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## TABLE OF CONTENTS

INTRODUCTION .....	3
CHAPTER 1: THEORETICAL FOUNDATION TO RESEARCH OF NEEDS OF ELDERLY INTERNALLY DISPLACED PERSONS .....	5
1.1. Theoretical background for research of elderly persons.....	5
1.2. Theoretical-methodological approaches to research of needs of elderly internally displaced persons.....	10
CHAPTER 2: NEEDS OF ELDERLY INTERNALLY DISPLACED PEOPLE .....	18
2.1. Methodology of researching needs of elderly internally displaced persons 19	
2.2. Experiences of elderly internally displaced persons.....	22
2.3. Perspectives on needs of elderly internally displaced persons .....	25
2.3.1. Elderly internally displaced persons' point of view.....	25
2.3.2. Social workers as caregivers of elderly internally displaced persons	30
2.3.3. Policies towards elderly internally displaced persons .....	32
CONCLUSION .....	34
REFERENCE LIST .....	37
APPENDIX .....	41

## INTRODUCTION

The impact of the war in Ukraine can be seen in long lasting social and economic consequences. According to United Nations Development Programme, one of the aspects is high rates of internal displacement of Ukrainian population. Persons and households that had to flee from their homes to safer regions of Ukraine, especially the ones that are or have members of older age or/and people with chronic diseases and disabilities, are one of the most vulnerable categories in Ukrainian society. The internally displaced persons, or IDPs, have to deal with a lot of challenges related to adaptation to the new location and integration into the host community. Due to health, mobility, financial issues, as well as other aspects of daily activity, the obstacles are even tougher for elderly IDPs.

*“At this age, it’s very hard to start from scratch.”, “There was nobody to take care of us. We were healthier before the war... I want to go home.”* - these are some statements from elderly IDPs in 2022 to representatives of Amnesty International. The views expressed by older people who went through displacement because of the war indicate they are missing their homes, their physical and mental well-being before the hostilities. Old age makes it more difficult to cope with drastic changes to familiar environments and routines. The issue becomes more complicated with older adults being left behind with no relatives or other people to take care of them. Moreover, the size of pensions does not allow many elderly people to rent accommodation privately, thus they may end up isolated in state institutions for the elderly that are often understaffed and underfinanced. The situation could be summed up with a description “They live in the dark” from one of the interviewed workers by the same organization one year later, as the conditions of elderly IDPs in Ukraine are still far from comfortable.

The vulnerability of elderly IDPs combined with neglect towards them from the state, international organizations, society, and academic community is currently a major

problem that leads to lack of recognition towards the specific needs this category has, and results into insufficient care of elderly displaced persons. Therefore, this this research can bring awareness to the needs and challenges faced by elderly IDPs amidst the russo-Ukrainian war.

Thus, the **object** of the research is elderly internally displaced persons, while the **subject** is the needs of elderly internally displaced persons.

The **objective** of the research is to distinguish the needs of elderly internally displaced persons, the **tasks** for achieving which are:

1. To define theoretical background for research of elderly persons.
2. To systematize theoretical-methodological approaches to research of needs of elderly internally displaced persons.
3. To ascertain experiences of elderly internally displaced persons.
4. To distinguish perspectives on needs of elderly internally displaced persons.

The theoretical background of the research is based on the works of Jill Quadagno, Simone de Beauvoir, Anthony Giddens, John Macionis, other gerontologists, sociologists, and social workers. The reports from international organizations are also reviewed.

The empirical base consists of 3 in-depth interviews, 2 focus-groups, and one expert interview. All interviews were conducted face-to-face in a medium-size town of about 30 thousand inhabitants in Ternopil oblast, and were part of the case study, conducted collaboratively with my academic supervisor in April 2024.

## **CHAPTER 1: THEORETICAL FOUNDATION TO RESEARCH OF NEEDS OF ELDERLY INTERNALLY DISPLACED PERSONS**

### **1.1. Theoretical background for research of elderly persons**

Elderly people are mainly a focus of research in gerontology – the scientific study of aging and its biological, psychological, and social aspects. The topics of interest, such as care for the frail elderly, health, relationships, economics, retirement, are major concerns for social gerontology. The scientists both use readings from all the social sciences, sociology included, and provide research findings to applied disciplines, such as social work and public administration for the further implementation for aging people in an aging society (Quadagno, 2017).

The conceptualization of old age is a complex matter for social gerontologists as the definition varies widely. For example, Jill Quadagno in her book “Aging and the life course: An introduction to social gerontology” (2017), proposes several markers of aging. The commonly used one is chronological age, which is useful for inclusion as subjects in research yet is problematic due to neglect of difference in experiences and generations. In some cases, social roles as an age marker may be applied for identifying retirees and grandparents as old persons because those occupations can make people who hold them feel older. Another one is functional age according to which a person becomes old when they can no longer perform the major roles of adulthood. Finally, subjective age regards the self-identification of the activity level and health relying on personal feelings and comparison to counterparts (Quadagno, 2017). For the research of the needs of the elderly, it is important to take into account aspects of all listed markers.

Leslie Morgan and Suzanne Kunkel (2016), social gerontologists, point out that individual experiences of aging are shaped by society, based on gender, racial and social class identity, as well as the prevailing age norms and ableism (Morgan and Kunkel,

2016). In addition, the scientists pay attention to key familial roles and relationships, mainly the aging couples, including them being grandparents, and other family members being possibly either caregivers or neglective and even abusive people; the role of politics and economics on aging and well-being of the elders; the effect of aging on older people's physical and mental health, as well as the functioning of health care institutions.

Apart from research on aging done mostly by gerontologists in recent years, it is important to highlight the findings by other social scientists from various periods of time. The prominent example is the work "The Coming of Age" (1972), written by Simone de Beauvoir, a French social theorist. By publishing the book Beauvoir wanted to explain and prove her statement that "old age can only be understood as a whole: it is not solely a biological, but also a cultural fact". In the course of work there have been brought up the challenges faced by the elderly people, such as the struggle for meaning in life later, the loss of identity, and the fear of death, as well as the criticism of ageism that marginalizes and devalues elderly individuals. Beauvoir believed that the distress brought by those issues might be lessened with the true understanding of the state of the aged and recognition of the flaws in the whole system (Beauvoir, 1972).

The social significance of aging and the dramatic changes in the attitude towards old age has been brought up by Anthony Giddens, an English sociologist. According to Giddens (1999), society has been going through two controversial processes: the decline in status and power that were attached to the elderly in the premodern societies, and the acceptance in aging being something else than natural destruction of the body. Both phenomena are the result of the advances in spheres of medicine, technology, and the food industry. However, the sociologist highlights the significance of the genetics and physical state of the body while pointing out the social and economic factors, such as loss of family and friends, separation from children, and job loss or retirement (Гідденс, 1999).

John J. Macionis, an American sociologist, in his handbook “Sociology” (2008), brings awareness to age stratification, or “the unequal distribution of wealth, power, and privilege among people at different stages of the life courses”. For elderly people the consequences of this phenomenon are social isolation due to retirement, limited mobility and disability, negative stereotypes, and, most importantly, due to the death of close people, significant decline in income, and ageism, or the prejudice and discrimination against older people. Macionis also highlights both the need for caregiving to elders, or “the informal and unpaid care provided to a dependent person by family members, other relatives, or friends” and the presence of elder abuse in forms from passive neglect to harm (Macionis, 2008).

While the social isolation among elderly people can be described as objectively being alone or having very few social connections, the social alienation is more of a subjective feeling of self-pity, decreased social influence, having too much free time, loss of sense of self accompanied with derealization. Overcoming or preventing this state is possible with active inclusion to society, which is one of the aspects of right aging (Подорожний, 2018). According to the National Academies of Sciences, Engineering, and Medicine (2017), being exposed to either negative or positive images of aging can be described as a factor that affects the success of aging with demonstrating worse or better physical and cognitive performance and function respectively. As a result, future health outcomes can be predicted from person’s self-perceptions of aging and expectations about the process (National Academies of Sciences, Engineering, and Medicine, 2017).

The impact of location on the process of aging is another significant topic of interest when it comes to research of elderly people. According to Golant (2015):

*“Where people grow old influences their ability to age successfully...they will occupy built, natural, social, economic, retail, service, recreational, organizational, and political environments that make it both easier and harder for them to lead active,*

*enjoyable, and comfortable lifestyles, fend off disease and disability, and feel autonomous, competent, and in control of their lives.” - Stephen Golant (Golant, 2015).*

This shows that intersectional approach and interdisciplinary methods are vital for the research of older people.

The research of the notion and structure of pension system is highly connected to the studies of aging. In Ukrainian context, for instance, bringing awareness to obstacles to its effective functioning is vital for the well-being and social stability in the society, especially for the elderly people. The pension system of Ukraine is ineffective yet expensive due to the growing percentage of old people, limited amount of the funding from the state, and underdeveloped private pension schemes in the country (Єлісеєва, Примачук, 2016).

Ukrainian scholars, as well as previously cited counterparts from other countries, pay attention to the legal, social, economic, cultural, and medical aspects of aging and all spheres of society. Kirichenko and Batsman (2017), two social workers from Ukraine, differentiate several types of individual's adaptation to their aging. The constructive approach involves acceptance of age and death as natural process and trusting others with being taken care of. The dependency approach is typical for people who tend to be passive and reliant on others, especially family, for the maintenance of their emotional stability. Persons with the protective approach avoid discussing their issues and fear of death, masking the feeling of helplessness with activity. People with the hostile approach towards others show aggression, distrust and resentment to their environment, while persons with the hostile approach to oneself passively accept aging and may view death as a relief due to possible depression (Кіріченко, Бацман, 2017).

One of the recurrent patterns in the research of elderly people is recognizing the way society shapes experiences of older persons. This topic is especially important to social scientists and to social workers due to the need to provide proper care for the elderly while considering political, ideological and policy issues. Social care practices

are frequently established with the view of older people perceived as real, or potential, economic and emotional burden to the younger generations as those persons are presented as only consumers rather than creators. The negative stereotypes of aging may lead to internalization of such views to the extent of becoming self-fulfilling prophecies. Older people might accept restricted life opportunities, proposed medical and social care interventions, and be reluctant to trouble others for more. However, there has been progression towards personalized understanding of the needs of elderly persons to make practices more suitable for them according to individual experiences (Smethurst, 2012).

The books on social work with older people review specific areas and features of social work practices. For example, in the book “Social work with older people: Approaches to person-centred practice” (2012), editors Hall and Scragg collect reading on working with elderly persons from different groups, such as Black and ethnic minorities, people with mental health needs, dementia, learning disabilities, long term conditions, working with loss and bereavement in older people, working with their sexuality and spirituality.

Another significant aspect of work with elderly persons is being aware of the legal, policy and political context. The key objectives of the modernization agenda are support of independence, development of prevention services and strategies, promotion of well-being and protection of vulnerable people. In addition, recognition and support of informal carers is also a feature of the system evolution. Other vital missions include improving standards and regulation, providing equal access to services, and enabling older people to partner with social workers and participate in policymaking (Crawford, Walker, 2008).

Readings on research into elderly people describe conditions and experiences that are prevalent for this age category in all spheres of society that both values youth and is growing older. Gerontologists, sociologists, social workers, and other scientists accentuate the vulnerability and complexity of aging with older people facing ageism

and other challenges, such as experiencing loss, struggling with finding the meaning of life, etc.

## **1.2. Theoretical-methodological approaches to research of needs of elderly internally displaced persons**

Most previously reviewed findings either directly or indirectly describe the needs of elderly people, conceptualization and categorization of which are still yet to be made in the following section. This can be achieved through review of the studies defining the needs of older persons.

For instance, the qualitative study from 2023 was used as a method of identifying the needs of Chilean older adults associated with daily activities (Briede-Westermeyer et al, 2023). The authors of the research decided to use the model in the form of a pyramid, every level of which refers to a type of need of daily living: beginning with the basic activities that are necessary for survival and feeling of autonomy, following instrumental activities, which are required for full independence, and, on the top being enhanced, or advanced activities that are vital for a high level of life satisfaction and well-being. The researchers also define six types of daily activities that are prevalent for elder persons on different levels: transportation, health, living environments, work and volunteer activities, communication and social engagement, and leisure activities. Their findings on needs that fall under these categories on different levels can be illustrated as a table (Table 1.1).

**Table 1.1: Categorization of the concepts of needs and solutions**

	Basic daily activities	Instrumental daily activities	Enhanced daily activities
Transportation	Movement availability	Daily mobility	Optimal mobility
Health	Basic Self-Care	Self-Care	Advanced self-care
Living environments	Living space basics	Home activities	Home comfort
Work and volunteering		Work-related tasks	Complementary work-related tasks
Communication, social engagement	Communication skills	Social interaction	Social engagement
Leisure			Leisure activities

Source: Briede-Westermeyer et al, 2023.

Health and the needs revolving around it are a crucial part of any person's daily life, especially for elderly people that are vulnerable to getting sick due to processes that accompany aging. Older people with serious illnesses require specific care which could provide emotional and social support that helps them to cope. According to Pignolo et al (2014), access to palliative care, the goal of which is to relieve suffering from pain, symptoms, and stresses from serious illness, is an imperative need for all, and for minorities. In the current reality, health care for the sickest and most vulnerable is a costly yet low-quality practice. Relatives of elderly persons have an opportunity to become family caregivers and meet the needs of their loved ones at home (Pignolo et al, 2014).

As elderly people can be considered a vulnerable category even in what is known as normal circumstances, the question arises on what the impact of natural disasters and

crises on this age segment is. According to the report made by World Health Organization, HelpAge International, and other agencies “Humanitarian Action and Older Persons: An essential brief for humanitarian actors” (2008), emergencies affect older persons in not being able to fulfill essential spheres of needs such as health, social and psychological support, protection, and livelihoods:

- The health obstacles include more difficulty in accessing services and lessened ability or willingness to escape or to protect themselves, nutritional deficiencies or complications of chronic illnesses, common to older age.
- Social and psychological support may not be provided if the elderly people are being hidden from the view of humanitarian agencies, thus don't have their needs heard.
- Due to social and economic marginalization, as well as due to possible language barrier and social isolation, older people are less protected from the hazards of the crisis.
- Livelihood activities, such as income-generation, food-for-work programs, and micro-credits are not customized for older people. This is especially noticeable when their land is ravaged or occupied (WHO and HAI, 2008).

Due to the mentioned circumstances that follow natural disasters or/and armed conflicts, older people are reported to be left behind while the rest of their community is relocated. According to the Internal Displacement Monitoring Centre, or IDMP (2012), limited physical capability to make journey and concerns of the relatives about the disability, feeling tied to the homeland and managing to escape similar situations before, as well as the decision to secure family assets are the main reasons why older people may choose to remain at their original place. For instance, during the Georgian conflict in 2008, most people remaining in frontline villages during hostilities were predominantly part of older age segment. These people had to seek safety in the forest during the night with only having support from their spouse or other older persons. The IDMP also states that in a number of cases elderly persons who stay behind are likely to

be subjects of violence, intimidation or secondary impact of natural hazards and be cut from means of essential assistance and supporting mechanism. Thus, the decision on whether to stay or flee required assessing potential protection risks and concerns of being overwhelmed with drastic changes that are inevitable for any elderly internally displaced person, or IDP (Beyoni, 2012).

Even when elderly persons manage to flee from the high-risk zone, they face challenges in choosing durable solutions of either returning to the original communities even during the extreme situation, integrating in the place of refuge or settling somewhere else. Despite specific conditions, the mentions of the needs of elderly people as a vulnerable group in international instruments on the topic exist predominantly in the context of reunification of the displaced families. These problems are covered by an issue of the Forced Migration Review (2016) in the context of two cases of elderly IDPs having to go through protracted and repeated displacement after Georgia's early 1990s and 2008 waves and after Japan's series of disasters with the nuclear catastrophe in Fukushima in 2011. The report states that both cohorts of elderly people were struggling to restore pre-disaster living standards due to unemployment, high living costs and chronic health problems. Moreover, displacement took a toll on older people's mental state resulting in increased rates of depression and anxiety. Social well-being was also worsened due to disruption of social networks and community life that had a negative impact on the older IDP's sense of identity and social interactions (Mosneaga and Vanore, 2016).

In the review from a literature on elderly refugees and IDPs in African countries (2022) there are several issues brought up. First of all, due to usage of only English terms and interpretation of mostly global contexts, some relevant studies on the topic are bound to be missing. Even with the available research the studies of older IDPs in the African continent, have not received proper academic attention. It is also noted that there is a need for more studies on mental health at old age affected by displacement due to conflict in low- and middle-income countries. The role of religion as an aspect of impact

should be considered as well. In addition, the research encourages a more critical view on the way elderly IDPs are defined (Böcker and Hunter, 2022). The authors of the study stated that insight can apply to literature globally, thus used for better understanding of cases outside Africa with taking into account the specifics.

The elderly IDPs are often displaced to IDP camps that are supposed to provide proper care to older people. However, according to the study by Adedeji et al (2017) with the focus on IDP camps in Nigeria, there are several important unmet needs in such facilities. Epidemiological reports emphasize the prevalence of communicable diseases that are caused by poor water quality, sanitation issues, insufficient hygiene practices, and malnutrition, the reason for which in turn is the absence of better Primary Health Care coverage. However, the elderly at IDP camps commonly experience physical health problems, such as mobility problems, diabetes, arthritis, sore joints, digestive, vision and heart disease problems. Moreover, elderly IDPs experience a disconnection from social support, thus have to deal with health seeking or/and paying for such on their own as the health care at the camps consist mainly just of first-aid services. The poor access to health care services is also caused by limited information that older people receive from health communication systems, which is especially an issue among persons with lower socio-economic status (Adedeji et al, 2017).

The reviewed findings are important for getting into the detailed research for the needs of elderly Ukrainian internally displaced persons. To systematize the current needs of elderly IDPs after Russia's full scale invasion on February 24th, 2022, it is crucial to investigate studies that describe the topic in timeline from 2014, or the beginning of the Russo-Ukrainian war till what is known as of the present time, or two years after the escalation.

One of the main impacts of the war in Ukraine is high rate of internal displacement, which makes the United Nations Programme (2023) classify the persons that had to escape hostilities by moving in safer regions, are of older age and may also

have disabilities or chronic illnesses as vulnerable category (Програма розвитку ООН, 2023).

Amnesty International is another organization that is interested in research on elderly IDPs during the russo-Ukrainian war. Their reports on the condition and needs of older people who are displaced due to the war include narratives from IDPs themselves, as well as descriptions from social workers. Due to worsened well-being due to traumatic events and lack of proper assistance, the situation of elderly IDPs is described as “living in the dark”. (Amnesty International, 2022 and 2023).

Since 2014 the main reason for displacement of Ukrainian older adults has been fleeing from occupied territories to government-controlled area. Mikheieva and Kuznetsova (2023), representatives of the International Organization for Migration, highlight several aspects: the discussion of internal displacement going hand in hand with conditions of immobility, or to be concrete, with physical limitations and destruction of mobility infrastructure; Ukrainian pension payments and IDP benefits not being able cover even basic needs, making elderly IDPs go in survival mode or depend on their younger relatives; international organizations not providing coordinated sustainable support; older people being dependent on volunteers. Due to the significant negative impact of the challenges on older IDPs some of them either return to the war zone or deal with marginalization even to extreme extent. In addition, the researchers state:

*“We argue that knowledge about IDPs’ experiences and policies before 2022 is crucial in planning both policies for the integration of refugees who have previously been internally displaced, and post-war reintegration in Ukraine”. - Mikheieva and Kuznetsova (Mikheieva, Kuznetsova, 2023).*

An example of such policy could be a proposal made by a group of researchers from State Institution “D.F. Chebotarev Institute of Gerontology NAMS of Ukraine” in 2019 of primary care the elderly IDPs from ATO Zones. The gerontologists state that

medical-social system should be provided for all elderly IDPs and include the whole variety of services like organized in-home care, information centers specifically for elderly IDPs, day-stay centers and rehabilitation units (Chaykovska et al, 2021).

For elderly internally displaced persons in Ukraine adaptation to the new community is difficult and lasting process. While analyzing the problems related to the living conditions and well-being of IDPs that settled in Vinnytsia Region and moved from the East and the South of Ukraine, a historian Valentyna Borysenko (2023) described the help from the locals to all IDPs like provision of mattresses, cutlery, clothes, and food. Despite the efforts to make the elderly feel like home, they tended to experience nostalgia for their homeland (Борисенко, 2023). It is important to be considerate of their feelings while taking care of older IDPs.

The main tasks of Ukrainian state social workers that deal with older internally displaced persons since the beginning of the war are administrative duties, or registering and verifying elderly IDPs, arranging monthly financial aid for living expenses, assistance in case of the need of help due to health, mainly home care and material assistance, including provision of free or low-cost medicine, hygiene products, clothing, footwear, etc., as well as services such as hairdressing, repairing, sewing, wood cutting. In addition, social workers are supposed to engage elderly IDPs in cultural and educational activities (Nikitina, 2019). In addition, one of the most urgent problems in sphere of social work with elderly IDPs remains the improvement of their psychological and social well-being (Літяга, Залібовська-Ільніцька, Герасимчук, 2023).

In addition to meeting the previously mentioned basic and urgent needs of Ukrainian elderly IDPs, it is crucial, according to Kurylo (2023) to show attention, affection, recognition, and respect towards this category. These requirements are significant not only to avoid the experience of social isolation and loneliness, but to encourage these people to contribute to the communities and households they are currently settled in. The given support allows older IDPs to persist in their daily activities with working, assisting their neighbours and peers, as well as contribute to

help the Armed Forces of Ukraine even despite modest financial circumstances (Kurylo, 2023).

As the methodological part of the study is aimed on defining needs of elderly IDPs that are currently located in Ternopil Oblast, it is crucial to review a previous study on IDPs from all age categories in Ternopil, made in 2023 by a non-governmental organization “Eastern Ukrainian Center for Local Democracy Development”. The points that are relevant for the research are following:

- The identified needs of IDPs in the Ternopil region are housing accessibility with proper living conditions, food and hygiene materials, clothing and shoes according to the season.
- Main non-material problems that IDPs encounter are longing for hometowns, traumatic memories, lifestyle changes, uncertainty, and lack of ability to plan.
- Respondents that moved from Luhansk and Kherson regions reported that they had no opportunity to return home due to housing and infrastructure being destroyed.
- A variety of institutions, like state, international, civil society, volunteer and religious organizations, deal with IDPs basic humanitarian needs. The main issue, however, is poor coordination of efforts.
- The majority of respondents are satisfied with the government services such as receiving IDP status in host communities and with the friendliness and support from most local people in Ternopil. The exception is occasional encounter with negative attitudes based on stereotypes, which indicated the need for improved integration and conflict reduction efforts in the community. (NGO “Eastern Ukrainian Center for Local Democracy Development”, 2023).

The research is partially based on the report made by Ryabchuk and Oksutovych (2024) on gender analysis of gender and age in Ukraine during the war. This work is an overview of the work of 6 shelters, led by 6 local Caritas organizations, including one in

Chortkiv, Ternopil oblast. There are three key themes identified, including socio-economic context (internally displaced elderly beneficiaries being economically, spatially, and socially isolated), manifestations of vulnerability (part of them being war-related) and gender inequalities. Despite the issues in local shelters in the Western and South parts of Ukraine, the elderly IDPs feel much safer and almost not disrupted by war, unlike in their home regions. Thus, the respondents highlight the importance of need of safety which can be fulfilled in current locations (Ryabchuk, Oksutovych, 2024).

The findings on the studies of the elderly and their needs due to internal displacement show the wide range of topics that are covered and the aspects that are yet to be discovered or/and expanded. Aging in society and the place of older adults in it is a topic of interest of scientists from different fields, mostly gerontologists, and social workers or other social scientists. However, the readings on elderly persons oftentimes only scratch the surface on complex realities of aging and intersections with global issues, such as recovery from disasters and adaptation to the new location and its reality, especially after being displaced for the safety. The most important points on needs of elderly IDPs include physical and mental health, transportation, living environment, role in community, possibly leisure and working activities. The most attention is paid to health, including health services, conditions in camps and other locations, and psychological support. All these factors are significant in the context of russo-Ukrainian war since 2014, and especially since 2022. However, as there is still limited amount of material on this specific topic, it is crucial to ascertain needs of Ukrainian elderly IDPs with different perspectives, including the experiences of the people themselves, as well as social workers and policymakers.

## **CHAPTER 2: NEEDS OF ELDERLY INTERNALLY DISPLACED PEOPLE**

## **2.1. Methodology of researching needs of elderly internally displaced persons**

The research is conducted in qualitative research paradigm. The empirical base of the study is made up of three in-depth interviews that lasted from 18 to 23 minutes, two focus-groups with 8 participants each and with the duration of 49 minutes and 64 minutes, and an expert interview (39 minutes). All interviews were held face-to-face and conducted as a part of the bigger case study, for which was taken a field trip to the middle-sized town with approximate population of 30 thousand people in Ternopil Oblast, western region of Ukraine.

This research can be considered an exploratory case study, which is used to overview the problem and create main categories to describe the case. It can be defined as empirical research that covers a social phenomenon as it is with application of quantitative and qualitative methods of data collection, including qualitative interviews, which is suitable for this research. The study also includes aspects of ethnography research due to carrying out a field trip to the place of residence of respondents (home and local shelter) and the council office in the local community. It is important to note that this study is conducted in an explicit way, meaning that all the participants of the research were warned beforehand about being interviewed and observed (Костенко, СКОКОВА, 2009).

The main feature of completely unstructured interviews is conduction of a free-form interview with no questions written in advance with being assigned mainly with only a given topic and background information. Thus, an interview must compose questions along the way (Bailey, 1994). This method is useful while doing exploratory research, which is the case with a fairly new topic of needs of Ukrainian elderly IDPs.

As elderly internally displaced people are a vulnerable category of population, the displacement due to the war is an emotional matter, and the needs are associated with the

social, psychological, political, and economic issues, this topic, according to Sharif Haider (2021), can be classified as sensitive (Haider, 2021). Thus, this social research should be treated as a sensitive one in order to be able to enhance the issue that greatly affects Ukrainian society today. It is important to take into account potential psychological risks for both researchers and respondents that come with covering such a topic (Dickson-Swift, Liamputtong, 2008).

The conducted in-depth interviews can be characterized as narrative interviews which center on the stories told by interviewees that come up either spontaneously or are encouraged by the interviewer. It is vital that the interviewer remains an active listener yet abstains from interruptions with occasional clarification when needed (Brinkmann, Kvale, 2015). All three interviews revolve around getting to know experiences and needs of elderly IDPs from their point of view, thus letting people narrate the stories is crucial part of the research.

The conduction of focus groups allows the researcher to learn topics and their aspects that are not fully understood in the academic sphere. As the needs of Ukrainian elderly IDPs from the point of view of older people themselves and from the social workers that take care of them are not widely discovered, the choice seems optimal. As the needs are complex and vary from one individual to another, investigation of similar and different traits of every interview participant can be encouraged, or in other words, they exchange and follow up each other's thoughts and experiences, creating a process of sharing and comparing (Morgan, Krueger, King. 1998). This way my academic advisor managed to create two fruitful group discussions with 8 members each and me being present for the process of conversations. According to Krueger (1998), there are several main points to consider during the focus group analysis: the form and meaning of spoken words, the context in which the commentaries are made, the internal consistency or changing of ones opinion throughout the discussion, the frequency of comments on certain concept or topic, the extensiveness of comments, or number of

participants who are opinionated on certain topic, the special intensity of comments, communicated by voice volume, speed, and etc. (Krueger, 1998).

The unstructured expert interview was held at the office of the village settlement council, which is near the town with the interviewer being my academic supervisor, and the interviewee being the head of the organization. She can be considered an expert due to her being well informed on the affairs of internally displaced persons, including the elderly people. With her holding the leadership position, she oversees the decision-making on various policies, which also concern the elderly IDP. In addition, she can affect her colleagues' practices even outside of her council. As a result, she is accepted as a person with status and can be considered an elite (Bogner, Littig, Menz, 2018). It is also important to note this expert interview is a valuable addition to this research, as the format allows to have a conversation that can encourage politicians and society in general to spread awareness on needs of the elderly IDP and, consequently, to meet them on all levels. This is possible to achieve with the interviewer and the expert, the interviewee, sharing understanding of the social relevance of the study (Bogner, Littig, Menz, 2009).

With the received data, qualitative research can be proceeded with application of Qualitative Content Analysis (QCA). The method "defines itself within this framework as an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytical rules and step by step models" (Mayring, 2000). The approach to analysis in this research is focused on finding meaning of what is said by respondents that can be achieved with meaning coding, condensation, and interpretation (Brinkmann, Kvale, 2015). As a result, it is possible to ascertain experiences of elderly IDPs and to distinguish different perspectives on their needs.

## 2.2. Experiences of elderly internally displaced persons

Each elderly internally displaced person has a unique life story that is affected by the russo-Ukrainian war. It is crucial to get to know the conditions of elderly IDPs in order to understand their specific needs and properly meet them. However, there are also aspects that make their experiences of being both vulnerable age group and people that had to escape hostilities quite similar. Thus, this segment of the research focuses on ascertaining experiences of elderly IDPs.

To begin with, the unique details are going to be reviewed with confidentiality not being broken. The first respondent in this research is a woman named Olena, age 74, from Mykolaiv. She moved into her sister's house in Ternopil oblast after the full-scale invasion and her hometown being intensively attacked by russians. Because of the constant danger, she had to hide in shelter and due to poor conditions, it became more difficult to manage her diabetes. As a result, due to the chronic disease complications, she had to have her several fingers amputated after arriving at her current location. Olena is now being treated as a palliative patient with the social worker and sister looking after her at home, which is also the place where the interview was conducted with the social worker also participating in the conversation. This interview's format is more of an informal observation of the interactions between the caregiver and the patient.

Another two in-depth interviews took place in the shelter for elderly internally displaced people. The second respondent is a woman named Olena, age 64, who was displaced with her husband, age 68, from Slovyansk, which is located in Donetsk region. The town's district is the fifth place the couple has moved into since the full-scale invasion began.

*“We moved, left Slovyansk when russian army were in Lyman, and this is suburbs of Slovyansk. So, we were afraid to stay there, because yeah, our grandchildren were*

*also there. Us with grandchildren, a daughter-in-law. All moved together and to Uzhhorod, and from Uzhhorod to the Czech Republic, so the grandchildren stayed there. They are with their mother. And my husband and I, me and my husband returned to be closer to homeland “– in-depth interview, respondent 2, Olena from Slovyansk.*

While being in the Czech Republic, Olena and her husband wanted to go back to Ukraine but did not know how and where they could go as it was still dangerous in the hometown because the frontline moved closer to Slovyansk. However, their daughter was able to contact Ukrainian volunteers that could help the couple. As a result, they were welcomed in Ternopil and later moved to the shelter. After settling in, the woman also wanted to help other elderly IDPs the same way that she had been taken care of before:

*“I have some connections in the Czech Republic left, there are some acquaintances left with whom we lived. So that I told: if there are some elderly people that can and want to move to Ukraine but don’t know whom to ask, then here some vacant spots remain. And, I don’t know, a woman called (a coordinator), so this way they also are... and the connection is present. I also want to help someone. I thought that people might also come here” – in-depth interview, respondent 2, Olena from Slovyansk*

The third respondent is Mykhailo, an 80-year-old man that was evacuated from Bakhmut, Donetsk oblast. While being asked about possibility of returning to the home region, he stated:

*“No, well, we are adult people, and the circumstances are that you will not be able to get there in a year or two, or even. But we live... God forbid this to anyone. Well, being left with nothing: can you imagine? There is no need to imagine that... In my lifetime I never was in any retirement home, but now in one, another, and in the shelter. And you will see how people live. I was born during the war in occupied territory. I was small, and here I was attacked by my “older brothers”” – in-depth interview, respondent 3, Mykhailo from Bakhmut*

The topic of evacuation and being considered internally displaced person instead of being a refugee, or escapee seems to be particularly sensitive for Mykhailo:

*“I arrived. And like that an evacuation. By train, and the train is under attack... And it is going to be a second year soon. In the beginning of May. [...] In the beginning you did not have IDPs. We are refugees. We are not IDPs. IDP, let’s assume, I have a house, but it is close, so I left. That is one thing. However, when I escaped – I could see a missile falling on my head. I ran – we had an evacuation. Differentiation is needed. But we were all equalized” – in-depth interview, respondent 3, Mykhailo from Bakhmut.*

This miscommunication could occur due to the features and context that the definitions “internal displacement” and “refugee” hold in Ukrainian language and reality. Internal displacement could be seen just as movement to one part of country to another for various reasons, while refugee and refugee are cognate words with running in Ukrainian translation. Thus, it is important to reassure elderly IDPs that their experiences are validated and differentiated.

From the focus group with elderly IDPs it was possible to gather short descriptions of people’s experiences. The first respondent talked about him being displaced from Kherson, being diagnosed with cancer after arrival in the local shelter and operated in the local clinic and having to regularly go to the town by bus for bandages.

Another respondent described his situation of not being able to gain IDP status due to being from Dnipro, eastern region of Ukraine.

*“So, I applied to the bank. And they say that there are no hostilities. Well, look how all the houses are. Maternity clinics, skyscrapers, two-three-story buildings are being hit. Dnipro is being hit, Marhanets’, Nikopol’ are being finished off in Dnipro oblast. And they say there are no hostilities. So, I must bring ruscists there so that they give me the registration” – focus group 1, respondent 2, man from Dnipro.*

The third respondent is a woman who came from Severodonetsk after with nothing on her hands due her house being destroyed and then occupied by russians. Other participants of the focus group came from these or other cities, such as Kharkiv, Slovyansk, etc.

While having conversations with elderly internally displaced women and men from regions that suffered from the war in various ways, with specific health conditions, of different marital status, with or without children, it was possible to discover some of the unique experiences and points of view. All these distinctive aspects shape specific needs for each elderly IDP that are not typical for many other older people in similar situations. However, with what was gathered from most of elderly IDPs, the war took great toll on their physical or/and mental well-being as all these people not only had to live through dangerous and traumatic events, but to adjust to completely new place, which is a very difficult process for people of older age. There are also situations when they had to stumble upon health, financial, and social issues. All of these aspects shape the needs that are prominent among elderly IDPs, which are paid attention to by the people themselves, social workers, and others involved.

### **2.3. Perspectives on needs of elderly internally displaced persons**

With recognition of the way the war and society shapes experiences of elderly IDPs, it is possible cover needs that elderly IDPs voice directly or indirectly, that are considered by social workers who take care of these people, and that reach officials who oversee policies that concern the issue. In the following segment these demands will be distinguished between mentioned points of view.

#### **2.3.1. Elderly internally displaced persons' point of view**

Throughout 4 in-depth interviews elderly IDPs shared their needs and the ways these requirements could be met by answering concrete questions brought up by

interviewers and telling indirectly during narration or group discussions about their life experiences before and after dislocation from their home regions.

As 3 out of 4 conversations are from the local shelter, the conversation will revolve around the situation in this particular location. Therefore, the most mentioned aspect is living conditions. Perhaps, with interviewees knowing that their answers are being recorded in the shelter that provides care of them, they tended to describe the general environment as positively as possible:

*“We immediately liked it here. First, here has been renovation done, the room is bright. I am here with my husband. So, the room for two was provided” - in-depth interview, respondent 2, Olena from Slovyansk”*

*“Here I am satisfied with everything. The way we are being treated, and how it is in the public eye” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

There are also more distinctive aspects that satisfy the residents of the shelter, like proper food or opportunity to walk around freely:

*“We are being fed well here. Four times a day” - in-depth interview, respondent 2, Olena from Slovyansk.*

*Everyone feeds us, it is nice or something, and you feel like you are in good condition” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

*“We like it here that we are in a location with the forest nearby... We can go there to take a walk in the forest. We go there every day” - in-depth interview, respondent 2, Olena from Slovyansk.*

However, the respondents still voice some needs that are not yet met, such as provision of a specific diet for person that due to chronic illness cannot eat some foods:

*“They won’t cook for only me and decided that I have to play up on my own” - focus-group 1, respondent 3, woman from Severodonetsk.*

Another often mentioned concern from the residents of the shelter is the uncertainty in whether the elderly IDPs would be evicted or could stay in the location even after the agreement of staying at the place for only half a year expires:

*“Oh, only one thing concerns us. It is that we are not evicted from here... Here people arrive and they are sent somewhere, and new people must arrive... For us going with the luggage at this age. And new people again, new conditions...” - in-depth interview, respondent 2, Olena from Slovyansk.*

After asking the focus group with the elderly IDPs about some things that could be improved, one of the first things to come to respondents’ mind is to have quartz sessions in the room. As a result, this point sparked a whole discussion:

*“My proposal: to place for us in every room, as now everyone recovered from being ill... We need to quartz” - focus group 1, respondent 3, woman from Severodonetsk.*

*“One portable lamp in every room” - focus group 1, respondent 1, man from Kherson.*

*“15 minutes and all, it is now nice” - focus group 1, respondent 3, woman from Severodonetsk.*

*“15 minutes in one room and transfer to another” - focus group 1, respondent 2, man from Dnipro.*

Most of the described points link to health issues in one way or another. During the conversations, the stories about going to the town for doctor appointments or being visited by the family doctor are mentioned. The health care system created to accommodate the situation of elderly IDPs is satisfactory to the respondents:

*“You signal, and immediately as we say – and we are appointed, everything is okay. We are on the same level as locals.” – in-depth interview, respondent 3, Mykhailo from Bakhmut.*

To add in, the elderly IDPs feel especially comfortable being treated by doctors who are also internally displaced persons. In the case of this shelter, its therapist and psychologist are both IDPs.

As elderly IDPs often must get from the shelter to the town by transport, this aspect was also described. According to one of the respondents, it is not too expensive, however, the stop is located a bit too far from them. If there are a lot of residents who need to go to town, they are picked up on the staff's car.

*“Our people drove by transport, we were driven there and back.” - in-depth interview, respondent 2, Olena from Slovyansk.*

When the topic of leisure came around, the answers from respondents varied.

*“Well, there is television for entertainment. We watch it... Here we have a speaker bought, I watch news on my smartphone in the mornings. Then I draw” - in-depth interview, respondent 2, Olena from Slovyansk.*

*“We are not too into leisure activities like playing football or something like that. Everyone arrived with their own disabilities, we get sick more... Mainly go in the clinic, polyclinic” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

It can be seen that the residents are not too focused on finding entertainment in their daily lives. In turn, they spend a lot of time not only dealing with health issues, but also on social interactions with their peers, staff, including social workers, doctors, and, most importantly, with close ones, especially relatives.

*“You want to smile with people more. With close ones even. But they are in different places... Conversation is only via phone [...] The assisting staff is a blessing [...] They are amiable, they make us smile and they joke” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

As these older people were internally displaced, they have to communicate with representatives of departments that provide status and monetary help to IDPs.

*We were told that we had to go to a center of provision of administrative services, and it is also close to us. We didn't have to drive anywhere... We went, we were welcomed, issued. A week later we were already there, everything issued, everything is alright.” - in-depth interview, respondent 2, Olena from Slovyansk.*

Another part of integration in the community is engagement with local people. The process of adaptation was peaceful due to the locals being generous as they gave fruits, vegetables, and other food to the IDPs, as well as clothes. In addition, each person, from a child to elderly from the town greets the residents even without being acquainted.

However, because of the endured traumatic events and hardships of internal displacement at older age, the interactions between elderly IDPs may feel detached:

*“Ehm, I can say that the contingent of people that... Yeah, a bit not what I like very much. Everyone leaves, everyone is bitter... We go to the canteen. We, like, meet up here, but a bit closer. Everyone has their own thing” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

Moreover, there are needs that cannot be met in the displacement, such as the feeling of missing home and worrying about the current state of war. To give some sense of hope, caregivers have to socially and emotionally lift their spirits:

*“We want to go home. We are hoping that the war that, maybe something in that russia, something happens that it would say, it would let go if Ukraine, in brief, withdraw troops, and everything will be alright... I don't know what else to hope for.” – in-depth interview, respondent 2, Olena from Slovyansk.*

*“Everyone is worried about everything that is going on there. We read it in the news. I want to go home. But there... We won't get there for a while. We lost everything... The only hope is here that we are protected. It turns out only like that” - in-depth interview, respondent 3, Mykhailo from Bakhmut.*

### 2.3.2. Social workers as caregivers of elderly internally displaced persons

Apart from family and neighbours, people that are the most responsible for taking care of elderly IDPs are social workers who are either assigned from the territorial centers that have become significantly more loaded on since the beginning of the full-scale war or hired by non-governmental and private organizations. The coordinator of a field trip, a member of a charity organization, describes the profile of the staff as people who take social work classes or/and have degree and experience in nursing so that they can provide health services to all the beneficiaries, including palliative care. In addition, as previously mentioned, the psychologist who works with older people, is also an IDP, which makes it easier to build connections with the elderly IDPs.

The social worker that is assigned to take care of a palliative ill IDP (Olena, respondent 1), drives to her house each morning to check her pressure and blood sugar. On the day of a visit for an interview, the patient had high pressure and blood sugar levels, thus the worker drove to her again later in the day to make sure that the woman took her medication and felt alright. She showed genuine kindness, concern towards Olena, and sufficient knowledge of her previous experiences before and after settling in town.

The focus group, conducted by my academic supervisor with 8 social workers who work with older people, mostly palliative ill, focuses mainly on gender aspects of holding a professional status and gendered features of beneficiaries. However, the relevant to this research topic of working with the elderly IDPs is also covered. When asked about where most IDPs are from, one of the respondents listed eastern and southern regions of Ukraine:

*“From the east. We have from Donetsk, Luhansk, Mykolaiv, Kherson regions (south)... There were people from Sumy region (north), but they left.” – focus group 2, social worker 1.*

The elderly IDPs come from the places that are occupied by russians or constantly under their attack. These dangerous situations, as expected, had a huge negative impact on these older people’s well-being. Therefore, the most commonly mentioned by social workers is need is safety and lack of sources of disturbance, or its achievement with moving into the shelter. To add in, the caregivers highlight the contrast between the period people just arrived and the current time:

*“They calmed down a bit because they don’t hear these explosions, don’t see this hustle and bustle, fleeing, hiding. We have a basement, but they just go outside. And they see how quiet and peaceful it is, that it is not, you know, such a tense atmosphere. So, this is psychologically very nice, so they relax. They understand that we are here, there is nothing scary. – focus group 2, social worker 2.*

*“Yes, that there are no explosions. Here is nothing of what they lived through, what they saw. And they arrived here, in a totally different atmosphere. At the beginning with the sirens (air raid alert sound) they ran to the haven, and hid... And later they understood that thank God that it is buzzing, flying around, but it is more peaceful here.” – focus group 2, social worker 1.*

The concern from the beneficiaries that is noticeable to the caregivers, is the lack of certainty and control of the elderly’s future as they may be forced to change their location in the nearest time due to the current policy of shelters for elderly IDPs:

*“They are very worried that only for a limited amount of time, only half a year they will be able to be (here)” – focus group 2, social worker 3.*

*“For them this problem is very huge because, you get it, they get used to us, get used to the atmosphere. And understand that it is peaceful. And there is nowhere to go*

*then. And it is stressful for an older person. So, we observe this. They get used to it; they are like small children. But they have to drift apart from us.”*

*– focus group 2, social worker 1.*

### 2.3.3. Policies towards elderly internally displaced persons

The policies on local and state levels make it possible to have the needs of elderly people met by improving the quantity and quality of social services, as well as provision of resources given to elderly IDPs. However, the effectiveness of these actions depends on the level of awareness and approaches towards the issue from politicians that hold leader positions in villages, cities, and the whole state.

In order to find out the opinion of policymakers on the needs of elderly people, my academic supervisor and I conducted an interview with Liudmyla, the head of village council, which is considered as part of the town’s district. Even though her opinion is not representative of all the politicians, her point of view affects the practices in her community, including the services provided in the local shelter for elderly IDPs.

According to the expert, there are currently 150 permanent IDPs that have settled in the community (as of April 2024). Some of their needs are covered by the budget, such as public means of transportation, while others have to be supplemented for vulnerable categories with help from mainly charitable organizations or private entrepreneurs. The head council gives an example of providing the “buckets”, filled with food, for Easter holidays from the city budget and the partnership with local farmers.

The most active charity foundations that cooperate with the council to help local IDPs are “Caritas”, “Rokada”/” Рокада”, and “Posmishka”/” Посмішка”. Caritas Austria, for instance, has been working for the community since the full-scale war beginning with the IDPs only and expanding the duties to taking care of people older

than 60. Thus, as of today the foundation is responsible for taking care of elderly IDPs. For instance, because the council couldn't get the project for IDPs, Caritas agreed to lease the land for free with the validity period being five years and the option for automatic prolongation. In addition, the organization made a proposal to the administrators to take the local hospital under its guardianship, the agreement to which has been a beneficial decision so far due to availability to settle and direct senior citizens.

The topic of providing housing and care for elderly IDPs is covered in the interview by mentioning the opportunity to be placed in either a state-funded facility or be settled on a commercial basis. The main conditions for being placed in a municipal building are directing 75% of retirement funds to the facility and having no relatives. To be able to move into a commercial building, the elderly must pay from 10 to 12 thousand hryvnas plus the pension per month. Another option is to hire assistants in-home, which in the opinion of the expert may not be too beneficial.

While being asked about providing all people that are considered vulnerable by the state, the expert said:

*“We cannot protect everyone. If a person does not want to help oneself, it will not work out” – Liudmyla, head of the village council.*

Therefore, while making decisions on policies, the government officials may rely on help from people who are cooperative and try improving their conditions themselves by doing possible daily activities. As the state is still ready to meet some of the citizens' needs, this results in “double vision”, as the expert stated herself. This opinion on social issues or social interactions in general can be characterized as a paternalistic approach, a conservative view on the role of people in community, where each person always owes something to others. As a result, elderly IDPs often have to find the means for right aging themselves or with the help from relatives, neighbors or other close people rather than from the state and its policies.

As a result of the case study, it is possible to, first, navigate and validate unique experiences of elder IDPs, and second, differentiate between their needs among different points of view. The elderly IDPs themselves concentrate on living environments, as well as communication and social engagement while also paying attention to health and slightly to leisure activities and transportation. The social workers, in turn, notice the complexity of both feeling peaceful because of improved safety and feeling anxious due to being separated from the caregivers. The focus of policymakers is mostly on covering basic materialistic requirements of the elderly IDPs. Thus, it is critical that different parties work together for proper cover of elderly internally displaced persons' needs.

## CONCLUSION

The elderly internally displaced persons are considered to be a vulnerable part in any society that has experience of war or other disasters. Nevertheless, these people and their needs are often left behind by the ones who are supposed to take care of elderly IDPs. This situation is particularly serious in Ukrainian society since the beginning of the russo-Ukrainian war and its escalation in 2022. Even when the efforts are made, due to lack of coordination between the older people, social workers, and the politicians, the actual needs are not properly distinguished.

The overview of theoretical findings from social gerontologists, sociologists, and social workers on research of older people as a prominent yet overlooked age segment made it possible to define people that can be considered of older age, the main ways today's society shapes the process of aging, and most common challenges that older people face, like ageism, social isolation, struggles with meaning of life, etc.

This knowledge granted understanding and systematization of possible approaches to studying the needs of elderly displaced persons. The needs can be categorized as a system of types and levels of requirements that are associated with common spheres of daily life. However, during the crisis it becomes difficult to cover essential needs of safety, health, social and psychological support, and livelihood. The IDP camps, or shelters, are often not able to meet the needs of elderly IDPs due to lack of attention, poor access to health care and questionable conditions. The studies from other countries and periods of time are still significant for recognizing the situation of Ukrainian elderly IDPs from 2014 till today, whose main problems are housing accessibility, their former homes being occupied or destroyed, and non-material issues. Even though international organizations and charitable foundations also conduct research on the topic, it is still a limited amount of theoretical background.

The conduction of 3 in-depth interviews and one focus group with the elderly internally displaced persons made respondents open up about their experiences of being in the warzone and escaping it to move into a middle-sized town in Ternopil oblast. As the narration and group discussions went on, understanding of this situation became much clearer. This led to ascertaining unique life stories of each person, as well as the similarities between most interviewed elderly IDPs in the current locations, mainly in a shelter.

As a result, with analysis focused on finding meaning of the said words, the main requirements voiced by the elderly IDPs could be ascertained. . As a result, their needs are mainly connected with living conditions, health issues, social interactions, and support of people who miss their homes and worry about the war. To see the point of view on main caregivers of these people, the assisting staff, the focus group with 8 social workers was conducted. According to them, elderly IDPs mainly need a feeling of safety and certainty that can be provided with the services of the shelter. However, they still recognized the flaws of the current policy of shelters for elderly IDPs which allows a stay for only 6 months. In turn, the policymaker of the district where the shelter is located, points out mainly financial aspects of covering the essential needs of elderly IDPs.

In order to make the care for elderly internally displaced persons work, it is vital to combine proposed approaches and encourage making the efforts of meeting the needs of these people effectively. As this topic is especially relevant in Ukraine today, the recognition of the matter and actions towards better work with the elderly internally displaced persons could make huge change in Ukrainian society.

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## APPENDIX

### Appendix: Example of an in-depth interview transcript in Ukrainian

Інтерв'єрка (Олеся): І так, вітання! Я досліджую опіку над літніми людьми. Ми знаходимося в прихистку для літніх людей. І хотіла би у Вас запитати про те, як у Вам справи, які умови в цьому прихистку і тому подібне. Отже, перше питання: як, власне, ви себе відчуваєте тут і як у вас загалом настрої? І чи ви раді? Чи ви задоволені умовами проживання?

Олена: Та, ми до цього в Чехії проживали півтора року. І як оце порівнювати, як там ми? Ми теж оце ну не в Карітасі жили. А ось то так, в отелях так. Якщо влітку жили там де в зимньому (сезоні) там в горах, там де взимку більше чехи відпочивали, а потім нас привозили. Оце п'яте місце, куди ми вже приїхали. От із Чехії ми сюди приїхали, нас сразу волонтери сюди привезли. Ось і нам сразу тут сподобалось. По-перше, тут ремонт, світла кімната. Я тут з чоловіком. От нам оце кімнату для двоїх та виділили таку ось кімнату.

Олена: Кормлять нас тут добре. Чотири рази на добу. Так. Ну так, для розваг там є телевізор. Ми дивимось. у нас тут колонку купили, в смартфоні я новини зранку дивлюся. Потім я малюю... Ось (показала свій альбом)

Інтерв'єрка (Олеся): Дуже гарна картина.

Олена: А я вам щас покажу. Чи це не є так (для розмови)?

Інтерв'єрка (Олеся): Так, звичайно, можете показувати коротко про це.

Олена: Ну, я буду розмовлять і так. От тут у мене.. Я вдома малювала фарбами, а тут я змоги немає. І тільки фар- і олівцями малюю. Ось це мої малюнки. Це отут я в Карітасі намалювала.

Інтерв'єрка (Олеся): Отже, у вас є можливість якраз саморозвитку у в цей час займатися своїми хобі і якісь дозвілля, яке проводить саме Карітас, окрім того, що, наприклад, телебачення забезпечує?

Олена: Ну так нічого такого не проводили. Це тут приїжджали, же спитали, як люди могли би так екскурсії кудись організувати, в історичне якесь місце наставити, щоб ми подивилися там. Ну куди поїхати. Ось. А так, а так нічого. Нам, ну, мені хватає розваг, а тут були. Я сита. Тут, у Хххххххх , приїздив... Я один раз ходила навіть на спектакль, на виставу, от. А потім ми ще приїжджали, наші їздили транспортом, нас туди привезли і відвезли. Так що все, все добре. Ось. Ну. Я так думаю, що. А так розваг поки що. Ну які тут розваги? Ми отут добре ліс, рядом. Ми любимо оце в лісі гуляти. Я там цвіточки, квіточки і ті фотографую. Оце всяку природу люблю, полюблю. Грибочки збрали восени, от. А так що тут. Нам оце подобається, що ми в такій місцевості, що ліс рядом, близька від нас. Тут і туди можна піти сюди там по лісу погуляти. Це би кожен день ходим, ось

Інтерв'єрка (Олеся): І якраз фізична активність якраз для здоров'я..

Олена: Так, канешна. У нашому віці.

Інтерв'єрка (Олеся): А які цей заходи для здоров'я, для покращення, для підтримання здоров'я тут доступні для вас?

Олена: Ну які там.. Там є майданчик с етіми тренажорами. Ну школа там, або я не знаю що. Ну це туди п'ятнадцять хвилин десь іти. (Та які 15? 5. - чоловік респондентки). Недалеко. От так можна. В мене такого бажання немає, ось. То нам хватає того, що ми оце гуляємо. Так ось муж.. чоловік, делает.. Ти шо, ти зарядку робиш? (звертається до свого чоловіка) С утра тут поробе неможка фізичні вправи. Ну це теж йому достатньо.

Інтерв'єрка (Олеся): Ну це теж така активність. (Так) І виходить: у вас є якісь, тут були обстеження, можливо, здоров'я, загального стану?

Олена: Так, тока не тут були. Ета, їздили у Хххххххх. Ета, залозу цю обслідували, щитовидну же залозу. Так. Робили УЗД.. От. А так більше нічого не потребую.

Інтерв'єрка (Олеся): Це добре чути, так. Така перевірка це добре. Ви казали, що були в Чехії до того півтора роки. До того, як Ви перебували в Чехії, Ви взагалі звідки поїхали?

Олена: Ми поїхали, виїхали зі Слов'янську, коли оце вже ета російські війська були в Лимані, а це пригород Слов'янська. То ми боялися там залишатися, тому що та, й онуки там були. Ми ото з онуками, невістка. Всі разом виїхали і до Ужгорода, а з Ужгорода вже до Чехії, то внуки і там залишилися. Вони же там з мамою своєю. А ми з чоловіком, я і чоловік повернулися, щоб ближче бути до рідного дому.

Інтерв'єрка (Олеся): Розумію.. А чому саме Чортків? Ну, якраз із Чехії до Чорткова чи якраз до цього місця недалеко від нього?

Олена: А ми коли були ета еще в Чехії, ми вже хотіли уїхати з Чехії в Україну, вот. А ми не знали, куди їхати. Додому ще страшнувало там. Ну, фронт і ще ближче підсунувся до нас, от. І ми зв'язалися з етіми.. ну, донька. Донька зв'язалася з волонтерами і домовилася, що вони нам десь знайдуть житло.

Олена: Вот.ю І ми, коли вже були готові, уже виїхать-виїхати. Уже коли купили білети, квитки на автобус. Ми созвонилися за волонтерами, сказали, що ми приїдемо такого то числа. Ось, і вони нас в Тернополі зустріли і ми даже не знали, куди вони нас привезуть. Ну, привезли сюди. От, каже, тут два місця как раз було для нас. Ми оце з тих пір ми приїхали тридцять першого (чоловік: серпня) серпня. Ось і оце ми з того року, та тут, з тих пір оце тут живемо.

Інтерв'єрка (Олеся): Ясненько.. Це, якраз цікаво про це чути, про те, що ви були спочатку ВПО в Ужгороді, потім Чехія, потім повернулися в Ххххххх, ну, в Україну. І у вас були якісь проблеми, можливо? Чи були якісь труднощі з тим, щоб оформлятися, як ВПО якісь там, може, процедури, які є?

Олена: (Не, не, ніяких труднощів не було). Ні, нічого не було. Нам сказали, що треба пойти в ЦНАП, а це теж близько. Їхати нікуди, нікуди не треба. Пішли,

нас там зустріли, все оформили. Через где-то тиждень ми вже були, все оформлено, все гаразд, з цим все гаразд. Так що це було

Інтерв'єрка (Олеся): Це вам ще якраз допомагали в оформленні волонтери?

Олена: (Чоловік: Ні, ні, вони- ми пішли там самі). Ми прийшли, вони теж без волонтерів, уже. Волонтери нас сюди привезли. І спочатку там у нас все як возили, там до лікаря треба було. І та то волонтери приїжджали і нас возили до лікаря у Чортков. Ось,зараз ми как-то самі обходиться, самі їздимо у Хххххххх, як треба до лікаря там, стоматолога або ще куди, то ми самі вже їздимо.

Інтерв'єрка (Олеся): Мгм, тобто якраз загалом спокійно з цими процедурами і бюрократичні аспекти вам особливо не заважають?

Олена: Нє, нє, всьо нормально.

Інтерв'єрка (Олеся): А можете розказати, як Ваша донька дізналася про волонтерів з Карітасу, чи Ви не (знаєте)?

Олена: Так, я знаю, у мене ета, моя племінниця в етом живе,теж в Тернопільській області, а там санаторії, вона з сином проживає теж. Вона повернулася в Славянск і якраз був сильний, сильний обстріл. Тоді у нас зразу загинуло п'ятнадцять чоловіків, людей. Дитинка мала, вже мертвого з-під завалів діставали і в неї тоже так вікна повилітали. І вона оце ж сина взяла і уїхала. І поїхали тоже до родича. Теж він зі Слов'янська. Живе в Хххххххххх, там він свій бізнес та. І вона оце до нього поїхала, а він уже ета допоміг у санаторії оприділіться. От, вона в санаторії. І уже моя донька з нею созвонилася. Узнала за оце, що за... А, хотя племінниця, та хотіла, щоб я з нею там приїхала в санаторій. Ну, там спеціалізуються більше, там матері з дітьми. А ми уже як літні люди, в нас уже от определіли отак в Карітас. Ну, через отак так от ми узнали там, кому звонити. Всьо, договорилися. І це отак от вийшли отак іменно в Тернополі.

Інтерв'єрка (Олеся): Тоді й зрозуміло, та, якраз доповнена так історія, та.

Олена: Так, тому що, ну по рекомендації. Я зараз тоже, от у мене зв'язки осталися ще в Чехії, там залишилися знайомі, з якими ми проживали. Ось і я, і так, я вот там казала: якщо єсть якісь літні люди, які можуть, хочуть виїхати в Україну, ну не знають куди, всьо, щоб вони зверталися, і тут місця єсть. І, я не знаю, жінка созванювалася з ... (координаторкою), ось так вони тоже, та тут зв'язок є. Я тоже хочу там комусь допомогти. Думала, люди тоже може приїдуть сюди.

Інтерв'ерка (Олеся): І тому ви би якраз порекомендували Карітас або схожі організації?

Олена: Так, так. Ну я за схожі не знаю, але цей Карітас, я ж тут проживаю, я знаю, які тут умови. То, тому я могу їм іменно оцей Карітас і порекомендувати.

Інтерв'ерка (Олеся): Саме по власному досвіду. (Так так). І, можливо, є якісь ще додаткові слова, які ви хотіли би сказати про взагалі, про те, як в цьому притулку живеться. Або можливо, що Вас, наприклад, турбує?

Олена: Ой, нас турбує тільки одне щоб нас - (Чоловік: Війна закінчилася) (до нього) Подожді, та війна то закінчиться. Щоб нас отсюда не виселили. Тому що... тут люди как би так прибувають, а потом їх кудись відправляють, а потом нові сюди, ну, повинні прийти, а ми вже б оце на п'яте місце, нам уже в нашому віці оце їздити оцими сумками. Ось, ну, оце опять нові люди, нові умови, нові. І так нада шукати, де яка.. І ті лікарі, де шо і оце, канешно, все тяжко насчет цього. Шо оце нас туди сюди, туди сюди, оце постійно. От уже оце ми тут живемо. Ну ми хотім уже отсюда, вже додому поїхати, щоб уже нікому нікуди нас уже не сували туди сюди... Муж - інвалід, йому тяжко, оно з паличкою ходє. Це ж канешно. Хочеться додому, хочеться додому. Оце ж ми всьо сподіваємося, що війна оце, може, щось там, на той росії, таке трапиться, що вона скаже... відстане від України короче, виведе війська. І все буде гаразд. От ми на це сподіваємось, на якесь чудо, чи шо. Я не знаю, на що нам іще сподіватися... А так більше нічого не турбує. Ну как, турбує, шо там діти та шо і само собой таке все турбує шо війна йде і теж всьо... душа болить.

Інтерв'єрка (Олеся): А з дітьми у вас постійний зв'язок?

Олена: Так, так, з дітьми да. Я з донькою.. донька, вот етот вони... от ми сюди приїхали, а вони етот, мій зять робив в Ужгороді, і донька приїхала з дітьми. Вони там прожили півроку, мабуть, в Ужгороді. І ми ще (пауза)

Олена: І ми встигли, вони оце і так коли були в Ужгороді, ми їздили до них у гості, там пожили, все, тому, що знали, що вони збираються у Німеччину їхати. От, і вони виїхали от у феєрвалі, це в лютому виїхали в ету Германію, в Германію. А так ми ето по Вайбері созвонюємося і всьо переписуємося, все добре.

Інтерв'єрка (Олеся): Ну загалом, як висновок, що Вас, вас влаштує життя тут, однак основне хотілось би, щоб війна закінчилась, щоб ви повернулись додому?

Олена: (Да, да) Конешно. Додому, щоб повернулись діти, онуки. Ми дуже скучили за ними. Так ото, що ми.. Добре, що ми- ото вони були в Ужгороді. Ми з'їздили і їх побачили, і поспілкувалися. Хоть немого отлягло.

Інтерв'єрка (Олеся): Дякую вам велике за розмову, і вона була дуже цінною для мене. І загалом, мені здається, для того, щоби яось трохи надавати більше інформації про те, як взагалі ситуація з доглядом за літніми людьми. І хотіла трохи, Я хотіла би трохи детальніше у вас спитати інформацію про ваш вік, скільки вам і вашому чоловікові.

Олена: Мені шістдесят чотири, а чоловіку шістдесят вісім.

Інтерв'єрка (Олеся): Так, Дякую. І тоді завершую запис.