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THE ELDERLY CARE, ACTIVE AGEING AND GERAGOGY: COULD THEY CO-EXIST IN UKRAINE AND HOW?

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Abstract: *Ukraine belongs to 'greying' nations and has one of the worst health profiles in the European region, characterized by high mortality, morbidity, and disability rates. In early 1990s, the country had inherited the Soviet paternalistic model of social welfare with no professional social workers. Since that time the new services for elderly people have been gradually introduced. Looking through lenses of a number of theoretical concepts (the institutional framework, concept of dependency and geragogy theory) the chapter reviews the key features of the Ukrainian model of elderly care built up in 1990-2020 and the peculiarities of modern social work with elderly people. It reflects the country's controversial experience of balancing the indigenous social patterns of paternalism, familial informal care, marketization of social services, and professionalization of social work. The case of the municipal social service for elderly persons operating in Poltava region is presented. The special focus is made on specific interventions implemented in order to encourage older people to use computer and information technology in their daily lives, and to overcome digital inequalities in today's information and network society. The educational activities for elderly people undertaken in this centre within the University of Third Age were evaluated.*

INTRODUCTION.

Ageing and elderly social care, as stated by M. Daly and J. Lewis [15], V. Kontis et al. [31], belong today to the most important social-policy issues in Europe. Global (UN [52], World Health Organization [57]) and European [20; 21] policy actors have adopted a number of comprehensive decisions aimed to promote healthier, active, and better ageing. However, the implementation of

these political recommendations and the social care practices in various countries vary significantly. Researchers (F. Bettio and J. Plantenga [11], B. Pfau-Effinger and T. Rostgaard [41]) are looking for economically socially feasible solutions to meet the increasing care needs of elderly persons.

While the ageing process may mean a longer life expectancy, poor health and disability often characterise the later years of life. And in many countries, the low social and economic status of elderly populations is also observed [13; 40].

Ukraine along with the majority of European countries has advanced in the process of demographic transition towards ageing societies [45]. WHO [56] provides data on the share of elderly in different countries referring to 65+ persons: Ukraine has 15.9% of 65+ people in the total population, while the average indicator for the European region is 15.5%. At the same time, Ukraine operates the concept of «a person at an advanced age» that is legally associated with the onset of the retirement age (60 years for men and women), and these people exercise rights linked to elderly age. Thus, the number of elderly people in Ukraine is apprized by local data higher than it is regarded by WHO. According to the State Statistics Service, in 2014, the share of the Ukrainian population aged 60 years and older persons accounted for 21.4%, while forecast suggests that by 2025 their number will increase to 25%, and by 2050 their number can increase up to 38% [9].

Ukraine's population decreased from 50 million in 1999 to 44 million in 2019. According to the UN's World Population Prospects [53], the population will further decline by more than 15% by 2050. These official statistics do not reflect the real demographic situation in Ukraine. The country has a high level of unregistered circular labor and students' migration to the neighbouring Poland and other countries. Life expectancy in Ukraine is significantly lower than in other European countries, so due to the high mortality of people of working age and high disability rates [46] the Ukrainian ageing model has the form of 'ageing from below'. All these issues fuel the problem stream within the political and public agenda regarding adequate and sustainable responses to the challenges of ageing population in Ukraine.

This chapter reviews the key features of the Ukrainian model of elderly care formed in pre-independence times, its transitions in 1990-2020 in the context of marketization and decentralization, as well as the peculiarities of modern social work with elderly people. It discusses the ongoing professional transformations and implementation of innovative programmes within the

existing outdated system. The case of the municipal social service for elderly persons operating in Poltava region is presented. The chapter ends with the suggestions on how to build-up inclusive policy practices and ageing friendly communities with regard to the modern geragogic concepts.

THEORETICAL FRAMEWORK.

The situation in Ukrainian elderly care, as in many other countries with the growing older cohort of population, could be viewed through lenses of two theoretical concepts. These notions help to analyse values, modes, and societal expectations of the social organization of care.

Firstly, *the institutional framework* could be used to understand the national system and principles of elderly care, allocation of responsibilities of such care between family, state and market. This framework avails in finding answers, as stressed by M. Szebehely [49], to the double question about “who cares”, on the one hand, and “who pays”, on the other.

B. Da Roit [14], L. de Jon, M. Plöthner, J. Stahmeyer et al. [17], G.B. Trydegård [50] share the notion that the application of the institutional framework allows identifying two key models of elderly care – a familialistic model (informal care) and an institutionalized model (formal care) that may co-exist providing choices for the clients or be a non-alternative policy choice with a given society.

A familialistic model is rooted in the idea that a family bears financial and caring responsibility for all its members, including older ones. Thus, as B. Da Roit [14], P. Ouyang, W. Sun and C. Wang [39] pointed out, the model is based on informal care provided by relatives or privately hired caregivers. In some cases, the national regulations envision the legal obligations towards elderly relatives and this is reflected in a country’s social policy, since the stronger the legal obligations are, the weaker the provision of services is [42].

An institutionalized model of formal care consists of public and market-based institutions providing services to the elderly people, their relatives or to informal caregivers. The review of research from different countries conducted by M. Fraser et al. [23], J. Newman, C. Glendinning and M. Hughes [37] provides useful insights into the variety of care services – long- and short-term, residential, or day care, community-based and segregated, integrated or specialized, free of charge or paid, context-specific or transferable, etc. One of the key questions within this model is about consumer-choice [32; 40]. Does the person or a family have the opportunity to choose certain needed services?

What continuum of services does exist and what needs are covered?

In recent years, with a neoliberal turn and policies of austerity are observed in many countries (see, as examples research of R. Loopstra et al. [33], P. Milbourne [35]), as well as the professionalization of informal care [12]. B. Da Roit [14] argues that these ongoing alternations have to be seen from a micro-to-macro perspective, considering the choices and strategies of the actors that are limited and conditioned by the institutional framework. Thus, the Ukrainian elderly care transformations are also assessed through such a framework.

The second part of theoretical reflections is related to the **concept of “dependency”**. It is widely used in literature, social work guidelines, and policy programmes [16; 55].

Literature review suggests the clear link between the dependency of the elderly, needs in end-of-life care, and functional status decline caused by disability or physical function limitation. A. Stuck et al. [47] defined the following risks for the functional status decline (named here in alphabetical order): cognitive impairment, depression, disease burden (comorbidity), increased and decreased body mass index, lower extremity functional limitation, low frequency of social contacts, low level of physical activity, no alcohol use compared to moderate use, poor self-perceived health, smoking and vision impairment. At the same time, significant differences between different socio-economic classes in physical and mental health at any given age, including older age, challenges the perception of dependency.

P. Dykstra, I. Kotowska and P. Mari-Klose [19], M. Naldini, E. Pavolini and C. Solera [36] also stress that the dependency of elderly is not only related to health status or functional status decline, but to the social power and intergenerational relations. At the same time A. Turner [51] brings attention to a social equity point of view on dependency. In some cultures, a person of retirement age is viewed as a passive being dependent of the family and informal networks, and self-stigmatization is evident [26], as well as disintegration elderly people from society [19]. In other societies, the reciprocal influences of generations are admitted and appreciated [42].

To ensure that **ageing is healthy and active** for as many people as possible and to combat the dependency and disintegration of the elderly, the relevant European policy was designed and introduced. The European Commission directs its actions towards ‘helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute

to the economy and society’ [21, p.9]. Concurrently the European pillar of social rights [20] stresses the right to affordable long-term care services of good quality, in particular home-based care and community-based services. It also underlines that everyone in old age should have a pension that is commensurate with their contributions and the right to resources that ensure living in dignity. So, the European policy agenda set up a few opportunities for population and individual ageing and recognizes the necessity to balance dependency of elderly people and prospects for as independent living as possible.

One more component of the active ageing is closely related to the opportunities to stay in tune with modern societal changes, acquiring new skills and knowledges through life-long learning, creating the opportunities for expanding the minds of elderly persons in order to revitalize their spirits and enhance their physical and mental health [29]. The core *ideas of geragogy* expressed in 1980s by D. Battersby [10], B. Findsen and M. Formosa [22] allows applying the psychological concepts of ageing to planning empowering educational programmes for elderly and provide effective instructions for them.

KEY RESULTS.

Ukrainian care model: Soviet and post-Soviet welfare legacy.

Ukraine had inherited from the Soviet Union the welfare policy and care practices.

It is worth to note, that in Soviet times, the welfare model was based on privileges and benefits serving as latent remuneration of those who reached high status with social hierarchy of those days (top Communist Party bureaucrats, judges, military, well-known academics, writers, actors, etc.). The benefit system was designed to induce people to be loyal to the ruling party and political regime.

The elderly care was grounded in a familialistic model of policy toward the elderly. The Constitution of the USSR (1977) [48] proclaimed that all elderly people had a right to social security in old age (Article 43), however, children were obliged to take care of their parents and provide support to them (Article 66).

The first statutory, formal elderly care institutions were established in the 1950s. This was a period after the World War II, so social residential services

(sort of nursing homes but more close to asylums) were intended to provide physical and medical care for severe disabled ex-combatants. These services had all attributions of 'total institutions' defined by E. Goffman [24]. The buildings were located in the remote areas, people were placed there 'for life' and had no opportunity to go back to their homes, sometimes elderly were placed there mandatory without consent, no social work was exercised in such institutions, clients were being controlled and had no voices. This residential care was based on the medical model and cover only basic needs. It should be emphasized that these care institutions were of limited availability and provided services only to those veterans who had no families.

In 1980s, the first outreach services were initiated within the residential care institutions. This form was regarded as cheaper and more efficient to meet the needs of an enlarging number of ageing World War II ex-combatants. The caregivers (called 'social workers') were responsible for fulfilling the survival needs of lonely disabled elderly people – cleaning flats or houses, cooking meals, buying food, etc. The right for this care was defined by medical doctors, general practitioners in local hospitals who assessed limitations of self-care of those entitled to such care (aged war veterans with no direct offsprings). These community services were a rarity even in big cities, not to mention rural areas. All support system was highly centralized and overregulated.

As no charity or formal private care existed at that moment, the informal family and neighbourhood network care was the main form of elderly care. This situation contributed to the consolidation of dependence on the family, the helplessness of the state of elderly people, and causes problems in intergenerational relations.

In 1991, Ukraine proclaimed its independence amid economic and social crises that worsened tremendously the living conditions of the population. Nonetheless, the system of community-based formal elderly care services called 'territorial centres' has been gradually developed. And by the end of the 1990s, territorial centres have been functioning in every city and town of Ukraine serving lonely elderly who had a medical prescription for social support. The Soviet system of residential social care institutions ('total institutions' with no social work) preserved intact.

In 1996, Ukraine declared itself a 'social state'. The newly adopted the Constitution of Ukraine [54] incorporated a wide range of social rights, including the right to welfare, provision of social and medical services. The state, in a pro-paternalistic manner, was defined as a responsible agency for

the implementation of these rights.

The reality was different. First, the Constitution of Ukraine contains a contradictory Article 51 that clearly evidences: Soviet legacy of familialistic elderly care is alive. This Article 51 stipulates that adult children are obliged to take care of their elderly parents: “Maintenance of parents is appropriate compensation for maintenance and care provided by parents to the child. The daughter and son are obliged to contribute to the additional expenses of the parents caused by a serious illness, disability or infirmity in addition to the payment of alimony’. The Constitutional norm is reflected in Article 206 of the Family Code of Ukraine [1] defining the mechanism for implementation of these notions. The idea of children’s responsibility is also reflected in state policy and governmental decisions on social services for elderly, as only lonely persons have rights for the free of charge services if any.

The next challenges for the Constitutional statements on the welfare state are related to rapid neoliberalization of the labour market and economic relations in society, development of shadow market and informal economy. Despite post-socialist values reflected in declarative national regulations and welfare public discourse, the isomorphic preservation of the system of social benefits for special groups, the everyday actual life of people was more influenced by ‘oligarch capitalism’ built in Ukraine (it resembles Latin-American political regimes). Research [28] evidences that the collapse of the Soviet Union had devastating consequences for the lives of older adults, many of whom became impoverished and were left with no social support.

So, in the 1990s Ukraine had taken over the Soviet system of social privileges and familialistic model of elderly care with legally regulated obligations of children to take care of their parents. Along with retained from Soviet times the residential care institutions, the new community centres for elderly started to operate. But both types of formal services provided care only to those who had no children. The informal family and neighbourhood network care was the main form of elderly care in Soviet and post-Soviet periods of Ukrainian history.

New demands and trends in elderly care of Ukraine

In the 1990-2000s, the new demands for elderly care had emerged. A number of social and institutional changes caused the new demands and transformations of traditional practices.

Among *social trends*, the following issues could be mentioned:

• **Demographic changes.** With an ultra-low fertility rate as a long-term trend, Ukraine faces shrinkage of the working-age population. Moreover, the high level of labour migration of middle age population (abroad and to big cities within Ukraine) enhances the high economic and demographic dependency ratio, especially in rural areas.

• **New living style.** In Ukraine, there was a tradition of multigenerational common living. In Soviet times, it was sustained by the state housing policy and absence of a housing market. Currently, young families prefer to rent an flat but not to live with their parents. This limits the possibilities of family informal care.

• **Low social status of aged people** and their high needs in basic support. The public discourse and legislation promote a respectful attitude toward elderly. However, the basic (as well as average) pension is extremely low, and retired persons are in need of external support to survive. M. Kuhta [5] in her study demonstrates that the self-evaluation of the family's financial situation as impoverished by the elderly is more than three times higher than in the other two age groups. Self-discrimination, low self-esteem, as well as ageism and maltreatment are observed in Ukrainian society by A. Horbovyi and A. Khaletska [27].

• **Value changes.** Elderly people are regarded as more conservative than younger generations. In Ukraine, the generation gap is also enhanced –by tremendous societal changes - move from socialism to oligarch capitalism and market economy. M. Kuhta [5] pointed out that Ukrainian elderly people are not ready to accommodate, to adapt their behaviour, and this causes conflicts in families, weakening intergenerational ties.

The ongoing *institutional alternations* include:

• **The governmental policy of decentralization and** changes in communities' responsibilities accompanied by merging of territorial communities, lack of clarity about the model of community social services, shortage of financial resources in many communities. The studies by V. Nykolaieva [38] and H. Slozanska [7] reveal that current social agencies can't provide quality and affordable social services at the level of local communities without being reformed. Ukrainian communities are not age-friendly ones: the universal design and easy physical access of services or public spaces are absent.

• **New regulations on social services.** On January 1, 2020, the Law *On Social Services* [2] came into force in Ukraine. The legislation sets up the

responsibilities for the executive bodies of city councils, councils of cities of regional significance, councils of united territorial. The regulation focuses on improving the management of the social services system in the context of decentralization and optimizing expenditures, ensuring uniform approaches in the organization of the system. The benefits of the new legislation include the fact that, in order to optimize and integrate social services, complex social service institutions can be created. According to the legislation, all local communities are obliged to provide a range of basic social services of voluntary and mandatory nature. It is necessary to point out the discrepancy between the legal forms established in Ukraine by the Law *On Social Services* and the realities of the local communities. Normative, financial and human resources of Ukrainian local communities may not be enough for setting up an effective community-based model of social services expected by the Law. At the same time, the regulation introduces fees for social services, and free of charge services could be provided to lonely people or to those who are impoverished.

• ***Development of non-governmental organizations*** providing some services. The religious, faith-based, national communities (first of all social services in Jewish communities) organizations were created in recent times. They could be regarded as formal institutions: the permanent staff is working, services are provided according to internal regulations and norms.

• ***The system of private nursing homes*** emerged after the 2000s. Key problems: these formal care institutions are unregistered, uncontrolled, and thus do not follow any standards of care; they are located in gated private homes, and inclusive models are not applied there; any social or animation work is practiced. This alternative to public homes is not rather common, as this type of formal care is quite expensive and covered by relatives who can afford it.

The next determinant of the social service transformation in Ukraine (like elsewhere across the globe) is the development of ***digital technologies***, encompassing today the whole life of people. For example, during the pandemic, all applications for administrative services, including cash support to the elderly and disabled, should be done only online. Thus, the "digital divide" (definition of F. López Seguí et al. [34]) reinforces the generational gap and dependence of elderly people who need digital survival skills but are not able to acquire them and/or have access to digital appliances.

And the last, but not the least factor of elderly care development in Ukraine is the raising of ***professional social work***, including social work education and

standards of social care. N. Holova [3] provides characteristics of three models of social care for the elderly in Ukraine: inpatient (residential), semi-residential, and non-residential. All of them are introducing new services that need qualified social workers. Yet, professional education is not a prerequisite for work in elderly care. There is no national professional association of social workers in the country. All standards are developed by the Ministry of Social Policy. The history of social work in Ukraine reflects the country's controversial experience of balancing the indigenous social patterns of paternalism and empowering strategies introduced by the international organizations [44].

Professionalization also impetuses the search for innovative programmes for the elderly. For example, In 2011, the Ministry of Social Policy has issued the order No. 326 "On the social and pedagogical services "University of the Third Age" implementation"[6], which approved the Guidelines for the social and pedagogical services "University of the Third Age" organization in the territorial centre of social servicing (social services provision). It has been determined that the main purpose for social and pedagogical services "University of the Third Age" provision is to implement the principle of lifelong studying for the elderly people and supporting physical, psychological, and social abilities. One of the main tasks stipulated by the University of the Third Age in Ukraine is to ensure the elderly people's reintegration into active society and support provision to the elderly people in adapting to the modern living conditions by acquiring new knowledge, in particular on the new technologies use skills formation and development, primarily information and communication skills and improving the elderly people's life quality, by providing access to modern technologies and adapting to technological. The results of new services provision to the elderly people show that the University of the Third Age, according to M. Zhytynska [4], can be considered a very successful project of adult education, providing the opportunity for the elderly to be direct participants in a number of activities related to well-being in later life.

Figure 1 sums up the information on key demands, trends and challenges experienced by the Ukrainian elderly care. Some of them are common to many countries – changes of family structures, ageism, digital divide, marketization of social services, while others are context-specific, related to the transitional nature of the Ukrainian state – change of generational values and lifestyle, decentralization process and re-emerging of territorial communities, introducing of professional social work and new for Ukraine social services. In

recent decades, Ukraine has encountered the increase in demands in social services for the elderly and the increase in supply of them, strengthen the market of elderly care. However, the supply and demand sides are not always matching each other, as many needs are not met. The private care and care in municipal services are really expensive and could be provided upon the family choice (as an elderly person has no means to cover services) and this is enhancing the dependency of older persons.

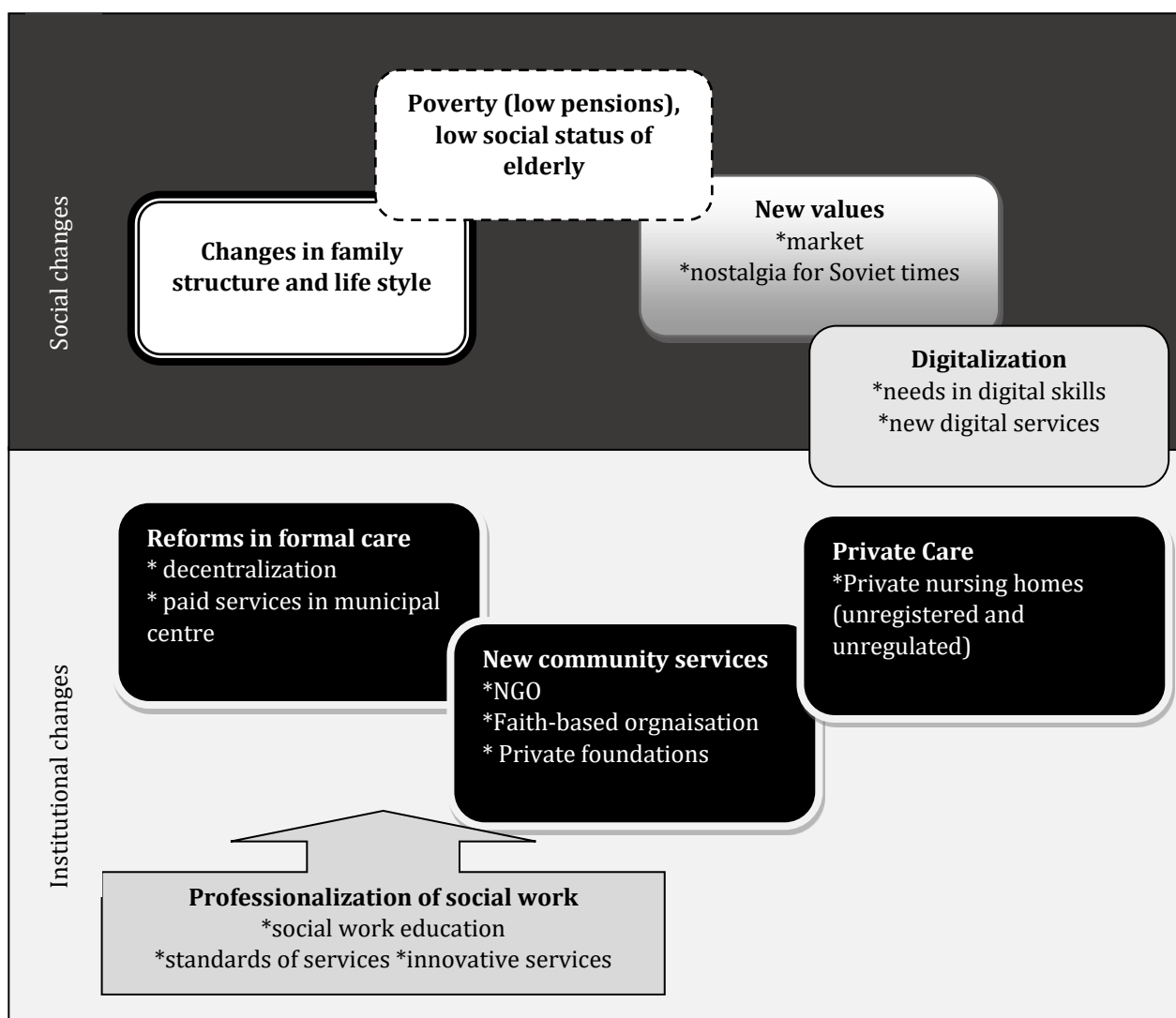


Figure 1. Current changes affecting elderly care in Ukraine in 2000s

Case of Poltava municipal service for elderly

To illustrate how the social services for elderly are operating nowadays in Ukraine, the case of community formal care institution is presented. The service is located in Poltava, a regional centre with around 287,000 population (the number of elderly people of 60+ is 60,000, so the share of them is approximately 20% of all population). The city has three districts. In every

district, a municipal institution called Territorial Centre of Social Services operates and provides home and day care for the elderly.

The Territorial Centre of Social Services under of the Department of Social Protection of the Population of the Podilskiy District Council in Poltava has been established in 1989. It started from home care division and division providing humanitarian aid.

Now, the territorial centre has five departments: social care at home, day care, health services, the organization of addressed in-kind and cash benefits, registration of homeless people and social work with ex-felons. In recent years, more and more multiple methods are used in social work practice with elderly. Social services are provided in the areas of home care, day care, social adaptation, consulting, advocacy, prevention, mediation, social integration and reintegration, emergency (crisis) intervention, social support, physical support for people with disabilities having muscle-skeleton disorders and move on wheelchairs and persons belonging to less mobile groups, in-kind assistance, sign language translation, information provision and so on.

The staff of the centre is composed of personal assistants (home caregivers) and care managers (social workers). In early years of centre functioning, no one had relevant professional education. With time the centre's management demanded from personnel the professional education in social work. That's why, unlike other Ukrainian care institutions, many employers got the relevant diplomas, some of them through distance part-time University programmes: out of 40 caregivers 22 have social work education, mainly vocational education, out of 12 social managers – 5 have professional education (4 are Masters in Social Work and 1 had an undergraduate Diploma in Social Work).

Today, it seems to be more appropriate to speak about dividing the difference between two groups of employees – those with social work education and those without it. Evidence confirms that even conflict situations with clients are reduced to almost zero among the "educated" personnel. Educated social workers are more resilient, they are able to do professional reflections, as well as to analyse their condition and the level of burnout, propose to take measures to prevent burnout.

The clients of the territorial centre are mostly elderly people (from 60 to 83 years old) and people with disabilities, although social services are also provided to young people with disabilities aged 18+ (a small number, around 50 persons).

During 2020, the territorial centre has served 3,048 people. The clients of the centre include: 540 single people (who do not have children), the rest are widows and widowers, married and living in families or independently.

Free services are received only by single clients, the rest pay for the services in full or in part, depending on the family's financial situation. Some services, such as education, are provided free of charge to all clients. All clients of the health and day care department are also served free of charge (there are decisions of the district council on their free servicing, and this does not contradict the current legislation on social services).

In 2020, 540 people got social care services at home, the rest of the clients received services in the centre. A person can receive more than one service, but should be registered either in the day care department or in the health services department and receives basic services there, but has the right to be serviced in any other department of the territorial centre. Table 1 presents statistics on clients' servicing in different branches of the centre.

Table 1

Information about clients of the Territorial Centre of Social Services under of the Department of Social Protection of the Population of the Podilskiy District Council in Poltava (2020)

| N of clients getting services | | | | |
|-------------------------------------------------------|---------------|---------------------|-------------------------|--------------|
| | Single | Living alone | Live in families | Total |
| Department of home social care | 165 | 282 | 93 | 540 |
| Department of the addressed in-kind and cash benefits | 142 | 553 | 65 | 760 |
| Day care department | 194 | 724 | 113 | 1031 |
| Department of health services | 39 | 535 | 143 | 717 |
| <i>Total</i> | 540 | 2094 | 414 | 3048 |

The centre constantly introduces innovative services. In 2011, the University of the Third Age was established at the territorial centre on the basis of the previously existed Centre for Social Animation. The first departments were: Art, Regional History and a Healthy Lifestyle. As for now, there are six Departments: Art, Regional History, Health and Wellness, Foreign Languages, Information Technology, Legal Knowledge.

The classes are mostly conducted by social workers of the centre, but also involve elderly teachers on a voluntary basis on an equal footing, as well as

representatives of partner organizations: the Centre for Secondary Legal Aid, the notary office, the Department of Justice, the travel agency, the religious communities, medical and prophylactic institutions, higher educational institutions, etc.

The number of clients getting the educational services is constantly growing. Thus, the first enrolment in 2011 had 82 people, in 2013 — 110 people, in 2015 — 134 people, in 2017 — 182 people, and in 2020, despite the quarantine, the number of those wishing to become students of the University of the Third Age reached 219 people.

In 2013, a decision was made to open the Department of Information. The first enrolment consisted of 25 students, of whom more than 80 % made their decision to study under the influence and on the recommendation of their peers or close relatives, i.e. the consumption process has been significantly influenced by the socially determined decision related to social influence. Thus, we can say that the needs' formation and elderly people's motivation are influenced by the values and interests of both individual social groups and society as a whole.

The course of acquiring basic digital competences lasts for 72 academic hours, it includes two classes per 40 minutes with a break of 20 minutes each week on certain days. The programme consists of two modules: the first module "Fundamentals of Computer Competence" and the second module "Practical Use of Digital Technologies and E-services". During the first module, students are getting acquainted with the basic concepts and components of computer science, a personal computer's hardware, its software, operational systems' purpose and functions, computer security and information security organization. Then, students are acquiring practical skills in working with information services and Internet services, searching for information in networks, e-mail system, acquaintance with Skype, popular social networks, communication on forums, blogs. The particular attention is also paid to the acquisition of skills in the use of e-services of banking institutions, postal and mobile operators, public authorities, local governments, medical institutions, utilities, as well as the use of e-commerce services.

The interaction of social workers with clients is based on dialogue, which provides the following communication features: equality of essential positions of those who communicate (subject-subject relations); trusting mutual openness of both parties; lack of evaluative, "measuring" in relations to any aspects of the individuality of the partner; acceptance of another as a unique

and valuable person. In a certain sense, these features can be considered as rules, requirements for professional ethics to social workers when working with the elderly people.

Such social workers' approach to educational activities at the University of the Third Age helps to remove psychological barriers that arise during educational interaction with the development of new digital competencies; has a positive effect on the perceptual aspect of communication, i.e. improving the elderly people's perception and understanding of not only each other but also the peculiarities of ICT mastering; promotes the implementation of productive interaction strategies, such as compromise and cooperation in contrast to avoidance, adaptation and rivalry, which greatly contributes to the formation of a positive adaptive environment in the University of the Third Age and effectively reduces the level of E-anxiety.

In order to collect the feedback from clients, the study was conducted in the territorial centre during September 2018-May 2019. The method of questionnaire survey is used for data collection, as this form of survey has an advantage - it allows respondents to carefully consider their answers, does not limit them in time. The sample was elderly people aged 60-82, who are students of the Department of Information Technology. The total number of respondents - 180 people; of them: 60-65 years old - 46%, aged 66-70 years - 41%, 71-75 years old were 9% and 76-82 years old - 4% of respondents.

"What have prompted you to choose the studying at the Information Technology faculty?", - such question was asked to respondents. The answers allowed understanding the motives for digital re-socialization in old age: business motivation is typical for 9 % of respondents. This motive determines the focus on finding specific information, contacts and interactions with a particular person etc. 39 % chose recreational motive as determining. Their main area of interest is cultural and leisure activities through e-technologies. 26 % of respondents preferred communicative motivation. The members of this group claim that digital technologies can overcome the communication deficit that arises in the elderly person's daily life. The respondents note that digitalization contributes to the personality development when working with e-resources, a sense of inclusion in the global information process emerges.

A vast majority of respondents (81 %) have reported the cognitive motivation as the most important. This motive is associated with the new knowledge acquisition.

Motivation for self-realization and personal development is decisive for

52 % of respondents. The users consider digital technology as a way to express and develop their own intellectual and creative abilities, note the presence of self-affirmation and communicative motive.

Motivation of affiliation is shown in the desire of 41 % of respondents to find a reference group in the e-community, to accept its values, to find their place in this group. Motivation for cooperation – corporate motive – was identified as motivating by 59 % of students at the University of the Third Age. Motivation for cooperation, which is shown as a desire to help other users, is often a way to increase personal credibility, achieve recognition of competence and skills in the elderly age. This is confirmed by the combination of this motive with the motive of affiliation, realized in a sense of belonging to the intellectual and information elite of modern society.

The survey revealed that the respondents deem the following as the main motives for giving preference to e-services in elderly age: the availability of information in the field of personal interests, the opportunity to spend time online communication in social networks, the opportunity to participate in various forums, online obtaining up-to-date information on socio-political processes in the country and the region, watching movies and TV series at a convenient time, receiving online consultations of various kinds, the possibility of obtaining affordable homework, the possibility of online actions (payment, request for information, etc.).

DISCUSSION.

Our findings confirm the results of other study conducted by M. Zhytynska [4] that in the University of the Third Age is the formation of an adaptive living environment for the elderly. And this university could be regarded as a tool for maintaining the elderly people's independence. Providing opportunities for elderly to participate in different forms of activities within such Universities aimed at creating long-term partnership, more socially-oriented than client-oriented, and probably could bring more meaningful results both for the elderly themselves and for society as a whole [25].

Based on the evidences from our study it worth stressing that the educational space organization in the Universities of the Third Age should be based on the concepts of gerogogy [10; 29] and intellectual development of adults [8] providing opportunities for the elderly students to set their own curriculum and study through personal experience, including learning in the virtual space.

In 2020, because of the COVID-19 pandemic and quarantine restrictions, the University of the Third Age is also forced to resort to distance studying, and the territorial centre also employs some digital tools to work with clients. The digital skills acquired by clients during the previous training were rather helpful. The same picture is observed by T. Semigina, O. Karagodina and O. Pozhydaieva [44] in practices of other territorial centres during the times of 'social distancing'.

However, the other study from the same territorial centre in Poltava [30] conducted in June-July 2020 among social workers who provide educational services to clients of the University of the Third Age reveals the urgent need to develop social workers-gerontologists knowledge in the field of modern computer technology and software, as well as the principles of their work; skills of using modern technologies (gadgets and applications); installations in the field of verification of information from the Internet and mass media; attitudes about the benefits of modern gadgets for the daily life of a professional.

As it is possible to observe, the community social services are developing in Ukraine and introducing the innovative programmes highly praised by clients even within the existing outdated system. However, the pace of development is slow; the professionalization of Ukrainian social work is not finished.

CONCLUSIONS AND RECOMMENDATIONS.

Various challenges and barriers to elderly care described above would be similar to many post-socialist countries, inheriting the paternalistic welfare model and gradually developing professional social work. The specific peculiarity of Ukraine is preserving the populist discourse on comprehensive social protection of the elderly, while pensions are small, and many elderly people are living below the poverty line.

The Ukrainian elderly system has shifted from informal family-based to a mix of informal and formal care shaping the pro-market model. The post-Soviet residential care services are still functioning, and new community and private services were established. However, they do not meet the demands in care. Still, the elderly care is of great need in the Ukrainian society where greying of population creates new inequalities with complex social currents, enhancing ageism and discrimination.

In order to balance supply and demand sides of health care and to ensure the more active and healthy ageing of elderly people, the changes in welfare

policies are necessary. They may envision the introduction of vouchers for elderly care (to be used in different types of community formal and informal care). This may help to build the more modern social services and reduce family burden, increase effectiveness and cost-effectiveness of different models of community-based care. The regulation on certification or accreditation of social services personnel, so that social work can be exercised not by anyone, but by a trained specialist.

On the level of communities, more attention should be paid to:

- special age-friendly community programmes focusing on healthy and active ageing;
- universal inclusive design of public space in communities;
- opportunities for voluntary services for elderly and in elderly care;
- mentoring and intergenerational programmes that have reciprocal influences and help elderly people to adjust to new technologies, as well as to new social realities, diminish ageism;
- supporting social and animation clubs for elderly,
- supporting the informal caregivers for example with counselling and educational programmes aimed to reduce the burden of care for elderly with chronic diseases, arranging short-term respite care and different types of semi-residential services;
- introducing integrated medical and social care institutions.

Community social services and social work practitioners may upgrade and modernize their work by:

- studying the best practices and adopting them;
- introduction of mandatory regularly (e.g. once every two or three years) upgrading training;
- using the supervision as a tool to strengthen the practice.

The educational institutions may:

- suggest concentration on social work with elderly, enhancing the readiness to practice in elderly care of newly qualified social workers;
- provide opportunities for lifelong education for adult people, including acquiring digital competences by elderly persons.

Overall, the educational prospective should be more promoted. The properly arranged education of the elderly people should serve as a means of social protection and psychological stability, and a way of integration into society, and be seen as an enabling activity aimed at the individual's self-

realization and empowerment. An important role of education is to re-socialize the elderly people: change in the value-normative system of activities and a radically new perception of reality, which is especially relevant for Ukraine, where a dramatic change in values and a significant generation gap has taken place.

The social role of digital re-socialization is transmitted through its contribution to improving the human life's quality. The use of e-technologies can be considered as one of the current issues of social work with the elderly people. This requires social workers to use educational technologies based on the students' life experience, flexible interdisciplinary approach, to take into account the desire to communicate, physiological age, etc., to contribute to the formation of an adaptive living environment for the elderly people.

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