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Challenges of Local Senior Policy and Problems of the Elderly During the COVID-19 Pandemic in the Face of Deinstitutionalisation of Social Services

Abstract: The COVID-19 pandemic affected the elderly in a special way. On the one hand, it contributed to the increase in health deficits and those related to social isolation. On the other hand, it also had a significant impact on the level and methods of support provided to seniors. The pandemic situation turned out to be a particular challenge for local governments and non-governmental organisations operating in various areas of senior policy. The general aim of the article was to analyse the state's initiatives aimed at counteracting the effects of the COVID-19 pandemic addressed to seniors and examples of activities of the local government and the civil sector cooperating with it for the benefit of this group of people. In turn, the specific objective was to identify and understand the greatest difficulties that seniors had during the pandemic and the role played by the non-governmental organisation (both during the pandemic and as an entity of potential support in the future, which was particularly interesting given the European Union promoting services provided in the local environment). In connection with the specific objective, qualitative research was carried out using the in-depth interview method. The interviews were based on scripts that concerned four areas: problems and experiences of the elderly during the pandemic, help and support, communication, health, and well-being.

Keywords: *social policy, senior policy and COVID-19, non-government organisations, elderly people*

Demographic Background and the Pandemic's Impact on the Life Expectancy of the Elderly

In 2020 in Poland, there were 9,800.2 thousand people over 60, which translated into a share of **25.6%**, while the population over 65 years of age amounted to 7088.3 thousand (**18.6%**).

In turn, in 2021 in Poland, there were 8.480.6 thousand people of pensionable age, that is 22.3% (an increase of 5.4 percentage points over the decade) (GUS, 2021, p. 13; GUS, 2022, p. 24). It should be noted that the COVID-19 pandemic significantly reduced life expectancy in Poland, causing too many deaths (especially in the group of the elderly). Compared to a few years back, in 2020 the average life expectancy of a male new-born was 72.6 (a decrease of about 1.5 years), and in the case of a female gender 80.7 (a decrease of 1.1 years). It meant that a 60-year-old man in 2020 had less than 18 years ahead of him (i.e., 1.4 years less than the one who reached this age in 2019), while a woman 23.2 years (i.e., 1 year less than in 2019) (GUS, 2021, p. 19). Thus, the situation in terms of life expectancy of people 60+ basically returned to the state of 2009. In 2020 alone, 412.8 thousand people aged 60 and over died, and their share in the total number of deaths amounted to 86.5%, compared to the previous year the number of people at the senior age increased by 63.4 thousand, i.e., by 18.2%, the share of deaths of people in senior age in the total number of deaths increased by 1.2 percentage points. Generally, significantly higher mortality of seniors was recorded due to the epidemic. According to the data, the COVID-19 epidemic contributed to 8.7% of deaths in Poland, in the case of people of senior age to 9.1% of them (in all age groups, the death rate per 1000 people was much higher among men than among women) (GUS, 2021, pp. 20–22).

Strategy (of Restrictions) During the COVID-19 Pandemic and the Impact on the Lives of Seniors – The State Level

According to the current state of knowledge, it is well-known what active and healthy ageing should be like. Its pillars are health (maintaining independence and self-reliance for as long as possible), participation (involvement, shaping the surrounding reality – influence on decisions – forms, volunteering, activity in organisations, mobilising social capital – doing something for yourself and others), and security (financial, emotional dimension – impact on well-being and willingness to act). It is also clearly visible in the documents strategic for senior policy (pillars: health and independence, activities, intergenerational relations, silver economy), e.g., *Social Policy for Older People 2030. Safety. Participation. Solidarity* (2018), the priorities of which are: activation and wide participation, health promotion, education until old age, organisation of a network of services, as well as security and prevention of exclusion. However, due to the COVID-19 pandemic and the introduction of many restrictions, the attainment of many of these important goals was hindered or made impossible.

In the beginning, it is necessary to synthetically outline the situation in which all Polish citizens found themselves in early spring 2020. The Regulation of the Minister of Health of 24 March 2020 (Regulation of the Minister of Health), introduced many constraints on everyday functioning (moving around, leaving home only to obtain vital necessities, restrictions on participation in various types of celebrations, holidays, masses and others). These restrictions

and/or suspension also applied to the operation of various support centres, daycare centres, universities of the third age, senior clubs, etc. directly used by the elderly.

The pandemic had a negative impact on the quality of life on many levels, and everyday life became much more complicated, which especially affected seniors. Many stopped participating in classes of physical activity (the level of which among this group had not been high anyway) (GUS, 2021, p. 58)¹. For example, in the case of people over 60, almost 63% of them limited their physical activity, and among 70+ – almost 74%.

The limitation of seniors' social, cultural and educational activity was also notable² (GUS, 2021, pp. 59–61). Analyses show that it is associated with numerous needs important for seniors, the satisfaction of which significantly impacts the quality of life and the level of perceived satisfaction (Szałustowicz, 2020, pp. 295–299).

The first and second waves of COVID-19 (in 2020) showed that seniors constituted a significant share of fatalities. However, it is hardly surprising since access to treatment was hampered. In many cases, it was discontinued (according to a survey conducted in September 2019 by the National Institute of Silver Economy, 67% of elderly people experienced problems with access, 1/3 discontinued treatment, while over 1/3, due to impeded access, did not perform any tests – in the period preceding the six-month survey) (KIGS, 2020, p. 6; KIGS, 2021, p. 11). The situation was exacerbated by isolation, limited contact with the family and the social environment – which was confirmed by almost half of the elderly (46%). More than 1/3 of the surveyed seniors stated that they experienced greater emotional stress than before the pandemic, often manifested by irritation and anxiety. The *PolSenior2* study showed that over 1/4 of people aged 60+ noticed symptoms of depression in themselves. The seniors themselves pointed, inter alia, to the fact that the “restrictions caused highly destructive behaviour”, they discerned “greater changes in people’s moods, less sense of humour, greater nervousness and snappishness”, as well as more serious symptoms, such as using stimulants, a problem with alcohol and finally examples of domestic violence (Kugiejko & Kociszewski, 2021, p. 177).

No wonder that this situation had a negative impact on the mental condition and over half (53.6%) of people 60+ felt tired with the introduced constraints, almost 60% of the respondents declared that their mental state was worse than before the pandemic. Nearly half of seniors reduced their social relations at that time, and every third felt emotional stress.

¹ Only 14% of people aged 60–69, 11% aged 70–79 and 7% over 80 devoted their free time to sports, exercise, recreation, etc. requiring at least moderate physical exertion. For comparison, this way of spending free time was chosen by slightly more than a quarter of the total population aged 15 and more.

² In 2020, around 170,000 people aged 60+ were members of various types of associations, clubs, and sections, while in 2019 it was 210,000, thus during the year the scale of activity in this area decreased by 19.3%, the same was true in artistic groups (theatre, vocal, dance, etc.)

Interpersonal contacts often mobilise to daily activity and motivate, but their stimulating function gradually fades away when they are limited.

The data show (GUS, 2020, pp. 90–92) that the elderly are exposed to the greatest extent to social isolation, i.e. to low intensity or complete lack of social contact with people from outside the household. When we consider that almost 28% of people aged 65+ did not have any friends, and the percentage of socially isolated people at this age was estimated at 9.8% (around 14.1% among 75+), the situation looks really serious. This problem was also emphasised in the study which revealed that “in fact, up to a million people remain in social isolation, often living in their homes outside the social support system, and their functioning is usually not monitored in any way” (Senior.HUB, 2021a, p. 8).

It is worth highlighting another area of dangers and risks related to the above. Few social contacts increase the desire to talk in the elderly, which tricksters and thieves, who can listen and gain trust, are well aware of. By using manipulative techniques, e.g., during a short telephone conversation, they can obtain important data and persuade the interlocutor to take actions aimed at transferring money. In this regard, it is noted that despite many actions and campaigns the awareness of the problem of extortion and ways of preventing situations of potential threats is still low among seniors (Izolacja polskich seniorów, 2022).

It is also pointed out that the pandemic even had an impact on views on ageing and perceptions of old age – mainly due to a higher risk of the severe course of the COVID-19 disease, the progression of many diseases and stressors, and restrictions associated with the pandemic (Wahl et al., 2022, pp. 7–15).

Soon after the pandemic state was announced, a significant part of everyday life and work moved to the Internet. However, although an increasing number of elderly people use the Internet, this number is relatively little (among people 60+, about 51.4% used the Internet) compared to younger generations, and they go on the Internet much less frequently (GUS, 2021, pp. 62–63). In addition, a significant part of these seniors has low digital competencies. Thus, still a small part of seniors has access to the virtual world. Therefore, social and educational activities were mostly carried out by people with digital competencies, appropriate equipment, and a favourable social environment, while a significant part of older people was excluded from this form (Pikuła, 2020, p. 82).

In the spring of 2020, at a meeting of the Commission of Experts on Elderly People at the Human Rights Ombudsman, it was emphasised that one of the groups most at risk during the COVID-19 pandemic are lonely, disabled, diseased seniors who need help in everyday life. Therefore, several priorities were determined, among which were: reliable information about epidemic threats and preventive measures, supporting social initiatives and civic solidarity, training volunteers (helping seniors during the pandemic), cooperation of state authorities with local governments and non-governmental organisations, ensuring access to medical services, collecting information about lonely people in need of support (by parishes, volunteers and neighbourhood assistance) and sensitisation to fraudsters (RPO, 2020).

Various programmes and initiatives were undertaken on a national scale to help seniors. In October 2020, a large-scale programme “Support for Seniors” was launched (2019 municipalities out of 2477 municipalities in Poland participated in it, i.e., 81.5%), prepared by the Solidarity Corps of Support for Seniors. This programme (continued in 2022) is an element of the state’s social policy in supporting activities for seniors who are dependent due to their age and health condition. Based on the programme, local government units, social welfare centres, non-governmental organisations and volunteers were involved in activities for seniors. This initiative aimed to support seniors who, during the pandemic, decided to stay at home, unable to provide basic necessities on their own, including food and personal care products. The support service consisted of delivering purchases (costs covered by the senior), dealing with small official matters online, and providing a hot meal (seniors could get help in everyday activities). Any municipality interested in obtaining additional funds from the COVID-19 Counteracting Fund for the organisation and implementation of the support service under the programme could join it. The programme was addressed directly to municipalities, and indirectly to seniors over 70 years of age who stayed at home due to the risk of COVID-19 infection, but in special cases also to people under 70 years of age (who would stay at home due to the risk of COVID-19 infection and if they were unable to meet their basic needs by themselves due to the condition of their health or their family and social situation). In the latter case, it was the responsibility of a social welfare centre to assess a particular situation and make a decision on providing aid. Under the programme, municipalities were provided with financial support; at the beginning, they had to spend 20% of their own funds while co-financing covered 80% of the costs of tasks (Solidarnościowy Korpus Wsparcia, 2020). Then it was 100% and the age limit of eligible seniors was lowered to 65 years of age (from the 2022 edition). Municipalities could implement this scheme, among others, by employing new people to execute the task, granting allowances for social assistance employees, commissioning support services to non-governmental organisations, cooperation with volunteers, scouts, soldiers of the Territorial Defence Forces, members of the Volunteer Fire Brigades, or purchasing support services from private sector entities. The funds for the programme implementation were administered by the voivodes. In total, PLN 100 million was allocated for this purpose in 2020, PLN 50 million in 2021, and PLN 80 million in 2022 (Korpus Wsparcia, 2022). The funds were distributed in proportion to the share of seniors (70+) in individual provinces. As part of the Solidarity Corps of Support for Seniors, in 2021 a nationwide helpline dedicated to seniors was launched. By calling a toll-free telephone number, the elderly could ask for help in everyday activities.

According to the Ministry of Family and Social Policy, the “Support for Seniors” Programme was a tool that facilitated in many environments the recognition of the situation of elderly people in the pandemic, including those who had not previously benefited from the support of a social welfare centre. As a result – in the opinion of social assistance workers – the general sense of security of the elderly has increased. This initiative was also supposed to be particularly helpful in municipalities with poorly developed infrastructure with a small

number of shops and public transport networks (Informacja, 2021, pp. 264–265). However, there are also critical opinions about the programme, often expressed by organisations that know the problems of seniors very well (Senior.HUB, 2021b).

On a national scale, there were more programmes addressed to the elderly and they were supplemented with regional initiatives initiated and implemented by both local institutions and non-governmental organisations. One of the nationwide programmes was, for example, the “Active Senior at Home” preventive programme conducted by the National Chamber of Physiotherapists and the Ministry of Health. It includes content with exercises and an overview of self-practice, available on the website physioterapiaporusza.pl and on the YouTube channel of the Ministry of Health (Aktywny Senior w domu, 2020). There were also helplines specially dedicated to seniors, for example in the Silesian Province (Senior-phone), or in the Pomeranian Province – the Pomeranian helpline for seniors (coordinated by the Regional Centre for Social Policy) where one could ask for help or just talk.

The National Institute of Silver Economy Foundation established an Information Centre – a knowledge bank about the help offered to seniors in various places (knowledge portal: abcseior.com). One of the national organisations, “Caritas” Polska, initiated the “Help for seniors” campaign (with great involvement of volunteers), thanks to which help was provided to seniors in need, among others, in the scope of the supply of personal care products, food, and taking pets for walks (Maksim-Dąbrowska, 2021, p. 63).

The Local Level of the Administration Towards the Problems of the Elderly During the Pandemic

It is increasingly emphasised that “in the coming years, more and more urgent measures will have to be taken to provide the elderly with social and/or medical care (at their place of residence and in specialised institutions). They are a challenge for local senior policy, because – according to the principle of locality – municipalities are expected to know the needs of their inhabitants (including seniors) best and they are supposed to develop and implement optimal methods of satisfying them” (Richert-Każmierska, 2020, p. 26). In this regard, it is also important to consider the perspective and activities related to the deinstitutionalisation of social services. This process started in 2012 when “The Common European Guidelines on the Transition from Institutional to Community-based Care” were developed. An integral element of this strategy, which has become increasingly important in Poland recently (Resolution No. 135 of the Council of Ministers), is prophylaxis aimed at preventing people from being placed in institutional care. The deinstitutionalisation itself leads to a gradual transition from institutional care to that provided in the local environment, to activities carried out and available in the place of residence or daytime forms (in relation to the elderly, senior homes and clubs). Considering certain risks associated with this process, in such a shape – when we are heading towards a greater share of the community, neighbourhood and family as co-producers of services – it is evident that an even

wider dimension of participation (inclusion) of non-governmental organisations is (and will be) necessary (Grewiński, 2021, pp. 181–182).

We had an opportunity to see that in the face of the coronavirus, tasks related to implementing programmes and projects (including nationwide ones) were largely the responsibility of municipalities and third-sector organisations. On the one hand, it was a significant challenge. On the other hand, it was a kind of tough test of civic action and assistance, especially in the field of senior policy, for institutions such as social assistance and social workers (Ziębińska, 2020, pp. 51–68), as well as non-governmental organisations and volunteers cooperating with them. Such a situation was common throughout the country, where, to a greater or lesser extent, a special role in mitigating the effects of the pandemic was played by third-sector organisations, which local governments commissioned to carry out numerous aid activities, including for seniors.

Depending on the municipality's nature, size, potential and commitment, local government units in the country coped differently with the challenges caused by the epidemic (Stasiowski, 2021, p. 5). An example of good practice in this respect is Gdańsk (a city with county rights), where thanks to the experience gained during the implementation of long-term programmes, flexible forms of cooperation, and the involvement of non-governmental organisations, volunteers, and officials, a city-wide system of support for residents during the pandemic operated. The activities in Gdańsk addressed to seniors were implemented on several planes and followed the scheme: the state – the city (municipality) – a leading non-governmental organisation (as an operator) – non-governmental partner organisations – local centres (neighbourhood houses and clubs).

The actions of the municipal structures and significant funds were aimed at creating sanitary conditions reducing the risk of coronavirus transmission and supporting the inhabitants experiencing the negative effects of the pandemic, as well as counteracting the economic slump and the decline in living standards caused by the crisis. In 2021, over PLN 18 million was spent from the budget of Gdańsk on the implementation of tasks related to counteracting the COVID-19 pandemic (PLN 13 million from the city's funds, and PLN 5 million from external funds – from subsidies from the state budget, the European Union and the COVID-19 Counteracting Fund) (Raport o stanie miasta, 2021, p. 207).

First of all, the city where the elderly of 60 and over constitute almost 1/3 of the population (28.2% in 2021) joined the appeal to promote vaccination against COVID-19 through, inter alia, posters and media campaigns, and vaccination sites were organised in facilities managed by the municipality. For people over 70 years of age, people with disabilities, and people with difficulties in moving independently, free transport to vaccination sites was organised (there was a helpline through which it was possible to report a willingness to use the transport). It can be added that by March 2022, 71.6% of residents were fully vaccinated against COVID-19 and this was the fourth result among the 10 largest Polish cities (Szczepienia w gminach, 2021). Moreover, the municipality office and its units functioned in a specific sanitary regime to minimise the possibility of employees and

customers becoming infected and to ensure continuity of activities and efficient response to threats related to the epidemic.

As mentioned above, non-governmental organisations were an important partner in implementing the municipality activities aimed at preventing the spread and counteracting the effects of the COVID-19 pandemic. They were commissioned, among others, to implement activities of the #GdańskPomaga action (as part of the national “Support for Seniors” programme) for seniors who stayed at home due to the state of the epidemic. Therefore, the municipality and non-governmental organisations worked together to support residents during the pandemic, mainly meeting basic life needs, such as shopping or walking pets. In order to effectively reach people in need, local support points were created in the city. In total, 35 such points were created (together with NGOs), one in each district (Raport o stanie miasta, 2021, p. 207). There were 5 local volunteering centres which are places of a volunteering agency at the level of local communities with a focus on animation and creating the ground for the development of local volunteering. In the pandemic, volunteers did the shopping and delivered basic necessities, including groceries and personal hygiene products. The city project “Helping Hand 2020–2022” was continued, under which hot meals were delivered to the elderly, ill or disabled. In addition, seniors received free psychological help and support in developing digital competencies. Moreover, municipal institutions prepared an online offer of physical exercises (a municipal sports centre) and cultural and creative activities (a municipal cultural centre), and a social-welfare institution organised Christmas packages. Actions were organised in which hot meals were delivered to residents in need, e.g., in December 2020, over 2,000 were distributed (second edition in June 2021). One limited liability company and several foundations carried out the project, while neighbourhood houses and clubs were involved in distributing meals. People in a difficult situation during the epidemic received help in the form of food parcels, and targeted benefits for the purchase of food were paid to all needy people in quarantine (Raport o stanie miasta, 2021, p. 209).

The mentioned neighbourhood houses and clubs are specific centres, usually run by non-governmental organisations, acting for local communities’ benefit and activating residents. They organise various events, initiatives, projects, and activities on a daily basis, e.g., for young people or seniors. They are usually district-based, but every city resident can participate in their projects regardless of the district in which they live (Kubiak, 2019, pp. 103–120). In 2021, there were 17 neighbourhood houses and 5 neighbourhood clubs in Gdańsk, and their key activity was to support residents in the difficult pandemic situation. Neighbourhood houses and clubs got involved in many actions, e.g., distributing meals and personal protective means. In cooperation with the Municipal Family Support Centre and the third sector, activities were organised in neighbourhood houses and many undertakings were launched to activate residents of various age groups.

Aims and Methods of Own Research and Analysis of Results

The study was conducted in Gdańsk, whose local government dealt with the difficult COVID situation using a vast network of non-governmental organisations and municipal institutions (it is one of the leaders in the country in terms of the pursued municipal senior policy). Direct observations inspired the study in one of the organisations participating in the “Support for Seniors” programme. Due to the specificity of the subject of the research, the interview method was used, because it is appropriate to study issues in their natural environment (or those that change over time or sensitive topics).

No hypothesis was put forward in the study, as it was exploratory and the point was primarily to understand what experiences and difficulties seniors encountered during the pandemic, as well as to gain a deeper insight into their needs and expectations for the future towards various entities of potential assistance.

My own research aimed to get to know the (greatest) difficulties and fears of seniors from their perspective (feelings) and opinions on the functioning of the civic sector (non-governmental organisation) at that time, and, importantly, to take into account expectations towards the social environment (including organisations) in the future – in the event of potential difficulties in meeting needs (a particularly important question in the face of deinstitutionalisation of social services) – the nature of potential support. The research was primarily intended to help answer the questions: how did the elderly experience the pandemic, what was their everyday life like at that time (how did they deal with it), and what role did third sector organisations play? What do they think about their health and prospects for the future? It was also important to determine to what extent seniors were involved in assistance activities (seniors for seniors) and in what forms. Another issue was taking care of health during the pandemic, as well as after it, which is supposed to be a forecast of a return to normality. What do they expect from non-governmental organisations embedded in the local environment?

The qualitative research was conducted based on individual in-depth interviews focused on identifying the main problems (the most severe problems) faced by seniors during the pandemic and the role of support from their social environment. Individual in-depth interviews (IDIs) were informal, semi-structured, and scripted in four areas: difficulties and experiences during the pandemic, perception of help, external communication, health and well-being during the pandemic (and after it was over).

The interviews were conducted in September – October 2022 at the headquarters of a non-governmental organisation that works (in many areas), especially for the benefit of the local environment, conducts, e.g., activities for children and youth, runs a senior citizen club, and a neighbourhood house – one of the local support points in the city during the pandemic.

16 elderly women (over 60) took part in the study and were intentionally selected for it. They were chosen because they had previously (before the pandemic) taken part in

various types of projects (direct contact and involvement) or benefited from the support of the organisation during the pandemic (some of them also participate continuously in the municipal telecare system coordinated in the community at the request of the local government by this organisation). Regarding their age, five of the surveyed women were 60–69, six were over 70, and five were over 80. Eleven of the respondents were widows running a one-person household, one widow lives with her daughter, and the other four lived in two-person households (four run it together with their husbands, and one lives with her adult daughter). In terms of education, nine had secondary education, four had higher education and three had vocational education. Two people had some mobility limitations, while the rest were physically fit. Six people participate in the municipal telecare system. Additionally, three (non-participating in telecare) belong to the senior club run by this organisation (thus, it can be said that nine are quite closely related to the organisation), the others to a greater or lesser extent took part in the activities or initiatives organised by it.

Table 1. Synthetic characteristics of the surveyed people

		No. of persons
Gender	women	16
	higher	4
Education	secondary	9
	vocational	3
Age (range)	60–69 years	5
	70–79 years	6
	80+	5
Living	alone	11
	with a husband	4
	with a daughter	1
Marital status	widow	12
	married	4
Participation in the municipal telecare system	yes	6
	no	10
Participation in the senior club (NGO) integration	yes	9
	no	7
Participation in classes, and events in the neighbourhood house before the pandemic	yes	16
Direct NGO support during the pandemic	yes	5
	no	11

Source: own study.

Challenges and Problems

The pandemic negatively impacted seniors, although not all experienced it to the same extent. The purpose of the interviews conducted in the first area was to get to know the greatest difficulties in everyday life encountered by all the seniors during the pandemic reality (perception of the situation). There were very interesting statements here, in which attention was paid in particular to the inconveniences from the point of view of seniors related to forced spending time at home and the deficit of actual contact with others, as well as fears for themselves and their loved ones.

“I believe that this being locked during the pandemic was the most painful, seniors were forbidden to leave the house, I even heard that they committed suicide because they couldn’t stand the estrangement, as the child just put food at the door and left” (Interview no. 5).

In this context, it is worth emphasising that in the interviews particular attention was paid to the content and form of information made public, the addressees of which were, e.g., older people. The way of perceiving this information, its effects, and the difficulties associated with cutting off from these messages, turn out to be very telling.

“For me personally, there was too much fear in the news about the deaths, it was scary. In addition, the inconsistency between the message of the government and doctors and what you saw on TV: pits, graves, etc. – it was depressing. But in fact, when we were locked up, we were also basically doomed to what the media reported, a person could not even give up television, and there we were bombarded with this type of information” (Interview no. 6).

Some seniors stressed the unpleasant consequences of being forced to stay at home and the sense of danger.

“I think the biggest challenge during the pandemic was the loneliness of people who felt so rejected because it was a horror that we didn’t even meet with family, a person is isolated, who invented it?! Contact and meetings are the basis of well-being, not going to parks, or forests has weakened seniors, it is a slippery slope, and people have given up” (Interview no. 8).

The situation was similar from the perspective of the difficulties personally experienced by the seniors (and the degree of their inconvenience) and the ways to deal with them during this difficult time. It also sheds more light on the issue of well-being and the prevailing moods at the time. The statements of some of the respondents were firm and what is important they were pronounced with resentment and emphasis in the voice, for example:

“For me, the biggest inconvenience during the pandemic was house arrest – that’s how I felt!” (Interview no. 2).

In other statements in a similar tone, there was a thread according to which the pandemic appeared so that certain restraints could be imposed on society – conscious actions of governments.

“It annoyed me that people let themselves be led to a dead end. I reached for sources about all other pandemics and it was clear that this was a well-devised plan. They invented the pandemic to yoke people, that’s how it was, unfortunately” (Interview no. 8).

The issue of spending time looks very interesting, especially in the context of limiting (or even cutting off) the possibility of active participation in various types of projects and activities. The statements also provide insight into the attitude toward compliance with the regulations established during the pandemic. Based on the interviews, it can be concluded that exactly half of the respondents, to a greater or lesser extent, did not yield to all the rigours introduced by the government and, despite restrictions and fears (which is worth emphasising), left their homes, and some provisions of the law were treated arbitrarily.

“All days were very monotonous, there was some walking (because it was impossible to stay at home all the time), but not on main streets and fear of being caught and punished by the services. On the other hand, I was constantly worried about being infected, so even a stupid runny nose caused panic and tormenting thoughts – what is it?, maybe it’s COVID” (Interview no. 6).

There is another interesting statement in which the respondent meaningfully expresses her attitude to the regulations and the reality based on them.

“Stupid regulations and closed forests are an example of horrendous thoughtlessness. I was saved by the plots, I could go out, but only after three weeks because I was in quarantine. I just got back from a trip a little late when these regulations came into force. The police checked meticulously, but they also asked if we needed anything, and that was nice. So I walked around the plots because it was allowed, and then illegally by car to the forest, otherwise, I would have gone crazy” (Interview no. 12).

Some statements also emphasised the significance of physical activity (practised despite fear), highlighting its preventive effect on health (acquiring immunity), which may indicate a relatively well-developed health awareness (both in terms of physical and mental health).

“At the very beginning, when there was a ban on going to the forest, I went outside only twice a week and after three weeks, after a light breeze, I already caught a cold, it turned out that my immunity had decreased, I said to myself enough, I started going out for secluded walks. Isolation is the most arduous. I always avoided, and even now I avoid crowds. So I went for walks every day, even though I was afraid to go out” (Interview no. 16).

There was also a feeling of being internally torn apart and ambivalence of attitudes towards the observance of the law, especially due to the good of the family and potential family costs, which in the future could be irrecoverable.

“I felt staying at home and lack of movement very deeply, at first even going to a forest wasn’t allowed, which was absurd, I understand the authorities a bit, it was as a preventive measure. I was cut off from classes at the university of the third age and those organised by other organisations, I felt bad due to this. I was sick, but I followed the rules. Although I will admit that in the case of gifts for Easter I did a certain trick that I went there in the

evening and gave gifts to my grandchildren. It was a bit illegal, but even if I was caught and there were some costs, the family costs could be higher” (Interview no. 10)

To sum up, the most common problem in this area, among the indicated and experienced difficulties, was being forced to spend time at home and depressing media messages. Separation from the family was also often emphasised, as well as great fear for one’s own health and of loved ones. On the other hand, a deficit of activity was signalled and a relatively high level of health awareness related to it was demonstrated.

Help and Support

Another important area in the conducted research concerned the matter of received help. The idea was to identify the type of support received during the pandemic and the entities providing it. The intention was to find out whom the elderly could count on (who helped them) during the pandemic, what they needed the most, how they coped by themselves, and what their views are on the future in this respect (potential help).

Among the respondents, 5 people received direct support from a (selected) non-governmental organisation participating in the government programme “Support for Seniors” (which also implements other senior projects in the city). The vast majority of them were elderly people living alone in the local environment and the area of operation of the organisation. The size and nature of this assistance turned out to be particularly important and worthy of attention.

“I got great help from the organisation, e.g., during the vaccination, the animator took me to the vaccination, she also visited me regularly and brought me assignments to do. There were: painting, drawing, crossword puzzles, puzzles, and needlework (crocheting, knitting). I could also ask for help with shopping, but I didn’t use it” (Interview no. 1).

The statement of another respondent is very similar in its content, in which she presents a bit more details, and at the same time pays special attention to the issue of animation in her free time by the organisation.

“It was good that we got tasks (from the association), there was always something to do, and it was needlework, and making beads, painting, crossword puzzles, gymnastics instructions. They delivered it in a package once a week, and then the girls collected these tasks at the agreed time to pick up our homework. The calls were practically every day or every other day, and they concerned well-being, doing homework, etc. (The organisation) did a great job for seniors during the pandemic” (Interview no. 2).

These visits (sometimes even very short, because often related to the delivery of materials and assignments) and conversations, including with specialists employed by the association (e.g., a psychologist), turn out to be one of the most important forms of support for the respondents during COVID-19.

“The visits, the fact that someone was interested if I was alive at all were the most important to me, I also very much appreciated the conversations with the psychologist.

In general, you could also take advantage of the possibility of shopping, but I didn't need it, I also received help in finding a specialist doctor on the Internet, because I don't use it myself" (Interview no. 4).

Some respondents could count on the organisation's help but did not use it (mostly because they had support from their children or spouse and were convinced that others were more in need). However, the awareness of possible potential help was important and strongly emphasised in this regard, especially by those women who coped with the COVID-19 pandemic on their own.

"I have this device (a telecare bracelet) to call for help in case of emergency and I feel safe with it. During the pandemic, a lady from the foundation phoned me asking if I needed anything, she offered help, e.g., with shopping. I refused her because I think there are more needy people, but in any case, I could count on them. On the other hand, my neighbour helped me (brought me shopping)" (Interview no. 5).

The quoted statement mentioned a specific entity of potential support and environmental help (a neighbour). It can be stated that the sense of security is also influenced by the achievements of modern technology – in this case, the municipal telecare system (coordinated by non-governmental organisations in various parts of the city), which can be used at any time of danger or uncertainty as to your condition, having a special transmitter with you at all times.

Another important area of interest during the research was obtaining answers to the question of how organisations operating in the community could improve their activities to support seniors. The point was also to gather opinions (as well as expectations) about the potential need for support from the organisation in the future (the vast majority of the surveyed women were independent during the research).

The answers that appeared in this matter often concerned the direct search for information about elderly people in need of help by the organisation's staff. On the other hand, it was pointed out that some seniors, even when they need help, find it very difficult to ask for it.

"It would be good if organisations made some lists of people who need help from time to time, but only directly because you can reach them only directly. However, some people are ashamed when they must ask for help, and if you don't know them, you can't help them" (Interview no. 13).

The beginning of the next utterance has a similar overtone and draws attention to the role played by the immediate surroundings – interest from the neighbours.

"In my opinion, in general, a lot depends on the neighbours, some people are so proud that they don't ask for help. If I had to ask for help myself, I would ask for food parcels: pasta, potatoes plus a kind word (because it's very important), maybe even to go out for a walk" (Interview no. 15).

Expectations regarding possible support in a difficult situation focus on food products on the one hand and emotional support on the other. In another statement, the respondent

also emphasised the need for contact with another person, which from her perspective would be potentially the most precious.

“If I was to ask for help, the most important would be a conversation from time to time, just to chat with someone, contact with another person, and maybe cleaning sometimes” (Interview no. 8).

The next statement is also interesting, in which the issue of trust in the organisation, which should have a particular well-established social reputation, in which seniors have confidence, plays an important role.

“If I couldn’t anymore, I would first present my situation so that someone would come, for example, 2-3 times. When it comes to the organisation, I would have to know who I am dealing with, that is trust in the first place” (Interview no. 14).

The research revealed that a very desirable form of support for seniors is direct contact with others, which gained particular importance, as a kind of added value during the pandemic. Contact and activity in the local environment are conducive to building social trust. It is significant that if seniors know the organisation, they feel part of the functioning of the environment and intergenerational dialogue, and they do not perceive support as social assistance (or worse, social welfare). The senior women, who had previously received support from a non-governmental organisation, already had well-established contact with it and therefore spoke more openly (a substantial role of trust) about their matters and needs. There is often personal and emotional contact with the animators (based on several years of cooperation in various activities), which is also characterised by perceptible mutual care and interest among the oldest part of the respondents. As far as the association’s operation was concerned, it was important for the seniors to feel that they could count on someone’s interest and regular visits. It was also indicated that during possible critical situations, the respondents could reckon on support from their children and/or neighbours, the awareness and a sense of succour were also valid here. It shows how important environmental conditions – relationships and social networks – are for older people (family, neighbours, and organisations operating in their environment that significantly impact their activity level). Therefore, due to deinstitutionalisation progressing in the future, the recommendation is to promote and develop social services in the local environment, develop volunteering, senior clubs, neighbourhood houses, etc.

Communication (with the Outside World)

It was interesting to find out how the senior women contacted the outside world during the COVID-19 pandemic, to get to know their experiences and feelings. In the beginning, it should be noted that among the surveyed people, each had a telephone (mobile or a smartphone) and 13 used the Internet (including one in the 80+ group). It turns out that the Internet was used mainly for getting in touch with others, i.e., using instant messengers (in the case of some on a daily basis). Due to the need to limit personal contacts

during the pandemic, certain entities (including foundations and associations) prepared online materials and classes for seniors. Of course, using them was conditioned by having a device with access to the net. Thus, this was also naturally one of the topics in the research interviews. Based on the interviews, it can be concluded that slightly more than half of the respondents systematically participated in various forms of online classes during the pandemic (9). Although the other 4 persons have access to the Internet, they used it sporadically and did not take part in online classes. They predominantly use the Internet to pay bills and visit websites.

In general, during the research, people using the Internet strongly emphasised the positive aspects of having it. It was particularly stressed in the situation of limited contact with other people.

“I have broadband at home and the Internet on my phone, so I could connect with my family and friends at any time, which gave me the comfort that I didn’t feel so alienated. I handled all my bills and banking matters online” (Interview no. 7).

Others focused on activities organised by various entities in which they participated, and among the benefits resulting from it, they pointed out the atmosphere and motivational value.

“I don’t use the Internet that much, just occasionally, once or twice a week. During the pandemic, I took part in online classes organised by the organisation, these were gymnastics and manual – sewing, I knew that motivation would be there, and it worked” (Interview no. 11).

“During the pandemic, I used Skype classes, used WhatsApp, and Zoom, and took part in psychological classes, teleconferences and memory training. It was useful and uplifting, we could hear and see each other, the classes were relaxed, actually more fun, so I had no problems with motivation” (W 9).

Another aspect of this statement is also worth noting. The feminine form “we could” she used means that only women participated in these activities (of various types). Unfortunately, this is a kind of regularity; low participation of elderly men in diverse local initiatives (however, it is not just a matter of the proportion of advanced in years women to men).

From the next statement in the analysed area, it can be concluded that some changes occurred in connection with the necessity to settle certain matters on the Internet during the COVID-19 pandemic.

“If I hadn’t been online, it would have been bad. However, the covid situation mobilised me to do some things, e.g., I hadn’t paid online before, the same situation was with shopping – until then it had always been cash on delivery. Then, when the pandemic came, I started making payments online – although I had some doubts. I took the plunge and have been doing it this way since then. I used Skype, WhatsApp, Messenger, and Facebook during the pandemic. Many institutions didn’t conduct online classes during the pandemic, but we have a senior who travels and organises thematic webinars, I took part in the gymnastics classes of the third-age university three times, and then they were suspended.

I attended online classes – I’ve got a large TV, so I practically felt no difference, then I switched to independent classes (get activated for seniors), they were also on YouTube, I accepted the fact that I couldn’t do it in real life. Generally, when it comes to motivation, I have no mercy, there was discipline (classes on selected days of the week), then when the conditions changed and I had to belong to a group on Facebook, I also participated there” (Interview no. 10).

In addition to the issue of access to the Internet, the ability to use devices (a computer, a smartphone) is also important among the elderly. In this regard, one of the respondents drew attention to the younger generation’s role in presenting and passing on the secrets of knowledge about navigating the web. On the other hand, the danger of marginalising people without access to the net is also becoming more noticeable.

“I missed direct contacts, but we had to manage somehow in life. I used Skype, Zoom, Messenger, WhatsApp, my granddaughters trained me in this. Generally, I used and still use it every day, it is very helpful when hiking in the forest because I have maps there, I check public transport timetables, I make payments online, I browse websites, mail and others. A lot of people, however, don’t have contact, because they don’t have, for example, a smartphone, basically, it boils down to the fact that when you don’t have a device, you don’t exist. As of today, you do everything through this device” (Interview no. 12).

It also turns out that the Internet makes life easier, but it is not the same as face-to-face contact. It is a certain substitute, but it does not replace direct communication (which also appeared in other topics of the respondents’ statements).

“There were online classes and materials in various forms. Of course, it’s better than nothing, but it’s not like direct contact in many ways. When I know that I will meet people, I am motivated, it stimulates me to be active, it is people who create the atmosphere where you want to go, besides, the lecturers look with a professional eye and will always add something, correct it, which gives me a sense of security” (Interview no. 7).

Health

Health is an area of particular concern for seniors, which is why an important component of the research was devoted to this sphere. On the one hand, the questions in the interviews concerned access to and functioning of health care during the pandemic (contacts and experiences with the health care system, including the telephone advice system), and on the other hand, also the subjective perception of health (or/and ailments) both during the pandemic, as well as after it. Above all, however, the point was to capture the impact of the pandemic on health and fitness (level of fitness, agility and well-being – also after the pandemic and the possible need for help in this regard).

Due to the limitations introduced throughout the country and numerous restrictions on the functioning of the health care system, statements focused on this aspect were frequent. In total, few respondents contacted doctors during the pandemic, a few used the teleconsulta-

tion system. However, it was significant that one of the respondents had to stop treatment due to the limitations, resulting in her condition deterioration.

“One of the biggest inconveniences during the pandemic was poor access to doctors. Sometimes when I was calling the clinic, I heard wait 40 times, and I gave up. If your health is worsening and there’s no close family nearby, it really is a problem. Due to the pandemic, I had to stop treatment (I suffer from glaucoma), one visit to the specialist was cancelled, then another referral (which lasted about a year), then after the pandemic I have to take medicine (special drops)” (Interview no. 7).

At the other extreme, there was a person who manages on her own, takes care of her health and does not count on the help of the health care system, who proudly claimed that “I didn’t use the services of a doctor, I am a person who hasn’t had contact with a doctor since 2016” (Interview no. 9).

Such definitive statements are indeed rare, but they also prove that not every elderly person needs a doctor just because they are advanced in years (thus they disprove a kind of stereotype that links old age with a necessity to use health care services).

The respondents were ambivalent about the telephone advice system – a kind of medical consultation over the phone. Among those who had experience with this form, there were rather sceptical opinions about the effectiveness of the advice itself.

“I made an appointment for this teleconsultation, but I perceive it badly because if the doctor can’t see you what can he say? It’s not a good system, it’s useless unless it’s just about a prescription” (Interview no. 5).

However, it is worth emphasising that while opinions on contact with doctors varied, there were positive assessments, and even a kind of consensus was reached when it comes to extending (continuing) a prescription for drugs in this system.

“When I needed advice, I made an appointment, waited for the doctor to call, and the contact with the doctor was good. But she just gave me prescriptions. I even liked this system, it was faster and more efficient” (Interview no. 14).

As we can see, this is perceived as a good solution, which is why some declare that they will continue using this system in the future.

The analysis of the statements shows that most of the surveyed seniors did not suffer from coronavirus and assessed their current (at the time of the research) health condition as good. Some marginalised the impact of the COVID-19 pandemic on their own health or said that they did not notice it at all, and when asked to compare it to the pandemic period, they claimed they did not feel any physical changes.

“COVID didn’t affect my health. Comparing my well-being, fitness and condition then and now, it’s basically the same, except that I’m older, and my skeletal system is a bit weak, but thank God I’m doing fine. I feel so well that it’ll be a shame to die, in COVID, I didn’t even have a runny nose or cough, only face masks tired me” (Interview no. 15).

The statement of another respondent, who noticed some disturbing symptoms, despite the officially negative result of the COVID-19 test, is interesting in this context.

“I didn’t contract COVID-19, but I think that during the year of the pandemic I aged three years, I have this impression, I can’t explain it, other people think the same about themselves, though they didn’t get ill, a lot of people. The condition of my hair deteriorated, it looks much worse now. I heard that people who went through COVID had the same, so slowly, imperceptibly. I also moved less, when it started to return to normal, my condition returned to normal, although it didn’t return to 100%, but every year a person gets older” (Interview no. 10).

The vast majority of statements regarding the impact of COVID-19 on one’s own health focused more on the mental sphere. At the same time, fear and the deterioration of the quality of interpersonal relationships were emphasised.

“The pandemic wasn’t a good time, there were a lot of negative, overwhelming emotions, it went too far. I walk a lot and that’s good, relationships suffered a bit because people were afraid, but without looking back I also established other contacts. I don’t know if it’s better now, I have the impression that two years were ripped out of my life, and it’s a lot, but it’s not bad” (Interview no. 12).

In some statements, there was relief from the withdrawal of restrictions and the disappearance of threats related to the pandemic. However, against a backdrop of the undoubtedly negative impact of the pandemic (especially) on mental health, there were also positive views on the near future.

“Now I sit a little, walk a little, do gymnastics, ping-pong, I still have to start swimming somehow. It’s definitely better now because it also affected my psyche a bit, and now nothing limits me, I function better now because I was stagnant, I feel that it’s better, cooler. It was a bit hard then, people were a bit afraid, but nothing like “oh God what will happen”, I didn’t panic, I just thought if something happened, then I would have to act. I take it lightly because I feel good. I dealt with it, the most painful thing was the lack of company” (Interview no. 14).

One of the respondents strongly emphasises the importance of activity, interpersonal contacts, and a good attitude to life. Her statement is also full of life optimism (and advice for others), but on the other hand, she lives in such a way as to avoid the danger of contagion.

“Now I feel great, I can meet others, and there is freedom, but I’m always attentive and sensitive, especially to large groups of people, because it’s a threat. You know, even when people test positive, they walk the streets and can contaminate. I am active, I play Scrabble every day – myself for two people, I do crossword puzzles, I moved less, I missed classes, I missed them a lot because I like to organise, act and participate. I recommend intensity, contact, no whining, no complaining, acting and giving something of yourself” (Interview no. 16).

In the last of the presented statements, the need to participate in social contacts (networks) and the motivational impact of the group are the most conspicuous. Once again, there is also health awareness and the impact of the activity on the quality of life in old age.

“I suffer from a lack of motivation from time to time, when a person is on their own, they walk and exercise less, and I know that this regularity is necessary because I have much

experience in meetings and exercises with a group. Now, basically, everything is slowly coming back again, I really need the group, because its motivational impact is important to me. In general, now I also feel much better, mentally, I can take a tram to a shop, it's different now, more comfortable, I can go to any place and walk" (Interview no. 6).

The respondents emphasised that when they meet people, they are more motivated, stimulating further activity, and that people create the atmosphere and places they want to go. Lifestyle largely determines our health and well-being, which is why it is so important (especially in old age) to keep in touch and be active in various areas.

Conclusion

According to the specific objective of the research, the material collected in the interviews, enabled a better understanding of the impact of the COVID-19 pandemic on the lives of the elderly. Based on the analysis of the content of the interviews, on the one hand, the greatest difficulties experienced by older women, and on the other hand, the role played at that time by the social support entity, that is a non-governmental organisation, were identified.

Summarising the results of the interviews with the surveyed senior women, it should be noted that in the area of challenges, in general, problems related to forced spending time at home and depressing media messages (from which it was difficult to free oneself) appeared most often as experienced difficulties. Half of the respondents stood up to some rigours introduced by the government and, despite restrictions, but also fears, left their homes, and some legal provisions (leaving their homes only for important reasons) were treated arbitrarily.

Among the respondents, almost 1/3 of the women received direct support from a non-governmental organisation and they were mostly aged ladies over 80 living alone. Direct contact with others, including animators from the organisation from which they received support, turned out to be a very desirable form of assistance for seniors during the pandemic (it was important for them to be aware and feel that they were able to count on someone and that someone visited them regularly). In the future, due to deinstitutionalisation, the dimension of social services provided in the local environment will become even more important and will be an opportunity to reduce the size of institutional care.

The surveyed seniors were relatively well connected with the outside world during the pandemic (each had a telephone or a smartphone), the vast majority had internet access, while slightly more than half of them participated (systematically) in any form of online classes at that time. The seniors notice the positive sides of having access to the Internet, especially in terms of communication with relatives and friends. It is not the same as direct contact but works well as a substitute. During the pandemic, some got used to settling matters on the Internet although they had been sceptical about it before. Few women surveyed contacted the health service regarding examinations/visits, while a few used the teleconsultation system, which is generally assessed positively regarding the extension (continuation) of the

prescription. However, it needs to be mentioned that one of the respondents was forced to stop treatment due to the pandemic, which worsened her condition; after the pandemic, she needed to take a special drug regularly.

Most statements regarding the negative impact of COVID-19 on health oscillated around the mental sphere and the deterioration of the quality of interpersonal relationships. Therefore, the opinions about returning to normal and comeback of regular interpersonal contact after the worst period of the pandemic were expressed with a lot of optimism. However, these were not only declarations, because it is worth adding that practically all people returned to various activities carried out at the organisation's headquarters after the pandemic (except for one elderly man who died during the first wave, who had previously been an active participant).

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