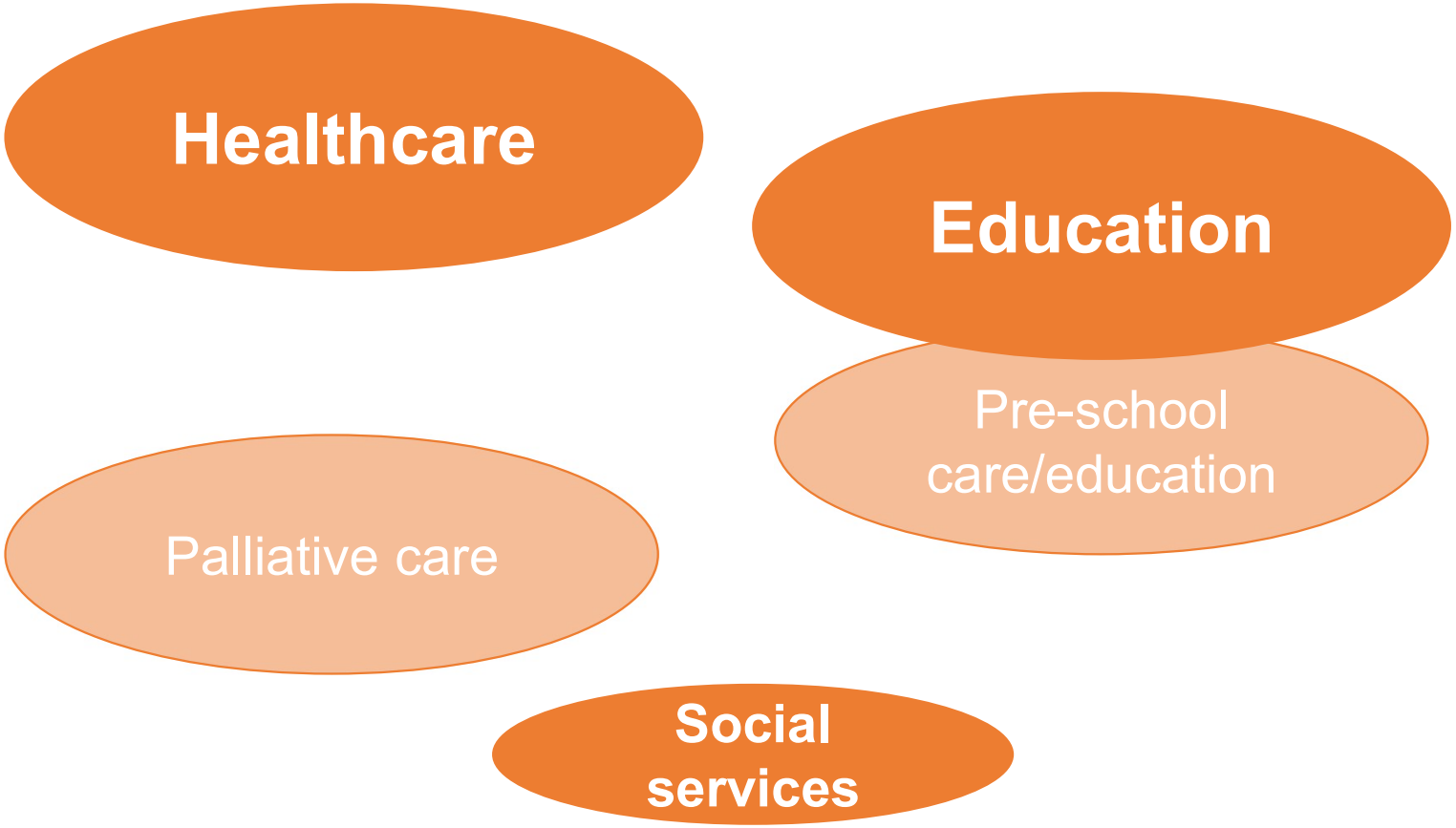
Care for older people amid war, emigration and austerity in Ukraine

Webinar of GOLTC Migration, Mobility and Care Workers Interest Group

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Care hierarchies



How do families navigate the existing care infrastructure and arrange care at the bottom of care hierarchies, under various circumstances shaped by emigration, broader state policies and the ongoing war?

Methodology

- **General**: years-long research in care sectors in collaboration with Anna Oksiutovych, Olena Tkalich, Natalia Lomonosova, Olena Fedyuk and Olena Strelnyk

  Specific senior care research (Senior care in wartime Ukraine: A fragmented continuum of arrangements inside an “unpromising sector”**)**

Desk research

Data analysis

Semi-structured in-depth interviews:

- families (20), care workers (10),
- NGOs/providers (10),
- and experts (2)

Care landscape before 2022

- **“Aging from below”** (Semigina & Karkach, 2021)**:** prior to the full-scale invasion, 24,7% (~ 9 million) of Ukrainians were aged sixty or older

- **Soviet legacy:** familialistic model of care and inherited infrastructure

In 2022, there were approximately 27 000 older people in public residential care

- **Social sector workforce**: predominantly older, female, and underpaid

- **Post-2014 reforms:** decentralization and quasi-market mechanisms, which reinforced austerity and state withdrawal

Unsupported family care

Reality and cultural norms

- 75% of older people expressed negative attitudes toward residential care (UNAS & Institute of Demographic and Social Research, 2014)

- Approximately 85% of people who have older relatives with care needs do not use any public or private care support (Strelnyk 2025)

• (*Changing?*) Cultural norms reinforce care choices:

"It would be a trauma for my mother…care should be undertaken at home"

• **Scant financial support**

State compensation: for "non-professional" family care ~ €55/month (received by ~35,000 people); "professional care" compensation ~ €180/month (received by fewer than 800 people)

Effects of war

- **Social infrastructure** damaged and destroyed, under occupation; safety is not possible

- **Older people "staying behind"** – failed evacuation, lack of access to housing and care

“Just make sure that these people are not left in our care and funding later”

- Role of volunteers and NGOs = short term solution by international donors

- **The intensified gendered burden of care**

- **Hierarchies of care:** care for older people as an **“unpromising sector”**

“They said…‘you are dealing with an unpromising sector’”

In-family care arrangements: networks and carers

- **Main carer**: gendered circumstantial choices *("Somehow this arrangement happened between us, just like that"*)

- **Informal networks** of support

"If I'm at home and my neighbor is not, I look after her mother. I can jump in, bring her something, help. And if mine feels bad, and I'm not there, and my neighbor is at home, then she can help. Sort of—we don't have any relatives"

- **War**: broken networks and institutional unfamiliarity

Beyond informal reciprocity: a gray zone of options

- **Institutional care**: shrinking public / expensive and informal private facilities

"If before it was a question of saving our psyche and making sure that mother received proper care, now it is a physical necessity…even if we imagined that we wanted to break down and sacrifice ourselves, it is now physically impossible for us to care for her"

- **Visiting care**: range of options and uneven access

"I can't imagine an alternative, because it just so happened in my life that in my 40 years there weren't all these different opportunities, and I just haven't seen anything like that, and that's why I can't imagine it"

Further (post)war context amplifying care hierarchies

- “Either fight or pay taxes” paradigm (Strelnyk & Phillips 2025)
- Decentralization and “rescaling of austerity” (Lomonosova, unpublished)
- Older people as a “problem” in the mainstream reconstruction discourse
- “Active aging” paradigm

Conclusions

- Historical path-dependency, market-oriented reforms and neoliberal austerity have been sustaining care for older people as an “unpromising” domain at the bottom of care hierarchies

- War amplified hierarchies and inequalities, and created new, exacerbating the existing problems in care labor, infrastructure and provisioning



- Poorly regulated and increasingly fragmented care landscape, where families manage, negotiate, and “patch” care arrangements from the dynamic continuum of fragmented options

Key references

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