

## SOCIAL ASPECTS OF PANDEMICS

GRZEGORZ GAWRON  
University of Silesia

### **Co-production Practices in Public Social Services during the COVID-19 Lockdown Period. An Example from Centers for Older Adults Organized under the Polish Government’s Multiannual Program “Senior+”**

*Abstract:* The continuing COVID-19 pandemic has been affecting our health and other aspects of our lives — work, family life, and contact with others. Everyday functioning has changed completely. The threat of the pandemic has forced us to develop new everyday practices, including co-producing services in conditions of minimal direct contact. The article aims to present co-production practices in public social services during the COVID-19 lockdown period. The discussion is based on the results of nationwide research conducted in Poland among formal organizers of services in local centers for older adults organized under the government’s multiannual program “Senior+” (155 from 772 centers throughout Poland). The author distinguished three primary forms of the older people co-production (Elementary, Individual, and Collective) filled with various service practices during the COVID-19 lockdown period.

*Keywords:* COVID-19 lockdown, public social services, co-production, older people, Poland

### **Introduction—Pandemic Reality**

A pandemic is a unique disaster, categorized as a public health emergency. Historical records indicate that, on average, three influenza pandemics take place every century—roughly one every 30 years (Rosoff 2008). Since the 1980s, human society has been battling the global AIDS pandemic. In the 21st century, we have experienced several more pandemics, among them SARS in 2003, H5N1 (“bird flu”) in 2006, and H1N1 (“swine flu”) in 2009 (Luo 2021). Today, however, one can see that the worldwide COVID-19 pandemic has brought us into “unprecedented times” in which nations, communities, families, and individuals have had to reach deeply for resources and their strengths (Golightley & Holloway 2020). This unprecedented situation is forcing us to rethink how we manage pandemics in the future and puts all countries on the same starting line—none are resilient, and none are ready. Countries need to learn from this pandemic and each other (Yang 2020).

To effectively prepare for and respond to complex crises, institutions at every organizational level must cooperate in different sectors, disciplines, and territorial border jurisdictions (Ansell, Boin, & Keller 2010; Bynander & Nohrstedt 2020; Parker & Sundelius

2020). The capability of government and civil society to work together is necessary (Parker et al. 2020).

Crises often reveal structural inequalities (such as the unequal distribution of resources or access to public benefits and services) that have detrimental effects on some groups more than others (Dodds et al. 2020). In the case of the COVID-19 pandemic, the practice of “social distancing” has revealed strong social divisions. It has increased inequalities and divisions between social groups and local communities (Kim & Bostwick 2020; Maroko et al. 2020; Liu et al. 2021). This is why in many countries there has been a discussion about the fate of weaker and often marginalized groups, including older people. The consequences of long-term restrictions (lockdown periods) on their social relationships and mobility, resulting from prolonged isolation, have fueled mental and physical crises that are becoming increasingly apparent (Brooke & Jackson 2020; Dodds et al. 2020). Some people are much better prepared than others to get through this and, as always, the state has particular responsibility to pay attention to and speak for the most marginalized and vulnerable in our society.

Social services occupy a special place in this regard, as they have a long history in responding to community emergencies and dealing with disaster recovery (Ku et al. 2009). They include the provision of resources and services to affected groups (Galambos 2005), first aid (Pockett 2006), the design and implementation of various programs (Dodds & Nuehring 1996), and the organization of agencies (Pyles 2007; Luo 2021).

Many studies have already been published on how countries have responded to the public health crisis while minimizing the social and economic losses caused by the pandemic. Most research has focused on government activities (Benavides & Nukpezah 2020; Mallinson 2020; Mei 2020; Migone 2020; Yan et al. 2020; Zhao & Wu 2020), while relatively few studies have looked at activities at the levels of local communities and smaller groups (Liu et al. 2021). Therefore, it is important to develop research on co-production manifestations in response to the reality built during COVID-19 lockdown periods.

There are different perspectives on the subject, such as community-centered approaches (Cepiku et al. 2020), the collaborative citizen-state (Zhao & Wu 2020), and questions about the sustainability of solutions co-produced in the post-pandemic period (Steen & Brandsen 2020). Some researchers have even claimed that co-production “thrives under the influence of COVID-19” and that the social distancing measures used “can be considered a gigantic co-production project” (Steen and Brandsen 2020: 852). However, a deeper understanding of the socio-environmental and co-production conditions is needed (Polzer & Goncharenko 2020). It is important to observe the implementation and support of initiatives by central and local authorities at the local community level (Cheng et al. 2020; Liu et al. 2021).

Older adults constitute a heterogeneous group, which explains the diversity of their life situations, needs, and attitudes in different situations, including lockdown COVID-19 (Lebrasseur et al. 2021). Many studies have been published examining the impact of pandemic constraints on people’s functioning. Their results depend on the studied region and age group (Wang et al. 2020; Krendl & Perry 2021; Kim & Jung 2021; Atzendorf & Gruber 2021). It is essential to better understand the unique experiences of older people during a pandemic so that governing bodies at the central and local levels of government can develop appropriate policies and services for the real needs of older people.

Therefore, the author conducted nationwide research in centers (daycare homes and clubs) for older adults based on government grants from the multiannual program “Senior +”. Since the program was launched in 2015, there have already been 772 centers established. The research was conducted in 155 of them and was based on computer-assisted web interviews (CAWI) with service organizers (managers and staff). It was possible to obtain rich quantitative material constituting opinions of service organizers about the co-production of older people as a beneficiary of the program.

The main research questions for the author were: What co-production practices have been developed for the realization of services during the COVID-19 lockdown period? Which of these dominated and why? What were the results (gains and losses) that recipients of the services (older people) achieved during the COVID-19 lockdown period by realizing different forms of co-production?

The results could inspire those looking for new ways to deliver public social services, especially in circumstances of minimal direct contact opportunities.

### Specificity of Public Services

The twentieth century is a period of shaping the practical implementation of the welfare state concept (Mitręga 2017). This doctrine was developed mainly by English and French scholars who tried to develop solutions adequate to the changes in the functioning of modern countries. Arthur C. Pigou argued for increasing state responsibilities to strengthen and heal the capitalist system (Pigou 1952). Harold E. Raynes later wrote that if the nineteenth century was an era of working-class self-help, the twentieth century should be described as an era of social welfare. (Raynes 1962).

The description of the models was based on criteria and components from the first work by Gøst Esping-Andersen (1990), and supplemented in the next (2002), as well as additional ones extending the author’s thought (Palier 2010). Consequently, the main criterion related to the labor market is supplemented with subsequent ones. The authors refer here mainly to institutions that give the power to distribute wealth; redistribution criteria; funding mechanisms; types of benefits; the role of the family; the position of women; and the role of non-governmental organizations (Leibfried, Pierson 1995; Scharpf 2002; Golinowska 2018; Żukowski 2017).

On this basis, the four most important European models can be distinguished: conservative (continental), social democratic (scandinavian), liberal (anglo-saxon), and post-communist (derived from the socialist system to which Poland belongs) (Kuitto 2016; Fundacja Kultura Liberalna 2019). For over thirty years, European welfare state models have been subject to visible changing processes under the influence of common policies of the European Union countries. Especially the second decade of the 21st century seems to be a breakthrough in shaping the forms of welfare states in European countries. At that time, we observe both the processes of convergence and hybridization of national social policies (Golinowska 2018). It is primarily about a policy that will prepare societies for the challenges of the future and new social risks resulting from the volatility of work and new technologies, as well as changes in the family model and the aging of the population

(Morel et al. 2012). Many European countries have embarked on welfare reforms in the face of crises in their economies, the challenges of globalization, development ambitions, and the current expectations of their societies. Because of the conditions of the economic crisis and the global challenges of the 21st century, the state cannot take responsibility for a person's welfare. Within the limits of the principle of subsidiarity, it translates some functions into business, civil society institutions, and citizens (Golinowska 2018).

From 2009–2015, Poland was one of the countries that significantly reduced spending on social security, preschool education, and professional activation. Citizens saw this as limiting the development of the welfare state. In 2015, many welfare policies were introduced, mainly based on direct financial transfers. The policy of expanding social spending was directed primarily at benefits for working-age people and families with children and, to a much lesser extent, for people with disabilities. This slightly changed Poland's position within the post-communist model by limiting the domination of spending on benefits for the older people (Fundacja Kultura Liberalna 2019).

Today, the main goal of public policy is to implement the broadly understood obligations of the state towards its citizens, including the satisfaction of various social needs (Kulesza & Sześciło 2013). It is mainly implemented through the development of the public service sector. Public services have a multidimensional character—they concern individuals and larger communities while referring to group lifestyles and individual choices of people. They are related to institutions, social professions, public management, support systems, and local conditions (Grewiński 2021: 28). Public services are the primary form of performing tasks in current administrations (Sierpowska 2012).

At the same time, the concept of public services is pervasive. It can be generally assumed that they are public goods if (a) they cannot be excluded from consumption and in respect of which it is impossible to exclude anyone from using them, (b) their value does not change (increase or decrease) depending on the current number of users, and (c) their consumption is carried out without competition. In the literature, these conditions are most often treated as features that distinguish public services from other types of services (Kožuch & Kožuch 2011).

Although there is no universal typology of public services, it is possible to divide them into three main categories: administrative, technical, and social services (Żuk 2007; Krzyszkowski 2015). The first includes administrative and office activities assigned to public administration. Technical services are directly related to the construction and maintenance of public infrastructure while social services benefit the various needs of citizens (including social, health, educational, and cultural). These, therefore, include services in the fields of assistance and social welfare, health, education and upbringing, culture (including physical culture and recreation), housing, and public safety (Kožuch & Kožuch 2011).

The state must prepare an appropriate set of services for citizens, but it is equally important to involve the recipients of services. It is on the state that the ultimate success of the service, and thus the state itself in carrying out its tasks and obligations to society, depends.

The concept of co-production of public services, which describes the participation of citizens in the entire service process, becomes essential here. In general, it is based on the

search for synergies between the actions of the state and its citizens (Pestoff 2012: 1103). It is identified with the activities of entities that do not belong to the state apparatus, but which are undertaken jointly or stimulated by public institutions, are based on voluntary participation on the part of citizens, and lead to the creation of a specific value (Alford 2009: 23).

### Co-production of Public Services

Broad interest in public services, especially social services, dates back to the 1970s. At that time, the traditional organization of the state, still based on the Weberian bureaucratic paradigm, was criticized. The new neoliberal approach condemned the inefficiency of the existing service system (Grewiński 2021: 37). It was at this time that the idea of co-production was born (Ostrom 1999). It resulted from many discussions on the role of citizens (users) in producing public services. Consistent with most of the proposals for the definition framework of this phenomenon is recognizing the assumption of its participatory nature. Already for Elinor Ostrom, as the creator of the first concept of the described phenomenon, this fact was a fundamental condition for the occurrence of co-productions. She wrote:

customers are involved in the production process, which means that citizens can play an active role in producing public goods and services that are dedicated to them (Ostrom 1996: 1074).

Successive researchers, including John Alford, have upheld this approach. He pointed out that “value cannot be created or delivered in some public sector activities unless the customer actively contributes to its production” (Alford 1998: 130).

Tony Bovaird and Elke Löffler pointed out that co-production gives citizens a subjective role in the complex process of organizing public life, including the planning and implementation of individual components of the public service sector. For these authors, co-production is an opportunity to implement changes in public services that represent not a symbolic but a fundamental transition from the organization of the public sector for citizens (public services for the public) to the creation of a public sector by citizens (Bovaird & Löffler 2012).

Researchers also agree on the assumption that co-productions can occur at every stage of the process of providing public services—from their organization and financing, through direct provision, to the control of their quality or availability (Sześciło 2015: 19–20). It covers various types and levels of active participation by members of society in the creation and provision of public services, and thus the implementation of public policy assumptions (Sienkiewicz-Małyjurek 2016: 225).

At the same time, all available or preferred formats of cooperation between recipients and service providers can appear here (Beckett & Nayak 2008). It should be emphasized that co-production is often described as “cooperation between people who use services and their formal providers” (Needham 2008: 227).

Robert Park and his colleagues formulated this conceptual outline of co-production. They treated co-production as:

a combination of activities in which public agents and citizens contribute to the provision of public services. The former are engaged as professionals or 'regular producers,' while the 'production of citizens' is based on the voluntary efforts of individuals and groups to improve the quality and quantity of the services they use (Parks et al. 1981: 1007).

Other researchers, such as Tony Bovaird and Elke Löffler, even assumed that:

co-production is the provision of public services within the framework of an equal and reciprocal relationship between professionals and service users, their families and neighbors, which makes both services and communities more effective agents of change (Bovaird & Löffler 2012: 36).

In this sense, co-production is sometimes defined as:

cooperation between a customer and a public service provider by providing indirect interaction public and private resources for the production of a service serving to meet the individual needs of that customer and is based on his real commitment (Petukienė 2010: 140).

Therefore, co-production should be seen as a way through which public services can begin to prevent social problems, understanding that this is only possible by providing citizens with the opportunity to broaden their activities and involvement. In other words:

it means public services that build mutual support systems that can solve problems before they become irreducible. It means encouraging behaviors that will prevent these problems in the first place and building social networks that can make this possible. It means that public services are transforming to build supportive relationships that can help people in crises (Boyle & Harris 2009: 14).

However, there are doubts in the literature that question co-production as a reliable way to activate citizens, build partnerships with public sector representatives, and ultimately improve the efficiency of public services. One of the main concerns related is rejected that co-production can effectively affect social and public activation (Eriksson, Vogt 2013; Brandsen, Helderma 2012). It cannot be hastily assumed that a proposal for cooperation will arouse the full enthusiasm of recipients of public services who have not been intensely involved in it so far (Entwistle 2010; Eriksson, Vogt 2013). Problems with implementing co-productions may also result from the concerns of public sector representatives. They may not agree to changes in existing procedures and methods of work and additional efforts (Joshi, Moore 2003; Boyle 2014; Echeverri, Skalen 2011). There are also voices in the literature about the conflict of values of the public sector. Traditional values of public administration (such as honesty, neutrality, legality, and impartiality) may stand in opposition to market values (which are: efficiency, innovation, responsiveness, and effectiveness) identified with co-production (Bozeman 2007; Schott et al. 2015; Jaspers, Steen 2020; Hood 1991).

However, co-production should not be considered a panacea for treating all public service problems. Weaves of various circumstances will not always allow achieving the expected results. However, this cannot justify abandoning the co-production (Bovaird 2007; Alford 2014; Sześciło 2015).

As a manifestation of co-management and democratic participation, co-production in the public sector enjoys continued scientific interest (e.g., Bovaird & Löffler 2021; Cepiku et al. 2020; Dudau et al. 2019; Nabatchi et al. 2017; Osborne et al. 2021; Polzer &

Goncharenko 2020). This is why the co-production of social services has taken on particular importance during the COVID-19 pandemic because we need to work out new scenarios for the delivery and reception of services. Particular interest should be directed towards older people.

### **The Older People in the Social Services Sector**

Alongside their lengthening life expectancy, older people need medical care, rehabilitation, leisure and recreational, care homes, paramedical, and many other services. Longer life is not always a quality life. Many people are dependent and live alone. It requires care, assistance, and support services. The challenge is the organization of long-term care and community services. The growing demand for services for older people, including care services, increases interest in the so-called older adults policy and promotes a market for the silver economy (Grewiński 2021).

The modern, effective strategy for aging populations should be a partnership between the citizen (including the older people) and society. In this partnership, the state's role is to enable, facilitate, and motivate citizens and, if necessary, provide high-quality social protection for as long as possible (Walker 2002). On the other hand, the role of citizens (including the older people) is their involvement and use of the repertoire of activities currently being expanded, which should contribute to the generation of productivity.

The policy requires developing and implementing what Pierre Bourdieu referred to as *older people management*. Demographic changes require state intervention in social security, for which family and community have so far been responsible (Bourdieu 2009).

This process has already started to be planned and even implemented. The European Union has adopted “Europe 2020. A strategy for smart, sustainable and inclusive growth.” The process of aging societies is recognized in this document as a critical challenge for Europe and an opportunity for sustainable economic and social growth. However, it will depend on the possibility of using the potential of older people. The European Economic and Social Committee also recognizes that older people are essential members of our society. They share their knowledge, skills, and experience with the next generations. They contribute, both individually and collectively, to our economy and social environment. As family members, older people still shared responsibility for promoting cohesion and solidarity in our society (Official Journal of the European Union Series C 11/04 of 15 January 2013).

In Poland, the older adults policy has been neglected for many years (Szatur-Jaworska 2016; Błędowski 2002; Grewiński 2021). Finally, in 2013, the Polish Government adopted the “Long-term older adults Policy for 2014–2020” and in 2018 “Social Policy for the Older People 2030. Security — Participation—Solidarity.” The priority goal for the social policy towards the older people is the development of the sector of available, diversified services, tailored to the needs and capabilities of recipients. Therefore, in recent years, a number of initiatives have been prepared and implemented—government programs often implemented in cooperation with local governments and NGOs. They constitute specific instruments of the state's older adults policy (table 1).

Table 1

## Government programs implemented as part of the older adult's policy in Poland since 2015

<i>Program name</i>	<i>Characteristic element</i>
<i>“Active +”</i>	<b>Goal:</b> increase the active participation of older adults in social life. <b>Scope:</b> social activity; social participation; digital inclusion; preparation for old age. <b>Organization:</b> annual competitions for NGOs. <b>Implementation period:</b> 2015–2020; 2021–2025. <b>Financing source:</b> the state budget.
<i>“Senior +”</i>	<b>Goal:</b> increase the active participation of older adults in social life. Scope: creating a network of daycare homes and clubs. <b>Organization:</b> annual competitions and funding for local governments. <b>Implementation period:</b> 2015–2020; 2021–2025. <b>Financing source:</b> the state budget, local government budgets.
<i>“Retirement +”</i>	<b>Goal:</b> financial support for retirees. <b>Scope:</b> one-off supplementary cash benefits in 2019. <b>Organization:</b> 9.72 million retirees received a one-time payment of PLN 1100. <b>Implementation period:</b> 2019. <b>Budget:</b> the state budget.
<i>“Care Service+”</i>	<b>Goal:</b> improve access to care services for people aged 75 and over. <b>Scope:</b> financial support for small municipalities (up to 60,000 inhabitants) in the organization of care services. <b>Organization:</b> co-financing up to 50% of the costs of care services. <b>Implementation period:</b> from 2018. <b>Financing source:</b> the state budget, local government budgets.
<i>“Mother 4+”</i>	<b>Goal:</b> support older women with limited retirement benefits. <b>Scope:</b> supplementary benefit for women who gave birth to four or more children and were not in employment. <b>Organization:</b> monthly supplement to the minimum pension level. <b>Implementation period:</b> <b>Financing source:</b> the state budget.
<i>“Medicines 75+”</i>	<b>Goal:</b> support the health of older adults. <b>Scope:</b> full reimbursement of selected drugs for people aged 75+. <b>Organization:</b> the list of free (reimbursed) drugs is defined yearly. <b>Implementation period:</b> <b>Financing source:</b> the state budget.

Source: Own study based on: <https://www.gov.pl/web/rodzina> and <https://www.gov.pl/web/zdrowie>.

This sector is created mainly through the development of social infrastructure on local level and government programs aimed at solving problems and supporting specific groups of older adults. Implemented activities ensure the independence of older adults, social activation, intergenerational cooperation, and social involvement. They also often give a chance for a “worthy life” in old age by giving financial and living support (*Polityka Społeczna 2030*, 2018). These activities are organized within local communities, where we can observe the intensive development of programs for older adults. They are undertaken or coordinated by local authorities, implemented in cooperation with third sector organizations, and often co-financed by central (government) resources. This way, the general social potentials are exploited (Błądowski 2012; Zrałek 2014ab; Gawron 2020; Gawron et al. 2021).

The COVID-19 pandemic lockdown was effective in reducing the number of infections but, at the same time, caused many problems in the day-to-day functioning of the entire



society (Posch et al. 2020; Vokó and Pitter 2020; Bae 2020). Also, public services were exposed to a partial or complete suspension or change in how they were delivered to recipients. This resulted in various effects that are not yet fully understood. Therefore, it is worth diagnosing the effects of a lockdown, especially in the dimension of public services and older people as a specific group of service recipients.

## Research Methodology

As indicated, the author conducted research in centers for older adults (aged 60 or older), which operate based on government grants from the multiannual program “Senior +.” Its strategic goal is to develop the network of “Senior +” daycare homes and clubs throughout the country (Multiannual Program “Senior +,” 2016) (table 2).

Table 2

Polish centers for older adults organized under the government’s multiannual program “Senior+”—characteristic elements (2015–2019)

<i>Characteristic element</i>	<i>Daycare homes</i>	<i>Clubs</i>
<i>Principles of organization of centers</i>	<ul style="list-style-type: none"> <li>• one-off financial support from the state budget for the creation or equipment of an institution up to PLN 300,000;</li> <li>• monthly subsidy from the state budget for one older person up to PLN 300;</li> </ul>	<ul style="list-style-type: none"> <li>• one-off financial support from the state budget for the creation or equipment of an institution up to PLN 150,000;</li> <li>• monthly subsidy from the state budget for one older person up to PLN 200;</li> </ul>
	<ul style="list-style-type: none"> <li>• centers/rooms without barriers—adapted to the needs of the older people;</li> <li>• at least one employee in 15 older adults and a physiotherapist/therapist or nurse/paramedic (depending on the needs);</li> </ul>	
<i>Types of services provided</i>	<ul style="list-style-type: none"> <li>• social (including meal);</li> <li>• educational;</li> <li>• cultural and educational;</li> <li>• physical activity or kinesiotherapy;</li> <li>• occupational therapy;</li> <li>• sports and recreation;</li> <li>• socially activating (including intergenerational volunteering);</li> </ul>	—
<i>Service frequency</i>	5 times a week / 8 hours a day	2–3 times a week / 2–5 hours
<i>Number of centers</i>	277	495
<i>Number of the service recipients</i>	7070	12134

Source: own study based on the Ministry of family and Social Policy data (27/11/2020).

Since the program was launched in 2015, there have already been 772 centers established (including 277 daycare homes and 495 clubs). The daycare homes are created to organize support for older adults in their daily lives. They, therefore, provide an 8-hour offer from Monday to Friday, which mainly includes the following benefits: social (including meal), educational, cultural, and educational, physical activity or kinesiotherapy, sports and recreation, and occupational therapy. The clubs are set up mainly to activate older adults socially. Therefore, meetings and classes are organized 2–3 times a week and motivate

service recipients to do self-help activities and volunteer. Various activities are scheduled (e.g., art, cooking, technical, rehabilitation), as well as outdoor trips and meetings. The daycare homes and clubs often cooperate with local NGOs and institutions. Thus far, 19,204 older adults have used the services of all centers.

The research was conducted from December 2020 until February 2021. It was a nationwide survey of service organizers (managers and staff) of the daycare homes and clubs established under the program. To reach the largest possible group of respondents, the author used a computer-assisted web interview (CAWI). Respondents were invited to participate in the study via e-mail messages (containing a letter of intent and a link to the survey) sent to the e-mail addresses of “Senior +” centers from the contact database available on the website of the Ministry of Family and Social Policy. In this way, it was possible to obtain the opinions of service organizers on the co-production of older people—beneficiaries of the “Senior +” Program. The research was extensive and concerned with implementing services before and during the COVID-19 lockdown. Employees from 181 centers across the country completed the questionnaires. The research was anonymous. Therefore, the results do not include information about the location of the centers. The data below is a sample of representatives’ opinions from 155 centers that reduced or suspended their activities during the COVID-19 lockdown.

The presented results show how the situation of access and provision of services for the older people has changed under the influence of lockdown and how service providers have tried to implement new ways of services and thus minimize the potential losses for the service recipients.

### **Co-production Practices in Centers for Older Adults Organized under the Government’s Multiannual Program “Senior+”—Research Results**

Before the COVID-19 lockdown period, the most important goals pursued by all “Senior+” centers were to provide service recipients with appropriate conditions for spending pleasant and valuable time, develop interests, and maintain and strengthen social contacts.

All services were organized stationary in the centers’ buildings specially adapted to the needs of the older people. The services were on schedule, which ensured regularity, consistency, and equal access to services for all recipients. It had positive effects on them. All survey participants (managers and employees of centers) noticed positive changes in the older adults using “Senior +” services (table 3).

The most important effect was limiting the feeling of loneliness of older people. The respondents (92,9%) indicated that this effect was visible for all or most service recipients participating in the “Senior +” activity. This was mainly due to the possibility of building social contacts with peers. Older people had a reason to go out of the house, meet people similar to them (similar needs, concerns, interests), talk to them, and spend time together. Maintaining / improving physical health turned out to be equally important. The respondents declared that service recipients experienced an improvement in their physical condition (everyone or the vast majority = 82%). Also, the possibility of using support/assistance from staff or other older people from the centers in crisis was significant

Table 3

**Polish centers for older adults organized under the government's multiannual program  
"Senior+"—observed effects of services before the COVID-19 lockdown period  
(formal service organizers, CAWI, N = 155)**

<i>Categories of answers</i>	<i>For everyone</i>		<i>For the vast majority</i>		<i>For about half</i>		<i>For less than half</i>		<i>For a few</i>		<i>For no one</i>	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Satisfying own basic needs (hunger, hygiene, etc.)</i>	48	31,0	37	23,9	7	4,5	2	1,3	16	10,3	45	29,0
<i>Maintaining / improving physical health</i>	59	38,1	68	43,9	15	9,7	4	2,6	5	3,2	4	2,6
<i>Social contacts limiting the feeling of loneliness</i>	91	58,7	53	34,2	7	4,5	1	0,6	1	0,6	2	1,3
<i>Use support/assistance from staff or other service recipients from the centers in crises</i>	54	34,8	59	38,1	17	11,0	8	5,2	10	6,5	7	4,5
<i>Possibility to use services not otherwise available</i>	49	31,6	59	38,1	27	17,4	9	5,8	6	3,9	5	3,2

Source: own study.

for the service recipients (for everyone or for the vast majority = 72,9%). This connects directly to the possibility of using services not otherwise available. The respondents claimed that older adults know that some services were available only in "Senior +" centers. Therefore, they appreciated and willingly used these services (everyone or the vast majority = 69,7%). Relatively the least common, but still significant, turned out to be satisfying own basic needs (for everyone or for the vast majority = 54.9%). This was because social services were only available in "Senior +" day homes and not in clubs.

However, all these activities were based on direct group contacts, which suddenly became impossible during the COVID-19 lockdown. It caused limitations on direct contact and the use of multiple services. This also meant an almost complete temporary suspension of operations for most "Senior+" centers. From the centers represented in the CAWI study, 155 out of 181 ceased their stationary activities. The exact start of the lockdown varied depending on the country's region and the pandemic's local development. For most centers, it started in October 2020 and ended in May 2021. It was a challenging time for everyone. This situation forced formal organizers to develop alternative forms of service provision for their wards. Naturally, the main goal was to maintain the satisfaction of the specific needs of the older people. Still, at the same time, it was necessary to preserve the continuity of government subsidies for the functioning of the centers. In this way, it was possible to develop effective schemes of action, which meant minimizing the adverse effects of the COVID-19 lockdown.

Therefore, it is essential to review how the formal organizers (managers and staff) and beneficiaries of these services (people aged 60+) coped in this new and challenging situation.

Based on the analysis of the research responses from the organizers of services, it was possible to describe three primary forms of co-production: elementary, individual, and collective (table 4). Each of these forms of co-production was made up of several practices,

Table 4

**Polish centers for older adults organized under the government's multiannual program "Senior+"—co-production practices in services during the COVID-19 lockdown period (formal service organizers, CAWI, N = 155)**

<i>Co-production practices used</i>	<i>Forms of co-production</i>					
	<i>Elementary</i>		<i>Individual</i>		<i>Collective</i>	
<i>Delivering meals to the service recipients in their homes</i>	✓	×	✓	×	✓	×
<i>Maintaining telephone contact with the service recipients</i>	✓	✓	✓	✓	✓	✓
<i>Individual visits to the service recipients in their homes</i>	✓	✓	✓	✓	✓	✓
<i>Individual visits of the service recipients in the centers</i>	✓	✓	✓	✓	✓	✓
<i>Delivery of teaching materials to the service recipients in their homes</i>	×	×	✓	✓	✓	✓
<i>Organization of meetings and online classes with the service recipients</i>	×	×	×	×	✓	✓
<i>Co-organization of meetings and online classes by the service recipients</i>	×	×	×	×	✓	✓
<b>Daycare homes (N = 78 / % from N)</b>	<b>75 / 96.2%</b>	<b>2 / 2.6%</b>	<b>1 / 1.4%</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Clubs (N = 77 / % from N)</b>	<b>0</b>	<b>72 / 93.5%</b>	<b>0</b>	<b>3 / 3.9%</b>	<b>0</b>	<b>2 / 2.6%</b>
<b>All centers (N = 155 / % from N)</b>	<b>149 / 96.1%</b>		<b>4 / 2.6%</b>		<b>2 / 1.3%</b>	

Source: own study.

however, their occurrence was very different and disproportionate. Therefore, it is essential to describe them now.

The most commonly used form in most of the studied centers was elementary co-production—formal organizers from 96.1% (149 out of 155) of the surveyed centers admitted to its use. The priority was to maintain constant contact with the wards and meet their basic needs. During the restrictions on direct contact, the most important thing was to eliminate feelings of loneliness of older people. Therefore, the formal organizers maintained constant telephone contact with older people. It was crucial because they are often lonely (without partners and relatives), so they needed a conversation. During the study, the author learned that these telephone conversations were used to maintain mutual relationships and obtain information about possible support needs for older people. In addition, they significantly reduced the malaise or even depression of service recipients. The typical range of services provided in daycare homes includes lunch, and was not abandoned during the lockdown period. Meals were delivered to older people homes every day or collected individually from centers. In this way, their basic needs were met. In clubs, meals for service recipients are not organized as a standard, so such an action was not organized also in the lockdown period.

Staff visits to the older individuals homes were an essential complement in both types of centers. The principles of social distancing have always been respected (two meters distance from each other). These short meetings were very touching and brought significant

comfort to older people locked in their houses. Often, on these occasions, the staff helped with shopping or dealing with other matters for older persons, especially loneliness. In some centers, such visits were organized on the occasions of religious holidays with the service recipients receiving special gifts, which was a unique experience for them. In individual cases, but reported in studies at many centers, older individuals visited formal organizers in the organization's location. They came from time to time to drink coffee or tea together and talk for a few moments. It was very encouraging for them. As one can see, this elementary form of co-production was minimal in terms of practices. Still, it brought essential effects.

The second form of co-production, the author called individual. It included the same activities like already discussed but was also supplemented by an additional practice that considerably activated older persons and stimulated their co-production. Unfortunately, it was used rarely—only by four studied centers (one daycare home and three clubs = 2.6%). Its name results from the fact that the formal organizers, in addition to meals and social visits of older individuals in their homes, also brought them various didactic materials. As in “normal functioning”, they prepared tasks for the pupils to perform on their own: artistic, mathematical, reading, and others. Formal organizers designed these materials in the centers and distributed them to older persons in their homes, or service recipients could collect them individually in the centers. This helped them fight boredom and depression, and they gained a job for a few moments. It also reminded them how to spend time actively and stimulated their engagement. Within the set deadline, the formal organizers collected the work from the older persons. This turned out to be very important for older adults because it allowed them to perform various activities and actively spend their time.

Finally, the third form of co-production was collective. Again, it expands on the activities of the two previous ones. Unfortunately, the research shows that this form was used the least often—only in two centers (both were clubs = 1.3%). The practices already described were supplemented by the organization of classes and online meetings. As emphasized by the formal organizers, this was possible only in centers where service recipients had previously participated in the training of multimedia use (mobile phone, tablet, laptop / Facebook, WhatsApp, Zoom). Individual internet access at home was also necessary, which is why these practices were used so rarely. Unfortunately, most older individuals do not have digital competencies and access to the Internet. However, it was successfully organized in these two clubs. It turned out that the service recipients were very eager to participate in online classes and meetings. It was a unique opportunity for them to see each other's faces, which was very comforting for them. Older adults solved various tasks together. They watched videos recorded by formal organizers that contained detailed instructions on how to complete a task (e.g., Christmas decorations) and then performed them at home on their own. In the end, they sent photos to Facebook or WhatsApp. But also older individuals could co-organize activities and meetings. The formal organizers encouraged them to record various instructional videos and send them to other members. Such practice turned out to be the most activating and helped develop the co-production of services. It was the most advanced form of co-production because older adults were not only recipients but also creators of the service. This gave the formal organizers and service recipients a lot of satisfaction and the feeling that they were still together and formed a group

of friends despite the physical separation. In this way, it was possible to experience the most difficult moments during the COVID-19 lockdown period.

At this point, it is essential to find the results (gains and losses) that recipients of the services (older people) achieved during the COVID-19 lockdown period by realizing different forms of co-production.

During the suspension of the stationary activities of the represented centers, their formal organizers noticed various changes in the everyday functioning of older people (table 5), but their scale was significantly diverse.

Table 5

**Polish centers for older adults organized under the government's multiannual program "Senior+"—observed effects of services during the COVID-19 lockdown period (formal service organizers, CAWI, N = 155)**

Categories of answers	For everyone		For the vast majority		For about half		For less than half		For a few		For no one	
	N	%	N	%	N	%	N	%	N	%	N	%
<i>Inability to meet one's own basic needs (hunger needs, hygienic needs, etc.)</i>	8	5,2	12	7,7	13	8,4	7	4,5	38	24,5	77	49,7
Elementary (N = 149)	8	5,4	12	8,1	13	8,7	7	4,7	37	24,8	72	48,3
Individual (N = 4)	0	—	0	—	0	—	0	—	1	—	3	—
Collective (N = 2)	0	—	0	—	0	—	0	—	0	—	2	—
<i>Deterioration of the service recipients physical health due to lack of access to services within the centers</i>	16	10,3	34	21,9	26	16,8	21	13,5	37	23,9	21	13,5
Elementary (N = 149)	16	10,7	34	22,8	26	17,4	21	14,1	34	22,8	18	12,1
Individual (N = 4)	0	—	0	—	0	—	0	—	2	—	2	—
Collective (N = 2)	0	—	0	—	0	—	0	—	1	—	1	—
<i>Deterioration of the service recipients mental health (well-being) due to the inability to participate in activities organized within the centers</i>	29	18,7	51	32,9	20	12,9	18	11,6	32	20,6	5	3,2
Elementary (N = 149)	29	19,5	51	34,2	20	13,4	18	12,1	30	20,1	1	0,7
Individual (N = 4)	0	—	0	—	0	—	0	—	2	—	2	—
Collective (N = 2)	0	—	0	—	0	—	0	—	0	—	2	—
<i>Inability to use support/assistance from staff or the other service recipients</i>	18	11,6	29	18,7	19	12,3	19	12,3	35	22,6	35	22,6
Elementary (N = 149)	18	12,1	29	19,5	19	12,8	19	12,8	34	22,8	30	20,1
Individual (N = 4)	0	—	0	—	0	—	0	—	1	—	3	—
Collective (N = 2)	0	—	0	—	0	—	0	—	0	—	2	—
<i>Disintegration/loosening of social contacts within the group of the service recipients</i>	22	14,2	43	27,7	21	13,5	20	12,9	36	23,2	13	8,4
Elementary (N = 149)	22	14,8	43	28,9	21	14,1	20	13,4	36	24,2	7	4,7
Individual (N = 4)	0	—	0	—	0	—	0	—	0	—	4	—
Collective (N = 2)	0	—	0	—	0	—	0	—	0	—	2	—

Source: own study.

The implemented solutions were effective in satisfying service recipients basic needs. Almost three-quarters of the respondents in the CAWI survey (74.2%) declared that no

one or possibly only a few people struggled during the lockdown period with satisfying their own basic needs (hunger, hygiene, etc.). This was mainly because they used at least elementary co-production—they maintained constant contact with older individuals and helped them meet these needs.

30.3% of formal organizers admitted that the older persons could not count on the support of staff or other older people from the centers during this difficult time. This was due to the worsening pandemic threat and high levels of virus infections. During this period, even brief visits to the homes of the service recipients had to be limited. Simultaneously, 45.2% of the surveyed formal organizers claimed that the support restrictions affected only a few or none of the mentees. Therefore, it can be assumed that the applied co-production practices, even on the elementary level, were effective.

Unfortunately, it was impossible to avoid the deterioration of the well-being of older individuals during the COVID-19 lockdown. The obligation to stay at home and prohibit direct contact prevented the spread of the virus but, at the same time, had negative consequences on the mental condition of people. This was especially true of lonely ones, which is often the case for the older adults. Over half of the formal organizers (51.6%) saw a decline in mental health in the majority of older people. Moreover, more than 37% of respondents noticed a deterioration in the physical health of older people. This was due to the inability to participate in stationary services and the relaxation of social contacts within a peer group (41.9%). However, the organizers emphasized that the damage could have been even more significant if no forms of co-production had been carried out. It is significant that in the centers where individual and collective co-production was practiced, the formal organizers did not notice depressive states in most older individuals or deterioration of their physical condition. It was possible to avoid these problems because the co-production effectively activated older adults and limited their sense of stagnation. Older people could perform all the tasks in their homes and attend online meetings, which stimulated them both mentally and physically gave them the joy of spending time together.

The research results also show the negative consequence of the physical separation of the wards from other group members during COVID-19 lockdown. The surveyed formal organizers (41.9%) noticed how social ties within older adults groups were loosening over time. This was the case in the centers conducting elementary co-production—older persons did not contact each other but only had contact with formal organizers. At the same time, even only an elementary co-production saved 1/3 of service recipients from the feeling of loosening their emotional ties. This breadth of results shows the complexity of the problem. Older adults are a very heterogeneous group, so it should be no surprise that they reacted very differently to pandemic constraints and felt their effects very differently.

It was also different in the centers implementing individual and collective co-production—most service recipients social ties did not break down but even strengthened. They could communicate online, which was a novelty and a strong incentive to get involved. In this way, they maintained the solid emotional ties they managed to develop prior to the COVID-19 lockdown.

After a few months of lockdown, the centers started to function stationary again, almost as before the lockdown period. Both the formal organizers and recipients of services were satisfied and happy about that. Although some restrictions were initially applied (a smaller

group of people at a time, masks, social distance), they were not a reason to stop most service recipients from returning to “Senior+” centers.

### Reflections and Concluding Remarks

The practices of co-production of public social services organized during the COVID-19 lockdown period in Polish centers for older adults showed both gains and losses. The discussed research results allow the identification and description of three forms of co-production. Their use in each center significantly determined the scope of co-production involvement of older people, and thus their cooperation within the peer group (recipients of services) and with formal organizers. As shown in the analysis, this significantly impacted the results obtained. Where co-production was more extensive—satisfying the basic needs of service recipients and activating them socially and physically—it was possible to limit the negative consequences and achieve better results. As a result, the older individuals felt the effects of being locked in their homes less negatively. They did not fall into depression or a decline in physical condition. However, even with only elementary co-production—providing meals and limited personal contacts—it was possible to help older adults survive the worst moments of the lockdown period.

The author believes that the experiences and lessons learned from Poland can be helpful for other countries. Many governments and local authorities are still forced by the unstable pandemic situation to organize alternative forms of co-production of public services. Older adults represent a heterogeneous group, which could explain the contradictory results found in the literature and here presented results. A lot depends on the formal organizers of benefits—they should prepare various ways of activating wards by developing their co-production involvement because this directly impacts the results obtained. It is essential to fight the limitations that occur. Most of these are not new phenomena—they did not appear with the current COVID-19 pandemic—but have proved to be more visible during the current crisis. Among others, we are talking about digital exclusion and lack of multimedia competencies of older individuals, and a strong dependence of older people’s mental and physical condition on the possibility of maintaining interpersonal contacts with members of society. These are not new, but longstanding problems of older people. Therefore, governments must develop new ways to combat these issues adequately to the dynamically changing pandemic conditions. Individual, organizational, and institutional strategies should be established to ensure that older adults are able to maintain social contacts, preserve family ties, and maintain the ability to give or receive help during the current pandemic (Lebrasseur et al. 2021; Krendl & Perry 2021; Atzendorf & Gruber 2021).

Co-production researchers argue that it allows the development of targeted solutions around user needs, leading to increased efficiency, lower administration costs, and increased user satisfaction (Tönurist & Surva 2016). The wide range of opportunities for co-productive engagement also increases the trust of individuals and broader communities. Ultimately, co-production is believed to strengthen cohesion in society by democratizing the public sector (Brandsen & Honingh 2016) and supporting citizens’ trust in govern-



ments (Polzer & Goncharenko 2020). The co-production was also successful during the COVID-19 lockdown. In extended crises, they are particularly needed when social cooperation and mobilization determine the results achieved. Future studies should focus on specific consequences and needs of more at-risk older adults to ensure their inclusion, both in public health recommendations and considerations made by policy makers.

## References

- Adult social services during the COVID-19 pandemic: guidance How local authorities support adults and adult carers during COVID-19. <https://gov.wales/adult-social-services-during-covid-19-pandemic-html>
- Alford, J. 1998. A public management road less traveled: clients as co-producers of public services, *Australian Journal of Public Administration* 57: 128–137.
- Alford, J. 2009. *Engaging Public Sector Clients. From Service-Delivery to Co-Production*. Basingstoke: Palgrave Macmillan.
- Alford, J. 2014. The Multiple Facets of Co-Production: Building on the work of Elinor Ostrom, *Public Management Review* 16(3): 299–316.
- Ansell, C., Boin, A., & Keller, A. 2010. Managing transboundary crises: Identifying the building blocks of an effective response system, *Journal of Contingencies and Crisis Management* 18(4): 195–207.
- Atzendorf, J., Gruber, S. 2021. SHARE Working Paper Series 63-2021: The mental well-being of older adults after the first wave of COVID-19. DOI: [10.17617/2.3292887](https://doi.org/10.17617/2.3292887)
- Bae, S.M. 2020. Factors associated with depressive symptoms among elderly Koreans: the role of health status, work ability, financial problems, living alone, and family relationships, *Psychogeriatrics. The Official Journal of the Japanese Psychogeriatric Society* 20(3): 304–309. DOI: [10.1111/psyg.12499](https://doi.org/10.1111/psyg.12499)
- Beckett, A. & Nayak, A. 2008. The reflexive consumer, *Marketing Theory* 8(3): 299–317.
- Benavides, A.D., & Nukpezah, J.A. 2020. How local governments are caring for the homeless during the COVID-19 pandemic, *The American Review of Public Administration* 50(6–7): 650–657.
- Błęadowski, P. 2002. *Lokalna polityka społeczna wobec ludzi starych*. Warszawa: Wydawnictwo Szkoła Główna Handlowa.
- Błęadowski, P. 2012. Potrzeby opiekuńcze osób starszych, in: M. Mossakowska, A. Więcek, P. Błęadowski (eds.), *PolSenior: Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce*. Poznań: Wydawnictwo Medyczne Termedia, pp. 449–466.
- Bourdieu, P. 1996. *Raisons pratiques : sur la théorie de l'action*. Polish Edition *Rozum praktyczny. O teorii działania*. 2009. (Transl. J. Stryczyk), Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
- Boyle, D. 2014. *The Co-Production Principle and Time Dollars*. Washington, *Time Dollar Institute*. [online: 30.07.2022] <http://timebanks.org/wp-content/uploads/2014/01/Co-Production-Principle.pdf>
- Boyle, D., & Harris, M. 2009. The Challenge Of Co-Production. How equal partnerships between professionals and the public are crucial to improving public services. Discussion Paper. London: NESTA.
- Bovaird, T. 2007. Beyond Engagement and Participation: User and Community Coproduction of Public Services, *Public Administration Review* 67(5): 846–860.
- Bovaird, T., & Löffler, E. 2012. From Engagement to Co-Production. How Users and Communities Contribute to Public Service, in: V. Pestoff, T. Brandsen, & B. Verschuere (eds.), *New Public Governance, the Third Sector and CoProduction*. London: Routledge, pp. 36–62.
- Bovaird, T., & Löffler, E. 2021. Developing evidence-based co-production: A research agenda, in: T. Bovaird, & E. Löffler (Eds.), *The Palgrave Handbook of Co-production of Public Services and Outcomes*. Palgrave: Macmillan, pp. 693–713.
- Bozeman, B. 2007. *Public Values and Public Interest: Counterbalancing Economic Individualism*. Washington: Georgetown University Press.
- Brandsen, T., & Helderma, J.K. 2012. The Trade-Off Between Capital and Community: The Condition for Successful Co-production in Housing, *International Journal of Voluntary and Nonprofit Organizations* 23(4): 1139–1155.
- Brandsen, T., & Honingh, M. 2016. Distinguishing different types of coproduction: A conceptual analysis based on the classical definitions, *Public Administration Review* 76(3): 427–435.
- Brooke, J., & Jackson, D. 2020. Editorial: Older people and COVID-19: Isolation, risk and ageism, *Journal of Clinical Nursing*, <https://onlinelibrary.wiley.com/doi/10.1111/jocn.15274>.

- Bynander, F., & Nohrstedt, D. 2020. *Collaborative Crisis Management: Inter-organizational Approaches to Extreme Events*. New York: Routledge.
- Cepiku, D., Giordano, F., Bovaird, T., & Loeffler, E. 2020. New development: Managing the Covid-19 pandemic—from a hospital-centred model of care to a community co-production approach, *Public Money & Management* 41(1): 77–80.
- Cheng, Y.D., Yu, J., Shen, Y., & Huang, B. 2020. Coproducing responses to COVID-19 with community-based organizations: Lessons from Zhejiang Province, China, *Public Administration Review* 80(5): 866–873.
- Christensen, T., & Laegreid, P. 2020. Balancing governance capacity and legitimacy—How the Norwegian government handled the COVID-19 crisis as a high performer, *Public Administration Review* 80(5): 774–779.
- Comfort, L.K. 2007. Crisis management in hindsight: Cognition, communication, coordination, and control, *Public Administration Review* 67(S1): 189–197.
- Dodds, K., Broto, V.C., Detterbeck, K., Jones, M., Mamadouh, V., Ramutsindela, M., Varsanyi, M., Wachsmuth, D., & Woon, Ch.Y. 2020. The COVID-19 pandemic: territorial, political and governance dimensions of the crisis, *Territory, Politics, Governance* 8(3): 289–298.
- Dodds, S., & Nuehring, E. 1996. A Primer for Social Work Research on Disaster, *Journal of Social Service Research* 1: 27–56.
- Dudau, A., Glennon, R., & Verschuere, B. 2019. Following the yellow brick road? (Dis)enchantment with co-design, co-production and value co-creation in public services. *Public Management Review* 21(11): 1577–1594.
- Echeverri, P., Skalen, P. 2011. Co-Creation and Co-Destruction: A Practice-Theory Based Study of Interactive Value Formation, *Marketing Theory* 11(3): 351–373.
- Entwistle, T. 2010. Partnerships, networks, and alliances in collaborative public service delivery, in: R.E. Ashworth, G.A. Boyne, T. Entwistle (eds.), *Public Service Improvement: Theories and Evidence*. Oxford: Oxford University Press.
- Eriksson, K., Vogt, H. 2013. On self-service democracy: Configurations of individualizing governance and self-directed citizenship, *European Journal of Social Theory* 16(2): 153–173.
- Esping-Andersen, G. 1990. *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Press.
- Esping-Andersen, G., Gallie, D., Hemerijck, A., Myles, J. 2002. *Why We Need a New Welfare State*. Oxford: Oxford University Press.
- Fundacja Kultura Liberalna. 2019. *Polskie państwo socjalne: prywatyzacja zamiast opiekuńczości. Analiza polityk opiekuńczych w kraju i za granicą na wybranych przykładach przed i po 2015 roku*. [online: 30.07.2022.] [https://kulturaliberalna.pl/wpcontent/uploads/2020/01/Raport-socjalny\\_KL.pdf](https://kulturaliberalna.pl/wpcontent/uploads/2020/01/Raport-socjalny_KL.pdf)
- Galambos, C.M. 2005. Natural Disasters: Health and Mental Health Considerations, *Health and Social Work* 30: 83–86.
- Gawron, G. 2020. Srebrna koprodukcja — analiza inicjatywy lokalnych na rzecz osób starszych w wybranych krajach rozwijających się, *Studia Regionalne i Lokalne* 4(82): 76–95.
- Gawron, G., Klimczuk, A., Szweda-Lewandowska, Z. 2021. *Starzenie się populacji. Aktywizacja, koprodukcja i integracja społeczna osób starszych*. Katowice: Wydawnictwo Uniwersytetu Śląskiego w Katowicach.
- Golightley, M., & Holloway, M. 2020. Editorial: Social Work in the Time of the COVID-19 Pandemic: All in This Together?, *British Journal of Social Work* 50: 637–641.
- Golinowska, S. 2018. *Modele polityki społecznej w Polsce i Europie na początku XXI wieku*. Warszawa: Fundacja im. Stefana Batorego.
- Grewiński, M. 2021. *Usługi społeczne we współczesnej polityce społecznej. Przegląd problemów i wizja przyszłości*. Warszawa: Elipsa Publishing House.
- Hollins, B. & Shinkins, S. 2006. *Managing Service Operations: Design and Implementation*. Thousand Oaks: SAGE.
- Hood, C. 1991. A Public Management for all Seasons?, *Public Administration* 69: 3–19.
- Jaspers, S., & Steen, T. 2020. Does Co-Production Lead to the Creation of Public Value? Balancing the Dimensions of Public Value Creation in Urban Mobility Planning, *Administration & Society* 53(4): 619–646.
- Johnston, R., & Clark, G. 2008. *Service Operations Management: Improving Service Delivery*. Harlow: Prentice Hall.
- Joshi, A., Moore, M. 2003. Institutionalised Co-Production: Unorthodox Public Service Delivery in Challenging Environments, *The Journal of Development Studies* 40(4): 31–49.

- Kapucu, N. 2006. Interagency communication networks during emergencies: Boundary spanners in multiagency coordination, *The American Review of Public Administration* 36(2): 207–225.
- Kim, S.J., & Bostwick, W. 2020. Social vulnerability and racial inequality in COVID-19 deaths in Chicago, *Health Education & Behavior* 47(4): 509–513.
- Kim, H.H., & Jung, J.H. 2021. Social Isolation and Psychological Distress During the COVID-19 Pandemic: A Cross-National Analysis, *The Gerontologist* 61(1):103–113. DOI: [10.1093/geront/gnaa168](https://doi.org/10.1093/geront/gnaa168)
- Kożuch, B., & Kożuch, A. 2011. Istota współczesnych usług publicznych. In B. Kożuch, A. Kożuch (Eds.), *Usługi publiczne. Organizacja i zarządzanie*. Krakow: Institute of Public Affairs of the Jagiellonian University, pp. 32–54.
- Krendl, A.C., & Perry, B.L. 2021. The Impact of Sheltering in Place During the COVID-19 Pandemic on Older Adults' Social and Mental Well-Being, *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences* 76(2): e53–e58. DOI: [10.1093/geronb/gbaa110](https://doi.org/10.1093/geronb/gbaa110)
- Krzyszczkowski, J. 2015. Wzrost znaczenia usług społecznych w czasach wyzwania demograficznego, *Acta Universitatis Lodzianensis. Folia Oeconomica* 2(312): 9–24.
- Ku, H.B., Ip, D., & Xiong, Y. 2009. Social Work in Disaster Intervention: Accounts from the Grounds of Sichuan, *China Journal of Social Work* 2: 145–149.
- Kuitto, K. 2016. *Post-Communist Welfare States in European Context Patterns of Welfare Policies in Central and Eastern Europe*. Cheltenham: Edward Elgar Publishing.
- Kulesza, M., & Sześciło, D. 2013. *Polityka administracyjna i zarządzanie publiczne*. Warszawa: Wolters Kluwer Polska.
- Lebrasseur, A., Fortin-Bédard, N., Lettre, J., Raymond, E., Bussièrès, E.L., Lapierre, N., Faïta, J., Vincent, C., Duchesne, L., Ouellet, M.C., Gagnon, E., Tourigny, A., Lamontagne, M.É., Routhier, F. 2021. Impact of the COVID-19 Pandemic on Older Adults: Rapid Review, *JMIR Aging* 4(2): e26474. DOI: [10.2196/26474](https://doi.org/10.2196/26474)
- Leibfried, S., & Pierson, S. (ed.). 1995. *European Social Policy: Between Fragmentation and Integration*. Washington D.C.: Brookings Institution Press.
- Li, Y., Chandra, Y., & Kapucu, N. 2020. Crisis Coordination and the Role of Social Media in Response to COVID-19 in Wuhan, China, *American Review of Public Administration* 50(6–7): 698–705.
- Liu, Z., Lin, S., Shen, Y., & Lu, T. 2021. Collaborative neighborhood governance and its effectiveness in community mitigation to COVID-19 pandemic: From the perspective of community workers in six Chinese cities, *Cities* 116. DOI: [10.1016/j.cities.2021.103274](https://doi.org/10.1016/j.cities.2021.103274).
- Luo, H. 2021. The Role of Social Work and Social Work Leadership in Pandemic Crisis Intervention, *Open Journal of Social Sciences* 9: 639–650.
- Magnusson, P. 2003. Benefits of involving service users in innovation, *European Journal of Innovation Management* 6: 228–238.
- Mallinson, D.J. 2020. Cooperation and conflict in state and local innovation during COVID-19, *The American Review of Public Administration* 50(6–7): 543–550.
- Maroko, A.R., Nash, D., & Pavilionis, B.T. 2020. COVID-19 and inequity: A comparative spatial analysis of New York City and Chicago hot spots, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. DOI: [10.1007/s11524-020-00468-0](https://doi.org/10.1007/s11524-020-00468-0).
- Mei, C. 2020. Policy style, consistency and the effectiveness of the policy mix in China's fight against COVID-19, *Policy and Society* 39(3): 1–17.
- Migone, A.R. 2020. Trust, but customize: Federalism's impact on the Canadian COVID-19 response, *Policy and Society* 39(3): 382–402.
- Mitręga, M. 2017. Jakie państwo opiekuńcze?, in: M. Gruszczyk, L. Krzyżanowski, M. Skrzypek (eds.), *Europa XX-XXI wieku: społeczno-polityczne konsekwencje kryzysów*. Katowice: Wydawnictwo Uniwersytetu Śląskiego, pp.379–392.
- Morel, N., Palier, B., & Palmer, J. 2012. *Towards a Social Investment Welfare State? Ideas, Policies and Challenges*. Bristol: The Policy Press.
- Multiannual Program "Senior+."* Resolution No. 157 of the Council of Ministers of 20 December 2016, Warsaw.
- Nabatchi, T., Sancino, A., & Sicilia, M. 2017. Varieties of participation in public services: The who, when, and what of co-production, *Public Administration Review* 77(5): 766–776.
- Needham, C. 2008. Realising the Potential of Co-production: Negotiating Improvements in Public Services, *Journal of Social Policy and Society* 7(2): 221–231.
- Official Journal of the European Union Series C* 11/04 of 15 January 2013. [online: 30.07.2022] <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2013:011:FULL&from=CS>
- Osborne, S.P., Nasi, G., & Powell, M. 2021. Beyond co-production: Value creation and public services, *Public Administration*. DOI: [10.1111/padm.12718](https://doi.org/10.1111/padm.12718).

- Ostrom, E. 1996. Crossing the great divide: Coproduction, synergy and development, *World Development* 24(6): 1073–1087.
- Ostrom, E. 1999. Crossing the Great Divide: coproduction, synergy, and development, in: M.D. McGinnis (eds.), *Polycentric Governance and Development. Readings from the Workshop in Political Theory and Policy Analysis*. Michigan: University of Michigan Press.
- Palier, B. 2010. Continental Western Europe, in: F. Castles, S. Leibfried, J. Lewis, H. Obinger, & Ch. Pierson (eds.), *The Oxford Handbook of the Welfare State*. Oxford: Oxford University Press.
- Panasiuk, A., & Tokarz, A. 2005. Specyfika i klasyfikacja usług, in: S. Flejterski, A. Panasiuk, J. Perenc, & G. Rosa (eds.), *Współczesna ekonomika usług*. Warszawa: PWN, pp. 41–58.
- Parker, C.F., Nohrstedt, D., Baird, J., Hermansson, H., Rubin, O., & Baekkeskov, E. 2020. Collaborative crisis management: a plausibility probe of core assumptions, *Policy and Society* 39(4): 510–529.
- Parker, C.F., & Sundelius, B. 2020. Avoiding the failures of collaborative crisis management: Lessons from research and practice, in: F. Bynander & D. Nohrstedt (eds.), *Collaborative crisis management*. New York: Routledge, pp. 119–131.
- Parks, R.B., Baker, P.C., Kiser, L., Oakerson, R., Ostrom, E., Ostrom, V., Percy, S.L., Vandivort, M.B., Whitaker, G.P., & Wilson, R. 1981. Consumers As Coproducers Of Public Services: Some Economic And Institutional Considerations, *Policy Studies Journal* 9(7): 1001–1011. <https://www.onlinelibrary.wiley.com/doi/abs/10.1111/j.1541-0072.1981.tb012.08.x>
- Pelling, M., & Dill, K. 2010. Disaster politics: Tipping points for change in the adaptation of sociopolitical regimes, *Progress in Human Geography* 34(1): 21–37.
- Pestoff, V. 2012. Co-production and Third Sector Social Services in Europe: Some Concepts and Evidence *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 23(4): 1102–1118.
- Petukienė, E. 2010. Coproduction of public services: individual versus collective customer participation, *Public Policy And Administration* 32: 137–147.
- Pigou, A.C. 1952. *The Economics of Welfare*. London: Macmillan.
- Pockett, R. 2006. Learning from Each Other: The social work role as an integrated part of the hospital disaster response, *Social Work in Health Care* 43: 131–149.
- Polzer, T., & Goncharenko, G. 2020. The UK COVID-19 app: The failed co-production of a digital public service, *Financial Acc & Man*: 1–18. DOI: [10.1111/faam.12307](https://doi.org/10.1111/faam.12307)
- Polityka społeczna wobec osób starszych 2030. Bezpieczeństwo — Uczestnictwo — Solidarność*. Uchwała Nr 161 Rady Ministrów, z dnia 26 października 2018, Warszawa.
- Posch, M., Bauer, P., Posch, A., & König, F. 2020. Analysis of Austrian COVID-19 deaths by age and sex, *Wiener klinische Wochenschrift* 132(21–22): 685–689. DOI: [10.1007/s00508-020-01707-9](https://doi.org/10.1007/s00508-020-01707-9)
- Przywojska, J. 2016. Współczesne tendencje w zarządzaniu publicznym. Implikacje dla samorządowej polityki społecznej, in: J. Przywojska & I. Warwas (Eds.), *Innowacje w zarządzaniu publicznym i polityce społecznej*. Łódź–Warszawa: Social Academy of Sciences, pp. 77–90.
- Pyles, L. 2007. Community Organizing for Post-Disaster Social Development: Locating Social Work, *International Social Work* 50: 321–333.
- Raynes, H.E. 1962. *Social Security in Britain*. London: Sir Isaac Pitman and Sons Ltd.
- Rosoff, P.M. 2008. The Ethics of Care: Social Workers in an Influenza Pandemic, *Social Work in Health Care* 47: 49–59.
- Scharpf, F. 2002. The European Social Model, *Journal of Common Market Studies* 40(4): 645–670. DOI: [10.1111/1468-5965.00392](https://doi.org/10.1111/1468-5965.00392)
- Schott, C., Van Kleeef, D., & Steen, T. 2015. What does it Mean and Imply to be Public Service Motivated?, *American Review of Public Administration* 45(6): 689–707.
- Sienkiewicz-Małyjurek, K. 2016. Innowacyjność koprodukcji w zarządzaniu publicznym na poziomie lokalnym, *Zeszyty Naukowe Politechniki Śląskiej*, Seria: Organizacja i Zarządzanie, 89: 421–435.
- Sierpowska, I. 2012. *Pomoc społeczna jako administracja świadcząca studium administracyjnoprawne*. Warszawa: Wolters Kluwer Polska Sp. z o.o.
- Steen, T., & Brandsen, T. 2020. Co-production during and after the Covid-19 pandemic: Will it last?, *Public Administration Review* 80(5): 851–855.
- Szarfenberg, R. 2010. *Polityka społeczna i usługi społeczne*. Warsaw. <http://rszarf.ips.uw.edu.pl/pdf/psus.pdf>
- Szatur-Jaworska, B. 2016. *Polska polityka społeczna wobec starzenia się ludności w latach 1971–2013*. Warszawa: Wydawnictwo Uniwersytetu Warszawskiego.
- Sześciło, D. 2015. *Samobsługowe państwo dobrobytu. Czy obywatelska koprodukcja uratuje usługi publiczne?* Warszawa: Wydawnictwo Naukowe Scholar.

- Sześciło, D. 2015. Współzarządzanie jako koprodukcja usług publicznych, *Zarządzanie Publiczne* 1(31): 13–21.
- Tönurist, P., & Surva, L. 2016. Is volunteering always voluntary? Between compulsion and coercion in co-production, *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 28(1): 223–247.
- Van Looy, B., Gemmel, P., & Van Dierdonck, R. 2003. *Services Management: An Integrated Approach*. Harlow: Pearson.
- Vargo, S.L., Maglio, P.P., & Archpru Akaka, M. 2008. On value and value co-creation: a service systems and service logic perspective, *European Journal of Management* 26: 145–152.
- Venetis, K., & Ghauri, P. 2004. Service quality and customer retention, *European Journal of Marketing* 38: 1577–1598.
- Vokó, Z., & Pitter, J.G. 2020. The effect of social distance measures on COVID-19 epidemics in Europe: an interrupted time series analysis, *GeroScience* 42(4): 1075–1082. DOI: [10.1007/s11357-020-00205-0](https://doi.org/10.1007/s11357-020-00205-0)
- Walker, A. 2002. A strategy for active ageing, *International Social Security Review* 55(1): 121–139.
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S., Ho, R.C. 2020. Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China, *International Journal of Environmental Research and Public Health* 17(5):1729. DOI: [10.3390/ijerph17051729](https://doi.org/10.3390/ijerph17051729)
- Yan, B., Zhang, X., Wu, L., Zhu, H., & Chen, B. 2020. Why do countries respond differently to COVID-19? A comparative study of Sweden, China, France, and Japan, *The American Review of Public Administration* 50(6–7): 762–769.
- Yang, K. 2020. Unprecedented Challenges, Familiar Paradoxes: COVID-19 and Governance in a New Normal State of Risks, *Public Administration Review* 80(4): 657–664.
- Zhao, T., & Wu, Z. 2020. Citizen-State Collaboration in combating COVID-19 in China: Experiences and lessons from the perspective of co-production, *The American Review of Public Administration* 50(6–7): 777–783.
- Zrałek, M. 2014a. Tworzenie warunków sprzyjających aktywności ludzi starszych. in: M. Zrałek (ed.), *Osoby starsze w przestrzeni życia społecznego*. Katowice: Regionalny Ośrodek Polityki Społecznej Województwa Śląskiego OMIKRON Sp. z o.o, pp. 32–45.
- Zrałek, M. 2014b. Tworzenie podstaw dla partycypacji osób starszych w życiu społecznym, in: A. Kamińska, E. Kraus, K. Ślęczka (eds.), *Jak możliwy jest dialog?*. Sosnowiec: Wydawnictwo Wyższej Szkoły Humanitas, pp. 112–121.
- Żuk, K. 2007. Samorząd terytorialny w procesie świadczenia usług komunalnych, in: A. Miszczuk, M. Miszczuk, & K. Żuk (Eds.), *Gospodarka samorządu terytorialnego*. Warszawa: PWN, pp. 140–141.
- Żukowski, M. 2017. Wydatki socjalne w Polsce na tle UE, *Polityka Społeczna* 8(521): 10–17.

*Biographical Note:* Grzegorz Gawron (Ph.D.), assistant professor at the Institute of Sociology, the University of Silesia in Katowice. Author and editor of publications in the field of co-production of public services, productivity of the older, social gerontology, corporate social responsibility (CSR), social application of design (Design for All, Universal Design). Author and consultant of regional and local strategic documents in the field of development and social policy.

ORCID iD: [0000-0002-7044-4489](https://orcid.org/0000-0002-7044-4489)

E-mail: [grzegorz.gawron@us.edu.pl](mailto:grzegorz.gawron@us.edu.pl)