

LEISURE ACTIVITIES AND EDUCATION OF SENIORS IN RESIDENTIAL FACILITIES

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Abstract: The article aims at the current issue of how to use leisure time of seniors in residential facilities, placing a particular emphasis on educational activities. Authors point to education possibilities in the residential environment, aspects and characteristic features of educational activities, and social services clients' specific objectives. In the second part, authors focus on those educational areas, which represent essential topics in senior education in the 21st century, and they apply them into real conditions of residential facilities. Education is perceived here as a useful tool for developing retired peoples' personalities and a crucial element in developing society.

Keywords: seniors, education, leisure time, seniors with a disability, residential facilities

1 Leisure activities of seniors in residential facilities

The phenomenon of leisure time represents a significant opportunity. In particular, this is true for seniors who learn how to use their leisure time after being retired. In this life period, their leisure time increases in several hours daily. For this reason, there arises a crucial question of its meaningful use, i.e. seniors need to fill this time with such activities that are beneficial for them and, at the same time, they do not endanger other people (Krystoň, 2019). In the submitted article, we deal with seniors' leisure activities and education in residential facilities because social andragogues can directly influence seniors' target group. They can help them achieve a higher quality of their lives. We describe possibilities of leisure activities, their perception and objectives, and essential areas of leisure education of seniors in the 21st century.

In the ideal society, no seniors would have to spend the final period of their lives without their families and friends. However, many families currently cannot and do not always want to look after their oldest members (Haškovcová, 2010). Sometimes, it is not possible because of their serious health condition, 24-hour care, long-distance, workload and other reasons. In these situations, the state helps these families with its legal system. According to the Law no.448/2008 Journal of Law about social services, as amended, the state defines types, forms and ways of providing social services and types of social facilities related to them. State-owned entities and non-state entities can be awarding authorities of these facilities.

The following institutions belong to these social service facilities aimed at senior clients: facilities for seniors, residential social service facilities, specialised facilities, nursing care facilities and daycare centres. One of the criteria for choosing the appropriate type of social facilities for seniors is their degree of social service dependence. It is essential to judge a natural person's dependence on another natural person's help in specific activities. Twelve areas are in assessment with the scale from 0 to 10, where 0 means that the given person is dependent on the help of another person in the majority of judged activities. The degree of dependence can be from I to VI. A more detailed description is mentioned in Annex 3 to the Law 448/2008 Journal of Law about social services, as amended.

According to this criterion, seniors with the highest rate of assistance (degrees of dependence V and VI) become clients of social service facilities and specialised facilities (they have a disability, mainly Parkinson's disease, Alzheimer's disease, Pervasive Developmental Disorder, Sclerosis Multiplex, Schizophrenia, Dementia of different etiological types, Deaf-Blindness and others). Seniors with a lower rate of assistance

(degree of dependence IV) become clients of social services in facilities for seniors, daycare centres (degree of dependence III). For example, if citizens were in the facility of supported residence even before reaching the retirement age, and their degree of dependence remains at level III, they can stay in the given facility.

According to V.Labáth (2004), the following aspects characterise people who get into residential care:

- Their established *life programme* and *lifestyle* are "disturbed",
- They become *clients* (patients, inmates, convicted). At best, they are clients requiring assistance. At worst, they become impersonal numbers (institutional mortification),
- They become dependent, *nonautonomous* people who get into asymmetric, subordinated position. Clients have their precisely defined roles, and their rights and obligations have a different character as well,
- There is a *sharp decrease in frequency* and intensity in all types of impulses which a differentiated social environment can provide to them,
- People – clients get in touch with people who have *similar problems* as them, and it is necessary to create their place here,
- To some extent, *authorities* can *decide* about them on several issues (Labáth, 2004, p. 83).

Seniors need to cope with the transition from the family environment into the social institution. At the same time, they need to adapt and accept their old age. Határ (2014a) says that these processes will depend on "the level of peoples' sociability and adaptability, their achieved education, life aspirations, social and professional roles they had in the past. Education in social adaptation in their childhood, young age, and adulthood will significantly impact these processes." (Határ, 2014a, p. 56).

Similarly, authors C. Pichaud and I. Thareauová (1998), in their publication *Soužití se staršími lidmi*, say "that contrary to frequent prejudices and convictions, research showed that the ability of adaptation is not related to age. Ageing means that people cope with loss in their lives. At the same time, they continue planning their future and live in hope." (Pichaud, Thareauová, 1998, p. 34).

Based on the definition in the *Andragogical Dictionary* (Průcha, Veteška, 2014), the leisure time of seniors in these facilities is "time when they can decide how they will spend it according to their ideas, hobbies and needs. It is possible to see that leisure time depends on peoples' profession and education, age, and personality type. Education is a meaningful activity in leisure time in the productive age (further education) and the post-productive age (seniors' education)." (Průcha, Veteška, 2014, p. 288).

According to Határ (2014b), clients in residential facilities have two basic possibilities of education:

- 1) Possibilities of education carried out in the social facility within a) leisure and therapeutic activities (obligatory) and b) their educational activity (optional);
- 2) Possibilities of education carried out outside the social facility. They take place in educational institutions (e.g. academies or universities of the Third Age) and other social, cultural, healthcare and pro-senior oriented facilities, organisations and communities." (Határ, 2014b, p. 26).

Building on J. Wingchen, C. Határ (2014b) describes these four categories as the main objectives of education:

1) Cognitive objectives, i.e. providing of learning topics (to provide knowledge, structures and principles; to understand connections; to apply knowledge and others),

2) psycho-motor objectives, i.e. supporting of skills (to develop skills of physical persistence and relaxing; to improve the sensory-motor coordination; to support the gross and fine motor skills),

3) affective objectives, i.e. change in behaviour and attitudes (to perceive own attitudes and behaviour; to develop a sensibility for own feelings and feelings of others, to develop regulation and to control feelings),

4) social objectives, i.e. increasing competences in the social area (developing the communication ability; developing social participation ability; developing the willingness to cooperate; developing self-confidence in contact with others)." (Határ, 2014b, p.73).

It is possible to fulfil the affective and social objectives with various training programmes. Authors Müller de Morais and Rapsová (2016) recommend carrying out training of social competences of institutionalised adults and seniors with a disability to achieve the progress and development of their personalities. They understand this training as "a practical activity supporting the process of social learning, which is based on personal experience and accompanying emotional experience." (Müller de Morais, Rapsová, 2017, p. 42). We agree with the authors that "the contents of training programmes for adults and seniors with a disability should be manifold, and these programmes should fulfil requirements, hobbies, current needs and objectives of a client and the whole group. (ibid., p.43). They suggest alleviating negative consequences of institutionalisation with "the training to overcome the dependence on others, training of reality, environmental therapy, revitalisation and re-sensibilisation. Another recommended activity within this training is the realisation of the sequence model of self-improvement (self-reflection, self-evaluation, self-regulation, self-creation)." (ibid., p. 43-44).

Szabová-Širová, Milotová (2017) focus their attention on the socio-therapy in the residential social-educational care about seniors. They think that target elements of the socio-therapeutic work are "adequate self-evaluation, personal freedom and meaningfulness of life, sense for reality, motivation, will, independence, ability to express own feelings, emotions or conflicts, creativity, spontaneity, overview, the ability of cooperation and communication, as well as intergenerational understanding. These elements also include accepting the family and social support and caring about a dependent adult or senior and developing thinking, memory and attention." (Szabová-Širová, Milotová, 2017, p.76).

Contacts with family and close friends belong to the leisure activities of institutionalised seniors. P. Jedličková (2014) reminds the importance of pro-senior education in families, strengthening of intergenerational relationships with "mutual meetings and various activities carried out together, which are beneficial for both participating sides." (Jedličková, 2014, p. 29-30).

The most challenging task is to create leisure activities for seniors with specific needs and the highest assistance combined with a health disability. These seniors are entirely dependent on others' help, and they can provide only non-verbal feedback. An example of these seniors' activities is creating the Plan of participation and experience by Norwegian authors Ellefsen and Slåtta (2010). This plan aims to provide these people with an exciting experience in the form of participation and approach. These authors perceive participation "comprehensively as activities, expressions or ways of acting which these people use in their everyday lives. It means that we can talk about participation if we see, for example, a smile indicating expectation, the sight fixed on something new in the visual field

or a joyful sound after touching something. Participation also reflects in their intentional and focused movements towards something interesting "(Cangár, 2015, p. 25). Its success will depend on the staff's creativity and ability to recognise their clients' specific expressions and reactions. Authors point out that it is crucial so that staff acquires "new competences how to create and develop good relationships with people with disabilities." (Cangár, 2015, p. 26).

An individual plan can help create leisure activities for seniors in residential facilities. Its elaboration is obligatory (Law 448/2008 about social services, as amended). Section §9 of the given law defines this plan as "a comprehensive, flexible and coordinated tool for active cooperation between the provider of social services and the recipients of social services, their families and community. The individual plan's objectives depend on recipients' individual needs and the mutual cooperation between the recipient and social services provider. A determined worker coordinates this individual plan with supporting and accompanying the recipients in the process of individual planning (from now on, a key worker). The process of individual planning includes identifying individual needs, choosing objectives for the individual plan, methods to achieve the given objectives, preparing the plan of activities, fulfilling and evaluating the individual plan."

In most social service facilities where the processes of transformation and deinstitutionalisation occur, we could see that the primary approach to individual planning is based on Rogers's Person-Centred Approach and less on other approaches. Cangár (2018) says about the basic approaches in individual planning that "in some facilities, a more significant emphasis is placed on the educational character of planning, whereas other facilities prefer the therapeutical or nursing approach." (Cangár, 2018, p.19). However, it is always crucial to remember that these plans are elaborated together with social services recipients. These plans should be their plans. Seniors should decide what they prefer in their personal plan. At the same time, we have to consider that employees have different personal settings, experience, knowledge and professional competences. These factors will influence employees when they prepare individual plans in cooperation with seniors.

According to Cangár (2018), the Person-centred approach includes six necessary steps that help achieve social service recipients' individual objectives. These are:

1. "Efficient knowing and reacting to peoples' various desires, abilities and worries,
2. Understanding and focusing on crucial areas of individuals – examining their current situation and their desire to change their lives; talking about what a specific change can mean for them,
3. Identification and knowing of available possibilities for individuals,
4. Mobilisation and involvement of the whole social network and sources from the formal system to fulfil individual desires expressed by the given individual,
5. Creation of agreement for the regular following of specific plans, interim evaluation of the progress and realisation of plans,
6. Knowing the way of continuous recording: a) things which participants learned during the process about what is essential for an individual and for them personally, b) what balance was between what is vital for the proper recipients, and what the provider of social services can provide to them." (Cangár, 2018, p. 22).

The creation of this plan is a gradual process. In the beginning, the employees use tools for checking the current situation of the social service recipients. They examine their individual needs, and subsequently, they choose objectives and methodology for preparing the plan of activities and its evaluation. The individual plan also includes the Plan of social rehabilitation and the Plan of risks. If social services recipients have problems with verbal

communication, they insert communication tables into the given plan.

Although employees prepare all activities with the best intentions, it can happen that some seniors are not interested in anything. It may be difficult for employees to respect such decisions, but they should accept that seniors are in their partners' positions. Moreover, seniors should primarily decide what activities they want to participate in and what activities they want to do in their lives. If we do not respect their real desires, we put them into the position of "an object of care."

It is probable that, in future, the population of seniors in high age will increase significantly. The Czech sociologue Možný (2011) is already drawing attention to changing numbers of people in age groups above 65 until the year 2050 in the Czech Republic. "Particularly worrying will be the development in the age group above 80: today there are about 260 thousand people in this age, and their number will increase up to 900 thousand to the half of the century because children from the 70s' *baby boom* will reach this age in that time. More than 220 thousand of them will be older than 90 by keeping the current rate of mortality." (Možný, 2011, p.280). Also, Slovak authors Hroncová, Hudecová, Matulayová (2000) say that "on one side, longevity is one of the greatest successes of the 20th century. On the other side, it seems to be one of the most severe problems as well. Thus, longevity becomes an immensely significant demographic factor that determines social politics and a great challenge for human society." (Hroncová, Hudecová, Matulayová, 2000, p.215).

This situation is also a challenge for social andragogy to prepare new specialists – social andragogues – geragogues. In the future context within specialised activities, Határ (2014b) recommends introducing a social-educational care model for seniors into the institutional practice. This model focuses on the needs of individuals, groups and the whole society. It consists of the following sub-models:

- Education of seniors containing specific educational components that aim at cognitive, socio-affective and psycho-motor progress of clients' personalities.
- Training of clients' social and personal competences.
- Social and educational assistance, respectively, socio-educational counselling for seniors. (shortened, Határ, 2014b).

He also emphasises these aspects: "In addition to the institutionalisation of senior education, its professionalisation plays a very significant role, too. Slovak universities provide pre-graduate preparation for andragogues who should carry out senior education in residential facilities" (Határ, 2014b, p.29). He says that "geragogy does not have a statute of an autonomous study field such as andragogy. It belongs to andragogical scientific disciplines and, therefore, andragogues perform geragogical work in various areas in the life of an individual and society. However, geragogy is a primary teaching subject in several study programmes for assisting professions (e.g. pedagogy, social pedagogy, social work and others)" (Határ, 2014a, p.30). Considering the statistics mentioned above, we agree with his opinion and recommendation to introduce the social andragogues' profession into the residential practice. Social andragogues could have competences, such as searching, planning, preparing, carrying out, and assessing seniors' leisure activities in residential facilities.

In individual planning of objectives, we should not forget to create offers for lifelong education. Schunová (2016) thinks that language education belongs to these educational possibilities. She points to the fact that "age is not such a crucial factor. More important is what is happening in individuals during the teaching-learning process. Other essential factors include conditions for language education, such as a suitable environment, teacher's personality, motivation, accepting specific features of participants and their potential." (Schunová, 2017, p.103).

2 Areas of senior education in the 21st century

In a rapidly changing society, it is also essential to adapt the contents of education more frequently than before. This approach is also valid for senior education in residential conditions if we do not want to exclude this group of older adults entirely from life in civil society. For this reason, in the following part, we analyse three educational areas that must form part of retired peoples' education. We based our analysis on the key competences for the 21st century (*Odporúčania*, 2018)).

2.1 Digital skills

Nowadays, digital technologies form an inseparable part of peoples' lives. Scientific-technological progress allows a fast-growing number of possibilities that we can use for mutual communication or personal and professional growth. However, seniors' absence of digital skills can be a disadvantage that brings along the feeling of exclusion or being "out-of-date". For this reason, digital competences represent a great opportunity, although not fully used now, for seniors' leisure education.

The last European framework for the Digital Competence *DigiComp* (2020) which defines expected digital competences of EU inhabitants, pointed to the fact that, in average, up to 44% of people do not have adequate digital skills.

We can often see that older people and seniors are afraid of using technologies, and they use them at the lowest level possible if their surroundings require it. Thus, Mayerová, Lenhardtová (2017) talk about the so-called digital exclusion. They connect it with social exclusion in several areas:

- communication problems with enterprises – impossibility to communicate via chats, e-mails or discussion forums;
- limitation or impossibility to use public institutions – limited use of e-government and e-services (e.g. electronic voting, online applications)
- no access to the public market of services and shops - impossibility to buy goods and to use services available online (e.g. internet banking, e-shops, e-libraries)
- absence of cultural life, limited access to online culture (e.g. music, works of art) (e.g. music, works of art) (Tomczyk, 2015, in: Mayerová, Lenhardtová, 2017).

Tomczyk (2015) also says that computer illiteracy is an incoherent phenomenon. For this reason, it is necessary to characterise the information society, dividing it into three elementary groups:

- e-citizens – they are equipped with a set of competences necessary for using e-services,
- indeed excluded citizens digitally – they do not have the necessary skills and computer infrastructure which significantly influences their everyday existence,
- only apparently excluded citizens digitally – for this group, IT technologies are not necessary because their everyday life is related to the physical access to services and information (Tomczyk, 2015).

The topic of digital technologies indeed represents a significant challenge in the context of further education of seniors because of their participating in social life and keeping relationships with their families and friends.

In our opinion, education for seniors in residential facilities represents excellent potential. The presence of a social andragogue / lecturer and organised leisure time means a reasonable basis for a PC course or working with a smartphone. However, there arises a question, what should be the subject of education, and what is essential to teach seniors so that digital technologies could increase their socialisation level.

Sikorski (2013) says that the first part of the educational course should focus on the work with a PC mouse, keyboard, and reading screen instructions because seniors do not have

experience with a PC. If seniors want to work with a keyboard, they should know the keys Alt, Ctrl, Delete, Backspace, space bar or Caps Lock. Later, when working with the internet, seniors should be informed about the rules of using the internet and web browser, switching between separate windows and copying websites' contents in other applications. They should also know the work with electronic communication (e-mails), funny servers, e-authorities and e-shops (Sikorski, 2013).

Educational activities aimed at developing seniors' digital skills must provoke positive emotions and create a friendly work environment. Supporting atmosphere reduces stress and, in this way, it can indirectly influence the efficiency of the teaching-learning process (Tomczyk, 2015).

Stress represents one of the most significant barriers that hinder seniors from acquiring education in the ICT field. The research confirmed that evaluation of seniors-learners provokes much worse results than in situations when their knowledge is not verified. Fear from exams is quite frequent in learning PC work. Franken (2006) thinks that the cause of this fear lies in excessive concentration on oneself, which often disables the task's correct fulfilment. However, this fear can also derive from a previous negative experience in the field of institutionalised education. Its cause can also be worry that seniors will not remember all the information necessary for handling modern electronic devices (Szpunar, 2013, in: Tomczyk, 2015).

Digital skills represent the way to a higher level of socialisation and interest in the surrounding world. They also help them keep in touch with family and friends, that is highly up-to-date in the Coronavirus pandemic in 2020. For this reason, it is indispensable so that the digital skills issue also finds its application in residential facilities in the form of leisure education.

2.2 Civic engagement

The area of civic education of seniors in residential conditions has its specific features. Health condition, environment and conditions provided in facilities do not allow seniors to participate in public life to such an extent as seniors living in the home environment. Despite this fact, we decided to include this topic in our article because it is crucial to lead this group of seniors to civic engagement and social life participation.

The civic competence is defined as "an ability to act as a responsible citizen, and fully participate in civic and social life. This participation aims at the knowledge of social, economic, legal and political concepts and structures., Other important factors are understanding the worldwide development and sustainability" (Odporúčania, 2018, p.10).

The general objective of civic education is to form active citizens and lead them to support democracy and human rights (O'Shea, 2012). In addition to the main objective, there are also secondary objectives. We should fulfil them with civic education tools, such as participation, partnership, social cohesion, responsibility, the same approach, equality and solidarity (O'Shea, 2012).

We agree with the educational objectives of civic education defined by Veldhuis (1997, in Sládkayová, 2019). He classifies them in the following way:

- *political objectives* – knowledge of the political system, democratic attitudes, participating experience,
- *cultural objectives* – knowledge of the cultural heritage and history, primary skills (language competence, reading, writing),
- *social objectives* – knowledge of social relationships in society, social skills,
- *professional-vocational training, economic skills* – related to work performance and other economic activities.

All the mentioned objectives should stimulate citizens' active participation in civic society and political decisions within constitutional democracy (Veldhuis, 1997, in: Sládkayová, 2019).

Except for professional-vocational training and economic skills, it is possible to apply all mentioned objectives to seniors living in residential facilities. We can assess and support their civic activity by chosen civic engagement ways:

- *use of their voting rights in democratic elections* – we evaluate whether and how seniors involve in deciding about elected representatives in municipal, national or European politics. They can vote directly from their facility where they live – representatives of the municipal electoral commission will bring them transmissible ballot boxes,
- *participation in petitions* – involvement in protest or support petitions with their signature or filling in the online form,
- *participation in deciding about their surroundings* – they can participate in planning or voting about projects supported by the municipal or regional budget,
- *interest in political issues* – they read newspapers, watch TV news, and political debates on the current situation – these are other options that help us observe the seniors' civic engagement level.

The basis for assessment or motivation to seniors' civic engagement in residential facilities can also be indicators of active citizenship and citizenship education, defined in the study *Indicators for Monitoring Active Citizenship and Citizenship Education* (DeWeerd et al., 2005).

The following activities represent indicators of active citizenship:

- *voluntary activity in the organisation* – we can include here voluntary activities in the facility performed by this target group,
- *organised activities for the community* – similarly, a community represents here other inhabitants of the given residential facility,
- *participation in elections,*
- *membership in a political party* – active membership in the structures of a political party. However, seniors in residential facilities do not have many possibilities for this activity,
- *participation in an interest group* – e.g. an active involvement in the parish (participation in masses or charity activities),
- *non-violent forms of protest* – expressing dissatisfaction mainly in the form of petitions,
- *participation in public debates* – seniors do not usually have created conditions for this activity in social services facilities (DeWeerd et al., 2005).

Social workers, or at best, social andragogues working in residential facilities for seniors, should lead their clients to civic participation in society. Although this target group has fewer possibilities than other groups, we cannot stop looking for ways to support the development of their civic competences and their active community involvement.

2.3 Religious educational activities

As the last educational activity for seniors, we decided to present their spiritual and religious activities. In seniors' leisure time, these activities play a significant role in their experience and participation in social activities.

Strženeč (2007) defines the concept of spirituality, and he says that, nowadays, it is not possible to equate the inner and spiritual life because we perceive here the spiritual life in a broader sense (without a direct relationship to the Holy Spirit, as it is in Christianity). Similarly, we cannot describe spirituality independently from people who experience it.

We cannot deny that experiencing of faith is related to a better health condition of individuals, and it has a positive influence on the physical and psychological features of adult peoples' personalities. Levin (2001, in: Strženeč, 2007) formulated seven principles of the relationship between faith and health:

- Involvement in the religious life of the Church influences peoples' lifestyle.
- Regular participation in masses brings along social support by co-religionists and support of behaviour strengthening their health.
- The positive emotional lives of believers (concerning their participation in masses and prayers) influence their physiological processes.
- There is a certain similarity between the set of religious beliefs and the set of health recommendations.
- Religious belief leads to positive thinking (hope, optimism).
- Mystic experience activates the healing life energy.
- Experimentally verified positive influence of prayers for distant ill people arises an open question about God's direct intervention.

Religiosity has a positive influence on peoples' health condition. Thus, religious educational activities are significant for seniors' target group in residential facilities because they frequently suffer from various health disadvantages.

Kaplan, Berkman (2019) include these aspects into the benefits of religious activities:

- religion supports life approach that is full of hope,
- older people find the meaning of their lives in religion. Subsequently, this attitude influences their health habits, social and family relationships,
- religion represents a way how to cope with illness or disability,
- religion supports the community way of life, and it helps to increase the number of social contacts (Kaplan, Berkman, 2019)

However, we have to admit that seniors' possibilities in the residential environment are limited in religious life participation. Therefore, it is crucial to identify such options that residential facilities provide to seniors to participate in spiritual educational activities.

Participation in masses

It represents the fundamental expression of religious life. In many facilities, there are regular masses or celebrations of Sacraments. In other facilities, seniors are allowed to visit the local church and participate in the mass. The priest's sermon fulfils the educational character in this context. The priest can influence on the believers and motivate them to experience spiritual life more deeply.

Watching religious programmes on TV

In residential conditions, seniors can watch TV programmes. In this context, we can mention spiritual programmes – discussions, documentary films, religious films or television “spiritual advisory service “where seniors can find answers to their questions about the Church's teachings (TV LUX, 2020).

Spiritual dialogue / confession

A spiritual dialogue or confession can have the form of advising or personal accompanying of seniors. In this way, older people can feel the closeness, interest and willingness to listen to their problems, life experience or circumstances. Mainly for seniors in residential facilities, these tools represent efficient prevention against hopelessness and isolation.

Common prayers

In facilities for seniors provided by the Church, there is a usual practice to have common prayers with clients (often with workers too). Reading the Bible or regular prayers can be an

efficient tool for fulfilling seniors' spiritual needs and, subsequently, increasing their quality of life.

However, residential seniors' participation in religious organisations' activities represents a significant challenge in this context. Kozerska (2016) writes about their importance concerning seniors' experiencing of their faith. She says that “the role of religious organisations represents a fundamental part in older peoples' lives. It is a strong argument that the transcendent life dimension acquires much greater importance in older age“(Kozerska, 2016, p. 7). Przygoda (2009) emphasises that religious organisations do not only read biblical texts and prayers. For example, many parishes organise concerts, lectures or even sports activities or language courses. Moreover, many seniors are members of parish singing choirs or other leisure clubs. According to Grotowska (2013), it is evident that seniors' participation in religious organisations can positively influence their social participation in society. She divides religious organisations into (1) organisations aimed at celebrating masses, (2) charity religious organisations, (3) charity religious organisations (outside the Church) and (4) organisations with religious bases aimed at the development of leisure activities and other competences of believers (Grotowska, 2013).

It is crucial for workers dealing with seniors in residential facilities to find new opportunities to involve their clients more in religious organisations' activities. They should also find ways of cooperation with these subjects directly in the residential facility for seniors.

Further education is crucial during professional life, but no less significant is education after leaving to retirement. Whether seniors live in the home or residential environment, we cannot forget that they need to develop themselves through further learning. The residential environment has a little higher potential because longterm work with seniors and immense control of their lives “from outside “can enable leisure education to become part of their ageing in a much broader context. Veteška (2017) defines four fundamental pillars of andragogical work with seniors which we need to apply in the environment we write about in our article. These pillars are education, activation, animation and counselling. Thus, we can see that education has a primary place in developing older peoples' personalities. Together with other mentioned pillars, education should enrich their lives. We think that the inclusion of 21st-century topics into senior education in residential facilities will bring along higher participation of these seniors in social life, contributing to a better quality of their lives.

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