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## The Care for Older People during the COVID-19 Pandemic: An Overview of the Situation in Poland

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*“During the time this paper was being prepared for publication, our scientific mentor and friend, a retired professor at the Warsaw University of Life Sciences, Maria-Okret Zajaczkowska, passed away. We wish to dedicate this work to her memory.”*

**Abstract:**

**Purpose:** The research aims to review and assess the situation of the old adults as well as formal and informal elderly care in Poland at the time of Covid-19.

**Design/methodology/approach:** It includes, inter alia, the relevant literature overview, short characteristics of the structure of care facilities for the elderly and the sources of their financing, changes related to the pandemic and their consequences, identification of the main socio-economic problems of caregivers, and the impact of the pandemic on the health, dignity, and well-being of older adults. The study uses secondary data from the national statistics, Eurostat, OECD as well as primary data from the survey addressed to the older persons and their formal and informal carers (including family members), that was conducted to examine economic, financial, social, and health condition both of caregivers and care receivers during the pandemic.

**Findings:** The study is situated within the domain of the economics of care, health economics, behavioural economics, and social policy. It provides an important contribution to the understanding of the challenges faced both by the most vulnerable people who need support and providers of this support during the crises like the COVID-19 pandemic.

**Practical implications:** Research shows that public long-term care for the elderly in Poland does not sufficiently meet the needs, while commercial facilities are too expensive long-term care solutions, which is why the care is mostly provided in-home by relatives. Moreover, during Covid-19, the burden on families with caring for older people increased compared with "normal" times.

**Keywords:** COVID-19, pandemic, older people, elderly caregiving, family care, the long-term care, Poland.

**Paper type:** Research article.

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## **1. Introduction**

The phenomenon of aging societies in European countries, including Poland, is a serious demographic, economic, social and political problem. Demographic ageing means the proportion of people of working age is decreasing while the number of older adults is relatively expanding. This pattern will continue in the next couple of decades, as the post-war baby-boom generation completes its move into retirement (Eurostat, 2020). The aging of the Polish population will dramatically increase. Particularly high is predicted growth in the number of people above 80 years old. Furthermore, increased spatial mobility and migrations, both domestic and foreign, accompanied by changes in the labour market will facilitate longer professional activity, thus limiting the age care-taking potential of families. These changes will have profound implications for elderly care systems and require a greater degree of providing older people with institutional care.

At present, care for the older Poles is provided mainly by their family members. Less than 2% of old adults are living in residential care facilities. The demand for institutional care service is still rising, while its effective supply is not enough considering the long period of waiting for a place, which can last even several months. Future family caregiving for older people at today's level seems to be impossible. Demographic trends, contemporary patterns in family formation, an increase in the number of lonely elderly and disabled people deprived of family care-taking will expand the demand for long-term care outside the family. Older people themselves and their families will thus much more rely on assistance from the state, local communities, and 24-hour care institutions.

The Covid-19 pandemic and related countermeasures have led to further unprecedented challenges around the world, experienced by older people, care service providers for the vulnerable families as well as for these families themselves (Gordon *et al.*, 2020; Heid *et al.*, 2021; Radwan *et al.*, 2020). The pandemic disproportionately (compared to other age groups) has threatened the older adults, who occurred to be particularly vulnerable to the new disease. In addition, they have been especially susceptible to social isolation, financial troubles, difficulties in accessing needed care services and commodity supplies, and anxiety about avoiding infection. On the one hand, this situation has been connected with additional burden on families with caring for their relatives (e.g., due to the social self-isolation recommended for the elderly), and on the other hand, with increased risk of threat to health and life of the older patients residing in care facilities.

The research aims to review and assess the situation of old people and the elderly care sector in Poland at the time of the SARS-CoV-2 coronavirus pandemic. The study includes, *inter alia*, the overview of relevant literature, short characteristics of the structure of care facilities for the elderly and their financing, changes made in response to the pandemic and their consequences, identification of the main socio-economic problems of old adults and their caregivers, and the impact of the

pandemic on the health, dignity and well-being of elderly people. Additionally, the State's actions to support the old people and family members giving care for their older relatives are considered. The study, among others, uses data from the electronic survey addressed to the older adults (seniors), their formal and informal carers (including family members), that was conducted to examine economic, financial, social, and health condition both of caregivers and care receivers during the pandemic.

The study is situated within the domain of the economics of care, health economics, behavioural economics, and social policy. According to us, it provides an important contribution to the understanding of the challenges faced both by the most vulnerable people who need support and providers of this support during the crises like the COVID-19 pandemic.

## **2. Data and Methods**

We use data obtained from an electronic questionnaire collected in the period from June 2020 to July 2021, addressed to the older adults and their formal and informal caregivers (including family members). The survey was carried out to examine the economic, financial, social, and health condition of older individuals, including care receivers, any support or assistance they obtained from family (living and not in the same household), neighbours or friends who do not live in the same household, and as a part of formal tasks of the elderly care institutions. We asked the older persons themselves or their caregivers to assess the situation of the former.

Additionally, questions were related to the situation of caregivers during the pandemic. National-level data was collected from the Central Statistical Office of Poland, Eurostat, and the OECD. We also use scientific and grey literature to support our research.

This study is based on a comprehensive approach that favours a deep understanding of the older persons' and their carers' perspectives and focuses on their lived experience. By older people (old persons, old adults, the elderly) we, generally, understand individuals aged 60 and over. Informal care providers (caregivers) are individuals, whether relatives or not, that provide unpaid care.

## **3. The Situation of Older People in Poland**

This section is devoted to the situation of older people in Poland, various aspects of their life as well as an analysis of demographic features of this population group.

Demographically, old is a society in which the percentage of people over 60 years of age exceeds 12% of the total population. As Table 1 depicts, the age composition of the population in Poland changed even in a relatively short, ten-year period. The share of old persons in the population was gradually increasing. At the end of 2020,

the number of people aged 65 and over was at 7.117 million, representing 18.6% of the total population, meaning a rise by 4.8 percentage points since 2011. The retirement age for men is older than for women (65 and 60 years respectively).

Table 1 shows an increase in the number of Poles in post-working age in relation to the total population (from 17.3% in 2011 to 22.3% in 2020). In 2020, the economic dependency ratio was at 68, compared with 56 in 2011 indicating an increase in a proportion of the number of older persons and those in pre-working age to the number of persons of working age. This rise in the population relying on others affects not only public sector funding but also families caring for both children and retired family members (parents, grandparents etc.).

**Table 1.** Population by selected age groups in Poland, 2011-2020 (% of the total)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Population groups	Percentage of the total									
pre-working age (0-17)	18.5	18.3	18.2	18.0	18.0	17.9	18.0	18.1	18.1	18.2
working age (18-59/64)	64.2	63.9	63.4	63.0	62.4	61.9	61.2	60.6	60.0	59.5
post-working age (60/65 and more)	17.3	17.8	18.4	19.0	19.6	20.2	20.8	21.4	21.9	22.3
aged 65 and more	13.8	14.2	14.7	15.3	15.8	16.4	17.0	17.5	18.1	18.6
Economic dependency ratio <sup>1</sup>	56	57	58	59	60	62	63	65	67	68

**Note:** <sup>1</sup> the number of persons in non-working age per 100 population in working age.

**Source:** Own compilation based on Central Statistical Office of Poland, 2020.

It is believed that, in Europe, children's needs are covered mainly through transfers from their parents while the needs of inactive old persons by individuals active in the labour market through public transfers such as pensions, health care, and long-term care (Loichinger *et al.*, 2017; Fan and Parreñas, 2018). In fact, in some European counties, including Poland, families also bear the huge burden of elderly caregiving due to insufficient public support, high costs of care facility-based long-term care or just fulfilling moral obligations towards the family.

What is more, the care of the young, the old and those unable to look after themselves is often performed by women in their families (Drew *et al.*, 1998; Golinowska, 2010). In 2019, on average, in the OECD countries, 62% of people aged 50 and over who provided daily informal care and assistance to family members and friends were women, with Greece, Spain, and Portugal on the top (over 70%) followed by the USA (69%), Latvia (67%) as well as Poland (65%)

(OECD, 2021). Intensive care is of course associated with a reduction in labour force attachment for informal caregivers of working age.

The population age 65 and more is observed for its structure. In 2019, the Polish older population was dominated by people belonging to the age group of 65–69 years (Table 2). Share of elderly people was higher in towns and cities than in rural areas; they composed almost one-fifth of the urban and above 15% of the rural population. The elderly population was female dominated. In Poland, in general, similar to other European countries and almost all countries of the world, women outlive men (Ahrenfeldt *et al.*, 2021; Pol, 2017).

Based on data in Table 2 we calculated the sex ratio, number of females per 100 males. As a result, there were 142 women per 100 men at the age of 65 and over. At the oldest ages, women much more outnumbered men; octogenarians and older accounted for 19% of old males, and 27.8% of old females. There were 160 women per 100 man or eight women for every five men in this age group. Thus, carers aged over 65 are likely to be caring for a spouse.

**Table 2.** Percentage distribution of population aged 65 and more by age groups, sex, and the place of residence in Poland, 2019

	Total	Men	Women	Urban areas	Rural areas
	%				
Aged 65 and over in total population	18.1	14.9	21.1	19.8	15.4
Age groups:					
65–69	35.5	39.9	32.5	35.0	35.0
70–74	25.2	26.8	24.3	25.7	24.3
75–79	14.9	14.4	15.4	14.9	15.0
80–84	12.7	10.7	13.9	12.4	13.1
85 and more	11.7	8.2	13.9	11.2	12.6
Aged 65 and over	100.0	100.0	100.0	100.0	100.0

*Source:* Own calculations based on Central Statistical Office of Poland, 2020.

About 18% (i.e., over million) of Poland's people aged 65 and over live alone, and many of them require professional long-term care in their community or institution, particularly as their health deteriorates (Kijowska and Szczerbińska, 2018).

#### 4. The Long-Term Care of Older People in Poland

In 2019, across OECD countries, on average, 10.7% of adults aged 65 and older were receiving formal long-term care, either at home or in long-term care facilities (nursing and residential care facilities). Unfortunately, in the case of Poland, this proportion was the lowest (0.8%) and much lower than in the best-performing countries such as Switzerland and Israel (approx. 23%), as well as Germany (18.4%) (OECD, 2021, p. 261). We should note here that formal long-term care recipients are

defined by the OECD as people getting care from paid providers, including non-professionals obtaining cash payments under a social programme. They also include people who receive cash benefits, such as care allowances or other social benefits which are granted primarily to support people with long-term care needs. OECD statistics for Poland are probably understated, considering that over 80% of employed home caregivers for the elderly work within the shadow economy (Promedica24, 2018). In the case of informal care provided by family and friends it is difficult to obtain accurate data on the number of caregivers and the frequency of their caregiving. Based on OECD statistics, in Poland, informal carers' share of the population aged 50 and over was 10% in 2020, below the OECD average (13%) and more than twice lower than in Belgium and Austria.

Polish long-term care institutions are operating both within the public and private sectors. In the public sector, these are social assistance houses (DPS), health care centres comprising care and treatment facilities (ZOL) and nursing and care facilities (ZPO), as well as palliative care facilities. The ZOL and ZPO provide care for patients who do not require hospitalization but are not independent due to their health condition. Only insured people or eligible to benefits may use the services of the care and treatment facilities and the nursing and care facilities. The monthly fee in both institutions is determined as 250% of the Polish lowest old-age pension but may not exceed 70% of the monthly income of the entitled person.

The social assistance houses (DPS) run by local governments are, as a rule, financed from local budgets. However, the Polish legislator introduced specific provisions on the co-financing expenses by the residents and eventually their families. A residential fee is set as equivalent to the estimated average monthly maintenance costs in a particular social care home. The obligation to cover these costs rests first with a resident (up to 70% of his/her income), then with his or her family (spouse, descendants, ascendants), and finally with a municipality that directs an individual to the DPS. Family members and the municipality are not required to contribute if an individual living in a residential care facility bears the full payment (Act on Social Assistance, 2004). For a residential fee, old persons are provided with a single or shared room, catering and cleaning services, and supervision by a nursing staff around the clock.

Within the private sector, there are both commercial and non-for-profit care providers. The latter ones are non-governmental organizations such as associations, foundations, and social organizations as well as the Catholic Church, other churches, and religious associations. A small part of private care facilities (ca 5%) is run by companies in partnership with local governments. Recently, below half (ca 43%) of the stationary social welfare facilities have been existed within the public sector and managed by the local governments. In the case of DPSs, the public sector share of them reached 70%. Churches and religious organizations have run about 16% of residential facilities providing welfare services.

According to Polish national statistics, at the end of 2020 there were 1,851 residential social care (welfare) facilities and 48 of their branches which offered, in total, 119.3 thousand places. The social assistance houses were the most numerous group (47%) having 77 thousand residents (73% of the total) (Table 3).

**Table 3. Stationary social welfare facilities by type in Poland, 2020**

Facilities	Number	%	Places/beds	%	Residents	%
Total, of which	1851	100.0	119344	100.0	105195	100.0
Social assistance houses (DPS)	871	47.1	82660	69.3	77060	73.3
Family-based assistance houses	31	1.7	249	0.2	214	0.2
Facilities run within the scope of economic or statutory activity	408	22.0	15654	13.1	12834	12.2
Community self-help houses	7	0.4	144	0.1	137	0.1
Houses for mothers with children under age and pregnant women	59	3.2	1399	1.2	850	0.8
Night shelters	93	5.0	3027	2.5	2101	2.0
Homeless shelters	298	16.1	14499	12.1	11309	10.8
Other	84	4.5	1712	1.4	690	0.7

*Source: Own calculations based on Central Statistical Office of Poland - GUS, 2021.*

Although in terms of the number of beds and inhabitants, the DPSs are predominant, they provide support not only to the elderly but also to the younger, chronically ill, and with various disabilities.

As Table 4 shows, the stationary social welfare facilities were resided mostly by people at least 60 years old (64.5%), also when considering their proportion of both all women (74%) and men (56%) living in there as well as urban (66%) and rural (62%) based care facilities. Those of 65 years and older constituted over one-half (52.4%) of all long-term care residents while about 35% of Poland's entire population. Among the elderly in general, and especially among women, the most frequent were the oldest residents. Comparing data on the size of the older population with data on the number of residents in stationary social welfare facilities, we obtain, regrettably, that not more than 1.5% of the older people were covered by residential care.

In Poland, the first case of Covid-19 was diagnosed at the beginning of March 2020, several weeks after the outbreaks in Western and Southern Europe. In the period between December 2019 and December 2020, the number of residents in long-term social welfare facilities in the country has decreased by 6.5%. The first cases of Covid-19 in care settings were identified in mid-March 2020. That year every fourth resident of these settings (37,000 people) had coronavirus disease. The highest percentage of such cases was in social assistance houses (DPSs) (33.9% of residents). In settings that provide round-the-clock care to disabled, chronically ill,

or older adults as part of business or statutory activities this share was 22.3%, and in community self-help houses (with 24-hour stay) respectively 13.2% (Central Statistical Office of Poland - GUS, 2021).

**Table 4.** Residents of stationary social welfare facilities in Poland, 2019

	Total		Women		Men		Urban areas		Rural areas	
	Number	%	Number	%	Number	%	Number	%	Number	%
Total, of which	112460	100.0	53901	100.0	58559	100.0	64657	100.0	47803	100.0
aged 60 & more	72527	64.5	40049	74.3	32478	55.5	42777	66.2	29750	62.2
60-64	13546	12.0	4243	7.9	9303	15.9	7744	12.0	5802	12.1
65-74	22661	20.2	9050	16.8	13611	23.2	13138	20.3	9523	19.9
75-79	9161	8.1	5477	10.2	3684	6.3	5269	8.1	3892	8.1
80 and over	27159	24.1	21279	39.5	5880	10.0	16626	25.7	10533	22.0

**Source:** Own calculations based on Central Statistical Office of Poland, 2020.

The literature suggests that age is an important predictor of poor outcomes among patients with Covid-19, including significant mortality in the elderly, also in long-term care institutions (Gardner *et al.*, 2020; Louie *et al.*, 2021; Mills *et al.*, 2020). In Poland, as in other countries, the deaths were mainly concentrated in the elderly population; generally, in 2020 16% more females and 23% more males aged 65 and over died than in 2019 despite strict lockdown implemented in March 2020. The excess deaths in 2020-2021 were due to both SARS-CoV-2 and health care failure revealed by the pandemic (Ruzik-Sierdzińska, 2021).

Additionally, with the pandemic spreading rapidly in the communities, some the nursing facilities locked down and the majority of them suspended all nonessential visits, including those by family relatives and friends. The restricted mobility and social distance resulted in greater isolation of elderly residents of these facilities, and their reduced physical activity, as they could not benefit from rehabilitation and recreation in the open air. Besides, the absence of frequent friendly visitors worsened the psychosocial well-being of residents who felt increasingly abandoned, lonely and despondent, and made it harder to control care service providers by resident's families and friends.

## 5. Results of the Survey

### 5.1 Description of the Sample

Our sample consists of 151 participants, 106 women, and 45 men, with the predominance of respondents aged below 60 years. Only 8% of participants were above 80 years old. More than half were respondents living in towns (Table 5).

The old-aged respondents (39% of all) were dominated by those sharing the household with family members (31 persons; 20.5%). On the other hand, those living alone instead of having family accounted for 16.6% of all surveyed. Less than 3% of respondents indicated the status as non-family elderly caregivers. Our results



support an essential role, usually unpaid, of family caregivers in caring for older persons. Almost two-thirds (61%) of respondents stated that they had been involved in informal elderly caregiving for no longer than 5 years, while 4.6% of them - for more than 20 years. Eighty-one young or middle-aged adults (under 60 years old), i.e., 53% of all respondents and 87% of this age group, declared that they were caring for an older family member.

**Table 5.** *Characteristics of the respondents and older people under consideration*

Variables	N	%
Sex		
Female	106	70.2
Male	45	29.8
Age (years)		
Below 60	93	61.6
60 – 65	11	7.3
66 – 74	17	11.3
75 – 80	18	11.9
81 – 84	7	4.6
85 and over	5	3.3
Place of residence		
Suburban municipality	20	13.2
Village	51	33.8
Town/city	80	53.0
Responder status		
..Legal guardian of the incapacitated person	2	1.3
..Single senior (no family)	3	2.0
..Caregiver from outside the family	4	2.6
..A family member living with an elderly person	18	11.9
..Family caregiver living with an elderly person	22	14.6
..Senior running a household alone (has a family but does not live with them)	25	16.6
..Senior living with the family	31	20.5
..Family carer who does not live with an elderly person	46	30.5
Length of care for an elderly family member (years):		
Care is not necessary	7	4.6
Up to 1 year	41	27.2
1 – 5 years	51	33.8
6 – 10 years	25	16.6
11– 15 years	15	9.9
16 –20 years	2	1.3
More than 20 years	7	4.6
Health status of old aged person		
Very bad (needs professional medical care)	3	2.0
Bad (needs constant care and assistance in everyday activities)	13	8.6
Medium (requires help only in activities that require much effort)	72	47.7
Good (is fully functional)	63	41.7

Monthly net income per head in household in which the old person lives		
≤ 500 PLN                      ≤ 111 EUR	7	4.6
(500 – 1000> PLN; (111 – 222> EUR	27	17.9
(1000 – 1500> PLN; (222 – 333> EUR	52	34.4
(1500 – 2000> PLN; (333 – 444> EUR	33	21.9
(2000 – 2500> PLN; (444 – 555> EUR	16	10.6
> 2500 PLN; .....> 555 EUR	16	10.6
Financial situation of old-age person		
Bad	3	2.0
Rather bad	9	6.0
Average	47	31.1
Rather good	56	37.1
Good	36	23.8
Financial dependence of old person on other family members		
..Yes	32	21.2
..No	119	78.8

Source: Own study.

We found that the older people shared some aspects. Many of them had health problems, however, for 42% of old individuals, good health allowed them for normal functioning. The second common aspect is a very limited income per capita in the elderly households, its median value was in the range between 1,000 and 1,500 Polish zlotys per month, which is equivalent to 222-333 euro. Merely 11% of households with an old individual had an income per person exceeding 555 euros. This is very important given that low income is a barrier to access to both private residential elderly care facilities and paid at-home care services. Nevertheless, a fairly large group of respondents (60%) perceived the financial situation of an older adult as good and rather good.

Economic dependence on family members and others is a primary issue at an older age as the economic status of old persons worsens with time. Over a fifth of participants (21%) reported that old persons had been financially dependent on family members. This situation can be extremely painful for older people, who for their professional life, have generally been used to financial independence. Financial independence of older people strongly depends on the level of pension benefits.

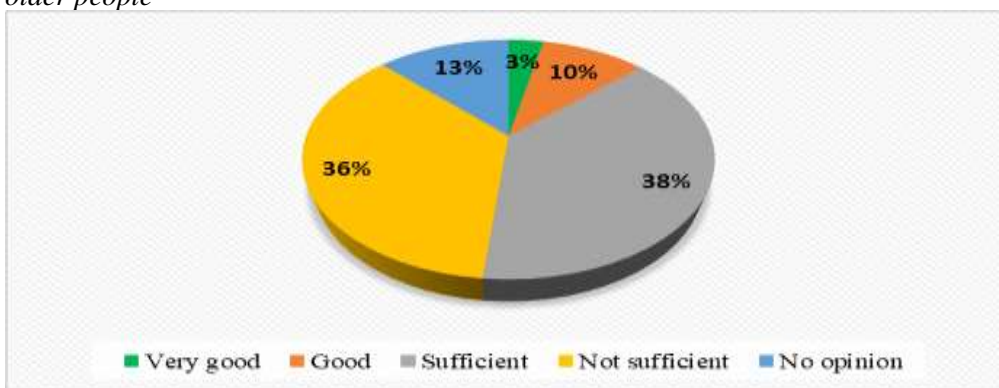
## 5.2 Care for the Old People

Survey results show that at-home family care for older persons was provided by 88% of respondents, and care solely by family by 58% of them. Families were supported in caregiving by neighbours (22%), privately employed carers (6%), visiting social nurses (5%), and social welfare centres (3%). A low percentage (5%) of older persons was not under any care. It seems that informal care-giving by family and friends in the surveyed group, similar to the national level, is currently the dominant mode of providing care to the functionally disabled old adults who require assistance

from another person with personal care (dressing, eating, etc.), with activities of daily living (e.g., shopping, cooking, cleaning), with functional mobility at home (e.g., going from room to room).

Respondents' perception of older people's access to public care services is rather negative (Figure 1). Merely 15% of them graded it as good and very good while 36% as not sufficient or poor.

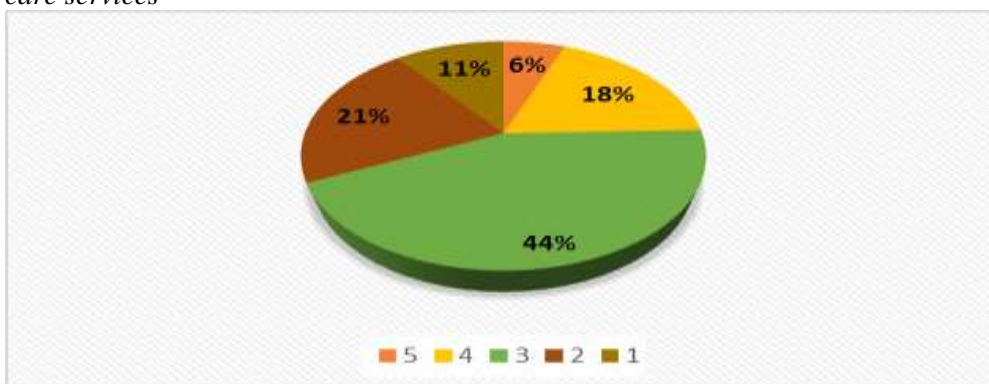
**Figure 1.** Breakdown of opinions on the accessibility of public care services for older people



*Source: Own research.*

The offering assistance to the elderly in everyday life activities by institutions or private persons to be carried out in the near neighbourhood (assessed on a five-point Likert scale with 5 as the best mark) was scored at 3.12. Figure 2 reveals that about a quarter of the respondents very well or well assessed the sufficiency of this offer, and a third of them poorly or very poorly.

**Figure 2.** Distribution of scores for available supply of private and public elderly care services

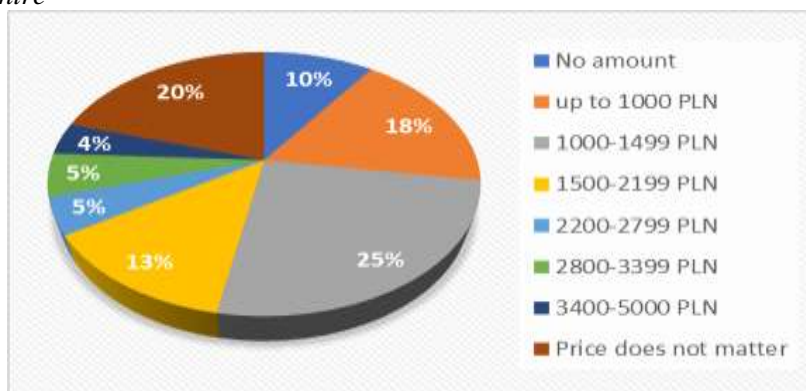


*Source: Own research.*

Looking at the supply side, we should consider not only quantity but also prices of services. In Poland, one of the barriers to responding to supply is high prices offered by private elderly care homes. The national average monthly fee for a single (private) room is approximately PLN 4,000 (EUR 880). A higher standard licenced nursing home, however, often demands a much higher amount. Prices for a single room often exceed then PLN 6,000–8,000 (EUR 1,300–1,800). Due to the more affordable fees, the most popular are semi-private (double and triple) rooms. In an inexpensive care home, the residential fee for such rooms amounts to at least PLN 2,500 (EUR 550), while in a higher standard home - about PLN 3,000 per month (Nursing Home Price List 2021, 2021).

On the other side of the market is the demand determined, inter alia, by the financial affordability of residential elderly care. Figure 3 presents the distribution of respondents across willingness to pay monthly by an old person himself or caregiver on his behalf for 24-hour care in a specialist nursing centre.

**Figure 3.** Breakdown of willingness to pay for round-the-clock care in the elderly care centre



**Note:** 1 PLN is equal to around 0.22 EUR.

**Source:** Own research.

Generally, economic access or the financial affordability reflected in the willingness to pay for care services is limited amongst the old persons under consideration. Almost 20% of respondents reported that they are ready to pay not more than 1,000 PLN (ca 220 euro) per month. It is worth mentioning here that the lowest (minimum) age pension in Poland is at the level of PLN 1,200 (about 260 euro), and a national minimum wage is set at PLN 2,800 (620 euro) monthly. Income-related disparities across the surveyed population (Table 5) are one of the explanations of the reasons for this.

One of five respondents stated that the fee charged by institutional care providers does not signify, meaning either they are not interested in this kind of care at all or have enough purchasing power to bear even very high prices of care services.

We asked respondents to indicate how the Covid-19 pandemic affects elderly care and caregivers. Table 6 shows the distribution of answers.

**Table 6.** Covid-19 effects on elderly caregivers

Care is more difficult due to:	N	%
– government-imposed restrictions and social distancing	63	41.7
– troubles with meeting the Senior's basic health needs (access to specialized health care, etc.)	64	42.4
– inadequate preparation to deal with the additional health risks of COVID-19	35	23.2
– the inability to visit the older person in a nursing home or hospital -	25	16.6
– necessity to manage remote working, children's distance learning, and elderly carrying	18	11.9
Concerns have increased about the ability to provide care for a Senior due to caregiver's illness or quarantine	41	27.2
The physical care burden has increased due to the restrictions and cancelled access to certain care services such as, for example, short-term elderly care facilities.	14	9.3

*Note:* Respondents were allowed to choose up to three out of the given seven choices; last column presents the percentage of respondents.

*Source:* Own research.

Those answers reveal that the elderly caregiving burden in the Covid-19 time, referred to as a negative impact of providing care on the carer's physical, psychological, emotional, social and probably financial situation, was higher compared with "normal" times. The pandemic caused disruptions both in old persons' and caregivers' schedules. Additional caregiving, forced by the pandemic, takes away time that might otherwise be spent in paid employment.

Moreover, even before the pandemic, there was no adequate organisation of health care for the population that needs it most, i.e. people aged over 80 years (Ruzik-Sierdzińska, 2021). The Covid-19 has further highlighted the problems of the country's health care system and multiplied health-care concerns of the old people and related troubles of their caregivers.

### 5.3 Attitudes and Feelings about Older People

The Covid-19 pandemic era has uncovered the reality of how truly society behaves toward and cares about its older and vulnerable people. Especially striking and depressing is the stance against them during this time. The Covid-19 crisis revealed discriminatory attitudes towards the older adults by questioning the value of their lives as well as opinions about the alleged permissibility of death of the elderly and the reduction of the economic burden related to the payment of pensions. Some media even suggest coronavirus killing of elderly can benefit the national economy (Donnelly, 2020; Roberts, 2020).

Certain politicians were against tightening restrictions by imposing next lockdowns because “the people who are dying are essentially all over 80” (Morris, 2021). Considering the nursing homes for the elderly, when old persons decide to go and live there they and their families expect decent care, no depersonalization and physical or psychological violence by staff. A lot is said and written about residents’ attacks on caregivers but much less is revealed about the maltreatment or abuse committed by staff against residents in such care homes (Sethy *et al.*, 2011; Botngård *et al.*, 2021; Rootman *et al.*, 2021).

We asked the survey respondents whether it happened that the older people were discriminated against based on their age, i.e., either they were treated unfairly, worse, less favourably than others, and ignored, marginalized, socially isolated or excluded as well as disregarded. Our initial findings confirm that such serious problem exists in Poland, similarly to other countries (Meenan, 2007; Temple *et al.*, 2020). More than a third of respondents (34%) reported that older adults experience such forms of mistreatment, while another third (31%) that not. One general observation must be made; the rest (35%), unfortunately, did not express an opinion, which may suggest they are not sensitive to older people as regards their treatment or mistreatment by members of society, or have a general sense of ambivalence towards older adults.

To another question “Do you think older people are accepted within the local community they live in?”, about 60% of the survey participants answered with “yes” or “rather yes” and 17% - “no” or “rather no”. This seems to indicate that positive treatment and attitudes toward community-dwelling older people can be associated with higher interactions and familiarity with them.

#### **5.4 Government Support for Older Individuals and their Families**

Here, we present just selected support forms introduced recently by Polish government. With the outbreak of Covid-19, the Ministry of Family and Social Policy of Poland has introduced the program called “Solidarity Assistance Corps for the Seniors”. This support during times of pandemic is addressed mainly to people over 70 years old who stay at home due to the risk of coronavirus infection and also to younger persons who cannot meet their essential needs on their own due to their health or family and social situation.

By calling the toll-free number, the older adults can submit requests for support both in the form of purchasing everyday necessities such as food and hygiene items as well as providing warm meals and arranging a medical appointment. As a result of the involvement of a wide group – over 12 thousand volunteers and over 300 youth organizations as well as employees of social welfare centres – aid is successfully provided to those who need it most. A total of PLN 150 million has been allocated for the program.

Within the framework of aging or senior policy, since 2019 all Polish retirement and disability pensioners (about 9.8 million people) have been entitled to receive a supplemental payment or extra annual money benefit – the thirteenth pension equal to the lowest old-age pension. The ongoing pandemic did not thwart the Government plans related to the payment of the so-called fourteenth pension in 2021. However, in the case of the fourteenth pension, in contrast to the previous one, the income criterion is applied. But despite this, it is going to be paid out to the vast majority of pensioners (9.1 million people).

An enlarging the accessibility of long-term care services is going to be achieved by a public program called “Care 75+”, launched in 2018. It was initially addressed to people aged 75 and older living alone. Since 2019 the beneficiaries have been also persons of the same ages who share households with family. Program funds are allocated to subsidize elderly care services or specialized care services managed by local authorities in urban and rural municipalities (gminas) with a population of up to 60 thousand (Ministry of Family and Social Policy, n.d.).

## **6. Conclusions**

The aging European population has led to a growing number of old people in need of long-term care. In Poland, the public long-term care system is underdeveloped, whereas the private one is difficult to afford financially, thus eldercare is mainly provided by family relatives. The covid-19 pandemic significantly adversely affects both older individuals and their caregivers. It also posed new challenges for society and government policy in 2020 and 2021.

Making a diagnosis through research does not solve the problem. It is necessary to consider measures to improve the existing situation. How to cope with these challenges? First, of all, our society needs to recognize informal, especially family, caregivers of old people as a valuable resource. Policy-makers in Poland should consider tax breaks for family members who accept elderly relatives into their households, cash grants to families to care for them, or even permitting relatives to work as paid carers under public programs.

Additionally, they should consider granting state subsidies to private nursing homes for older people and creating a government-led public long-term care insurance system. The second, especially important, is the appropriate societal attitude to problems of aging and old age, which can be achieved through education and social campaigns in the mass media, explaining positive attributes of older people, their moral rights, and obligations towards them that rest on the entire society.

Future research should look at how politicians, the government, and society as a whole in Poland contribute to addressing the problems of aging, especially those regarding long-term care for the oldest members of society.

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