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## *The COVID-19 Pandemic in Poland. Implications for Senior Policies*

### *Abstract*

The paper discusses the results of a review of governmental measures implemented in 2020 and 2021 to prevent the COVID-19 pandemic in Poland, in particular, the institutional and systemic solutions addressing senior citizens. The purpose of the paper is to answer primary research questions: a) can the initiatives put into action during the pandemic develop into new practices whose implementation is worth considering in the long term; b) does the experience gained during the pandemic help diagnose systemic failures or areas of senior policies that require new forms of management. The primary methodology used in the research was policy analysis, including an examination of policy outputs and policy outcomes, evaluative and normative analysis. A secondary issue discussed in the paper is a thematic analysis of public discourse, which leads to a conclusion that as the pandemic developed, the rhetoric used by decision-makers in respect of senior citizens changed – seniors became a social group perceived as deserving of care and support. The analysis is limited to the national Polish political and legal context. The research results in a comprehensive diagnosis of challenges facing senior policies, as well as recommendations for future solutions and directions of action.

**Keywords:** COVID-19 pandemic, senior policy, public management, crisis management, public discourse

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## Introduction

The outbreak of the global SARS-CoV-2 coronavirus pandemic in early 2020 surprised political decision-makers, and the first attempts to control the spread of the virus bore the hallmarks of crisis management. The first case of COVID-19 in Poland was recorded on 4 March 2020; starting from that date, the Ministry of Health collaborated with the Chief Sanitary Inspectorate to implement a number of decisions aimed at protecting public health and ensuring the continuity of operation of the economy and public services. Implementation of a mask mandate, a so-called “hard lockdown” with restricted freedom of movement, suspension of business in some industries (food and drink establishments, gyms) and a temporary switch to online learning using IT technologies were only some of the governmental strategies put into action during the first year of the pandemic.

A meeting between the Ombudsman and representatives of the Expert Commission on Senior Citizen Affairs in April 2020 resulted in clear recommendations being issued in order to ensure care for the social groups that were most in need of assistance: “every effort must be made to reduce the impact [of the pandemic – author’s note] to a minimum to citizens of both genders. Senior citizens – those living alone, requiring assistance in everyday life due to their health or disability – are among those who are particularly at risk” (Rzecznik Praw Obywatelskich, 2020). The Expert Commission also made a reference to the provisions of Article 68 of the Polish Constitution, according to which “public authorities are required to provide special care to children, pregnant women, disabled people and senior citizens” (Constitution of the Republic of Poland, Article 68 Subsection 3) and “public authorities are obligated to combat epidemics” (Constitution..., Article 68 Subsection 4). Rhetoric used by the authorities in 2020 focused on underlining the significant importance of ensuring the protection of the elderly. Protection of senior citizens was presented as an expression of social, intergenerational and intrafamilial solidarity, as well as solidarity within local communities and between neighbours. Statements made by Łukasz Szumowski, the then-Minister of Health, consistently and repeatedly stressed the need of ensuring the protection of senior citizens against the negative and potentially hazardous consequences of being infected with the coronavirus. At a press conference held on 9 March 2020, Łukasz Szumowski stated: “Senior citizens are the most at-risk group when it comes to infection with the coronavirus. We appeal to the members of society to be particularly prudent in contact with the elderly, we must provide them with even greater protection” (Gazeta Wyborcza, 2020). Marlena Małaż, Minister of the Family and Social Policy, also used rhetoric that stressed the need to protect seniors, giving the following statement for the Polish state television in October 2020: “Today we must clearly say: in these extraordinary times, with the coronavirus pandemic gaining momentum, our mutual solidarity will decide our fate, and, in particular, the fate of our senior citizens, our grandmothers and grandfathers” (Polska Agencja Prasowa, 2020). At a press conference in December 2020, Polish President Andrzej Duda noted as follows: “Many people find it hard to deal with being alone, they cannot cope with the situation and need support: the elderly and the disabled. The people for whom dealing with their day-to-day lives during the pandemic is a serious problem or simply a hazard to

their own lives” (TVP Info, 2020). From the perspective of social policy science and theoretical analysis of the development of senior policies in Poland, a shift towards pro-senior citizen rhetoric associated with the pandemic is a new and socially-desirable phenomenon after many years rife with gerontophobic attitudes, particularly in the area of social and cultural representation of old age. The shift towards the recognition of the needs of seniors, awareness of their situation and difficulties they face in their day-to-day lives associated with the pandemic has valuable potential and gives cause to reflect on the quality of the policy pursued in respect of senior citizens in Poland.

This paper is a part of a wider scientific discourse devoted to studying the social, political and economic consequences of the coronavirus pandemic in Poland and globally (Berkhout & Richardson, 2020; Hajder et al., 2020; Naumann et al., 2020; Piłkuła et al., 2020; Tisdell, 2020; Vezzoni et al., 2020; Altiparmakis et al., 2021; Długosz, 2021; Nowak & Szalotka, 2021; Ryan, 2021). The purpose of this paper is to review and evaluate the instruments and solutions implemented by the central government and local authorities during the pandemic to address the needs of senior citizens and reflect on the broader implications of the pandemic for senior policies in Poland. The theoretical research context of the paper is based on new institutionalism, in particular, its sociological and normative direction. The paper focuses on senior citizens as those to whom social policies are addressed. It discusses systemic solutions on a national and local scale. The paper conceptualises senior citizens as a vulnerable social group that deserves particular care and protection from the state (Brook & Jackson, 2020; Armitage & Nellums, 2020; Łuszczynska & Formosa, 2021; Miller, 2021). The study is an innovative contribution to the debate on the political and social consequences of the coronavirus pandemic. Publications analysing the impact of the pandemic on social policy and policy in respect of senior citizens in Poland have been scarce so far. In the early stage of the pandemic, Bakalarczyk (2020) analysed issues similar to those tackled in this paper, focusing on the health- and non-health-related safety of senior citizens. Grewiński and Auleytnier (2020) discussed new social risks related to the pandemic. Topics related to the quality of life of senior citizens during the pandemic are tackled in reports of the Senior Citizen Policy Institute (SeniorHub, 2021). Numerous scientific studies, both Polish and foreign, discuss the area of public health (Szymborski, 2021; Rybarczyk-Szwajkowska et al., 2021). In the international context, research is focused primarily on the impact of social isolation on the elderly (Office et al., 2020; Oi-Yee Li & Huynh, 2020; Johnson et al., 2021).

The issues discussed in this paper include instruments and policies addressed to senior citizens implemented by the government and local authorities, and put into action during the pandemic between March 2020 and December 2021. The study does not analyse or evaluate actions taken by the social welfare and social work sectors. The paper is part of the field of applied sciences and is a valuable inspiration for authors of further strategies, recommendations and policy briefs.

### *Governmental initiatives addressed to senior citizens*

Shortly after the outbreak of the pandemic, in the spring of 2020, the World Health Organisation announced that “although all age groups are at risk of contracting

COVID-19, older people face a significant risk of developing severe illness if they contract the disease due to physiological changes that come with ageing and potential underlying health conditions” (WHO, 2020a). Note was also made of the fact that the immune system of senior citizens is weaker. In response to the WHO’s recommendations, the Regulation of the Council of Ministers of 31 March 2020 introduced what is called “senior citizen hours” between 10:00 AM and 12:00 PM, during which only persons aged over 65 could receive services in retail and service establishments. The purpose of this solution was to limit direct contacts between senior citizens and people from other age groups. Although the initiative was controversial both among those to which it was addressed and other age groups, it was one of the first instruments directly aimed at improving the safety of senior citizens in the Polish public space.

The government’s decision to make vaccines available to the oldest age groups first was a direct manifestation of the privileged position given to seniors in the fight against the pandemic. As part of the National Vaccination Programme, people over 80 were able to schedule vaccination appointments starting from 15 January 2021, whereas vaccinations for people aged 70+ started on 22 January 2021. Simultaneously, the vaccination campaign for residents of care homes started on 18 January 2021. A 24-hour helpline of the National Vaccination Programme, available by calling 989, and an information campaign ran in traditional and electronic media under the *#SzczepimySię* (*#LetsGetVaccinated*) hashtag were practical components of the government’s actions.

In November 2020, the government launched the “Medical Care at Home” programme, addressed to people aged 55+ who tested positive for SARS-CoV-2. The programme was devised for middle-aged and senior citizens, who statistically are more likely to experience symptoms or serious symptoms of the disease. The main tenet of the programme was the automatic delivery of pulse oximeters to the homes of coronavirus-positive citizens aged 55+ by employees of the Polish Post, without having to submit any requests for the delivery. Using the pulse oximeter and the dedicated *PulsoCare* app, patients were then able to monitor their blood oxygen saturation on their own and transmit the results on an ongoing basis to a 24-hour Contact Centre. The Contact Centre can send EMTs to patients with concerning blood oxygen levels (Główny Inspektorat Sanitarny, 2020; Zapędowska-Kling, 2021). The programme is able to identify senior citizens, often living alone, whose health has suddenly deteriorated and refer them for hospitalisation. The pilot phase of the programme was implemented in the province of Małopolskie. Since 2020, it has been operating in the entire country. It is one of the few governmental programmes that combine health policy with the application of cutting-edge IT and communication technologies on a practical basis.

The COVID-19 pandemic contributed to the accelerated implementation of various telehealth solutions in Poland. In connection with having to restrict direct contact between people, a remote form of providing medical advice in the form of what is called “telehealth appointments” has become widespread. Legislation attempted to stay abreast of the new developments. Regulations of the Minister of Health of 12 August 2020 and 12 January 2021 gave official status to medical telehealth appointments and implemented specific stands governing their organisation (Zapędowska-Kling, 2021). Coincidentally with the outbreak of the SARS-CoV-2 pandemic, the electronic prescription system was launched in Poland at the start of 2020. The transition to

electronic medical documentation starting from January 2021 completed the process of implementing telehealth solutions in Poland. The Online Patient Account facilitates communication concerning coronavirus tests and quarantines imposed on citizens and allows the downloading of documents certifying recovery from COVID-19 (confirmation of convalescent status) and the so-called Covid pass. Senior citizens in Poland are encouraged to use telehealth appointments, and those suffering from chronic diseases are recommended to submit remote requests for electronic prescriptions. Remote forms of communication with employees of the health care sector are meant to minimise the risk of contracting the coronavirus in medical establishments. Telehealth solutions are particularly useful for geriatric patients suffering from multiple illnesses who require frequent medical consultations and constant review of the dosage of their medications. When discussing the usefulness of telehealth solutions, it is worth noting the pronounced digital divide among Polish seniors, which means that fewer people among the elderly than among other age groups possess technological competencies enabling them to use innovative solutions without assistance.

Another governmental initiative implemented during the pandemic was the Solidarity Senior Citizen Support Corps, a support programme for senior citizens aged 65+ coordinated by the Ministry of the Family and Social Policy. In organisational and structural terms, the programme is based on a network of municipal social welfare centres, whereas its implementation is mostly predicated on volunteers. As part of the Corps, a special helpline on (+22) 505 11 11 and the [wspierajseniora.pl](http://wspierajseniora.pl) website were launched. The primary objective of the Corps is to provide senior citizens with various assistance in their homes. Support provided by the Corps includes assistance in daily activities such as doing the shopping, walking the dog, providing transportation to vaccinations, and taking care of formal matters. The programme was initially scheduled to run between October 2020 and December 2021. On 21 January 2022, the Ministry of the Family and Social Policy announced that the programme would be extended for 2022 and allocated PLN 80 million to the initiative. The Ministry also declared that the scope of the programme would be extended to include such elements as safety bands for senior citizens with fall detectors, alarm buttons and GPS trackers. The programme is also planned to be extended with a social component of support, namely, “volunteering initiatives that involve spending time with senior citizens” (Ministerstwo Rodziny i Polityki Społecznej, 2021). Other initiatives addressed at senior citizens, including, in particular, programmes implemented by local authorities, are discussed below in the paper.

### *Support for senior citizens organised on the local level*

Many initiatives addressed directly at senior citizens were launched by local governments. Selected large urban agglomerations, such as Warsaw, Poznań, Kraków or Łódź, launched special initiatives in 2020 that made it possible for seniors living alone to receive shopping directly to their homes. Some local initiatives were organised as part of the governmental Solidarity Senior Citizen Support Corps programme mentioned above. For example, the Municipal Social Welfare Centre in Kraków launched

a special helpline in October 2020, where citizens aged 60+ could order deliveries of required hygiene and food products. To be able to receive the assistance, senior citizens had to live alone or with another elderly person or be disabled. Orders for the delivery of shopping were limited to PLN 100 and could be placed once a week. These limits enabled efficient services to be provided to many recipients simultaneously.

Before the Solidarity Senior Citizen Support Corps was launched, as early as during the first wave of the pandemic in March 2020, Łódź City Hall initiated the City Volunteering Service programme, with 165 volunteers registering to provide assistance. The volunteers provided help on 650 occasions (Kwiecińska, 2021). The second edition of the programme, launched in October 2020, involved 75 volunteers who assisted on 74 occasions (Kwiecińska, 2021). The programme was addressed at senior citizens, people suffering from chronic diseases and the disabled. The City Volunteering System was based on a catchment area system, thanks to which senior citizens requesting help were directly contacted by the volunteer registered closest to their address. Volunteers were issued special ID tags that enabled their identity to be verified and prevented potential fraud. Requests were taken via a special Call Centre Senior telephone line, open during the City Hall office hours from 08:00 AM to 04:00 PM from Monday to Friday and from 09:00 AM to 05:00 PM on Thursday (Kwiecińska, 2021). Other local initiatives included organising transportation to vaccination appointments for senior citizens who had to depend on the help of others. One example of a good practice in this area was the operation of district-based teams as part of the “Warsaw Supports” (Pol. “Warszawa Wspiera”) system. The teams were created pursuant to the Regulation No. 469 of the Mayor of Warsaw of 30 March 2020. The district-based teams were composed of “employees of district administration offices, Social Welfare Centres and local non-governmental organisations and their volunteers (over 580 people in total)” (Ochotnicy Warszawscy, 2020). Their primary task was to provide assistance to people dependent on the care of others who were unable to get help from their family or neighbours in their homes. Assistance in transportation to a COVID-19 vaccination appointment was available to people aged 70+ “who had objective and insurmountable difficulties in travelling from their homes to the nearest vaccination centre on their own” (Miejskie Centrum Kontakt, 2021).

The Senior-Wigor (currently “Senior+”) daycare homes for senior citizens also displayed creativity during the pandemic. During the high points of the pandemic, the operation of the homes was temporarily suspended to ensure the safety of the residents and the personnel. The Senior-Wigor home in Tuszyn focused on keeping in touch with senior citizens using the phone, with staff of the home calling each of their 20 residents every day. Necessary products, such as food, newspapers, crossword magazine, masks, gloves or even occupational therapy supplies were also delivered directly to the homes of those in the care of the daycare home. When the establishment was closed in the spring of 2020, employees of the senior citizen’s home in Tuszyn personally sewed masks, packaged them and delivered them to the homes of those in their care (Lasoń, 2022). After the homes were allowed to reopen, the number of events and trips organised for seniors was greatly reduced in comparison to the pre-pandemic times. The Senior+ home in Zbąszyń had an interesting idea. Thanks to the use of an interactive whiteboard available in the home, virtual trips were organised as

part of a “Hawaii week”, “Italian week” and “French week”. Films were shown on the whiteboard to complement lectures on the history and culture of selected countries, and on some occasions local delicacies were served to those in attendance. Many local Senior+ homes prepared an offer of online courses. In Wola Karczewska, an occupational therapy specialists hosted “Online cooking lessons” that discussed the rules of healthy eating. In Oleśnica, senior citizens prepared online audio plays for children composed of fairy tales and legends (MRiPS, 2020).

Local grassroots initiatives of a civic nature are also important. One such campaign with a national reach was the “Dog in Corona” (Pol. “Pies w Koronie”) support group active on social media, which provided assistance to owners of animals who were placed in isolation or quarantine. The group has over 100,000 members. The scope of help provided includes taking house pets on walks or transporting them to a vet in emergency situations where everyone living in a given household is placed in quarantine simultaneously. Assistance is provided free of charge and is based on the goodwill of volunteers.

### *Quality of life of senior citizens during the pandemic*

Despite the multifaceted support offered by the state, local authorities and the third sector, prolonged stress related to the pandemic and restrictions imposed on the entire society had an impact on the well-being of the elderly. The report titled *Quality of Life of Senior Citizens in Poland in the First Year of the COVID-19 Pandemic*, published in April 2021, points to the concerning phenomenon of deteriorating mental health of senior citizens during the pandemic (SeniorHub, 2021). In a survey performed in February and March 2021 on a sample of 500 people aged 60 and over, 59.5% of respondents claimed that their mental health was worse than before the pandemic (SeniorHub, 2021). The subjective sense of reduced well-being among senior citizens was the product of several factors: a) reduced social activity, b) reduced number and frequency of face-to-face human interactions, c) reduced physical activity and recreation, d) fatigue with restrictions and limitations resulting from the pandemic, e) emotional stress, irritation and anxiety (SeniorHub, 2021). As noted by Karolina Lasoń, head of the Senior-WIGOR daycare home in Tuszyn, the physical and mental health of seniors in her care deteriorated during the three-month period in which the establishment was closed in 2020 (Lasoń, 2022). After the home was reopened and senior citizens returned to the establishment, the residents were seen to tire quicker, be sad, depressed, withdrawn and prone to excess worry. Those who previously required assistance of the staff in eating meals were seen to regress and cease any attempts to eat on their own (Lasoń, 2022). Senior citizens were afraid that the establishment, which plays a key role in providing them with support, activating and integrating them, would be closed again.

From an economic perspective, 2020 brought a deterioration in the financial situation of senior citizens. As noted by Bakalarczyk in a report prepared for Caritas Polska (2021), “in 2020, a year already marked by the tragedy of the pandemic, the number of people aged 65+ at risk of absolute poverty rose to 4.4% compared

to 3.8% in the preceding year” (2021, p. 21). The importance of this fact must not be underestimated, as “absolute poverty means teetering on the edge of possessing a minimum subsistence income, where difficulties may appear with satisfying even the most basic living needs” (Bakalarczyk 2021, p. 22). Furthermore, the pandemic affects the prices of consumer goods (Waniowski, 2021), which means that the purchasing power parity of pensions is reduced. In addition, other risks and hazards negatively impacting the quality of life of senior citizens during the pandemic include, but are not limited to, an increased prevalence of domestic abuse as a result of families being forced to stay in their homes due to lockdowns, as well as difficulties in satisfying consumer needs due to distribution and supply difficulties (Bakalarczyk, 2020). The suspension of various types of events organised in local senior citizen centres also had a negative impact on the mental well-being of the elderly. Prior to the pandemic, classes organised by local institutions traditionally played an integrating, activating, recreational and therapeutic role. Some of these classes were successfully reinvented in an online format, but the high rate of digital divide among the 65+ age group means that meetings and classes organised in the physical space are more effective. As stated in the latest report of the Consumer Federation, “3.63 million people aged 55–74 have never used the Internet. They are 80.4% of all the people who do not use the Internet” (2021, p. 29). The issue of mental health of senior citizens is systemically neglected and psychogeriatrics still does not constitute a separate medical speciality in Poland.

### *Mortality rate by age group*

An increase in the mortality rate was observed in Poland during the pandemic. In 2020, the number of deaths was 477,355 and constituted an increase of 14.2% in comparison to 2019 (Statistics Poland, 2021). According to the *Medycyna Praktyczna* website (2021), on 11 December 2021 Poland was “placed second globally in terms of the absolute number of deaths – behind Russia, but ahead of the US, Ukraine or India (...). We are the smallest country among the top ten in this ranking (...)”. From the perspective of senior citizen policy, an important fact is that the coronavirus mortality rate rises as age increases. Data from January 2021 indicates that COVID-19 was the direct cause of death of 2.8% of people aged 50–60, 7.7% of people aged 60–70, 15.1% of people aged 70–80 and 22.6% of people aged over 80 (Statista, 2021). The Chief Sanitary Inspectorate indicates that the percentage share of the 70–79 age group in the total number of deaths caused by COVID-19 was 33% as of April 2020 (GIS, 2020). The above data shows that the phenomenon of excess mortality of senior citizens is present in Poland. The issue of excess mortality of senior citizens due to coronavirus is a key reason for implementing additional forms of protection in respect of this age group by the state. It is important to note here that an effective health care system and access to primary care physicians and specialists is of key importance in preventing excess mortality among seniors during the pandemic rather than the sum total of initiatives aimed at providing senior citizens with assistance during their extended isolation in their homes.

### *Other forms of support for senior citizens – examples from abroad*

Although the pandemic-related challenges facing developed countries are essentially similar and methods employed by governments to counteract the risks are comparable, some forms of providing assistance to senior citizens are worth citing as examples of good practices from abroad. The US Meals on Wheels initiative, a wide-scale programme of delivering meals to the homes of senior citizens, co-funded by the federal government and private donors, resulted in impressive effects on an international scale. The programme has been present in the US landscape of services aimed at senior citizens since the 1950s, but it was the pandemic that resulted in the increase in the number of meals provided and other forms of contact with senior citizens. By July 2020, 19 million more meals were delivered as part of the programme in comparison to the pre-pandemic times. Over a million more new customers were serviced and more than 490,000 welfare calls were made to the homes of senior citizens. As part of the programme, over USD 31 million were transferred to 628 local branches (Meals on Wheels America, 2020). When compared to Polish municipal programmes of delivering meals to senior citizens, Meals on Wheels stands out specifically due to its scale and qualification criteria. The similar initiative implemented in Łódź was only a temporary substitute for those partaking in the services provided by day care homes in the period where these establishments had to be closed to sanitary restrictions. The number of people eligible for home deliveries of meals was 930 (Łódź City Hall, 2020). The US programme is permanent and universal – it is addressed at people aged 60+ who are unable to shop or prepare meals by themselves due to being physically challenged. The initiative is pursued in two ways: in the form of collective mess halls located in local senior citizen homes for those who can move around on their own, and in the form of delivering meals directly to the homes of those seniors who are unable to travel on their own. The extensive infrastructure of the programme and its many years of tradition enabled the initiative to flexibly adapt to the extraordinary circumstances of the pandemic. By July 2020, Meals on Wheels serviced 47% more senior citizens and handed out 77% more meals in comparison to pre-pandemic times (Meals on Wheels America, 2020).

Another programme implemented in Australia focuses on caring for the mental health of senior citizens and assisting in the quick delivery of medications straight to patients' homes. The Australian Red Cross launched a special website named Telecross, as part of which volunteer works make daily calls to those in their care, ask how they are feeling and whether they require additional psychological and emotional support. With financial assistance from the authorities, the Australian post offers free and express delivery of medications to local pharmacies (Australia Post, 2020). The service is addressed at people aged 70+, those suffering from chronic illnesses who must take medication on a regular basis and patients who go into isolation due to health considerations. One package weighing no more than 0.5 kg may be delivered as part of the free and contactless home delivery of medication (Australia Post, 2020). For comparison, in Poland the Polish Post collaborates with the Ministry of Health to deliver pulse oximeters to the homes of people aged 55+ infected with SARS-CoV-2 as part of the governmental Home Medical Care programme, described above in this

paper. Examples from abroad indicate that a still untapped potential exists for providing support to senior citizens in additional areas of their lives where state institutions have so far not been involved.

### *Experience of the pandemic and its implications for senior policy*

In December 2020, the General Assembly of the United Nations declared that the years between 2021 and 2030 would be called the Decade of Healthy Ageing. The Department of Social Determinants of Health at WHO indicated that the UN's objective was to engage in international action for the improvement of the quality of life of older people and their families in these difficult pandemic times (WHO, 2020c). The WHO stressed that the COVID-19 pandemic had highlighted the seriousness of existing gaps in policies, systems and services addressed to senior citizens (WHO, 2020b). The purpose of this paper is not only to review the solutions of the government and local authorities addressed at senior citizens in Poland in 2020 and 2021, but primarily to supplement the governmental social policy strategy in respect of the elderly with priorities, recommendations and proposals of solutions that directly result from the observations made and experiences gained during the pandemic. A list of diagnosed issues is included below in Table 1.

The institutional long-term care sector in Poland was deeply affected by the negative effects of the pandemic. Reports in media in 2020 pointed to a concerning phenomenon of the rapid spread of SARS-CoV-2 infections among residents and staff in Social Welfare Homes, resident treatment and care homes and resident care homes. The pandemic shed light on numerous shortcomings of a systemic nature, such as staff shortages, falling number of qualified nurses, insufficient funding for the long-term care sector coupled with increasing costs related to compliance with sanitary requirements (Grzela, 2021). Preventing residents of care homes from contacting people outside the establishment, including family members and other relatives, was a concerning practice from the perspective of both senior policy and respect for basic human rights. The issue was so controversial that it drew the attention of the National Torture Prevention Mechanism, an institution subordinated to the Ombudsman.

In April 2021, representatives of the National Torture Prevention Mechanism performed an inspection at the Social Welfare Home in Gdynia to assess the actions taken in order to prevent the spread of the SARS-CoV-2 coronavirus. According to the report from the inspection, "persons spoken to during the inspection indicated that the inability to speak face-to-face with relatives was the worst consequence of the pandemic and restrictions imposed in its wake" (Krajowy Mechanizm Prewencji Tortur, 2021, p. 9). Other responses pointed to restrictions related to the residents' ability to temporarily leave the establishment and freely use the garden. Administration of the Social Welfare Home in Gdynia was given recommendations to familiarise the staff with the provisions of the Istanbul Protocol – an official document of the UN used to register and investigate cases of torture and other cruel, inhumane or humiliating treatment or punishment. The situation discussed above leads to a conclusion that similar restrictions caused by the pandemic were imposed on residents of all types

**Table 1.** Challenges to senior policy resulting from experiences of the COVID-19 pandemic in Poland. Proposed solutions and directions of action

| No. | Challenges to senior policy resulting from experiences of the COVID-19 pandemic in Poland |   | Proposed solutions and directions of action  |
|-----|---|---|--|
| 1.  | Area of residential long-term care  | <ul style="list-style-type: none"> <li>a) staff shortages,</li> <li>b) increasing costs related to compliance with sanitary rules,</li> <li>c) ban on contacts between residents and persons from outside the establishment;</li> </ul>   | <ul style="list-style-type: none"> <li>a) promotion of majors such as nursing, gerontology and long-term care,</li> <li>b) decent wages for nurses, improving the prestige of the profession,</li> <li>c) increasing spending on long-term care from public funds to the average value among the OECD countries of 1.5% of GDP (0.4% of GDP in Poland),</li> <li>d) a national programme of training for staff of inpatient care homes, based on the Istanbul Protocol and prevention of torture;</li> </ul> |
| 2.  | Area of crisis management in fighting the pandemic  | <ul style="list-style-type: none"> <li>a) negative attitude towards “senior citizen hours” in retail and service establishments,</li> <li>b) temporary closure of Daycare Houses and Senior Citizen Centres;</li> </ul>   | <ul style="list-style-type: none"> <li>a) participatory model of creating social policies,</li> <li>b) using the end-user perspective in planning solutions,</li> <li>c) systemic evaluation of implemented solutions,</li> <li>d) activation of senior citizens using the hybrid technique (physical events + online events as an alternative),</li> <li>e) constant contact with those in the care of the homes through telephone calls, online messengers and video calls;</li> </ul>                     |
| 3.  | Area of adult education   | <ul style="list-style-type: none"> <li>a) reduced interest and attendance in the University of the Third Age (U3A) community,</li> <li>b) social and mental burnout of leaders of the U3A community,</li> <li>c) chaos caused by the absence of a national coordination system in the area of adult education;</li> </ul> | <ul style="list-style-type: none"> <li>a) promoting hybrid forms of education (physical and online as an alternative),</li> <li>b) organising professional mental counselling and coaching sessions for U3A coordinators,</li> <li>c) creating a centre for the coordination of the adult education system in Poland at the Department of Senior Citizen Policy or the Ministry of Education and Science;</li> </ul>   |

Table 1 – *continued*

| No. | Challenges to senior policy resulting from experiences of the COVID-19 pandemic in Poland |   | Proposed solutions and directions of action  |
|-----|---|---|--|
| 4.  | Area of the health care system  | <ul style="list-style-type: none"> <li>a) high mortality rate among senior citizens,</li> <li>b) deteriorating mental health among senior citizens,</li> <li>c) difficulties in accessing medical services (digital divide);</li> </ul> | <ul style="list-style-type: none"> <li>a) giving priority to ensuring physical access to primary care physicians for people aged 65+ and promoting screening tests among senior citizens,</li> <li>b) increasing the number of geriatric doctors per 1000 inhabitants in Poland, including psychogeriatrics specialists; designating psychogeriatrics as a separate medical speciality,</li> <li>c) education on telehealth services on municipal level, training courses in the use of electronic bands and other e-health applications;</li> </ul> |
| 5.  | Area of the economy – supply and demand in the goods and services market                  | <ul style="list-style-type: none"> <li>a) reduced purchasing power of pensioners / phenomenon of poverty among senior citizens,</li> <li>b) difficulties in the availability of goods and services during the pandemic;</li> </ul>      | <ul style="list-style-type: none"> <li>a) preventing loneliness among the elderly, promoting co-living solutions for single-member households,</li> <li>b) planning professional careers and life-long economic activity based on the life cycle perspective paradigm,</li> <li>c) inclusion of compulsory basic education in economy in school curricula,</li> <li>d) offering training courses for senior citizens in safe online shopping and meeting their consumer demands through mail order sales.</li> </ul>                                 |

Source: own compilation.

of inpatient care establishments and that training for staff should be of a systemic and not incidental nature. Content available on the website of the Ombudsman's Office may constitute training material and a reference point for acting in accordance with international standards of respecting human rights.

The beginning of the pandemic, which occurred in March 2020, required a quick response from the government as part of crisis management actions aimed at protecting the life and health of the citizens of Poland. One of the first solutions implemented were the aforementioned “senior citizen hours”, a period during the day set from the top

down when only people aged 65 and over could use retail and service establishments. As it turns out that in retrospect, the social perception of this solution has been mostly negative. A survey performed in February 2021 on a group of 923 respondents indicated that over 50% of people had a negative opinion on the implementation of “senior citizen hours”, with women and young people being the majority of those who had a “definitely negative” opinion of the programme (Podhorecka et al., 2021). The Polish Chamber of Commerce also chose to defend the interest of businesses and spoke against this solution. The controversies surrounding the “senior citizen hours” give rise to several conclusions. First, when creating public policies it is a good idea to apply the participatory model by inviting those to whom the programmes and strategies are addressed to consult on and participate in the creation of the proposed solutions. It is important for any programmes implemented to account for actual issues and needs of their target groups (Zapędowska-Kling, 2018). Second, the specific nature of the “senior citizen hours” implemented in Poland brings to mind a certain “ghettoisation” of the elderly, a form of segregation that in consequence may deepen negative stereotypes and social exclusion of senior citizens. Third, restricting access to retail stores to young and middle-aged people exacerbated gerontophobic opinions and attitudes, neatly fitting into the discourse of “intergenerational conflict” (Binstock, 2010; Urlick et al., 2017). It is worth noting here that the solution implemented by the government had numerous systemic defects and errors that required quick rectification. “Senior citizen hours” applied to school shops and canteens, which are not used by people from the 65+ age groups, as well as petrol stations, where customers are mostly drivers of working age. Perhaps a better solution would be to give positive privileges to senior citizens without preventing other age groups from accessing goods and services, e.g., by designating “priority checkouts” for the elderly or giving senior citizens the priority of service in selected health care establishments and pharmacies.

Similarly to other countries, Poland experienced a temporary crisis of the health care system as a result of the pandemic, which primarily manifested in limited access to medical services. On the one hand, the pandemic brought a long-awaited progress in the area of implementing telehealth solutions. On the other, it laid bare the multifaceted consequences of digital exclusion of senior citizens, who were deprived of traditional channels of communication with physicians overnight, and did not always have access to equipment or knowledge enabling them to use e-prescriptions, e-referrals or e-diagnostics. Although the government’s *Social Policy in Respect of Senior Citizens 2030* strategy sufficiently stresses the need of implementing new technologies in telehealth and telecare, the experience of the pandemic indicates that a large-scale campaign providing education in using telehealth services is required. Such training courses are only incidentally provided on the local level. A good example of such an initiative is the city of Wrocław, which implemented a project involving the provision of training in the use of telehealth services in collaboration with company *Telmedicin Sp. z o.o.*, addressed to holders of Senior Citizen Cards issued by Wrocław authorities (Wrocław.pl, 2021). As part of the project, seniors attended meetings in the physical space, arranged by telephone, and learned how to operate telehealth equipment used to remotely measure vital signs (e.g. pulse oximeters) and how to connect with a physician for an online telehealth appointment (Stasiak, 2021). Although the promotion of telehealth

solutions (e.g. popularisation of wrist bands for senior citizens) forms part of the Polish senior citizen policy until 2030, the experience of the pandemic shows that it is worth focusing on bringing knowledge to underprivileged groups. It is important to run informational campaigns using traditional channels (posters, leaflets, press adverts, and silent marketing) with the participation of local Senior Citizen Centres, including in rural areas. The creativity of the “silver economy” sector may also be of assistance, namely, by promoting the manufacture of competitively-priced devices with software enabling the simultaneous fusion of several functionalities, e.g., a phone with a built-in application for contacting a physician, receiving e-prescriptions, managing an e-wristband or making video calls to callees specified by the senior citizen.

Apart from social, health, economic, demographic and humanitarian challenges, the pandemic let loose a hitherto unknown potential of volunteering initiatives and civil society, giving rise to hope for a lasting strengthening of hyperlocal ties and self-help initiatives. Conditions in the new post-pandemic world are conducive to the promotion of concepts such as time banks and regional support groups, which increasingly frequently use online messengers and social media in addition to traditional forms of contact. From this perspective, the Polish Senior Citizen Activity Programme (known as Aktywni+ since 2021), which delegates activities aimed at activating seniors to non-governmental organisations through the transfer of funds, can be seen as successful. The experience of the pandemic has shown that grassroots initiatives may constitute a valuable lesson and source of inspiration for governmental institutions responsible for social policy and policy in respect of senior citizens. Collaboration between the public sector and the third sector, and local entities would appear to be a desirable direction of development. Local and non-governmental organisations often act as incubators of social innovation.

The temporary lockdown and closing of many cultural and educational establishments in 2020 drew attention to the issue of a lack of coordination of the adult education system in Poland. In late 2021, the “e” Association of Creative Initiatives in collaboration with the Polish-American Freedom Foundation published a report on the situation of Universities of the Third Age (U3A) during the pandemic. According to the report, fear of COVID-19 caused many students to withdraw from U3A communities and permanently lose contact with them. The report points to the limited effectiveness of online means of communication among people aged 80 and over – such people “did not attempt to use digital tools and were not interested in gaining knowledge without personal contact. Online classes are neither appealing nor available to the oldest students. Exclusion may be caused by institutional barriers or individual motivations” (TIT “e”, 2021, p. 12). According to the report, the elderly need communities of their peers and intragenerational ties particularly in times of uncertainty and anxiety related to the pandemic. Attempts should, therefore, be made to organise smaller-scale meetings in open air (e.g. lectures and panels in parks, squares, as well as urban spaces), and, simultaneously but not exclusively, using digital media. The report unequivocally stresses that “when creating programmes, greater emphasis should be placed on promoting activities educating and raising awareness on the importance of the peer group for the well-being of the individual” (TIT „e”, 2021, p. 30). At a session of the Expert Commission on Senior Citizen Affairs at the Ombudsman’s Office

held on 14 January 2022, it was recommended to engage in efforts preventing the social and mental burnout of leaders of Universities of the Third Age. Attention was also drawn to the need for creating a centre tasked with coordinating adult education in Poland, which has not been set up to this day (Starzewski, 2022).

The pandemic highlighted the phenomenon of poverty among senior citizens and contributed to the falling purchasing power of pensioners, simultaneously restricting access to selected goods and services. Although the issue of financial security of senior citizens is a challenge of a strategic and long-term nature and begins with providing basic education in the field of economy for young people entering the job market, the experience of the pandemic has highlighted the difficult situation of senior citizens who live alone. From this perspective, considerations on the promotion of solutions in the area of co-living, a new trend in housing where two or more senior citizens decide to live in a single house, each having a separate bedroom but sharing the costs of living and providing mutual support to each other as housemates, take on a new meaning. Co-living is a phenomenon consistent with a wider trend of the sharing economy, an economy based on bartering. Experience of the pandemic indicates that further analysis is needed of consumer behaviour in various age groups for whom “letting go of owning things in favour of consumption based on access” (Kamińska, 2017, p. 165) is becoming a natural choice. In addition, the difficult financial situation of senior citizens is a catalyst for a discussion on the need to redesign the traditional conception of the working age of future generations, which may be able to plan their professional careers with greater flexibility and better control over their own resources, based on periodic switching of roles and lifelong learning according to the life cycle paradigm.

### *Axiological dimension of the pandemic*

Aside from its numerous implications for social policy, an important consequence of the pandemic was its impact on the value systems of individuals and societies (Długosz, 2020; Papciak, 2021; Siewiora, 2021). From the point of view of public management, the pandemic was an experience of crisis, and reactions of governments to the threat posed by the epidemic bore the hallmarks of crisis management. Crisis as a landmark occurrence in the life of a person may cause individuals to reassess their values in the philosophical, psychological, health-related, social, economic and professional dimension, and even in terms of their identity (Skłodowski, 2010). As a result of the experience of the COVID-19 pandemic, human life and health became overarching values (Gocko, 2020). From the perspective of ethics and theology, responsibility for life and health is one of the main tenets of social life and an important component of the “common good” (Gocko, 2020). The axiological dimension of the pandemic had a direct impact on the priorities of the government and its crisis management, particularly during the first months of the pandemic. Imposing a “hard lockdown” and placing seniors under particular protection was caused by the concern for the health and lives of citizens. From the perspective of senior policy, it is important to strike a balance between caring for the elderly and risking excessive medicalisation of old age. The phenomenon of medicalisation is sometimes described as a tendency

for a certain “multiplication of illnesses” or “overmedicalisation” of various spheres of human life (Nowakowski & Nowakowska, 2014; Sokołowska, 1980). Medicalisation of old age involves giving undue prominence to the biological, bodily and health-related changes that occur in the human body with the passage of time. Research on the quality of old age and the ageing process focuses on promoting the “positive ageing”, not necessarily tied with a reduced quality of life (Studen et al., 2016; Zadworna-Cieślak & Finogenow, 2012; Zapędowska-Kling, 2010). In the context of the COVID-19 pandemic in Poland, numerous references were made to the reduced ability of the immune systems of seniors to defend against the virus, in a way persuading the elderly that they were more susceptible to being infected. This rhetoric was used as the basis for imposing numerous limitations on the everyday lives of senior citizens. In addition, the rhetoric related to the pandemic fits with the concept of structured dependency of senior citizens, described in scientific literature of the 1980s and criticised by social gerontologists as systemically taking away the right to self-determination of the elderly (Townsend, 1981). In light of these observations, the participatory method of creating social policies with the active involvement of senior citizens during the stage of both designing and evaluating social programmes and strategies put forward in this paper takes on added importance.

### *Summary and conclusions*

The coronavirus pandemic that has been ongoing in Poland and the world for two years now is a valuable lesson for social policy makers. The review and assessment of initiatives addressed at seniors implemented by the government and local authorities lead to important conclusions. First, the experience of the pandemic has freed the potential of civil society and taken the form of numerous and inventive activities on a local and hyperlocal scale. Neighbourhood support groups, organised volunteer corps, and businesses providing assistance without expecting anything in return are only some of the examples of spontaneous grassroots involvement. It turns out that social policies and senior policies still have room for charity and exchanges of services based on the concept of time banks. Second, the unexpected outbreak of the pandemic contributed to an accelerated popularisation of new technologies, both in the area of telehealth and social communication. Keeping in mind the imperfection of online forms of social services resulting from limitations of the technology used to provide them, it bears noting that in the future both online learning and online medical appointments may constitute a valuable addition to traditional forms of communication, in particular, taking into account the circumstances of social groups who experience difficulties in moving around, such as disabled people with motor dysfunctions or senior citizens dependent on others. In addition, many forms of activation of senior citizens taking place in the physical space on the local level were moved online or switched to hybrid mode during the pandemic. It would be advisable to consider implementing online courses on a permanent basis, as there are those who could benefit from them. Before the pandemic, activities aimed at activating older people in Poland were primarily addressed to senior citizens who were healthy and could move around on their own. Wanting to ensure the integration of senior citizens in conditions

of social isolation, senior citizen centres were able to seamlessly transition to online communication platforms. In the future, physical and hybrid forms of activation should complement each other. Third, the pandemic has demonstrated that the Polish society is capable of intergenerational solidarity. The pro-senior citizen rhetoric of the government reinforced the message carried by the media, characterised by respect and care for the safety and health of the elderly. In many municipalities young people delivered shopping and medications to senior citizens. Success of the Solidarity Senior Citizen Support Corps resulted in an extension of funding for the programme for 2022. From this perspective, it appears advisable to continue the promotion of intergenerational programmes and strategies, aimed at ensuring integration and exchange of potentials and experiences.

On the other hand, the pandemic laid bare a number of systemic defects and weak points, demonstrating the need for further reforms and actions. Having to comply with sanitary requirements was a challenge for the Polish residential long-term care sector, which struggled with staffing, financial, organisational and health-related problems – social welfare homes and other establishments frequently became locations of outbreaks of COVID-19. The social isolation policy constituted an additional challenge, as it prevented residents of care homes from being visited by family members and friends. The sum total of difficulties experienced by employees of the long-term care sector points to the need for thorough, systemic reforms, both in the area of funding and organisation of work. Popularisation of the telehealth model and – where possible – transition to home- and community-based services may improve the situation to a slight extent. However, none of these solutions appears to be realistic without increasing funding for long-term care from the state budget, which in Poland is currently among the lowest among OECD countries.

Another important consequence of the pandemic is the deterioration of mental health of senior citizens and representatives of other age groups in Poland. Reports in the media paint the picture of a collapse of psychiatric care in Poland, in particular, for children and young adults. Promoting 24-hour mental health hotlines, which are often coordinated by the third sector, might potentially be a worthwhile course of action. Many municipalities in Poland currently operate their own mental health hotlines for senior citizens with a local reach. Telephones are manned both by qualified psychologists and volunteers. The government's decision to cease funding for the Mental Health Hotline for Children and Young Adults was an incomprehensible and lamentable decision. The recommended course of action in this area is to increase the number of geriatric doctors and psychogeriatricians in Poland and designating psychogeriatrics as a separate medical speciality.

Another negative result of the pandemic was the disruption of the operations of Universities of the Third Age, which includes the declared fall in motivation among both students and leaders of adult education establishments. The recommended solution is to set up a centre responsible for coordinating the adult education system in Poland at the Department of Senior Citizen Policy or other adequate government institution.

Summing up, as put by Carr, Boerner and Moorman, “unprecedented challenges demand novel interventions” (2020, p. 425). The coronavirus pandemic was an unprecedented challenge for social policy makers, and made senior citizens the addressees of numerous innovative programmes and forms of support (Miller, 2021). In the future,

it will be worth focusing on improving the quality of mental health care for Polish citizens, as the psychological and emotional consequences of the pandemic will be long-term. From the axiological perspective, managing the state budget should reflect the changes that took place in national value systems during the pandemic, with issues of safety, human life and health being moved to the fore.

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