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**LEGAL STATUS OF THE SPECIAL SOCIAL CENTERS
FOR THE ELDERLY AND DISABLED
IN THE REPUBLIC OF KAZAKHSTAN**

The article analyzes the complex system of solving problems arising in connection with the legal status of boarding schools for the elderly and disabled (boarding houses) in the Republic of Kazakhstan and the protection of the rights of elderly citizens living in them. Analyzing the norms of the law defining the legal form and structure of residential homes for the elderly and disabled (boarding houses) in the country, an analysis was made of the activities and main goals of existing social institutions serving elderly citizens.

Thus, the analysis of international experience in the protection of the rights of elderly people living in boarding houses for the elderly and disabled, scientific works of foreign scientists and domestic scientists in the field of protection of the rights of elderly citizens in developed civilized foreign countries, analysis of compliance with national laws international standards related to the protection of the rights of senior citizens in the Republic of Kazakhstan. The norms of international law conducted an analysis of the observance in the Republic of Kazakhstan of the principles and standards recognized by many states of the world in the field of human rights protection.

It also analyzed the legal powers of state bodies and public organizations in the Republic of Kazakhstan related to the protection of the rights of elderly people living in boarding houses (boarding houses) for the elderly and disabled.

Key words: law, elderly people, law, state, social protection, pensions.

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**Қазақстан Республикасында егде жастағы азаматтарға арналған
әлеуметтік үйлерінің құқықтық негіздері**

Бұл мақалада Қазақстан Республикасындағы қарттар мен мүгедектерге арналған интернат (пансионат) үйлерінің құқықтық мәртебесіне және онда тұрып жатқан егде жастағы азаматтардың құқықтарын қорғауға байланысты туындайтын мәселелерді шешудің кешенді жүйесіне ғылыми тұрғыдан талдау жасалады. Елімізде қарттар мен мүгедектерге арналған интернат (пансионат) үйлерінің құқықтық нысаны мен құрылымын анықтайтын заң нормаларына талдау жасай келе, жұмыс істеп тұрған егде жастағы азаматтарға қызмет көрсететін әлеуметтік мекемелердің қызметтері мен негізгі мақсаттарына талдау жасалды. Сонымен қарттар мен мүгедектерге арналған интернат (пансионат) үйлерінде тұратын егде жастағы адамдардың құқықтарын қорғаудағы халықаралық тәжірибелерін және дамыған өркениетті шет мемлекеттердің егде жастағы азаматтардың құқықтарын қорғау саласындағы шетелдік ғалымдар мен отандық ғалымдардың егде жастағы азаматтардың құқықтарын қорғау бойынша ғылыми еңбектеріне талдау жасалып, Қазақстан Республикасындағы егде жастағы азаматтардың құқықтарын қорғауға

байланысты ұлттық заңнамалардың халықаралық стандарттарға сәйкестігіне талдау жасау арқылы, халықаралық құқық нормаларындағы адам құқықтарын қорғау саласындағы әлемнің көптеген мемлекеттері мойындаған қағидалар мен стандарттардың, Қазақстан Республикасында сақталуына байланысты талдау жасалды. Сонымен қатар Қазақстан Республикасында мемлекеттік органдар мен қоғамдық ұйымдардың қарттар мен мүгедектерге арналған интернат (пансионат) үйлерінде тұрып жатқан егде жастағы адамдардың құқықтарын қорғауға байланысты заңды өкілеттіліктеріне талдау жасалды.

Түйін сөздер: құқық, қарт азаматтар, заң, мемлекеттік әлеуметтік қорғау, зейнетақымен қамсыздандыру.

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Правовые основы социальных домов для пожилых граждан в Республике Казахстан

В статье анализируется комплексная система решения проблем, возникающих в связи с правовым статусом домов-интернатов для престарелых и инвалидов (пансионатов) в Республике Казахстан и защитой прав проживающих в них пожилых граждан. Анализируя нормы закона, определяющие правовую форму и структуру домов-интернатов для престарелых и инвалидов (пансионатов) в стране, был проведен анализ деятельности и основных целей действующих социальных учреждений, обслуживающих пожилых граждан. Так, проведен анализ международного опыта по защите прав лиц пожилого возраста, проживающих в домах-интернатах (пансионатах) для престарелых и инвалидов, научных трудов зарубежных ученых и отечественных ученых в области защиты прав граждан пожилого возраста в развитых цивилизованных иностранных государствах, анализ соответствия национальных законодательств международным стандартам, связанных с защитой прав граждан пожилого возраста в Республике Казахстан. В нормах международного права проведен анализ соблюдения в Республике Казахстан принципов и стандартов, признаваемых многими государствами мира в области защиты прав человека. Также проведен анализ законных полномочий государственных органов и общественных организаций в Республике Казахстан, связанных с защитой прав лиц пожилого возраста, проживающих в домах-интернатах (пансионатах) для престарелых и инвалидов.

Ключевые слова: право, пожилые люди, закон, государство, социальная защита, пенсионное обеспечение.

Introduction

An indicator of the civilization level of the developed countries in the world can be recognized as the attitude towards those who live half of their lives. Making a living for a long-term survival and self-development, society and the government feel the need to create a proper legal framework. Over the course of time, new issues arise in people's lives (of course, they get rid of some issues), but in any age people have their own interests and mechanisms of their implementation.

Depending on the legal status of their self-interests, older people requires a special approach. The status of old people, who have all human rights on the same level with young people will remain the same, but their implementation will have some features. Additionally, there need to be noticed that with new age, new interests with new rights will emerge. However, it is not easy

for elderly people without lawyer to understand the current legislation. The modern legal situation in the Republic of Kazakhstan is aggravated by the constant change of public life, leading to the adoption of new laws and other legislative acts. The majority of the legal system of Kazakhstan includes the multilateral and bilateral international agreements and their legal strength is higher than the co-ordination laws.

Main part

International acts were created on the basis of world-class high standards. This ensures that older people have additional rights. At the same time, their application and interpretation in the legal system in Kazakhstan creates additional difficulties for those without special legal qualifications. Nevertheless, in order to effectively use this available resources, elderly people should have a comprehensive,

systematic and clear understanding of existing legal framework related with their status.

According to the first UN principle, the government in accordance with the requirements should provide for the elderly people food, water, housing and medical care (World Health Organization website). In the Republic of Kazakhstan, there are special social centers for the elderly and disabled people, which widely used and for today they can be considered as one of the type of state institutions.

Since 2016, all medical and social institutions have been transformed into specialized social service centers. These centers serve as special status of social centers for the elderly and disabled people, which are approved on the basis of the Order of the Minister of Health and Social Development of the Republic of Kazakhstan No 165 of March 26, 2015 “On Approval of Standards for Providing Special Social Services in the Sphere of Social Welfare.”

The special social centers for the elderly and disabled people are a special social institution dedicated to the temporary or permanent residence of the elderly and invalids of 1st and 2nd groups, who need constant care, everyday and medical care, social work adaptation, and health status. The activities of the special social centers for the elderly and disabled people are managed by the Oblast Department of Labor and Social Protection.

There are no elderly, disabled, job-seeker relatives and caregivers in the law, as well as for objective reasons (disabled, first-aid, second-invalid, oncology, psychiatric illness, deprivation of liberty) persons who have close relatives (spouses), who can not provide permanent care and care due to their permanent residence, or moved abroad for permanent residence.

In accordance with article 21, item 2, article 21 “On pension provision in the Republic of Kazakhstan” and Article 70, paragraph 1 of article 6 of the Law “On State Social Benefits in the Republic of Kazakhstan on Disability, Lost Benefits and Age”, 70% of their pensions are detained. Accordingly, pensioners receive a minimum pension of 25 824 tenge, and invalids – 22 859 tenge. (www.adilet.gov.kz)

Monthly maintenance is provided to the elderly and disabled persons in accordance with the “Rules of use of payment of state benefits in cases of age, medical service age, disability, loss of breadwinner in a medical-social institution” (clothing, footwear), beds), sanitary hygiene items, medicines and medical services.

The elderly and disabled people of the first and the second group may be admitted to special

social centers for the elderly and disabled people in special circumstances by the decision of the Council of Veterans, Disabled Persons, who are unable to live together because of conflicts. In special social centers for the elderly and the disabled, it is allowed to organize paid sections for the temporary and permanent residence of elderly citizens who are in need of domestic and medical care, without prejudice to the main contingent of the state care.

The main objectives of the special social centers for the elderly and the disabled include: material and household support for the elderly and the disabled, creating favorable living conditions for them; caring for people who live there, providing them with medical care and mass media; Implementation of measures aimed at justifying social and living conditions of persons with disabilities.

Admission for social services is based on the following documents:

- Statutory rules for the application form;
- Letter of the Authorized Body (for acceptance in social service in IWMA);
- ID card;
- Taxpayer registration number;
- certificate of availability of social code;
- medical card in the form approved by model rules;
- Extract from the card of the patient;
- pension certificate (for retirees);
- a certificate of disability, a participant in the Great Patriotic War and persons equated to them (for persons with disabilities, members of the Great Patriotic War and persons equated to them);
- For persons with disabilities:
- a copy of the statement of disability certificate;
- A copy of the personalized program of disability discrimination. (Law of the Republic of Kazakhstan dated December 29, 2008 No. 114-IV On Special Social Services// www.adilet.gov.kz/)

Stationary organizations – medical and social institutions (organizations) for permanent or temporary (up to three months) stay of the day-to-day service recipients. Semi-stationary organizations – day-care units, territorial and rehabilitation centers, other organizations that provide long-term or temporary (up to 6 months) stay in the organization at night. Temporary registration – 24 hours temporary stay (one year) or for a temporary stay (at night time).

In 2017, 256 organizations of special social services were registered in the Republic of Kazakhstan, including 161 organizations of stationary type and 62 semi-stationary organizations,

1 organization with several types of special social services, and 32 temporary staying institutions.

By the end of the year, the number of those living in these organizations amounted to 45,802 people, including 12,478 people (27.2%), pensioners – 110 people (0.2%), disabled people and invalids of the Great Patriotic War.

All buildings of the organizations (100%) are powered by electricity,

Central heating of 236 (92.2%) in sewerage and 232 (90.6%) in the water supply system, and 119 in heating (46.5%), as well as heating in 122 units (47, 7%). [2]

According to the Ministry of Labor and Social Protection of the Republic of Kazakhstan, most of the elderly and disabled people work in East Kazakhstan – 15 in 2560 places, 10 in Kostanay region – 10 in 20307 places, in Kostanai – 1052 in 10, in Akmola region – 913 in 1113, 8 boarding houses in Kazakhstan; In Almaty oblast there are 7 boarding-schools for the elderly and the general-type disabled. (<http://stat.gov.kz>)

As of January 1, 2017 there are 94 non-state boarding-schools for the elderly and the general-type disabled in the Republic of Kazakhstan. (<http://stat.gov.kz>)

Private social care centers for elderly and disabled people can be created by enterprises, organizations and citizens of the Republic of Kazakhstan who, like public-private social centers, they required to obtain a medical service and register with justice agencies. Acceptance of persons is carried out on the basis of the list of documents, similar to documents intended for grafting to a public institution, except for the direction of the authorized body. Conditions and requirements for the maintenance of a building set out in the Model Rules. The founder of the boarding house approves the rules of internal order and appoints the director of the boarding house. For elderly people in private social centers, the admittance must be made by the administrator, the rights and obligations of the parties, the services provided to the caregivers, the nutrition problem, and the price paid by the institution for living. The price is fixed by the founder or by the agreement of both parties

Private social centers were operating outside the jurisdiction of the Republic of Kazakhstan prior to the adoption of the Model Regulations and GOST, and their verification was conducted only on the complaints of the caregiver. At the same time, the inspection was carried out by prosecutors, and the social protection authorities did not take measures to protect their rights, being aware of information

about the rights and interests of elderly and disabled people living in private homes.

While some private home-schools began their work in 2000, they did not intend to timely develop a document regulating their activities, suggesting that there would be private social centers for the elderly and the disabled. In addition, in accordance with paragraph 2 of the Regulation on boarding schools for the elderly and the general population, due to the fact that the boarding house was to be privately owned, the Ministry of Labor and Social Protection of the Republic of Kazakhstan dated 13 August, 2005

In the Republic of Kazakhstan special social centers are mixed, old and young people with disabilities are kept in one building, but in different sections. Workshops and medical procedures take place in one workshop, the defenders are facing a deficit of communication, and invalids who are eligible for care of the elderly and disabled are welcome at the age of 18 and have a negative view of the situation. At the same time, older people are welcome to special social centers only if they in fact old. Having experienced adaptation problems, nervous-psychological diligence, and nervous exhaustion, being in different age categories and overcoming the conflicts between generations have many disadvantages.

In this regard, it should be noted that the social policy of many foreign countries is focused on the principle of separation of these categories of the population, which can not be accommodated in the boarding houses for the elderly.

In Europe, there are elderly people who need long-term care at home for those with disabilities, whose average age is 84 years. Most of them are women who are never married and have no children. Most of the homes for the disabled in the United States (80%) bring benefits to their proprietors by paying for their services, sponsors' help and state subsidies. The state grants a license and controls the compliance of the standards with the conditions set out therein. The norms are federal, they are obliged to all such institutions. Most homes are non-commercial, and belong to various charity and religious organizations or to the state. All US (mostly Protestant, Catholic and Judaic) confessions have their own charitable organizations, including older ones. Defendants are not only members of a religion, but also people belonging to other religious communities. There are so many volunteers in these organizations (www.partner-inform.de/www/modules.php?name).

In Spain and Greece, young people with disabilities are not accommodated in the nursing

homes for elderly and elderly disabled people living in a separate community. At the same time, in these countries, the creation of smaller boarding houses with charitable funds and individuals for 15-20 people is widespread (www.partner-inform.de/www/modules.php?name).

In Denmark there are no elderly boarding houses, and instead, individual houses built for the needs of elderly people. They can be placed in ordinary homes or individually. Some elderly people are renovated and renamed as "Older People's Centers".

Monitoring of the availability of protection in the public-private social centers indicates that the concept of organizing and managing their activities needs to be improved. The accepted method of service is far from the current stage and does not take into consideration the experience of developed foreign countries. For example, the title of "Charity Home" or "Nursing Home" of the special social centers for the elderly and the disabled shows how the attitude towards the problem of disability and elderly people is considered as a charity. This practice divides the elderly and the disabled into vulnerable groups and promotes their isolation.

It is necessary to concentrate on the types of special social centers for the elderly and the disabled, as the system of existing social centers does not only help to rehabilitate and introduce the society, but also lead to degradation of the individual (special social centers for the elderly, special social centers for young people with disabilities). At the same time, in the Regulations on special social centers it is necessary to ensure that they are only one type. Adoption of the Regulations on the Special Social Centers for the Elderly and the Disabled should be made before making amendments to the legislative acts. With the adoption of amendments and additions to the law, it is necessary to adopt normative and technical documents agreed with professionals: doctors, builders, designers, facilitating proper organization of justification measures. That is, health care, training, organization of work and rest, relaxation, room planning, gyms and more. organization and establishment of the form.

It should be noted that the character of the system of service of the special social centers for the elderly and the disabled is not completely open to society. The administration often does not cooperate with national and international non-governmental organizations dealing with the problem of people with disabilities and the elderly. Additionally, visits by social organizations to social institutions are the most effective way to monitor the rights of people

living there. At the same time, the administrations of the special social centers do not coordinate projects or programs at the local, regional level in order to improve the activities of social institutions or to improve the conditions of detention of custodians.

The living conditions of elderly people should, in accordance with the provisions of UN General Assembly resolution 46/91 of 16 December 1991, allow elderly people to be safe and adaptable, taking into account their own habits and changing capabilities. The elderly boarding schools must be guaranteed the following requirements in developed countries:

- independence and security of caregivers (prevention of drops, disability and sensory abnormalities);
- access to psychological balance and security (a space that can compensate for space fraught with the inner world and nature);
- Respect for privacy;
- Facilitating the work of its personnel to implement its functions (Morgan 1998)

In accordance with the Model Rules, special social services for the elderly and the disabled in the Republic of Kazakhstan should be equipped with special adaptive means to ensure that older people have access to the disabled, live comfort, in-carriage, recreational and entertainment activities. The founder of elderly and disabled people of special social care centers should provide modern technical lighting. The detainees should be provided with rooms, taking into account the health conditions, sex and personal interests.

Those living in special social centers for the elderly and the disabled should be accommodated in accordance with their age, sex, age. As the residents of special social centers do not comply with the requirements of the law on placement of rooms and rooms in accordance with their health, gender, personal interests. This discrepancy is due to the lack of accommodation. There is a general resettlement of people to institutions.

In a separate social center for the elderly and disabled, couples living together should have a separate room isolated, so all the elderly and people with disabilities have limited access to social services. Family couples, which provide for the exercise of their individual freedoms and family rights, are enshrined in the UN Convention on Aging. It should be noted that most social and social centers for the elderly and disabled were built 30-40 years ago. The boarding house in Astana was built in 1965, in Semipalatinsk in 1970, in Uralsk in 1965, in Akmola region in 1963, in Pavlodar region in 1974

(The UN General Assembly resolution 35/129 of 11 December 1980).

At the same time, it is necessary to establish the conditions for elderly citizens to move freely and independently in special social centers for the elderly and disabled. In particular, elevators, ramps, landing areas, and fitted toilets. For example, the requirements of Article 5 of the Declaration on the Rights of Persons with Disabilities should be in the boarding school in Astana.

The presence of bathrooms, bathrooms and bathrooms is available for all elderly and disabled people, as well as the administration of the institution with hygiene care: soap, toothpaste, laundry powder and so on. providing a good health and hygienic environment.

It is important that elderly citizens have the right to communicate with the elderly and people with disabilities in special social centers. Unfortunately, there were restrictions on the arrival of relatives of special care centers for the elderly and disabled people, as well as restrictions on access to media in the building. However, they must ensure that they receive visitors to special social centers in accordance with the law.

Particular attention will be paid to veterans and veterans of the Great Patriotic War. Participants of the Great Patriotic War and persons equated to them shall be admitted to the boarding schools irrespective of the availability of close relatives who are close relatives who are required to maintain and care for them in accordance with the law. Additionally, the administration of boarding houses provides the exceptional conditions for their stay. For example, in the boarding school in Astana, all participants and veterans of the Great Patriotic War were placed in one room. In addition, participants and veterans of the Great Patriotic War are not only paying attention not only from the boarding schools, but also from the public. They are, in fact, the subject of attention only when celebrating a special day.

The first months for caregivers who are admitted to the special social centers for the elderly and the disabled are particularly difficult. The elderly will survive a crisis of up to half a year. In the first days this is due to the fact that the boarding school is home-affiliated, changing the place of residence, changing the stereotype, and the need for somebody else's help. The problem of accommodation in the rooms for one month is solved. There are problems of psychological compatibility between individuals.

Living together with people with severe physical disabilities also affects both groups and affects all aspects of their lives. For many, boarding schooling

and the breaking down of the environment and the environment lead to mental excitement affecting mental mood and later on. All of this impedes the adaptation to new situations. In this regard, it is necessary to create new psychosocial adaptation for newcomers to the boarding house, to involve elderly people in the most active, among them the leaders who can help their neighbors. This work should involve health care practitioners, psychologists with special education and experience that are absent in many residential homes.

Paragraph 1 of the United Nations Principles on the Elderly provides that older people have access to adequate food support and social support. In accordance with Directive 12 of the 1982 International Plan of Aging for International Agenda, adequate, adequate and adequate nutrition, particularly acceptance of proteins, minerals and vitamins, is essential for the well-being of older people. Task 1 of the Adult International Action Plan on Aging Problems, 2002, aims to ensure that older people have access to food and nutrition. Among the measures to be taken by the countries, the following should be noted:

- it is advisable to take into account the needs of men and women for their nutritional needs at all stages of life and to contribute to ensuring adequate nutrition;
- Encouraging regulated nutrition in order to prevent energy consumption and nutritional deficiencies based on the use of local products. In this regard, many of the elderly and general-type disabled people (for example, Malotimofeevskiy, Semipalatinsk boarding schools) are provided with products from small gardens and gardening areas in the area of vegetable and fruits growing in the administration and custody of the institution;
- paying special attention to the problem of nutritional deficiencies and related diseases in the development and implementation of programs for the promotion of older people's health and disease prevention programs. For example, at Malotimofeevskiy boarding-school two times a year – in the spring and in the autumn vitamin C with vitamin C is produced;
- Incorporating older people's nutritional requirements into the curriculum of medical personnel and other professionals involved in the care of older people;
- adequate and sufficient provision of food and nutrition products available to elderly people in caregivers.

According to the Ministry of Labor and Social Protection of the Population, per capita nominal

income of the population in the III quarter of 2017 amounted to 81 117 tenge and increased by 6.5% in comparison with the III quarter of 2016. At the same

time, the real value of cash incomes of the population decreased by 0.5% during the period, when the prices for consumer goods and services increased by 7.0%.

Table – By the regions of the Republic of Kazakhstan in the III quarter of 2017 estimation of nominal monetary income of the population

	Average per capita nominal income of the population, tenge			III quarter of 2017,%			
				II quarter 2017		III quarter 2016	
	2017 - III quarter	2017- II quarter	2016- quarter III	specific	nominal	specific	real
Republic of Kazakhstan	81 117	80 156	76 196	101,2	100,5	106,5	99,5
Akmola	74 041	72 039	65 280	102,8	101,5	113,4	105,3
Aktobe	70 635	69 134	66 767	102,2	101,9	105,8	100,0
Almaty	67 752	65 064	62 568	104,1	103,5	108,3	101,7
Atyrau	146 238	137 842	147 279	106,1	104,5	99,3	91,1
West Kazakhstan	81 214	82 456	78 916	98,5	97,3	102,9	96,6
Zhambyl	53 873	52 659	46 864	102,3	101,3	115,0	107,3
Karaganda	80 119	77 938	72 052	102,8	102,5	111,2	104,5
Kostanay	75 830	73 390	66 064	103,3	102,9	114,8	106,9
Kizilorda	61 599	62 317	56 615	98,8	98,0	108,8	101,5
Mangistau	108 978	102 851	111 410	106,0	104,5	97,8	92,0
South Kazakhstan	43 509	45 530	42 456	95,6	94,8	102,5	95,8
Pavlodar	83 054	80 997	75 892	102,5	102,1	109,4	101,8
North Kazakhstan	70 606	66 241	64 313	106,6	105,7	109,8	101,2
East Kazakhstan	71 827	69 577	65 316	103,2	102,8	110,0	102,9
Astana city	129 043	129 094	129 799	100,0	99,0	99,4	92,1
Almaty city	123 639	128 704	121 167	96,1	95,6	102,0	95,5
Max	146 238	137 842	147 279	106,6	105,7	115,0	107,3
Min	43 509	45 530	42 456	95,6	94,8	97,8	91,1
Max /Min, ece	3,4	3,0	3,5	1,1	1,1	1,2	1,2

In the third quarter of 2017, the average value of nominal income per capita was observed in the Atyrau region, which is 1.8 times higher than the average national level. South Kazakhstan and Zhambyl oblasts are the lowest regions where income is lower than the national average by 54-66%. The difference between the maximum and minimum per capita nominal income of regions in the III quarter of 2017 was 3.4 times (in the III quarter of 2016 – 3.5 times) (<http://stat.gov.kz>).

According to Rule 1 of the United Nations on Aging, older people must meet the appropriate requirements for food, water, shelter, clothing and medical care, family, community, and support. Rule

11 states that older people have access to health care, mental or emotional wellbeing, and health services that allow them to prevent or prevent the illness. Paragraphs 61 and 69 of the Madrid Action Plan provide States with the following issues:

Conclusion

Increased demand for care and treatment among elderly people requires a relevant strategy. Lack of such a strategy could result in a significant increase in the costs. Strategy for health promotion throughout the whole life cycle can reduce the level of disability among older people, including the promotion of

disease prevention and care, treatment, adequate health indicators, health promotion services, a healthy lifestyle and the creation of necessary conditions. , which will save budgetary savings.

Working with the health of older people and spending their money on improving their health will contribute to their health and prolonged lifetime. The main objective in this area is to provide a wide range of services ranging from health promotion and prevention to equal primary health care, treatment of diseases that arise in the stronger form, chronic diseases, physical and mental rehabilitation of the elderly, including disabled, palliative care for the elderly. the solution of problems in the public domain. An effective care of older people provides a comprehensive account of physical, mental, social, spiritual and environmental factors.

Due to the limited abilities of the boarding houses, the organization of medical care has its own peculiarities. In this regard, therapeutic help is reflected in the outpatient hospital. All consultations and consultations of specialists will be carried out on the basis of medical institutions of the city, which will require close cooperation of doctors and nursing home staff.

Most residential homes have the necessary medicines to provide first aid. Drugs are stored in safes of specially equipped rooms.

Complying with these rules is consistent with the principle of access to health care for elderly people in the United Nations Principle 1. One of the most important areas of medical and social rehabilitation is the prosthetic and the provision of special means of movement for people with disabilities. In accordance with Recommendation 18 of the Vienna Convention, the Government's plan should facilitate access for elderly people to medication, hearing aids, dental prostheses, and other prostheses necessary for their continued self-sufficiency and self-sufficiency. Technical and compensatory equipment in the republic is provided to people with disabilities in need of free or simplified treatment.

47 recommendations of the International Plan of Aging for the Adoption of the International Plan of Agenda for informal, community-based, non-formal, non-formal, non-formal, non-formal, community-based activities aimed at the development of the United Nations Educational, Scientific and Cultural Organization (UNESCO) on the basis of encouraging the development of the organization.

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