additional professional programs, opinions are also divided: 44.4% of respondents believe that interaction is formal. At the same time, the same number of respondents believe that many elements of interdepartmental interaction have been formed. The remaining 11.2% of respondents believe that the interaction is just beginning to be formed.

In inpatient OSONs under the jurisdiction of the Committee on Social Policy and in the SPB State Institution for Social Services, the highest assessment of interdepartmental interaction between medical organizations and social service organizations prevails, in general, compared to other types of organizations. At the same time, there are also low assessments of the existing interaction.

Thus, in inpatient OSONs, which are under the jurisdiction of the Committee on Social Policy, there are no respondents who believe that interaction is absent or formal. More than half of the respondents (53.4%) believe that many elements of interagency interaction have been formed; 13.3% of respondents believe that almost all issues of interaction have been resolved. At the same time, one third of respondents (33.3%) believe that interaction is just beginning to form, and there are no respondents who believe that interaction is fully formed.

More than half of respondents (57.1%) noted that many elements of interagency interaction have been formed; 4.1% of respondents believe that almost all issues of interaction have been resolved. Nevertheless, more than a quarter of respondents (26.6%) believe that interaction is only beginning to form. 2% of respondents noted the absence of interagency interaction between medical organizations and social service organizations; 10.2% of respondents believe that interaction is formal.

Survey data on the system of interdepartmental interaction within the framework of LCS implementation in the organizations under the jurisdiction of the St. Petersburg Committee for Social Policy and implementing additional professional programs

In these types of organizations, the primary issue on which the study focuses is the implementation of training programs, training activities for professionals in accordance with the requirements of the long-term care system.

Training activities for specialists involved in interagency cooperation in accordance with the requirements of the long-term care system are carried out in 97.3% of the organizations participating in the survey, which are under the jurisdiction of the St. Petersburg Committee for Social Policy and which implement additional professional programs.

At the same time, less than half of respondents (44.7%) believe that the programs are implemented in accordance with the requirements of the long-term care system. More than half of respondents (52.6%) recognized that it is necessary to improve and revise the programs of additional professional education taking into account the requirements of the long-term care system. The remaining 2.6% of respondents (in absolute value - 1 person) believe that there is *№* need for additional training of specialists in this area.

Further we will consider the main ways to improve the formation of programs of additional professional education in order to organize an integrated approach to the training of specialists in the field of social services, indicating the respondents' assessment of the importance of these ways:

1. Planning the number of trainees and the content of additional professional education programs based on the needs of educational services through preliminary analysis of the social sector: 75.5% of respondents consider this method important; 24.5% of respondents consider it neutral.

2. Strengthening the practical orientation of programs of additional professional education: 89.8% of respondents consider this method important; 10.2% of respondents consider it neutral.

3. Involvement of necessary personnel (specialists «of their» business): 89.8% of respondents consider this method important; 10.2% of respondents consider it neutral.

4. Improvement of criteria for assessing the quality of additional professional education: 71.4% of respondents consider this method important; 28.6% of respondents consider it neutral.

Thus, all the above-mentioned ways of improving the formation of programs of additional professional education in order to organize an integrated approach to the training of specialists in the field of social services seem to be important for the majority of respondents. At the same time, there are № respondents who consider any of the listed ways as not important at all.

Survey data on the system of interdepartmental interaction within the framework of the introduction of the LCS on social service providers in any form of social services

Let us disclose the demand for different forms of social services in OSON of the respondents, who had the opportunity to note more than one form of social services (Fig. 26).

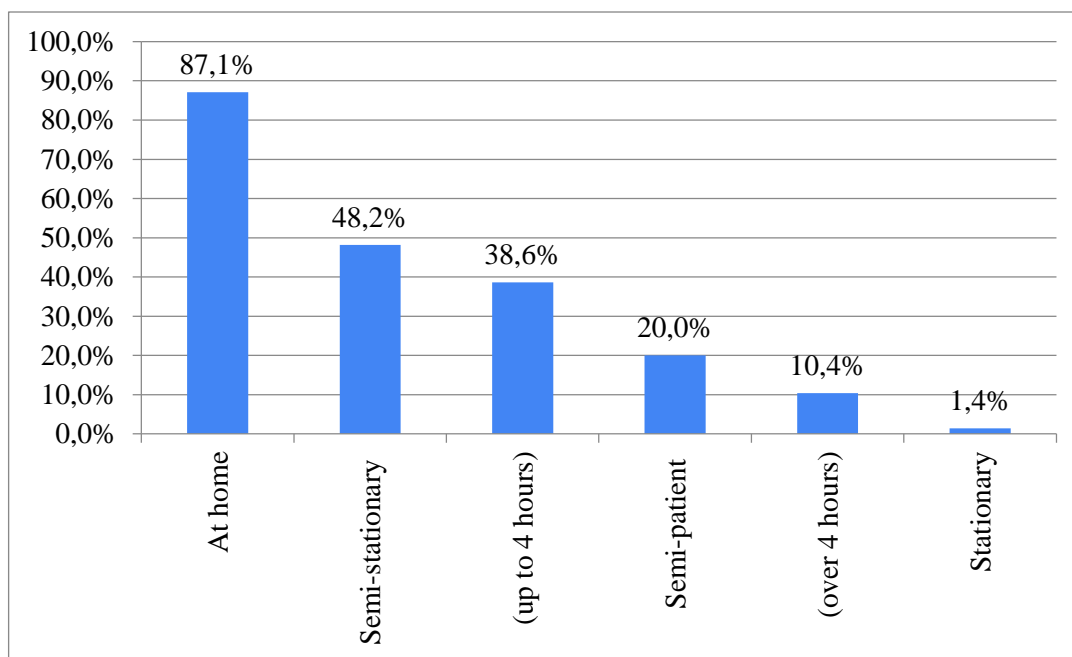


Figure 26. Demanded forms of social services in OSON

Analysis of the data presented in Fig. 26 shows that the most demanded form of social services noted by respondents is social services at home, which further increases the relevance of the introduction of LCS.

The demand for social services among two different target groups of long-term care - elderly citizens, including those with disabilities, and disabled people of working age - was also compared. The results of the survey showed that elderly citizens, including those with disabilities, significantly prevail over disabled people of working age in terms of demand for social services. Thus, to the question «What categories of recipients of social services prevail in your organization?» 97.8% of respondents chose elderly citizens, while disabled people of working age chose 2.2% of respondents respectively. As the most common circumstance of need for social services was noted (by 82.7% of respondents) partial loss of ability or opportunity to perform self-care, to move independently, to provide basic life needs *due to age*. A fairly common circumstance is also a partial loss of the ability or possibility to perform self-care, to move independently, to provide basic living

needs *due to disability* (noted by 52.5% of respondents). Such circumstance as complete loss of the ability or possibility to perform self-care, to move independently, to provide basic living needs due to age was noted by 42.4% of respondents. Such circumstance as complete loss of the ability or opportunity to perform self-care, to move independently, to provide basic living needs due to disability is somewhat less, but also widespread (30.6% of respondents). Thus, the age aspect of the circumstance in all cases also slightly exceeds the aspect related to disability.

The next significant research aspect is the analysis of the specific number of agreements of social service providers with medical organizations. According to the survey results, more than a third of respondents (35.5%) recognized the absence of agreements with medical organizations. The presence of one agreement was noted by 15.9% of respondents; the presence of two or three agreements - 21.9% of respondents; the presence of more than three agreements - 26.7% of respondents.

In order to comprehensively study the problems related to the effective implementation of LCS in OSON, respondents were also asked to select the information they lacked when organizing the provision of social services in various forms of social services. Thus, more than half of the respondents (54.7%) lack information on methods and technologies of social work within the long-term care system; 49.4% of respondents lack more complete information on medical recommendations that are the basis for recognizing citizens in need and for revising the IPPSS; 29.2% of respondents lack information on the possibility of involving volunteer organizations; 23.6% of respondents lack information on the possibility of taking into account kinship care. 0.4% of respondents also noted the lack of possibility to obtain data for the conclusion of a contract for social services (information on income and information on family composition) within the framework of interdepartmental interaction.

It should be noted that the lack of information required to organize the provision of social services in various forms of social services, to a certain extent reduces the availability of an information system of control over the provision of social services. The results of the survey showed that 75.2% of respondents use an information system to control the provision of social services in their organizations. Almost all of them use the automated information system «Electronic Social Register of the Population of St. Petersburg» (AIS «ESRN»); the subsystem of planning, accounting and control of the social service system of St. Petersburg (PUKDSSON). At the same time, one of the OSON respondents, which is under the jurisdiction of the district administration, also uses the Unified Information System for Long-Term Care «Optima» (UILCS «Optima»). Of the 24.8% of respondents who noted the absence of an information system to control the provision of social services, 9.8% of respondents noted the need for such a system.

Training of qualified personnel is an indispensable direction in the effective implementation of the long-term care system. The results of the survey showed that, according to the overwhelming majority of respondents (over 75%), specialists in almost all positions need additional professional education or training in the area of LCS: the head of the social service organization (93.1% of respondents); heads of departments (91.9% of respondents); social workers (100% of respondents); social work specialists (90.1% of respondents); caregiver (care assistant) - the need for training was noted by all respondents; specialist in rea

Along with the need to train qualified personnel, the formation of the infrastructure of OSON offices for the implementation of basic activities within the long-term care system is also an integral direction. The relevance of this direction is confirmed by the results of respondents» assessment of the infrastructure of the departments in their organizations, presented in Fig. 27.

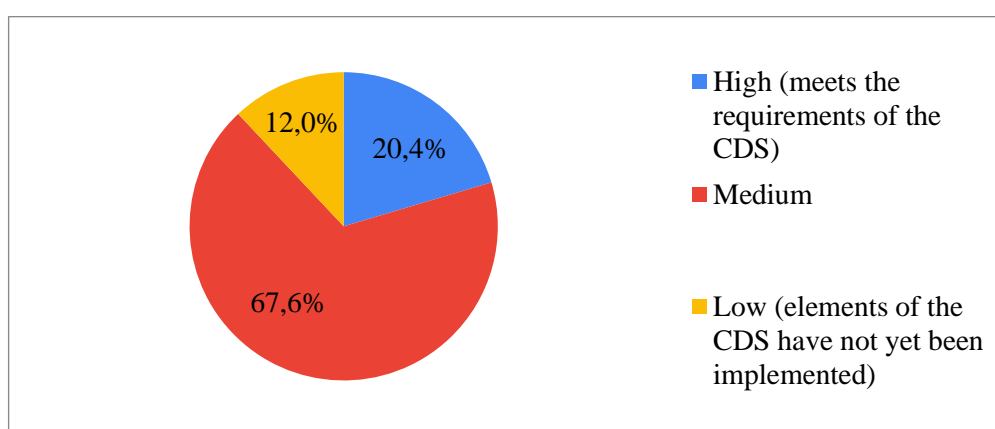


Figure 27. Distribution of respondents» answers to the question «How do you assess the level of infrastructure development of your organization»s offices within the framework of the long-term care system?»

The analysis of assessments presented in Figure 27 shows the prevalence of average assessment of the infrastructure of OSON offices within the framework of the long-term care system. At the same time, the number of respondents who believe that the infrastructure is developed at a high level and meets the requirements of the long-term care system exceeds the number of respondents who gave a low assessment and, accordingly, believe that the elements of the long-term care system have not yet been implemented.

The OSON respondents were also asked about the timeframe within which they plan to open or repurpose structural units that perform long-term care functions (caregiver services, LTC units, LTCs, SROs, mercy departments, etc.). Slightly more than a quarter of respondents (25.3%) noted that there are No plans to open or re-profile such structural units; 36.5% of respondents indicated a year as the timeframe for opening/re-profiling these units; 38.2% of respondents indicated 6 months.

Also, as part of the infrastructure analysis, respondents were asked to assess the readiness of their organization in the preparatory stage for the implementation of the LCS elements according to

a number of parameters. Let's consider these parameters with an indication of the number of respondents who noted each of the parameters:

1. Development of home-based care with the creation of the Caregiver Service in social service organizations: 64.4% of respondents noted the readiness of their organization for this parameter in the preparatory stage for the introduction of elements of the long-term care system.

2. Re-typing was mentioned by 34% of respondents.

3. Establishment of care schools for kinship caregivers of elderly citizens: 27.5% of respondents noted.

4. opening of day care units for citizens with cognitive disorders - 23.9% of respondents.

5. Opening of temporary accommodation units for elderly citizens with the possibility of short-term release of relatives from care - 20.2% of respondents.

6. Improvement of activity of mercy departments in the stationary form of social services - 10.1% of respondents.

7. Development of accompanied accommodation for people with disabilities - 7.3% of respondents.

The results of the analysis show the readiness of many social service organizations to develop the Caregiver Service. However, in other areas, many respondents do not currently see the readiness of the organization in the preparatory stage for the introduction of elements of the long-term care system.

Survey data on the system of interdepartmental interaction within the framework of the introduction of the LCS among social service providers providing social services in the inpatient form of social services

The study of OSONs providing social services in the inpatient form of social care focuses on the analysis of structural units in these organizations that are directly related to the long-term care system. Such departments are: intensive care department; geriatric department; department of social services for the disabled of working age and department of mercy. The respondents' answers regarding the presence/absence of these departments or plans to open them are presented in Table 23:

Table 23

Information from respondents on structural units related to the long-term care system

Structural unit	% of respondents who noted that a structural unit exists	% of respondents who noted that the structural subdivision is planned to be opened	% of respondents who noted that there is № structural subdivision
Intensive Care Unit	29,3%	6,9%	63,8%
Geriatric ward	30%	6,7%	63,3%

Structural unit	% of respondents who noted that a structural unit exists	% of respondents who noted that the structural subdivision is planned to be opened	% of respondents who noted that there is № structural subdivision
Social service department for disabled people of working age	53,8%	0	46,2%
Wards of mercy	29,1%	0	70,9%

Analysis of the data presented in Table 23 shows that more than a half of respondents have Social Service Department for the disabled of working age in their organizations. Other structural subdivisions are available in the organizations of less than a third of respondents, and a small part of respondents noted that these subdivisions are planned to be opened.

Survey data on the system of interdepartmental interaction within the framework of LCS implementation among social service providers providing social services in the form of social services at home, semi-stationary and stationary with temporary residence

The main aspects of the study of suppliers of the above category are to identify social services that exist both within a separate structure and within the work areas of existing structural units, and to analyze the key barriers that impede the creation of social services.

The service of caregivers (care assistants) is a widespread social service in the form of social services at home in the OSON of the above-mentioned type, as it is provided in the organizations by 84.1% of respondents. At the same time, the School of Care is currently much less widespread, as it is provided in the organizations by 14.2% of respondents. At the same time, 13.4% of respondents have both a Caregiver Service and a School of Care in their organization (respectively, 0.8% of respondents have only a School of Care without a Caregiver Service). The remaining 15.1% of respondents do not have both a Carers» Service and a School of Care.

At the same time, a number of social services are provided within the framework of the work of structural subdivisions of organizations. Thus, the creation of the possibility of short-term release of relatives from care was noted by 43.3% of respondents; the availability of specialization of departments taking into account geriatric syndromes was noted by 14.6% of respondents; the availability of specialization of departments taking into account rehabilitation areas - 35.8% of respondents. It should also be noted that all respondents who do not have both the School of Care and the Caregiver Service (care assistants) have at least one of the listed services within the framework of the work of structural subdivisions of organizations. It was assumed that there are strategic barriers that may arise in establishing Carers» Services. These barriers with the respondents» assessment of their relevance are presented in Table 24:

**Strategic barriers to the establishment of Caregiver Services and respondents»
assessment of their relevance**

Strategic barrier	% of respondents who said that this barrier is important	% of respondents who said that this barrier is neutral	% of respondents who indicated that this barrier is not present (not important)
Low wages (unattractiveness of the industry)	79,8%	20,2%	0
Shortage of human resources in the labor market	83,4%	15,7%	0,9%
Low qualification of human resources staff lacking the necessary knowledge and skills	65,4%	34,6%	0
Low level of motivation for retraining on the part of line personnel	58,8%	38,4%	2,8%
Labor cost of providing social services	62,5%	34,7%	2,8%
Lack of understanding of the goals and objectives of the new approach	38%	57,8%	4,2%
High share of female migrants in this labor market niche and their willingness to work for less money	56,8%	35,5%	7,7%

Analysis of the data in Table 24 shows that practically all the listed barriers, except for the lack of understanding of goals and objectives within the framework of the new approach, seem important to the respondents. At the same time, the degree of significance of this or that barrier varies somewhat. Thus, the most significant barriers recognized by the vast majority of respondents are the lack of human resources in the labor market and low wages (unattractiveness of the industry). Somewhat less, but significant in general, are: low qualification of personnel who lack the necessary knowledge and skills; labor-intensive provision of social services; low level of motivation for retraining on the part of line staff, as well as a high proportion of female migrants in this niche of the labor market and their willingness to work for less money.

It was noted above that a certain part of respondents have specialization of departments taking into account geriatric syndromes. Let us conduct a detailed analysis of the areas of specialization of these departments. note that we calculated quantitative data only for that small part of respondents who noted the presence of specialization of geriatric syndromes in their organization. All these respondents mentioned cognitive disorders (memory impairment, dementia, Alzheimer»»

disease, etc.) as a specialization; 98.4% of respondents mentioned the specialization of work with senile asthenia (decline in strength, endurance and physiological functioning). 75% of respondents noted such specialization of work as work with sensory deficits (decline in vision and hearing). Half of the respondents additionally mentioned work with falls syndrome and sarcopenia (decline in muscle mass and muscle function).

At the same time, all respondents of organizations that are social service providers providing social services in the form of social services at home, semi-stationary and stationary with temporary residence were offered to choose specific areas of development of their organization»s specialization.

Analysis of the data presented in Fig. 28 shows a certain predominance of respondents whose organizations do not plan any of the listed areas of development. Among the respondents, whose organizations plan the development of certain areas, the predominant trend is the specialization of work with cognitive disorders (memory impairment, dementia, Alzheimer»s disease, etc.). Significantly fewer respondents mentioned planning any of the other mentioned directions.

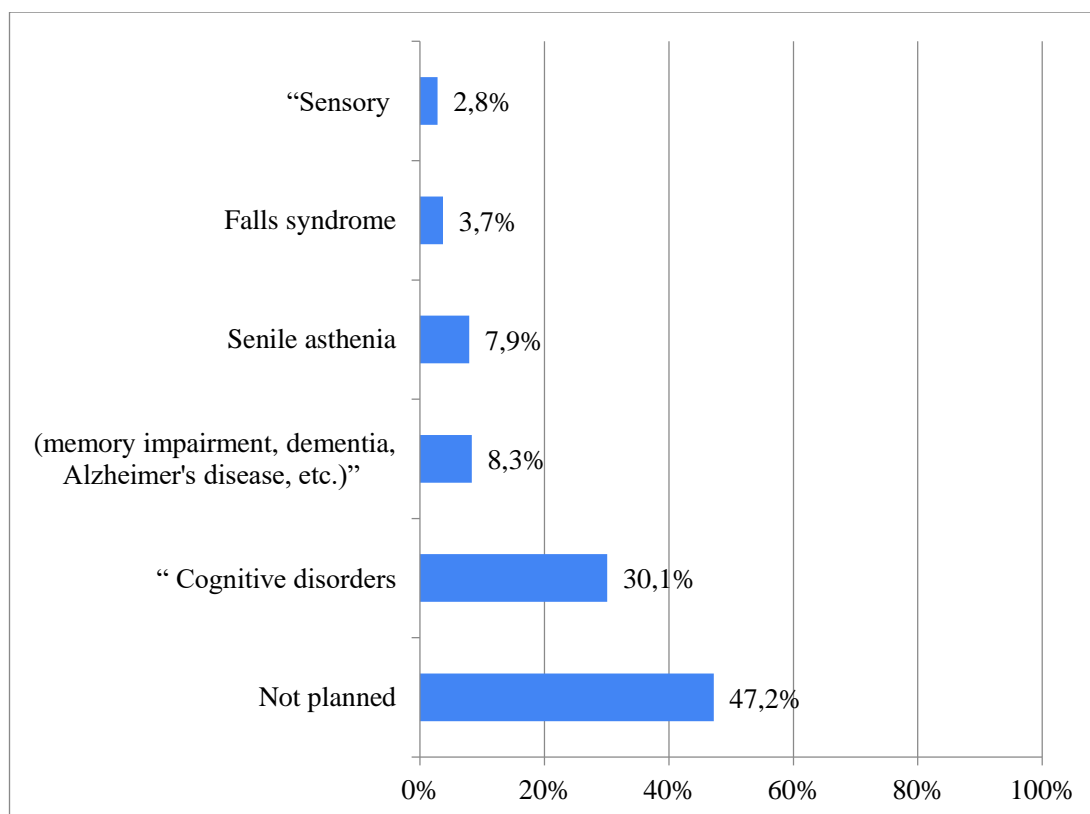


Figure 28. Distribution of respondents» answers to the question «Which of the listed areas of development should be further envisaged in your organization?».

Finally, a very promising area of work of social service providers providing social services in the form of social services at home, semi-permanent and inpatient with temporary accommodation within the framework of the introduction of the LCS is the creation of day care and temporary accommodation units for citizens with cognitive disorders, taking into account geriatric syndromes. The survey of respondents of these types of organizations also included the identification of strategic

barriers and showed the following results: the lack of material and technical base for the application of social work practices with this category of citizens was noted by 72.9% of respondents; insufficient experience in the application of practices and technologies of social work with this category of citizens - 50% of respondents; insufficient level of professional qualification of staff - 33.6% of respondents. Some respondents also highlighted additional strategic barriers - insufficient area of premises to organize the work of such departments; low cost of services according to the norms for the state task.

List of experts interviewed, indicating their professional qualifications for the qualitative study

Expert number	Name of the institution where the respondent holds a managerial position	Education level/ training profile	Work experience in the social sphere (health care, social services)
1.	Head of the St. Petersburg State Budgetary Institution «Center for Social Rehabilitation of Disabled Persons»	Higher /2/social work	20
2.	Head of the St. Petersburg State Budgetary Institution «City Information and Methodological Center «Family»	Higher/2/ legal	26
3.	Head of the St. Petersburg State Budgetary Inpatient Social Service Institution «Psychoneurological Boarding School №. 7»	Higher/ social work	31
4.	Head of the St. Petersburg State Institution «Center for Social Service Organization»	Higher/ medical	25
5.	Head of the Autonomous non-Profit Organization of Social Services for the Elderly and Disabled «Light»	Higher/2/ social work	10
6.	Head of the St. Petersburg State Budgetary Social Service Institution «Integrated Social Service Center of the Kalininsky District of St. Petersburg»	Higher/ social work	29
7.	Head of the interregional public organization of disabled people and pensioners «Jewish Charity Center «Care - Hesed Avraham»	Higher/ mathematical and mechanical	30
8.	Head of the St. Petersburg State Budgetary Inpatient Social Service Institution «Gerontology Center»	Higher/2/ medical	22
9.	Head of the Social Geriatric Center «OPEKA» LLC	Higher/2/ State and municipal management in the social sphere	14
10.	Head of ANo SAP Silver Age, coordinator of the Association of Volunteer Centers from Silver Volunteers of Russia	Higher/specialist in public relations	13
11.	Head of the St. Petersburg State	Higher/	22

Expert number	Name of the institution where the respondent holds a managerial position	Education level/ training profile	Work experience in the social sphere (health care, social services)
	Budgetary Social Service Institution «Vasileostrovsky District Complex Center»	medical	
12.	Head of the St. Petersburg State Budgetary Inpatient Social Service Institution «Residential Home for the Elderly and Disabled №. 1»	Higher/2/ medical/ Doctor of Medical Sciences, Associate Professor	30
13.	Head of SPbGBUSON «Center for Social Rehabilitation of Invalids and Disabled Children of Kalininsky District of St. Petersburg»	Higher/2/ medical/ Candidate of Psychological Sciences	27
14.	Head of the Regional Center for Active Longevity, Gerontology and Rehabilitation, AOU SON TO and DPO	Higher/2/ sociological economist	24
15.	Head of the Department of Social Protection and Social Services of the Ministry of Labor and Social Protection of the Russian Federation	Higher/2/ financial	2 years 10 months
16.	Head of the Leningrad Regional State Budgetary Institution «Vyborg Comprehensive Social Service Center «Welcome!»	Higher/ social work	5
17.	Head of the Ministry of Social Protection of the Population of Kuzbass	Higher/2/ medical	23
18.	Head of the St. Petersburg State Budgetary Healthcare Institution «Hospital for War Veterans», Candidate of Medical Sciences.	Higher 2/medical /Candidate of Medical Sciences	18
19.	Head of the St. Petersburg State Budgetary Healthcare Institution «City Geriatric Medical and Social Center»	Higher / militarily medical	40

Hyde of expert interviews

- Good afternoon, dear colleague! For many years you and I have been working and developing the sphere of social services, and recently we have been improving interagency cooperation within the framework of the national project «Demography».

- Taking into account the urgent need to improve the activities in the social sphere, we are conducting a sociological (empirical) research to professionally study the current state of interdepartmental interaction between social service and health care institutions in the context of the implementation of the national project «Demography».

The results of the interview should answer the following questions of interest in 4 sections:

1. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens;
2. The main problems of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens;
3. Existing opportunities/resources of interdepartmental interaction of health care and social service organizations in providing social services and medical care to elderly citizens;
4. Perspective directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I have prepared questions for you and ask you to answer them. I would like to draw your attention to the fact that we need your answers in order to conduct a research work. Please reflect your opinion and share your experience in a professional manner.

- With your permission, I will record our conversation on my phone»s voice recorder. In order not to waste your time on my manual note-taking and not to miss anything important or distort your answers.

Let me get to the questions.

Introduction. About yourself.

Tell us about yourself. FULL NAME? How old are you? What is your education? Do you have a degree? What is your position? How long have you held this position? How long have you worked in the social sphere (health care, social services)?

Section I. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

1. How do you understand the term «interagency cooperation»?
2. What does interagency cooperation include?
 - 2.1 What criteria, in your opinion, should, first of all, contribute to the quality organization of interdepartmental interaction?
 - 2.2 Why?
3. What do you think a universal model of interagency cooperation should be?
 - 3.1 Why?
 - 3.2 How will it affect the quality of **social services and medical care for elderly citizens**?
4. How, in your opinion, is interdepartmental interaction of health care and social service organizations currently organized in the provision of social services and medical care to elderly citizens?
 - 4.1 What do you think are the challenges facing health and social care organizations?
 - 4.2 Is there any fragmentation of interagency cooperation mechanisms at the moment?
 - 4.3 Why do you think so?
5. What forms (e.g., conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests) of interagency interaction between health care and social service organizations in the provision of social services and medical care to elderly citizens should be implemented in social service organizations?
 - 5.1 What forms are used in your institution?
 - 5.2 How do you assess the available resources of interdepartmental interaction in St. Petersburg?
 - 5.3 Are you aware of the work on conclusion of interagency agreements carried out by the SPB SCU «COSO»?
 - 5.4 What else would you add?
6. What innovative products does your organization have?
 - 6.1 How do you assess the effectiveness of the innovative products available in your organization?
 - 6.2 Do you think these systems are user-friendly?
 - 6.3 Do you plan to further develop the innovative products available in your organization?
 - 6.4 Why?

7. In your opinion, how developed and accessible are information resources in the field of organizing interagency cooperation?

7.1 Can you give examples?

7.2 Which information systems do you consider to be a priority?

7.3. Why?

7.4 In your opinion, how effective is the implementation of information resources today?

7.5 How ready are staff to learn new information systems?

7.6 Does your organization encounter staff resistance in mastering information systems?

7.7 What else could you add?

Section 2: The main barriers to interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens.

1. What are the current barriers to interagency collaboration between health and social care organizations?

1.1 What barriers, in your opinion, mostly affect the mechanisms of interagency cooperation?

1.2 What is your explanation for this situation?

1.3 What is it related to?

2. Is there a fragmentation of normative legal acts on the implementation of interagency interaction of senior citizens at the federal level?

2.1. If yes, do you think there are prospects for solving the issue of disunity of normative legal acts?

2.2 What do you think this is related to?

2.2 What else would you add?

3. What do you see as the challenges to digital inclusion?

3.1 In your opinion, which problem is the most important to solve?

3.2 Why do you think so?

4. In your opinion, what difficulties do social service organizations face in implementing social support measures when citizens receive health care services?

4.1 What are their main causes?

4.2 How is this issue addressed in your organization?

4.3 Do you think information exchange between the social and health care spheres is necessary when implementing social support activities?

5. Is there a problem with management personnel related to the introduction of innovations in the activities of institutions today?

5.1 How, in your opinion, has the situation with management personnel of institutions changed over the last few years?

5.2 What could have influenced this?

5.3 Is there such a problem in your organization?

6. What difficulties do you think managers working in the social sphere face?

6.1 What is your explanation for this situation?

6.2 What qualities do you think a leader should possess?

6.3 Why do you think so?

Section 3: Existing opportunities/resources of interagency cooperation of health care and social service organizations in providing social services and medical care to elderly citizens.

1. In your opinion, is it currently necessary to improve the already existing system of professional development and training, as well as the creation of an effective competitive basis for filling vacant positions?

1.1 Which new social projects could lead to the need to improve the system of professional development and training?

1.2 Why do you think so?

1.3 What does this indicate?

2. In your opinion, do you think that sufficient attention is paid to improving the level of education of employees of social service and health care organizations?

2.1 What forms of training (face-to-face/distance) would be acceptable to your team?

2.2 In your opinion, are special interagency programs and projects needed to create and retain jobs?

2.3 Are you or your specialists ready to transfer experience to the workers of social service and health care organizations when implementing educational programs?

2.4 Do you think there is a problem with staff shortages today?

2.5 What are their main causes?

3. which social services and institutions of the region do you consider to be a priority for the organization of interagency cooperation?

3.1 In your opinion, how ready are staff for new innovative social projects and inpatient substitution technologies?

3.2 What professional qualities, in your opinion, should a specialist working in the social sphere possess?

3.3 Do you have such specialists in your organization?

4. What departmental information systems are functioning in your organization?

4.1 What is required for their further development?

4.2 Why do you think so?

Section 4: Perspective directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

1. Do you think there is a need to create practice-oriented mechanisms of interdepartmental interaction ensuring the implementation of normative legal acts of different levels of departmental and interdepartmental nature?

1.1 What do you think the obstacles might be?

1.2 Which others?

2. Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens?

2.1 Did the founder support you in the decision to promote proposals on implementation of electronic services?

2.2 In your opinion, are these services useful and interesting for the residents of St. Petersburg?

2.3 Could you be more specific?

3. What do you see as the prospects for the development of digital services and mechanisms for involving senior citizens in the digital society?

3.1 What issues do you think digital services should address?

3.2 What does this indicate?

3.3 Can you name the difficulties in involving senior citizens in the digital society?

3.3 How are these issues addressed in your organization?

4. Is it necessary to create collegial bodies for effective organization of interdepartmental interaction?

4.1 In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the older generation and working out the mechanism of building interdepartmental cooperation can have a significant impact on the development of socially significant programs and projects?

4.2 Are you a member of collegial bodies?

4.3 What else would you add?

5. What mechanisms of innovation project management do you consider promising for social services and health care in order to organize work with different categories of recipients of social services, including elderly citizens?

5.1 How will it affect the quality of social service provision?

5.2 How do you think there is a benchmark mechanism for innovation project management to be implemented in St. Petersburg?

5.3 What else would you add?

Wrapping up.

Thank you very much for your time. And I ask you to conclude our professional meeting by answering one more question:

What recommendations can you offer to improve the efficiency of organization of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of implementation of national projects?

Thank you for participating in the study and providing me with the opportunity to seek your professional opinion.

Examples of interview transcripts

This appendix presents 4 transcripts of interviews with experts from different types of organizations: 3 - with representatives of the social service sector (E. 2, E. 4, E. 16); 1 - with a representative of the health care sector (E. 18).

Transcript 1.

Expert: Head of the St. Petersburg State Budgetary Institution «City Information and Methodological Center «Family» (hereinafter - E.)

Interviewer: G.V. Kolosova (hereinafter referred to as I.)

Date: 12/20/2021

Start: 10.00.

Duration of the interview: 40 minutes

I: Good afternoon, Mr. E.! For many years you and I have been working and developing the sphere of social services, and recently we have been improving interagency cooperation within the framework of the national project «Demography».

Taking into account the urgent need to improve the activities in the social sphere, we are conducting a sociological (empirical) research to professionally study the current state of interdepartmental interaction between social service and health care institutions in the context of the implementation of the national project «Demography».

I have prepared questions for you and ask you to answer them. I would like to draw your attention to the fact that we need your answers in order to conduct a research work. Please reflect your opinion and share your experience in a professional manner.

With your permission, I will record our conversation on my phone»s voice recorder. In order not to waste your time on my manual note-taking and not to miss anything important or distort your answers.

Let me get to the questions.

I: How old are you? What is your education? How long have you worked in the social sphere?

E.: 50 years old, higher education, head of the St. Petersburg State Budgetary Institution «Family», 26 years of work experience in the social sphere.

Section I. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: How do you understand the term «interagency cooperation»?

E.: Under interagency interaction we understand a type of social interaction, where the parties are socially oriented subjects of different departmental affiliation, achieving mutual and overlapping interests through certain professionally specialized measures and actions.

I: What does interagency cooperation include? What criteria, in your opinion, should first of all contribute to the quality organization of interdepartmental interaction? Why?

E.: Interagency interaction includes the exchange of necessary information and documents between organizations when providing social services and medical care. The criteria include organizational conditions of interagency interaction between participants, which are determined by cooperation agreements concluded between social service institutions and other subjects of interagency interaction for the purpose of providing social services and social support in the sphere of social services to citizens in accordance with the legislation of the Russian Federation. Other subjects include medical organizations, cultural, sports and educational institutions, socially oriented non-profit organizations, commercial structures, religious confessions, etc. I would like to note that many documents include personal data of citizens. Therefore, a good legal regulatory framework that would regulate the actions of various agencies is necessary for the qualitative organization of this interaction.

I: What do you think a universal model of interdepartmental interaction should be? Why? How will it affect the quality of social services and medical care for elderly citizens?

E.: It is difficult to say what a universal model should be. In my opinion, it should be a model where each participant professionally does his work together with other participants in this interaction. Because only with stable interaction you can achieve good results. I hope that well-organized interaction always has a positive impact on any process.

I: How, in your opinion, is interdepartmental interaction between health care and social service organizations currently organized in the provision of social services and medical care to elderly citizens? What, in your opinion, are the problems faced by health care and social service organizations? Is there a disconnection of mechanisms of interagency interaction at the moment? Why do you think so?

E.: Today, St. Petersburg has created conditions for organizing interdepartmental cooperation in the field of providing services to senior citizens and people with disabilities.

One of the important directions in the organization of a professional environment of interdepartmental interaction and coordination of activities of various state and public structures is the implementation of the regional project «Development and implementation of a program of systemic support and improvement of the quality of life of senior citizens (the city of federal significance St. Petersburg)» of the federal project «Older Generation» of the national project «Demography» (amended on 25.01.2021), which provides for the implementation of the Committee

together with the co-executive members of the Committee. There are currently a number of serious contradictions in the social protection system of the Russian Federation, which adversely affect the quality of life of the elderly and disabled. The most significant problems are the fragmentation of actors in the social sphere with regard to the organization of interdepartmental cooperation, the choice of methods and forms of comprehensive solutions to the problems of the elderly and disabled, the imperfection of federal and regional legislation, and the complexity of the processes of modernizing the social services system. In this regard, there is a need to create real mechanisms of interdepartmental interaction. Because I am a practitioner with a long experience.

I: What forms (e.g., conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests) of interagency interaction between health care and social service organizations in providing social services and medical care to elderly citizens should be implemented in social service organizations? What forms are used in your institution? How do you assess the available resources of interdepartmental interaction in St. Petersburg? Do you know about the work on the conclusion of interdepartmental agreements, conducted by SPb SCU «COSO»? What else could you add?

E.: The issues of concluding an agreement between the Committee for Social Policy, the Committee for Health Care and the Committee for Informatization and Communication of St. Petersburg on information interaction and beneficiaries of social services remain topical today. The «Family» center concludes agreements, for example, with the Gerontology Center to hold joint seminars for specialists working with the elderly. Yes, I know about the work on concluding agreements conducted by the SPb GKU «COSO», as we hold many joint events. And in my organization all specialists are actively involved in the implementation of these agreements.

I: What innovative products does your organization have? How do you evaluate the effectiveness of the innovative products available in your organization? Do you think these systems are user-friendly? Do you plan to further develop the innovative products available in your organization? Why?

E.: In 2013, GIMC «Family» received a license for educational activities on programs of additional professional education. Since 2019, GIMC «Family» is the main platform for the implementation of regional activities of the Strategy of Actions in the Interests of Senior Citizens in the Russian Federation until 2025 and the regional project of St. Petersburg «Senior Generation» in terms of the organization of additional professional education of specialists involved in the formation of the SRS in St. Petersburg. An innovative product of the Family GIMC is the Classifier of methods and technologies in the sphere of social services «Professional Socioteque of St. Petersburg», which systematizes information about scientific and methodological, experimental, innovative activities and information support of the social service system. The professional socioteque is in great demand

among the professional community and is quite convenient to use. Of course, we are planning further development of the professional digital platform. Because, thanks to this platform, professionals can use the materials to improve their professional activities.

I: In your opinion, how developed and accessible are information resources in the field of organizing interdepartmental interaction? Can you name information systems? Can you give examples? In your opinion, which information systems are priority? Why? In your opinion, how effective is the implementation of information resources today? How ready is the staff to master new information systems? Does your organization encounter staff resistance to mastering information systems? What else could you add?

E.: Today, unfortunately, information systems are not developed. I think that the readiness of staff to learn new systems may become more difficult with age.

Section 2: The main barriers to interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: What are the current problems of interagency cooperation between health care and social service organizations? What barriers, in your opinion, affect the mechanisms of interagency cooperation to a greater extent? How do you explain this situation? What is it connected with?

E.: There are problems. The issues of overcoming departmental barriers remain topical today. It is important to improve the mechanism of information interaction between government agencies and to assess the effectiveness and control of interdepartmental interaction. This is primarily due to the lack of a legislative framework.

I: Is there a disconnection of normative legal acts on the implementation of interagency cooperation of senior citizens at the federal level? If yes, do you think there are any prospects for solving the issue of disunity of normative legal acts? What, in your opinion, is it connected with? What else could you add?

E.: Yes. There are prospects for a solution. At federal events, draft joint orders of the Ministry of Labor of Russia and the Ministry of Health of Russia on interdepartmental cooperation, including information cooperation, are being broadcast.

I: What do you see as the barriers to the introduction of digital technologies? In your opinion, which problem is the most important to solve? Why do you think so?

E.: Interagency disconnection, including the problem of information exchange, low level of automation of social service processes. It is not known that in other subjects various systems of automation of social service processes are successfully functioning.

I: In your opinion, what difficulties do social service organizations face in implementing social support measures when providing health care services to citizens? What are their main reasons? How is this issue solved in your organization? What do you think, is it necessary to have

information exchange between the social and health care spheres when implementing social support activities?

E.: The problem of information exchange about recipients of social services, access to necessary information. There is a need for a set of measures, including information exchange between the social and health care sectors in the implementation of social support activities.

I.: Is there a problem with managerial personnel related to the introduction of innovations in the activities of institutions today? How, in your opinion, has the situation with managerial personnel of institutions changed over the last few years? What could have influenced it? Is there such a problem in your organization?

E.: Yes, there is. In recent years, the situation with personnel has changed noticeably, thanks to federal projects that provide for professional educational programs, as well as the arrival of new young personnel.

I: What difficulties, in your opinion, do managers working in the social sphere face? How do you explain this situation? What qualities do you think a manager should have? Why do you think so?

E.: It is well known that the work of specialists of social service institutions in the system of interdepartmental interaction requires special competencies from them. This is understanding of the goals, objectives and benefits of interdisciplinarity, knowledge of the boundaries of their professional competence, the ability of a specialist to participate in the organization and implementation of interdisciplinary and interagency interaction, as well as coordination of specialists» activities. That is the possession of many knowledge and skills in the field of social interaction.

Section 3: Existing opportunities/resources of interagency cooperation of health care and social service organizations in providing social services and medical care to elderly citizens.

1. In your opinion, is it currently necessary to improve the existing system of professional development and training, as well as to create an effective competitive basis for filling vacant positions? Implementation of what new social projects may cause the necessity to improve the system of professional development and training? Why do you think so? What points to this?

E.: Yes. The introduction of the LCS and the CRA makes it necessary to improve the professional development and training system. There is a high demand from both managers and line staff to acquire new knowledge.

I: In your opinion, do you think that sufficient attention is paid to improving the level of education of workers of social service and health care organizations? What forms of training (in-person/distance) would be acceptable for your team? In your opinion, are special interagency programs and projects needed to create and maintain jobs? Are you or your specialists ready to

transfer experience to the workers of social service and health care organizations when implementing educational programs? Do you think there is a problem with staff shortage today? What are their main causes?

E.: Yes, recently enough, including in our organization. The forms of training are of mixed type. Development and implementation of special interdepartmental programs would be useful for specialists. At present, social and health care specialists are actively sharing their experience. But, at the same time, it is necessary to improve professional training and vocational education, as well as additional professional education of specialists; creation of the Center of professional competencies. The problem of staff shortage exists due to the low level of salaries in the social sphere compared to other spheres of activity.

I: What social services and institutions in the region do you consider the organization of interdepartmental cooperation to be a priority? How do you think the staff is ready for new innovative social projects and hospital substitution technologies? What professional qualities, in your opinion, should a specialist working in the social sphere possess? Does your organization have such specialists?

E.: Agreements between the Committee for Social Policy, the Committee for Health Care, the Committee for Informatization and Communication of St. Petersburg on information interaction and recipients of social services. Agreements between OSON and medical organizations at district and city levels. Recently, the staff understands the need to implement new projects and actively participate in them. Yes, my organization has such specialists and they supervise many social sphere projects.

I: What departmental information systems are functioning in your organization? What is required for their further development? Why do you think so?

E.: AIS ESRN (for obtaining information). First of all, funding is needed for their development, as it is a rather complex system.

Section 4: Perspective directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: Do you think there is a need to create practice-oriented mechanisms of interagency cooperation to ensure the implementation of normative legal acts of different levels of departmental and interagency nature? What, in your opinion, may be the obstacles? What other ones?

E.: Yes, there is. The length of time it takes to harmonize drafts of new laws, especially when different areas are involved.

I: Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens? Did the founder support you in the decision to promote

proposals for the introduction of electronic services? In your opinion, are these services useful and interesting for the residents of St. Petersburg? Could you be more specific?

E.: Yes. This is the Professional Sociotheque, which was created on the initiative of the St. Petersburg Committee for Social Policy. It is very much in demand among the professional community. Almost all our social service organizations post their practices on this digital service, thus spreading their experience.

I: What do you see as the prospects for the development of digital services and mechanisms for involving senior citizens in the digital society? In your opinion, what issues should digital services be aimed at solving? What points to this? Can you name the difficulties in involving senior citizens in the digital society? How are these issues addressed in your organization?

E.: Digitalization of data, integration of databases and systems of various agencies is one of the most important and relevant areas to ensure that elderly citizens have access to these services. The development of the database of successful practices on the platform «Professional Sociotheque» of the SPbU GBU GIMC «Family» is carried out on an ongoing basis.

I: Is it necessary to create collegial bodies for effective organization of interagency cooperation? In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the older generation and working out the mechanism of building interdepartmental interaction can have a significant impact on the development of socially significant programs and projects? Are you a member of collegial bodies? What else could you add?

E.: Coordination councils should be created for effective organization of interagency cooperation. Interagency interaction allows overcoming disunity, fragmentation and some inconsistency in the activities of socially oriented organizations to solve social problems of citizens. The fundamental requirements that guide the interacting entities in organizing joint activities are: interest of each of the interacting parties in finding ways to solve problems; combining the efforts and capabilities of each party in overcoming the problems of the recipient of services, the solution of which one party is ineffective; constructive cooperation in resolving controversial issues. I am a member of many collegial bodies, as it helps to solve problems in a timely manner on the spot.

I: What mechanisms of innovation project management do you consider promising for the spheres of social services and health care in order to organize work with various categories of recipients of social services, including elderly citizens? How will this affect the quality of social services? Do you think there is a benchmark mechanism of innovation project management for its implementation in St. Petersburg? What else could you add?

E.: Expert and professional centers involving subjects of interagency cooperation. I think it can affect the quality of services provided. I find it difficult to answer about the reference mechanism.

I: Thank you very much for your time. And I ask you to conclude our professional meeting by answering one more question:

What recommendations can you offer to improve the efficiency of organization of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of implementation of national projects?

E.: Improvement of normative legal acts, professional training and development of personnel, automation of social service processes.

I: Thank you for participating in the study and for the opportunity to get your professional opinion.

Transcript 2.

Expert: Head of the St. Petersburg State Kazan Institution «Center for Social Service Organization» (hereinafter referred to as E.)

Interviewer: G.V. Kolosova (hereinafter referred to as I.)

Date: 01/28/2022

Start: 12.00

Duration of the interview: 40 minutes

I.: Good afternoon, Mr. E. You and I have been working and developing the sphere of social services for many years, and recently we have been improving interagency cooperation within the framework of the national project «Demography».

Taking into account the urgent need to improve the activities in the social sphere, we are conducting a sociological (empirical) research to professionally study the current state of interdepartmental interaction between social service and health care institutions in the context of the implementation of the national project «Demography».

I have prepared questions for you and ask you to answer them. I would like to draw your attention to the fact that we need your answers in order to conduct a research work. Please reflect your opinion and share your experience in a professional manner.

With your permission, I will record our conversation on my phone's voice recorder. In order not to waste your time on my manual note-taking and not to miss anything important or distort your answers.

Let me get to the questions.

I: Tell us about yourself. How old are you? What is your education? Do you have a degree? What is your position? How long have you held this position? How long have you worked in the social sphere (health care, social services)?

E.: 55 years old, higher education without a degree, I have held the position of a supervisor for 3 years, 25 years of work experience in the social sphere.

Section I. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: How do you understand the term «interagency cooperation»?

E.: «Inter-institutional cooperation» - is the interaction between different organizations, companies, institutions from different sectors of the social sphere, aimed at ensuring the best outcome for the person.

I: What does interagency cooperation include? What criteria, in your opinion, should first of all contribute to the quality organization of interdepartmental interaction? Why?

E.: Interagency cooperation includes communication between institutions and specialists in order to build an optimal route of assistance for each person seeking it.

I: What do you think a universal model of interdepartmental interaction should be? Why? How will it affect the quality of social services and medical care for elderly citizens?

A universal model of interagency interaction should reflect all the prospective directions of national tasks set by the federal project «Older Generation». And then the quality of social services will meet the requirements of their recipients.

I: How, in your opinion, is interdepartmental interaction between health care and social service organizations currently organized in the provision of social services and medical care to elderly citizens? What, in your opinion, are the problems faced by health care and social service organizations? Is there a disconnection of mechanisms of interagency interaction at the moment? Why do you think so?

E.: Satisfactory, in manual mode and on the basis of personal contacts. There is a significant fragmentation of interagency cooperation mechanisms. Because many medical organizations refuse to sign agreements.

I: What forms (e.g., conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests) of interagency interaction between health care and social service organizations in providing social services and medical care to elderly citizens should be implemented in social service organizations? What forms are used in your institution? How do you assess the available resources of interdepartmental interaction in St. Petersburg? What else could you add?

E.: All the listed forms are appropriate, but it would be more effective to receive them within the framework of information interaction on the basis of unified software products, i.e. automation of processes. Our organization has more than 120 agreements with medical organizations, which are successfully implemented when recognizing citizens in need of social services and social

support.

We systematically work with medical organizations to conclude agreements.

I: What innovative products does your organization have? How do you evaluate the effectiveness of the innovative products available in your organization? Do you think these systems are user-friendly? Do you plan to further develop the innovative products available in your organization? Why?

E.: The development of public institutions depends on unified information resources of the city.

However, expanding the opportunities for the citizen within the framework of receiving assistance on the initiative of specialists, the resource «Social Services Navigator» was developed. There are groups in social networks. It is planned to introduce a chatbot in Telegram. Our organization is constantly developing its information resources, as they are in demand among our citizens.

I: In your opinion, how developed and accessible are information resources in the field of organizing interdepartmental interaction? Can you name information systems? Can you give examples? In your opinion, which information systems are priority? Why? In your opinion, how effective is the implementation of information resources today? How ready is the staff to master new information systems? Does your organization encounter staff resistance to mastering information systems? What else could you add?

E.: I think that Optima is developing in this direction, although I have not worked with their product in detail. I would like to note that the development of regional departmental information systems for social services does not mean the development of a unified state information platform for social services in the Russian Federation as a whole and in the regions in particular, as is the case, for example, in the health care sector, the development of the digital circuit of which was financed from the federal budget and regional budgets. Due to the fact that our organization is still very young, 5 years old, and employs mostly young employees, there is practically № resistance.

I can note the evolution of the digital transformation of information on the recipients of various social support measures and social services uploaded to the unified state information system: until 01.01.2024 - Unified State Information System of Social Security; from 01.01.2024 - Unified Centralized Digital Platform in the Social Sphere.

Section 2: The main barriers to interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: What are the current problems of interagency cooperation between health care and social service organizations? What barriers, in your opinion, affect the mechanisms of interagency cooperation to a greater extent? How do you explain this situation? What is it connected with?

E.: There are many problems and barriers. Doctors» workload and fear of taking on additional work; unapproved medical information forms required by social services; lack of initial knowledge of medical terminology among social work professionals.

I: Is there a disconnection of normative legal acts on the implementation of interagency cooperation of senior citizens at the federal level? If yes, do you think there are any prospects for solving the issue of disunity of normative legal acts? What, in your opinion, is it connected with? What else could you add?

E.: Yes. Many citizens» certificates used in the social protection system are not approved in the health care system at any level. This is directly related to the non-improvement of federal legislation.

I: What do you see as the barriers to the introduction of digital technologies? In your opinion, which problem is the most important to solve? Why do you think so?

E.: I take it that the question concerns interdepartmental cooperation? There is an opinion in the medical community that doctors violate medical confidentiality, but in reality this is not confirmed in practice when working in manual mode. Digital technologies make it possible to introduce stricter control over the work of specialists, which greatly increases the level of service and quality of care.

I: In your opinion, what difficulties do social service organizations face in implementing social support measures when providing health care services to citizens? What are their main reasons? How is this issue solved in your organization? What do you think, is it necessary to have information exchange between the social and health care spheres when implementing social support activities?

E.: Length of time it takes to process documents for a citizen. Imperfection of digital technologies. It is necessary to develop information exchange between the social and health care spheres.

I: Is there a problem with managerial personnel related to the introduction of innovations in the activities of institutions today? How, in your opinion, has the situation with managerial personnel of institutions changed over the last few years? What could have influenced it? Is there such a problem in your organization?

E.: The system itself in social services is still very inert and is traditionally aimed at relieving social tensions rather than at development. There are no unified and clear strategies, and therefore no clear systemic indicators of performance evaluation. I think that the creativity of a manager depends on his outlook and vision of the system as a whole. And most often the manager solves current issues within the institution and most often related to finances, rather than improving the quality level of the system. And in our organization there are problems of lack of professional staff.

I: What difficulties, in your opinion, do managers working in the social sphere face? How do you explain this situation? What qualities do you think a manager should have? Why do you think so?

E.: Departmental fragmentation (subordination to district administrations and local self-government bodies); few activities to develop a unified vision of the process of formation and development of the social sphere strategy. The need to increase capacity and upgrade social infrastructure to provide social services. The head should be competent and consistent in his decisions, because he is responsible for the consequences of the decision made.

Section 3: Existing opportunities/resources of interagency cooperation of health care and social service organizations in providing social services and medical care to elderly citizens.

1. In your opinion, is it currently necessary to improve the existing system of professional development and training, as well as to create an effective competitive basis for filling vacant positions? Implementation of what new social projects may cause the necessity to improve the system of professional development and training? Why do you think so? What points to this?

E.: Professional development in the social service system can be inseparably connected with certification. Perhaps it will allow us to create a competitive basis. Certainly, it is the introduction of long-term care systems, because the demographic situation in the country dictates its own requirements to support citizens in need.

I: In your opinion, do you think that sufficient attention is paid to improving the level of education of workers of social service and health care organizations? What forms of training (in-person/distance) would be acceptable for your team? In your opinion, are special interdepartmental programs and projects needed to create and maintain jobs? Are you or your specialists ready to transfer experience to the workers of social service and health care organizations when implementing educational programs? Do you think there is a problem with staff shortage today? What are their main causes?

E.: There is no doubt that special interdepartmental programs and projects should be developed to build a system of interaction within the framework of pilot projects and regional projects. Increasing the level of education of employees of social service organizations should be streamlined and applied in accordance with the length of service and qualification category. Development of special interdepartmental programs and projects for creation and preservation of jobs is necessary. And specialists of our organization actively participate in reading lectures on programs of additional professional education. The problem of staff shortage exists because the specifics of work are very different from other spheres of activity, it is complex and emotionally loaded.

I: What social services and institutions in the region do you consider the organization of interdepartmental cooperation to be a priority? How do you think the staff is ready for new innovative

social projects and hospital substitution technologies? What professional qualities, in your opinion, should a specialist working in the social sphere possess? Does your organization have such specialists?

E.: Interagency cooperation with health, cultural and sports institutions to organize leisure activities for citizens of all ages. The staff needs to be trained and introduce management in the field of services and quality of work organization. At present there is a desire, but the system of knowledge is not enough for transition to new forms of work. Taking into account the multifaceted activity, special professional and personal requirements such as attentiveness, tolerance, endurance and self-control, kindness, love for people are imposed on the personality of a specialist.

I: What departmental information systems are functioning in your organization? What is required for their further development? Why do you think so?

E.: AIS PUK DSO, MAIS EGU, AIS ESRN. Any development requires funding and regulations.

Section 4: Perspective directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: Do you think there is a need to create practice-oriented mechanisms of interagency cooperation to ensure the implementation of normative legal acts of different levels of departmental and interagency nature? What, in your opinion, may be the obstacles? What other ones?

E: Yes, there are.

I: Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens? Did the founder support you in the decision to promote proposals for the introduction of electronic services? In your opinion, are these services useful and interesting for the residents of St. Petersburg? Could you be more specific?

E.: Social Services Navigator. This service was created with the support of our founder. Thousands of residents use our service.

I: What do you see as the prospects for the development of digital services and mechanisms for involving senior citizens in the digital society? In your opinion, what issues should digital services be aimed at solving? What points to this? Can you name the difficulties in involving senior citizens in the digital society? How are these issues addressed in your organization?

E.: Combining services with Gosusluzhki for information in a citizen's personal cabinet. Everyone in our organization owns the available digital resources.

I: Is it necessary to create collegial bodies for effective organization of interagency cooperation? In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the

older generation and working out the mechanism of building interdepartmental interaction can have a significant impact on the development of socially significant programs and projects? Are you a member of collegial bodies? What else could you add?

E.: There is a need for a coordinating center with the inclusion of a collegial body with specialists from the health care system. I am a member of several interdepartmental commissions.

I: What mechanisms of innovation project management do you consider promising for the spheres of social services and health care in order to organize work with various categories of recipients of social services, including elderly citizens? How will this affect the quality of social services? Do you think there is a benchmark mechanism of innovation project management for its implementation in St. Petersburg? What else could you add?

E.: Introduction of information systems to systematize and modify the work of specialists, to introduce control, which will improve the quality of service. Creation of a single module between the health care and social protection systems to collect information about the citizen, but with the provision of this information additionally to his personal cabinet on Gosusluga.

I: Thank you very much for your time. And I ask you to conclude our professional meeting by answering one more question:

What recommendations can you offer to improve the efficiency of organization of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of implementation of national projects?

E.: Joint training of employees of medical and social institutions at trainings and programs of additional professional education, creation of a common information space, digitalization of assistance, information interaction, including with the involvement of mass media.

I: Thank you for participating in the study and for the opportunity to get your professional opinion.

Transcript 3.

Expert: Head of the Department of Social Protection and Social Services of the Ministry of Labor and Social Protection of the Russian Federation (hereinafter - E.)

Interviewer: G.V. Kolosova (hereinafter referred to as I.)

Date: 11/18/2022

Beginning: 19.00

Duration of the interview: 40 minutes

I.: Good afternoon, Mr. E. You and I have been working and developing the sphere of social services for many years, and recently we have been improving interagency cooperation within the framework of the national project «Demography».

Taking into account the urgent need to improve the activities in the social sphere, we are conducting a sociological (empirical) research to professionally study the current state of interdepartmental interaction between social service and health care institutions in the context of the implementation of the national project «Demography».

I have prepared questions for you and ask you to answer them. I would like to draw your attention to the fact that we need your answers in order to conduct a research work. Please reflect your opinion and share your experience in a professional manner.

With your permission, I will record our conversation on my phone's voice recorder. In order not to waste your time on my manual note-taking and not to miss anything important or distort your answers.

Let me get to the questions.

I: How old are you? What is your education? How long have you worked in the social sphere?

E.: 45 years old, higher education, head of the Department of Social Protection and Social Services of the Ministry of Labor and Social Protection of the Russian Federation, 2 years 10 months of work experience in the social sphere.

I: Let us now turn directly to the main questions.

Section I. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: How do you understand the term «interagency cooperation»?

E.: Inter-agency cooperation is when public authorities (OGVs), when solving certain tasks related either to a person's difficult life situation or to what the person needs, interact with each other to transfer the necessary information to solve his/her problems.

I: What does interagency cooperation include? What criteria, in your opinion, should first of all contribute to the quality organization of interdepartmental interaction? Why?

E.: Interagency cooperation includes solving certain tasks with the participation of different LSGs in the interests of a person, or within one structure, but with different divisions of this structure. For example, we need to get information from the tax service to get information about a citizen's income in order to recognize him/her as needy. Or, for example, when a mom with a child or with a dad is in a difficult life situation, they do not have a job, then we interact with employment agencies and pay them social assistance so that they can live normally, and at the same time observe that the child does not get into a bad story, together with the guardianship service and social service.

I: What do you think the universal model of interdepartmental interaction should be? Why? How will it affect the quality of social services and medical care for elderly citizens?

E.: A universal model should solve complex management processes to create the conditions necessary for social service users, taking into account their individual circumstances of need and the presence of a difficult life situation. Then the quality will noticeably improve.

I: How, in your opinion, is interdepartmental interaction between health care and social service organizations currently organized in the provision of social services and medical care to elderly citizens? What, in your opinion, are the problems faced by health care and social service organizations? Is there a disconnection of mechanisms of interagency interaction at the moment? Why do you think so?

E.: In the Russian Federation, interagency cooperation between health care and social services is not easy. Within social services, we often have issues when we need a doctor's consultation, especially related to the elderly and disabled.

Some constituent entities of the Russian Federation have established electronic interaction between health care and social service agencies, while in some there is no interaction, not even by telephone. For example, in the Republic of Mari El, the health authorities make recommendations to the social service authorities about a person's needs, and they have one information system. Each care assistant (caregiver) or social worker has a phone number of a therapist (district therapist), whom he or she can call and consult, including via video link. This is decided at the level of a constituent entity of the Russian Federation. This can be called interdepartmental telecommunication of medical and social assistance. Obtaining a prompt consultation with a doctor - this is widely developed in the health care system. In interdepartmental forms, it requires operational development.

I: What forms (e.g., conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests) of interagency interaction between health care and social service organizations in providing social services and medical care to elderly citizens should be implemented in social service organizations? What forms are used in your institution? What else could you add?

E.: In addition to the forms listed above, it can be an electronic appointment with a doctor. There can be electronic mail, etc. But first of all, it is a form of integration of information systems of health care and social services, which is closed mainly at the regional level of government. It is difficult to regulate the possibilities at the federal level, we can only give recommendations. The Ministry of Labor recommends a sequence of interactions in terms of the development of digital integration, so as not to burden the doctor with unnecessary work, for example, the form can be filled out by the doctor and sent to the social worker with recommendations on nutrition, as well as what to pay attention to the social worker and caregiver (the person has diabetes or certain restrictions). The Ministry of Labor uses forms of business correspondence within the federal information system of interdepartmental electronic document management (MEDO), which is designed to organize the

interaction of electronic document management systems of participants in interdepartmental electronic document management. This helps to promptly receive the necessary information.

I: What innovative products does your organization have? How do you evaluate the effectiveness of the innovative products available in your organization? Do you think these systems are user-friendly? Do you plan to further develop the innovative products available in your organization? Why?

E.: In the future - development of integrated digital resources of the Ministry of Health of the Russian Federation and the Ministry of Labor of the Russian Federation, for example, EGISSO. There is a task that the digital health system will receive this development, recommendations from the federal level to synchronize information systems with the social service system. The concept of digitalization of the social sphere implies revision of existing information systems, their integration into each other. For example, FRI separately, EGISSO separately. All health care and social service systems are subject systems. At the federal level is not, but the recommendations that are needed to synchronize information systems for the correct provision of social and medical care to the citizen, the Ministry of Labor of the Russian Federation plans to develop unified recommendations within the framework of the LCS. Unfortunately, the digitalization of the LCS has been excluded from the digital concept, but the LCS pilot regions have budget funds for digitalization.

I: In your opinion, how developed and accessible are information resources in the field of organizing interdepartmental interaction? Can you name information systems? Can you give examples? In your opinion, which information systems are priority? Why? In your opinion, how effective is the implementation of information resources today? How ready is the staff to master new information systems? Does your organization encounter staff resistance to mastering information systems? What else could you add?

E.: Currently, I consider the main problem to be the lack of full-fledged integration of information systems and the lack of fixed powers to separate orders of the Ministry of Labor of the Russian Federation and the Ministry of Health of the Russian Federation. For example, we can name a good example: this is a joint order of the two agencies - the Ministry of Labor and the Ministry of Health of the Russian Federation on palliative care, thanks to which the work is well organized. Medical organizations inform social service organizations that a palliative patient has indications for social services, and the social sphere, having received the necessary signal, promptly recognizes the person in need and provides timely social assistance, or, if the person is already in the service, social structures carry out the necessary interaction.

Section 2: The main barriers to interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: What are the current problems of interagency cooperation between health care and social service organizations? What barriers, in your opinion, affect the mechanisms of interagency cooperation to a greater extent? How do you explain this situation? What is it connected with?

E.: Digital disconnect between the information systems of health and social care authorities. We realize that the implementation of digital solutions is hindered by the lack of personal involvement of HSAs and lack of funding. For example, when building interdepartmental interaction between the Federal Tax Service and the Ministry of Labor of the Russian Federation, until the head himself understood the essence of the issue, it was not solved at all.

I: Is there a disconnection of normative legal acts on the implementation of interagency cooperation of senior citizens at the federal level? If yes, do you think there are any prospects for solving the issue of disunity of normative legal acts? What, in your opinion, is it connected with? What else could you add?

E.: Yes. There are prospects in solving the issue of the disunity of normative legal acts, and they are currently being solved at the federal level.

I: What do you see as the barriers to the introduction of digital technologies? In your opinion, which problem is the most important to solve? Why do you think so?

E.: Sectoral involvement of OGV managers. Priority of tasks on synchronization of information systems. This will help to develop social infrastructure of social service providers for quality provision of social services.

I: In your opinion, what difficulties do social service organizations face in implementing social support measures when providing health care services to citizens? What are their main reasons? How is this issue solved in your organization? What do you think, is it necessary to have information exchange between the social and health care spheres when implementing social support activities?

E.: Low automation. The problem of deficit of financing of social services. Information exchange between the social and health care spheres in the implementation of social support activities is necessary.

I.: Is there a problem with managerial personnel related to the introduction of innovations in the activities of institutions today? How, in your opinion, has the situation with managerial personnel of institutions changed over the last few years? What could have influenced it? Is there such a problem in your organization?

E.: Yes, the system of professional training is a problem in many subjects. A social work specialist is not protected. Thanks to federal and regional programs, the shortage of managerial personnel is noticeably decreasing. There are № such problems in the Ministry of Labor.

I: What difficulties, in your opinion, do managers working in the social sphere face? How do you explain this situation? What qualities do you think a manager should have? Why do you think so?

E.: Timeliness of new directions and formation of new professional competencies: the Russian Ministry of Labor recommends the regions to solve this problem independently. The Ministry of Labor of the Russian Federation plans to consider changes in the specifics of the roadmaps created in fulfillment of the Decrees of the President of the Russian Federation. Special requirements are imposed on OSON specialists in the context of constantly improving professional standards. In general, a manager should possess a large complex of various qualities - both personal and mainly managerial.

Section 3: Existing opportunities/resources of interagency cooperation of health care and social service organizations in providing social services and medical care to elderly citizens.

1. In your opinion, is it currently necessary to improve the existing system of professional development and training, as well as to create an effective competitive basis for filling vacant positions? Implementation of what new social projects may cause the necessity to improve the system of professional development and training? Why do you think so? What points to this?

E.: Yes, it is necessary to improve the existing system of professional development and training, as there is a lack of a planned approach and resource provision in the constituent entities of the Russian Federation. This is especially important when implementing the LCS.

I: In your opinion, do you think that sufficient attention is paid to improving the level of education of workers of social service and health care organizations? What forms of training (in-person/distance) would be acceptable for your team? In your opinion, are special interdepartmental programs and projects needed to create and maintain jobs? Are you or your specialists ready to transfer experience to the workers of social service and health care organizations when implementing educational programs? Do you think there is a problem with staff shortage today? What are their main causes?

E.: It is different in different subjects of the Russian Federation, but, in general, it is enough. Mixed forms of education. For example, the Ministry of Labor of the Russian Federation is studying at RANCHIGS or HSE or other universities under different programs. Programs of special interdepartmental programs and projects are necessary. When we involve the staff in new technologies, we have to retrain the staff. And the specialists of the Ministry of Labor do it successfully at various federal events. For the personnel system of social services, the issue of

ensuring a decent level of wages is particularly acute, since the category of the main personnel providing social services includes only the position of social worker, for which there are № requirements for the level of education in the professional standard, and the main function of the position is to provide services at home.

The lack of regulation of wage level issues for the main categories of personnel providing social services has led to low staffing levels in public institutions, failure to achieve the level of average monthly wages in the region as a whole for groups of public providers, and staff shortages in the sector.

I: What social services and institutions in the region do you consider the organization of interdepartmental cooperation to be a priority? How do you think the staff is ready for new innovative social projects and hospital substitution technologies? What professional qualities, in your opinion, should a specialist working in the social sphere possess? Does your organization have such specialists?

E.: The staff is not ready, they need to be trained and retrained in a timely manner.

I: What departmental information systems are functioning in your organization? What is required for their further development? Why do you think so?

E.: EGISSO, FRI, GIIS «Electronic Budget». The development of information systems depends on the construction of financial policy and coordinated actions of public authorities.

I: Do you think there is a need to create practice-oriented mechanisms of interagency cooperation to ensure the implementation of normative legal acts of different levels of departmental and interagency nature? What, in your opinion, may be the obstacles? What other ones?

E: Yeah.

I: Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens? Did the founder support you in the decision to promote proposals for the introduction of electronic services? In your opinion, are these services useful and interesting for the residents of St. Petersburg? Could you be more specific?

E.: Yes, Gosuservices, the website of the Ministry of Labor, chat rooms for operational interaction in various areas in Telegram. The Ministry of Labor»s chats are useful and prompt, which is very important in today»s world.

the category of the main personnel providing social services includes only the position of a social worker, for which the professional standard has № requirements for the level of education; the main function of the position is to provide home-based services.

The lack of regulation of wage level issues for the main categories of personnel providing social services has led to low staffing levels in public institutions, failure to achieve the level of

average monthly wages in the region as a whole for groups of public providers, and staff shortages in the sector.

I: What social services and institutions in the region do you consider the organization of interdepartmental cooperation to be a priority? How do you think the staff is ready for new innovative social projects and hospital substitution technologies? What professional qualities, in your opinion, should a specialist working in the social sphere possess? Does your organization have such specialists?

E.: The staff is not ready, they need to be trained and retrained in a timely manner.

I: What departmental information systems are functioning in your organization? What is required for their further development? Why do you think so?

E.: EGISSO, FRI, GIIS «Electronic Budget». The development of information systems depends on the construction of financial policy and coordinated actions of public authorities.

I: Do you think there is a need to create practice-oriented mechanisms of interagency cooperation to ensure the implementation of normative legal acts of different levels of departmental and interagency nature? What, in your opinion, may be the obstacles? What other ones?

E: Yeah.

I: Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens? Did the founder support you in the decision to promote proposals for the introduction of electronic services? In your opinion, are these services useful and interesting for the residents of St. Petersburg? Could you be more specific?

E.: Yes, Gosuservices, the website of the Ministry of Labor, chat rooms for operational interaction in various areas in Telegram. The Ministry of Labor»s chats are useful and prompt, which is very important in today»s world.

I: What do you see as the prospects for the development of digital services and mechanisms for involving senior citizens in the digital society? In your opinion, what issues should digital services be aimed at solving? What points to this? Can you name the difficulties in involving senior citizens in the digital society? How are these issues addressed in your organization?

E.: The introduction of the Social Certificate, but at the same time for the group of older generation is a complicated process.

I: Is it necessary to create collegial bodies for effective organization of interagency cooperation? In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the older generation and working out the mechanism of building interdepartmental interaction can have a significant impact on the development of socially significant programs and projects? Are you a member of collegial bodies? What else could you add?

E: Yeah.

I: What mechanisms of innovation project management do you consider promising for the spheres of social services and health care in order to organize work with various categories of recipients of social services, including elderly citizens? How will this affect the quality of social services? Do you think there is a benchmark mechanism of innovation project management for its implementation in St. Petersburg? What else could you add?

E.: It's hard to answer.

I: Thank you very much for your time. And I ask you to conclude our professional meeting by answering one more question:

What recommendations can you offer to improve the efficiency of organization of interdepartmental interaction in the system of social services for elderly citizens in the new conditions of implementation of national projects?

E.: In my opinion, the following mechanisms can contribute to increasing efficiency in the context of the national project «Demography»: it is necessary to move towards digitalization and synchronization of information systems of health care and social service organizations; to improve the system of professional training of personnel; the involvement and competence of the heads of OGBs is necessary; to change the forms of monitoring 65In and the forms of social services so that they are focused on the person, not on the number of social services. EGISSO resource can be used for reporting on the Older Generation. We can consider the possibility of uploading services to EGISSO, we will be able to see individuals. For example, during the year an IPPSU was compiled, a person may have an IPPSU but enter into a contract or receive social services but the provider did not upload the information, etc., the figures are not accurate.

I: Thank you for participating in the study and for the opportunity to get your professional opinion.

Transcript 4.

Expert: Head of the St. Petersburg State Budgetary Healthcare Institution «Hospital for War Veterans», Candidate of Medical Sciences (hereinafter - E.)

Interviewer: G.V. Kolosova (hereinafter referred to as I.)

Date: 03/16/2022

Start: 15.00

Duration of the interview: 40 minutes

I.: Good afternoon, Mr. E. You and I have been working and developing the sphere of social services for many years, and recently we have been improving interagency cooperation within the framework of the national project «Demography».

Taking into account the urgent need to improve the activities in the social sphere, we are conducting a sociological (empirical) research to professionally study the current state of interdepartmental interaction between social service and health care institutions in the context of the implementation of the national project «Demography».

I have prepared questions for you and ask you to answer them. I would like to draw your attention to the fact that we need your answers in order to conduct a research work. Please reflect your opinion and share your experience in a professional manner.

With your permission, I will record our conversation on my phone's voice recorder. In order not to waste your time on my manual note-taking and not to miss anything important or distort your answers.

Let me get to the questions.

I: Let's start with the introductory part. *I: How old are you? What is your education? How long have you worked in the medical field?*

E.: 53, higher education, candidate of medical sciences, deputy head of St. Petersburg state budgetary health care institution «Hospital for war veterans», I have held this position for 6 years, 18 years of work experience in medicine.

I: Let us now turn directly to the main questions.

Section I. Assessment of the current system of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: How do you understand the term «interagency cooperation»?

E.: A form of interaction on the exchange of documents or information between bodies that provide state and municipal services.

I: What does interagency cooperation include? What criteria, in your opinion, should first of all contribute to the quality organization of interdepartmental interaction? Why?

E.: It's hard to answer.

I: What do you think a universal model of interdepartmental interaction should be? Why? How will it affect the quality of social services and medical care for elderly citizens?

E.: It's hard to answer.

I: How, in your opinion, is interdepartmental interaction between health care and social service organizations currently organized in the provision of social services and medical care to elderly citizens? What, in your opinion, are the problems faced by health care and social service organizations? Is there a disconnection of mechanisms of interagency interaction at the moment? Why do you think so?

E.: A social worker as the patient's representative with identity documents applies on his/her behalf to the medical organization at the place of residence. Interaction of a medical worker with social workers.

I: What forms (e.g., conclusion of interagency agreements; creation of interagency working groups, commissions, councils; sending various interagency requests) of interagency interaction between health care and social service organizations in providing social services and medical care to elderly citizens should be implemented in social service organizations? What forms are used in your institution? How do you assess the available resources of interdepartmental interaction in St. Petersburg? Do you know about the work on the conclusion of interdepartmental agreements, conducted by SPb SCU «COSO»? What else could you add?

E.: Conclusion of interagency agreements; creation of interagency working groups. We use all these forms. Our organization knows about the work of the SPb SCU «COSO» in concluding agreements, because we actively interact and it helps us to promptly solve the problems of elderly citizens in need.

I: What innovative products does your organization have? How do you evaluate the effectiveness of the innovative products available in your organization? Do you think these systems are user-friendly? Do you plan to further develop the innovative products available in your organization? Why?

E.: Tablets are used in medical organizations to work with low-mobility groups of patients.

I: In your opinion, how developed and accessible are information resources in the field of organizing interdepartmental interaction? Can you name information systems? Can you give examples? In your opinion, which information systems are priority? Why? In your opinion, how effective is the implementation of information resources today? How ready is the staff to master new information systems? Does your organization encounter staff resistance to mastering information systems? What else could you add?

E.: Insufficiently developed. It is necessary to improve interagency cooperation in terms of ensuring exchange between information systems of health care and social services.

Section 2: The main barriers to interagency cooperation between health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: What are the current problems of interagency cooperation between health care and social service organizations? What barriers, in your opinion, affect the mechanisms of interagency cooperation to a greater extent? How do you explain this situation? What is it connected with?

E.: It's hard to answer.

I: Is there a disconnection of normative legal acts on the implementation of interagency cooperation of senior citizens at the federal level? If yes, do you think there are any prospects for

solving the issue of disunity of normative legal acts? What, in your opinion, is it connected with? What else could you add?

E.: It's hard to answer.

I: What do you see as the barriers to the introduction of digital technologies? In your opinion, which problem is the most important to solve? Why do you think so?

E: There is no single digital loop.

I: In your opinion, what difficulties do social service organizations face in implementing social support measures when providing health care services to citizens? What are their main reasons?

How is this issue solved in your organization? What do you think, is it necessary to have information exchange between the social and health care spheres when implementing social support activities?

E.: The social worker is poorly informed, so it is necessary to develop information exchange.

I.: Is there a problem with managerial personnel related to the introduction of innovations in the activities of institutions today? How, in your opinion, has the situation with managerial personnel of institutions changed over the last few years? What could have influenced it? Is there such a problem in your organization?

E: In the medical field, I haven't heard.

I: What difficulties, in your opinion, do managers working in the social sphere face? How do you explain this situation? What qualities do you think a manager should have? Why do you think so?

E.: Staff turnover in the social sphere, labor conditions, specifics of work, insufficient material and technical equipment and development of social infrastructure of social service providers, it is associated with low wages compared to other segments of the service economy of the social sphere, for example - health care, which leads to the migration of qualified specialists to more remunerative industries.

Section 3: Existing opportunities/resources of interagency cooperation of health care and social service organizations in providing social services and medical care to elderly citizens.

1. In your opinion, is it currently necessary to improve the existing system of professional development and training, as well as to create an effective competitive basis for filling vacant positions? Implementation of what new social projects may cause the necessity to improve the system of professional development and training? Why do you think so? What points to this?

E.: Necessary. Professional development is necessary when introducing new projects and any other changes. For example, implementation of the LCS.

I: In your opinion, do you think that sufficient attention is paid to improving the level of education of workers of social service and health care organizations? What forms of training (in-

person/distance) would be acceptable for your team? In your opinion, are special interdepartmental programs and projects needed to create and maintain jobs? Are you or your specialists ready to transfer experience to the workers of social service and health care organizations when implementing educational programs? Do you think there is a problem with staff shortage today? What are their main causes?

E.: For social service workers it is necessary to increase the number of hours for professional development cycles, to conduct them in person. Enough time is allocated for health care workers. Development of special interdepartmental programs and projects is not required.

I: What social services and institutions in the region do you consider the organization of interdepartmental cooperation to be a priority? How do you think the staff is ready for new innovative social projects and hospital substitution technologies? What professional qualities, in your opinion, should a specialist working in the social sphere possess? Does your organization have such specialists?

E.: Service of social district officers. Regarding the readiness of the staff, I find it difficult to answer.

I: What departmental information systems are functioning in your organization? What is required for their further development? Why do you think so?

E.: Website of the institution with feedback. Software and staffing are needed for further development.

Section 4: Perspective directions of interdepartmental interaction of health care and social service organizations in the provision of social services and medical care to elderly citizens.

I: Do you think there is a need to create practice-oriented mechanisms of interagency cooperation to ensure the implementation of normative legal acts of different levels of departmental and interagency nature? What, in your opinion, may be the obstacles? What other ones?

E.: №.

I: Does your organization have open and accessible customer-oriented electronic services, information systems and portals for citizens? Did the founder support you in the decision to promote proposals for the introduction of electronic services? In your opinion, are these services useful and interesting for the residents of St. Petersburg? Could you be more specific?

E.: It's hard to answer.

I: What do you see as the prospects for the development of digital services and mechanisms for involving senior citizens in the digital society? In your opinion, what issues should digital services be aimed at solving? What points to this? Can you name the difficulties in involving senior citizens in the digital society? How are these issues addressed in your organization?

E.: Computer literacy training. We encourage our patients to go to cultural and social service organizations. Sometimes we involve volunteers.

I: Is it necessary to create collegial bodies for effective organization of interagency cooperation? In your opinion, strengthening the organizational work of coordination councils, interdepartmental commissions, on issues of complex medical and social assistance to citizens of the older generation and working out the mechanism of building interdepartmental interaction can have a significant impact on the development of socially significant programs and projects? Are you a member of collegial bodies? What else could you add?

E.: Yes, of course, collegial bodies are needed. But in the implementation of comprehensive medical and social care for senior citizens, it is necessary to take into account the recommendations of a geriatrician after a comprehensive geriatric assessment.

I: What mechanisms of innovation project management do you consider promising for the spheres of social services and health care in order to organize work with various categories of recipients of social services, including elderly citizens? How will this affect the quality of social services? Do you think there is a benchmark mechanism of innovation project management for its implementation in St. Petersburg? What else could you add?

E.: It's hard to answer.

I: Thank you very much for your time. And I ask you to conclude our professional meeting by answering one more question:

What recommendations can you offer to improve the efficiency of interagency cooperation in the system of social services for elderly citizens in the new conditions of national projects implementation?

E.: Improvement of interdepartmental interaction in terms of ensuring exchange between information systems.

I: Thank you for participating in the study and for the opportunity to get your professional opinion.

Proposals for the digitalization of the provision by medical organizations of information necessary for recognizing citizens in need of social services (public service implemented by the St. Petersburg State Institution «Center for Social Service Organization»)

Departmental affiliation of the NPA	Name of NAP	Availability of a form approved by the Ministry of Health of the Russian Federation and the Health Care Committee	Commentary
Federal mandates	Order of the Ministry of Health of Russia of 29.04.2015 №. 216n*«On Approval of the list of medical contraindications due to the presence of which a citizen or recipient of social services may be denied, including temporarily, the provision of social services in inpatient form, as well as the form of an opinion of an authorized medical organization on the presence of such contraindications».	Got it Annex №. 2 «Conclusion of an authorized medical organization on the presence of medical contraindications, due to the presence of which a citizen or recipient of social services may be denied, including temporarily, the provision of social services in stationary form»	There is provision for electronic receipt of a medical report of the form established by the Order of the Ministry of Health of the Russian Federation from a medical organization to an authorized organization (St. Petersburg State Educational Institution «Central Social Service Center») for recognizing a citizen in need of social services when determining medical indications for the provision of social services in the inpatient form of social services.

Departmental affiliation of the NPA	Name of NAP	Availability of a form approved by the Ministry of Health of the Russian Federation and the Health Care Committee	Commentary
	<p>Joint Order of the Ministry of Health of Russia № 345n, Ministry of Labor of Russia № 372n from 31.05.2019 «On approval of the Regulations on the organization of palliative care, including the procedure for interaction between medical organizations, social service organizations and public associations, other non-profit organizations operating in the field of health protection»</p> <p>Annex №. 38 «Procedure for interaction between medical organizations, social service organizations, public organizations and other non-profit organizations carrying out their activities in the field of public health protection, in the provision of palliative care to citizens».</p>	not	<p>There is possibility for medical organizations providing PMP to send documents electronically to the authorized body or authorized organization (SPb GKU «COSO») information for recognizing citizens in need of social services, in accordance with paragraph 4 of Annex №. 38.</p>

Departmental affiliation of the NPA	Name of NAP	Availability of a form approved by the Ministry of Health of the Russian Federation and the Health Care Committee	Commentary
	Order of the Ministry of Labor of Russia and the Ministry of Health of Russia of 21.12.2017 №. 861/1036 «On approval of methodological recommendations for the organization of social services and social support for citizens who have completely or partially lost the ability to perform self-care, self-mobility, and the provision of medical assistance to them»	not Subparagraph 7, paragraph 27 of the Methodological Recommendations provides for interaction in the sphere of health care and social services in order to obtain information	The possibility of electronic exchange of information necessary for the organization of social services between participants of interdepartmental interaction, including the exchange of information necessary for the provision of social services and social support in accordance with subparagraph 1 of item 26. 26, and to request information necessary for the provision of social services and social support in accordance with subparagraphs 3 and 7 of paragraph 27
	Methodological recommendations on the organization of comprehensive geriatric assessment (for health care organizers, geriatricians, district doctors, nurses) - 2019, SPb, approved by in accordance with the Order of the Ministry of Health of the Russian Federation from 28.07.1999 № 297	Got it Annex №. 7 «Scale for assessing the need and amount of social and domestic assistance and care»	There is provision for medical organizations providing geriatric care to transmit data in electronic form: the results of the CSR on the need for social assistance on the basis of the patient's consent to social assistance to the SCU «CSSC» for the recognition of citizens in need of social services in accordance with paragraph 3.5.6. of the Methodological Recommendations.
Regional powers	Order of the Committee for Healthcare of 15.11.2019 № 601-r «On routing of patients in St. Petersburg in case of suspicion or detection of senile asthenia»	not	There is possibility for medical organizations to send documents (screening results) electronically to the SPb GKU «COSO» to recognize citizens in need of social services

* Federal Law №. 553-FZ «On Amending Article 18 of the Federal Law «On the Principles of Social Services for Citizens in the Russian Federation» came into force on 20.03.2023 in terms of: possible refusal, including temporarily, to provide social services to a citizen or recipient of social services in the form of social services at home, or in semi-stationary form, or in stationary form due to the presence of medical contraindications, the list of which is approved by the federal executive body responsible for social services in the Russian Federation resuming the provision of social services in the form of social services at home, or in semi-stationary form, or in stationary form after receiving a conclusion of an authorized medical organization that there are № medical contraindications;

informing social service providers of the medical organization at the citizen's place of residence of the need for medical assistance, including medical supervision in case of refusal.