



“Everyone has their own story, but it hurts us all the same”

Learning from the experiences of older Ukrainian refugees in Poland



Stefan Trappe/HelpAge International

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Key terms

Temporary protection An EU emergency mechanism which is activated in exceptional circumstances of mass influx to provide collective protection to displaced persons from non-EU countries. Adopted in 2001, it was first triggered by the European Council in response to the Russian invasion of Ukraine on 24 February 2022.

The Special Act On 12 March 2022, the Polish parliament passed the Special Act that adopted the provisions of the Temporary Protection Directive into national law. This gave Ukrainian citizens and their spouses who entered Poland from 24 February 2022 onwards and declared the intention to stay in Poland the right to legally remain in the country and receive temporary protection.

Ukrainian refugees in Poland Under the Special Act, Ukrainian citizens, and their spouses, who entered Poland from 24 February 2022 onwards were granted a number of rights and access to public services such as free health care, education and social protection. Ukrainian citizens who wish to benefit from provisions of the Special Act cannot apply for international protection (refugee status) in Poland. In this report we use the term ‘Ukrainian refugee’ in the broad sense to denote Ukrainian citizens who fled Russian aggression after 24 February 2022, while recognising that in the formal sense they are temporary protection holders.

Older people headed households Understood as households without members between 18 and 59 years old, i.e., households composed only of older people or older people with children.

Abbreviations

MHPSS	Mental health and psychosocial support
NGO	Non-governmental organisation
NFZ	The Polish National Health Fund
NRC	Norwegian Refugee Council
PCPM	Polish Center for International Aid
PESEL	Universal Electronic System for Registration of the Population
PFRON	The Polish State Fund for the Rehabilitation of the Disabled
PLN	Polish zloty
TPD	Temporary Protection Directive
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
WG-SS	Washington Group Short Set on Functioning
ZUS	The Polish Social Insurance Institution

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Agora/HelpAge International

Seven per cent of Ukrainian refugees currently living in Poland are over 60 years of age.

Executive summary

Russia's full-scale invasion of Ukraine in February 2022 forced millions of Ukrainians to seek refuge abroad, many fleeing into member states of the European Union, particularly those which border Ukraine. Poland saw one of the largest influxes of refugees, and 16 months into the crisis, nearly one million Ukrainian refugees continue to live in the country. Seven per cent of them, nearly 73,000, are older people over 60 years of age. The entry of such a high number of refugees – and such a high proportion of older refugees – into EU member states is unprecedented.

With the majority of studies on the conflict focusing on Ukrainian refugees as a whole, and since much of the existing knowledge focuses on younger population groups, this report provides a closer investigation into the needs, challenges and wellbeing of older Ukrainians in Poland. It puts the voices of older Ukrainian refugees at the centre – gathered through quantitative survey,

interviews and focus group discussions – and complements them with interviews with key stakeholders involved in planning, regulating and providing services to Ukrainian refugees.

The findings show that older Ukrainian refugees in Poland face financial insecurity, uncertainty about the future and a number of barriers in accessing required assistance, services and information. This report puts forward recommendations on how to improve the wellbeing of older Ukrainian refugees in Poland and lessons to be learnt for the future.

Eighty-five per cent of refugees we spoke to for this report are not employed in Poland, only 10 per cent have a full or part-time job and 5 per cent have irregular or seasonal work. The findings show older refugees face barriers in finding work in Poland, including the risk of falling into informal employment. Given how low the average Ukrainian pension is, most older refugees are dependent on financial support from the Polish state, family members, and, to a much lesser degree, financial assistance from NGOs and Polish hosts. Households headed by older people have more limited sources of income than households with at least one person of a working age. The findings show the need to develop a longer-term strategy that will give older refugees financial security to meet their basic needs.

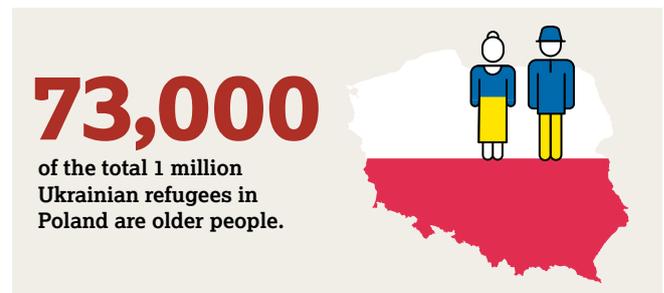
Study findings confirm that older Ukrainian refugees have good access to the one-off cash assistance provided to all Ukrainian refugees by the Polish government and universal state family benefits, such as child support. However, access to social protection mechanisms for people who cannot work due to age, disability, or difficult financial situations, was found to be more troublesome.

Accommodation remains one of the most significant long-term challenges for older Ukrainian refugees in Poland. At the time of the survey, nearly half of respondents rented their accommodation and half benefitted from some kind of accommodation support. Households headed by older people were found to be more dependent on the accommodation support than households with at least one person of working age. The findings show a strong need for the continuation of accommodation support schemes, such as access to collective shelters free of charge or rental subsidies for Polish hosts for the most at-risk older refugees who cannot afford the cost of rent. The withdrawal of such support could put older refugees at risk of feeling compelled to return to Ukraine, living in suboptimal conditions or even homelessness.

Many older Ukrainian refugees require medical attention and facilitated access to the Polish healthcare system. Sixty-one per cent have a disability as measured by the Washington Group Short Set on Functioning (WG-SS), 70 per cent have a chronic illness or serious medical condition and 64 per cent undergo treatment or take medication. Long waiting times for specialist care, language barriers and lack of information were identified as the main challenges in accessing healthcare in Poland. The majority of older Ukrainian refugees interviewed for this study struggle to cover their health-related expenses, with only 8 per cent being able to pay their medical bills in full. The three main health-related costs that they struggle to meet are medicine, specialised treatment and doctor appointments. The study highlighted the need to support older Ukrainian refugees in meeting their health-related costs.

The mental health and psychosocial wellbeing of older Ukrainian refugees emerge as a key concern. Nearly 80 per cent of surveyed refugees felt worried, anxious and/or depressed every day or most days in the 30 days prior to the survey. The findings show a strong need to improve older refugees' access to mental health and psychosocial support in Poland, as well as other means of assistance within the communities in which they live that strengthen links and social connections, for example through support groups for and with older Ukrainians.

Lack of information and language barriers are significant challenges in ensuring that older Ukrainian refugees can access services and social inclusion activities. The study identified the need for Polish language courses tailored to the needs of older Ukrainian refugees that can also serve as a means for increasing their social participation.



The main channels used by survey respondents to access information are social networks and the Internet, with age group and household composition emerging as important factors in digital literacy. The findings illustrate the need to both diversify information channels to reach older refugees, and to develop a digital platform gathering information relevant to this age group. Another important way to bridge the information gap and facilitate access to services and public institutions is the provision of older people's assistants.

Eighteen per cent of survey respondents did not get out of the house to attend social meetings, activities or visit friends in the 30 days prior to the interview, with people over 70 being less likely to attend social events than those in their sixties. Difficult to access (e.g. no transport), lack of interest in attending and no one to go with were cited as the three main reasons preventing older people from participating in social events. The study showed a shortage of initiatives that aim to integrate older Ukrainians with Polish counterparts and, overall, older Ukrainians are rarely (if at all) included in programmes or activities directed at older Polish people.

The study found an acute shortage of programmes and activities targeting older Ukrainian refugees and tailored to the needs and challenges faced by this age group. The main reasons for the lack of such initiatives, as cited by the interviewed representatives of public institutions and NGOs, were the initial emergency stage of the crisis when the focus was on providing basic needs for all; the relatively lower number of older Ukrainians compared to other age groups; and donor requirements for specific programmes.

Now that the emergency phase has ended, it is time to look into the specific needs of refugees, including older people. To be successful, these efforts need to be grounded in longer-term migration and social policies; accurate data on the refugee population in respective localities; intersectoral coordination; and above all, the voices and needs of older refugees themselves. It is crucial to consult with older people when designing programmes that are inclusive of their needs and go beyond the one-size-fits-all approach. We must understand the contextual factors that can act as a barrier to older people's voices and create a safe space which allows for meaningful participation of older people in decision-making processes around issues including policies, programmes and services.

Introduction

Russia's full-scale invasion of Ukraine on 24 February 2022 forced millions of Ukrainians to seek refuge abroad. The main refugee route led through Poland, with over 12 million crossings reported on the Ukraine-Poland border between 24 February 2022 and 13 June 2023.¹ While some refugees moved to other countries or returned to Ukraine, many decided to stay in Poland.

Up to the beginning of May 2022, 1.07 million Ukrainians registered for temporary protection in Poland, the highest number among all the EU countries hosting Ukrainian refugees. Out of these, 44.3 per cent were children, 44.1 per cent women aged between 18 and 59, and 7.4 per cent were people over 60 years old.² The entry of such a high number and proportion of older refugees was unprecedented among EU member states and presented the authorities with the challenge of how to respond to the needs of large numbers of older refugees in particular.

On 4 March 2022, the Council of the European Union activated the European Temporary Protection Directive (TPD) that allowed member states to offer protection to Ukrainians fleeing the Russian invasion and to prevent the overwhelming of national asylum systems.³ On 12 March 2022, the Polish parliament passed the 'Act on assistance to Ukrainian citizens in connection with the armed conflict on the territory of Ukraine' (thereafter 'the Special Act'), which adopted the provisions of the TPD into national law. The Act has given Ukrainian citizens, and their spouses, who entered Poland from 24 February 2022 onwards and declared the intention to stay in Poland, the right to legally remain in the country until 24 August 2023. Due to the ongoing war, this period was extended until 4 March 2024 and, in special cases, until 31 August or 20 September 2024.⁴

Ukrainian citizens who are eligible for legal stay in accordance with the Special Act, can apply for the Universal Electronic System for Registration of the Population (PESEL) and receive temporary protection status. Other than legal stay, the Special Act provides eligible Ukrainian citizens with the right to legally work in Poland; access to public services, such as free health care, education and social protection; plus a package of assistance, including temporary accommodation support or one-off cash assistance amounting to 300 Polish zloty (PLN) (75 US dollars (USD)).⁵



Maciek Zygmunt/HelpAge International/Crown Agents

Sixty-five per cent of the registered Ukrainian citizens currently in Poland, are women.

The database of Ukrainian citizens who are currently registered as legal residents under the Special Act (thereafter ‘PESEL UKR database’) is administered by the Ministry of Digital Affairs and is considered the best available tool to estimate the current number of Ukrainian temporary protection holders. As in 2022 PESEL registration was voluntary, several studies have documented gaps between the PESEL UKR database and the actual number of displaced Ukrainians who lived in Poland.⁶ However, as of January 2023, all Ukrainians who wish to legalise their stay under provisions of the Special Act need to obtain a PESEL UKR number.⁷ The PESEL UKR database is updated on a weekly basis, including the exclusion of people who passed away or obtained other legal statuses, such as permanent residence permit or Pole’s card.⁸ Additionally, people who have left Poland for more than 30 days or are receiving assistance in other EU countries are not included in the updated statistics published by the Ministry.⁹

As of 19 June 2023, there were 996,417 Ukrainian citizens registered in the PESEL UKR database. Sixty-five per cent were female and 35 per cent were male; 43 per cent were children, 50 per cent were between 19 and 59 years old and 7 per cent were 60 years old or above. In terms of geographical distribution, the top three provinces where Ukrainians received PESEL UKR were Mazovian (21 per cent), Lower Silesian (11 per cent) and Silesian (10 per cent).¹⁰

The demographic composition of Ukrainian refugees has been shaped by the Decree of the President of Ukraine on 24 February 2022, which introduced martial law in Ukraine and prohibited men aged between 18 to 59 from leaving the country. Exempted from the prohibition are several groups, including single fathers, men with disabilities or men who provide constant care of people in need if no other caretaker can do the task.¹¹

The Polish government has been praised for its quick and generous efforts to roll out support for Ukrainians fleeing the war. Indeed, the case of Poland shows how swift legal inclusion can support refugees in accessing essential services in a time-critical manner.¹² During the initial months of the crisis, these efforts have been supported by the massive social mobilisation of Polish civil society and the rapid injection of international funding. Both, however, began to wear off towards the end of the year, with significantly lower levels of funding from international organisations forecasted for 2023.¹³ The Polish government’s main strategy has been to facilitate quick inclusion of Ukrainian refugees into the Polish labour market, so that they can become financially self-sufficient.¹⁴ While a welcome development, such a strategy cannot be considered a solution to providing financial security to at-risk refugee groups, such as people with disabilities, single mothers with small children and older people.¹⁵



Mykhailo Mozol/HelpAge International

Tetiana is 74 years old and lives in a collective shelter in Poland.

“When the war started, like most older people, I wanted to stay at home, but after the start of active hostilities I had to flee.”

This report examines to what extent the needs of older Ukrainian refugees were met in the initial phase of the Ukrainian response in Poland and puts forward recommendations for further support to older Ukrainians. More broadly, it considers lessons for responding to future displacements that involve older people.

Why is this report needed?

As of 19 June 2023, there were 72,907 Ukrainians 60 years old or above in the PESEL UKR database, 7.3 per cent of the total number of temporary protection holders. The older Ukrainian refugees in Poland are particularly at risk of financial precarity, given the low value of the average Ukrainian pension when converted to Polish zloty – around 500 PLN (125 USD)¹⁶ and the challenges this age group faces in finding employment. Yet, little is known about the situation, needs and challenges faced by older Ukrainian refugees with most studies focusing on Ukrainian refugees as a whole. This study aims to address this gap by examining the situation and experiences of older Ukrainians living in Poland as a result of the war and the extent to which the support provided has addressed their needs.

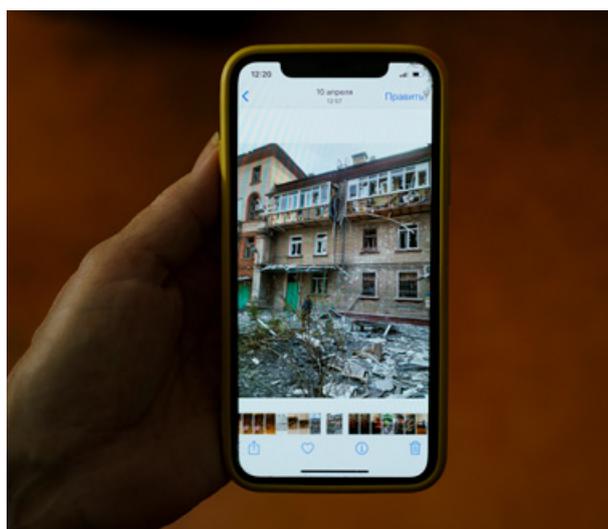
Methodological approach and respondents' characteristics

The concept of wellbeing is central to this study. While there are many definitions and measures of wellbeing,¹⁷ HelpAge International defines it as: **'the ability to lead fulfilling lives with a sense of purpose and meaning'**.¹⁸ The research was conducted in collaboration between the Polish Center for International Aid and HelpAge International between May and July 2023. The analysis in this report draws on data collected through:

1. 382 questionnaires conducted among older Ukrainians living in Poland;
2. 11 in-depth interviews (IDIs) and four focus group discussions (FGDs) with older Ukrainians; and
3. 15 key informant interviews (KIIs) with different stakeholders involved in the planning, regulation and provision of assistance to Ukrainian refugees in Poland.

For details of the methodology please refer to the [Appendix](#) →

The survey was conducted among 382 older Ukrainian refugees who came to Poland following the escalation of war in Ukraine in February 2022. In the research sample, 80 per cent (304) are women and 20 per cent (78) are men. The gender distribution of respondents is not different, in a statistically significant manner from that of older people in the PESEL UKR database, where it stands at 76 per cent female and 24 per cent male.¹⁹ The average age of respondents was 68 years. Two-thirds were in their sixties and one-third were over 70 years old. Just over half of respondents completed middle or high school (52 per cent), 46 per cent held a university degree and 1 per cent had only primary education.



Emre Caylak/HelpAge International

Older refugees live in constant fear about the fate of relatives left behind in Ukraine.

In terms of declared marital status, slightly over half of respondents are single (52 per cent); nearly one third are married or have a partner they live with (32 per cent); while 14 per cent are divorced, separated or widowed. Women were more likely to be single (60 per cent) or divorced, separated or widowed (16 per cent).

The average household size, including the respondent, is 2.6 people. Of the total sample, 27.5 per cent are single-person households, 29 per cent have two, 17 per cent have three and 26 per cent have four or more household members. In terms of age composition, 46 per cent are households with only older people (one or more) and 34 per cent are three-generational households with children, people aged from 18–59 and older people. A further 17 per cent of households have members aged 18–59 and older people, while 3 per cent are composed of older people who take care of children under 18 years.

The results of the survey were analysed for differences by gender, age cohort (i.e., respondents from 60–69 years old versus those above 70), disability and household composition (i.e., households composed only of older people or older people and children versus households with at least one person of working age). However, only statistically significant results are presented in the report. Age and household composition were found to be the most significant factors differentiating the group under study, with significant differences in sources of income, access to Polish social assistance, knowledge of the Polish language or channels used to access information on services needed.

Voices of the older Ukrainian refugees

Respondents differed in regard to their places of origin – half fled from Eastern Ukraine, 41 per cent from Central Ukraine and 8 per cent from Western Ukraine. The vast majority have been in Poland for more than 12 months (92 per cent), 7 per cent between six and 12 months and less than 1 per cent have been in Poland for less than six months. Overall, the survey respondents lived in 77 different locations across Poland, with the three main cities being Warsaw (11 per cent), Kraków (10 per cent) and Białystok (9 per cent).

Older Ukrainians who shared their stories during focus group discussions or in-depth interviews, jointly referred to as research participants, came from Eastern (24 participants), Central (22 participants) and Western (three participants) Ukraine. For more demographic information on participants of FGDs and IDIs see the [Appendix](#) →

The place of origin determined research participants' experiences of war and flight to Poland and continues to impact their prospects for return. Most described their pre-war life as settled, if often modest, and stressed how the war and flight was a turning point in their lives. Particularly those who escaped Eastern Ukraine often experienced heavy fighting first-hand and many left behind damaged properties.

As stated by one study participant:

"I lived in Bakhmut. It is very difficult for me to speak. Everyone died at my place. We lived on the edge of the street. Now there is nothing left. I was taken by volunteers, what I wear and what I have with me is all that I have left (...) I am so afraid to die here, I want to go home. I don't know where my relatives are buried. I can't go to the grave. I am 78 years old, I am already an old and sick person."

Valeria, 78, who fled Bakhmut

Some participants from other parts of Ukraine initially expected the war to be contained in Eastern Ukraine and only decided to flee when the bombing and shelling reached their localities.

Those research participants who fled Ukraine shortly after 24 February 2022 shared stories of fear, chaos and exhaustion.

As recalled by one FGD participant:

"I saw such horror only on television and in movies, when the crowd carries you and you don't know where. I tied my granddaughter to me, her cough got worse. My daughter was almost pushed under a train, a healthy man pushed her. I said: 'What are you doing?'. I grabbed one bag and lost another. It was a horror. In the train the conductor said that his hair turned grey during those days. Everyone was jostling, everyone wanted to leave."

Nina, 64, FGD participant

The overwhelming majority of research participants came to Poland directly from Ukraine, although for many this journey involved several stops along the way. Some had more complicated migration routes, for example through Russia and Estonia.



Stefan Trappe/HelpAge International

Those who escaped Eastern Ukraine often experienced heavy fighting first hand.

The majority of interviewees came to Poland with their family members. In many cases, the older people interviewed were convinced to flee by their children and grandchildren who either fled to Poland earlier or lived there before the war. Many stressed their reluctance to leave Ukraine “till the very last moment”.

One study participant recounted:

“When the war started, like most older people, I wanted to stay at home, but after the start of active hostilities I had to flee. Humanitarian aid was brought to us and the evacuation happened in the same car. I found out about it three hours before the evacuation began, so I put everything I could gather into one bag and left.”

Tetiana, 74, from Donetsk

Those who did not have immediate family in Poland often counted on the help and advice of friends and acquaintances, both Ukrainian and Polish. Those who did not know anyone had to turn to volunteers for support. Research participants were very appreciative of the support they received from the Polish state and civil society, particularly in the early phase of the crisis, which included free accommodation, clothing, food and general assistance to find their way in the Polish reality.

In terms of their future plans, 59 per cent of respondents stated that they planned to stay in Poland for more than three months. For nearly one third their plans depend on the situation in Ukraine, 4.5 per cent do not plan to stay in Poland and 4 per cent remain undecided (Figure 1, below).

Data from interviews and focus groups shows that the majority would like to return home as soon as possible, i.e., when war and hostilities come to an end and/or when their places of origin are no longer under the military control of the Russian Federation. However, some have nothing to return to, with their homes destroyed. Many plan to stay in Poland as long as they can sustain themselves there, for example if they have a family member working or support available.

A study participant said:

“We don’t have a house. When we were evacuated, it was first robbed and then bombed. (...) There is nothing. Local residents walk around, peel off tiles, rip off panels. Where the roof has fallen, they take away the slate and collect the materials. People need – they take. I’m not there. This is the situation. And now we don’t know how to be and where to go. We do not have an address in Ukraine. We have no relatives. There is no one. We have nowhere to go.”

FGD participant who came to Poland to support her daughter and grandchild

Figure 1: Future plans – are you planning to stay in Poland for a longer period of time?

No	4%							
I don't know	4%							
It depends on the situation in Ukraine						33%		
Yes								59%



Jonathan Moore/HelpAge International

Most of the older people we spoke to are living in urban areas.

Accommodation

The Polish government supported the temporary accommodation needs of Ukrainians who came to Poland as a result of the war. For the first year, the state provided collective shelters free of charge, but from March 2023 onwards residents had to contribute to these costs.

As of June 2023, they are required to cover 75 per cent of their shelter costs, but not more than 60 PLN (15 USD) per person, if they are in Poland for more than 180 days.²⁰ Secondly, rental subsidies have been offered to Polish households hosting Ukrainian refugees. This means Polish people can receive 40 PLN (9 USD) per day for up to 120 days to compensate for the costs of hosting Ukrainians who fled the conflict. In case of both solutions, special exemptions were given to specific groups – including people with disabilities, women over 60 and men over 65 years old – who do not have to cover the costs of accommodation in collective shelters²¹ and for whom the Polish hosts can receive the rental subsidy beyond the 120 day period.²²

A representative of the central government stated:

“[Older people are exempted from fees in collective shelters], we chose these most vulnerable groups, the groups that may not have a chance to become self-sufficient because of disability or age. For those people the state will provide support in the form of accommodation and full board until March next year [2024], or longer if the European Commission will decide that.”

Accommodation types

According to a survey conducted by UNHCR/REACH in November 2022, 50 per cent of Ukrainian refugee respondents rented their accommodation in Poland, 19 per cent lived with a host family and 14 per cent in collective centres. Respondents to that survey who travelled to Poland with at least one family member over 60 (30 per cent of the total sample) were more likely to live with host families (26 per cent versus 16 per cent) and less likely to rent accommodation (41 per cent versus 54 per cent) than respondents who did not travel with older family members.²³

Figure 2: Type of accommodation

Other	1%
Prefer not to say	1%
I only pay for utilities	6%
Polish host family	15%
Collective shelter or refugee hostel	29%
Rented accomodation	48%

The data collected as part of this research project shows that older Ukrainians are not significantly overrepresented among residents of collective shelters. As of June 2023, and according to the Ministry of Interior and Administration data, older people accounted for around 9 per cent of residents of collective shelters run by the central government (compared to 7.3 per cent of people above 60 in the PESEL UKR database) and their number was decreasing proportionally to other age groups.²⁴

Nearly all survey respondents lived in urban areas (96 per cent). Forty-eight per cent of respondents rent their accommodation, 29 per cent live in collective shelters or refugee hostels, 15 per cent live with Polish host families and 6 per cent have to pay only for utilities (Figure 2, above). This implies that nearly half of survey respondents benefitted from some kind of accommodation support that either allowed them to stay there for free or at a minimal cost. Among respondents living in collective shelters or other types of free accommodation, 61 per cent were households with one or more older people. Among those who rented accommodation, the proportions were reversed with 65 per cent of households composed of older people and people of working age.

Just over 70 per cent of respondents did not report any challenges in their current accommodation. The most often cited challenges included uncertainty about the future, for example, possibility of losing accommodation or having to pay higher costs (13 per cent); lack of privacy (9 per cent) and high density of people in the same room (9 per cent). Less frequently mentioned were challenges related to accommodation not meeting mobility needs (5 per cent), lack of essentials (4 per cent) or remote location (2 per cent). Importantly, respondents seem socially comfortable in their current places of residence, with very few reporting difficult relations with the people they live with (3 per cent), landlords/hosts or neighbours (1 per cent each).

Living conditions and housing uncertainty

The majority of people in focus groups and in-depth interviews lived in different kinds of collective shelters, e.g., refugee hostels or dormitories, and most were satisfied with their living conditions.

Many of those who lived in collective shelters at the time of the interview, had different accommodation arrangements in the initial months of their stay in Poland. Some rented flats but ran out of funds, some lived with a Polish host family but had to move out after a while and still others needed to leave apartments shared with relatives due to overcrowding and tensions.

One FGD participant stated:

“Very good conditions here. For example, I lived in an apartment for a long time and I am very grateful to the people who sheltered us. But they have their own family. Everything has its time. And here we are fine, because we do not depend on anyone. Whether you’re gone, or you’re crying, or you’re doing something, you don’t feel the same way you do when you’re living with someone.”

Borys, 76, who lives in a collective shelter

The data clearly shows that collective shelters where Ukrainian women above 60 and Ukrainian men above 65 can live for free are an important safety net that provides a viable alternative to suboptimal housing solutions, homelessness and/or premature decision to return to Ukraine.

Research participants who live in rented accommodation either have a family member working in Poland or rent apartments with other Ukrainians to share the costs. Those who have rented accommodation spoke of Polish landlords’ reluctance to rent flats to Ukrainian older people, and families with small children and pets.

However, the rental subsidy offered to Polish households was found to be an important tool to support the accommodation needs of older Ukrainians who are not able to afford the rent. The overwhelming majority of research participants did not plan to change their current accommodation either because they were satisfied with it (most cases) or because they did not see any viable alternatives.

A study participant recalled:

“In general, the situation is very tense. The family with which I currently live does not want me to live with them, but I do not have the opportunity to rent a separate apartment. (...) But I can’t change anything. I don’t have the money for it. And I can’t return to Mariupol, because it is an occupied territory.”

Tamara, 77, who lost her husband and daughter in the war

Interviews with representatives of institutions in charge of collective shelters and organisations working there indicate that the conditions, access to services, assistance and activities can vary significantly between respective sites. Representatives of these institutions recognised the important role NGOs played in providing various activities and support to residents of collective shelters beyond the accommodation and food secured by the state. These include psychological assistance, funds for medicine and hygiene products, leisure activities and information sessions. Yet, the level of NGO support was also found to differ between different collective shelters.

Interviewed representatives of NGOs also emphasised the role of collective shelters as an important safety net for the most at-risk Ukrainians, including older people, and expressed fear for what will happen with these groups once the government takes the decision to close the centres.

An NGO representative remarked:

“From all people coming from Ukraine, I think that older people are most at risk of poverty. Until there are collective shelters, they can count on support. But if they are closed, we can speak of a risk of homelessness.”

While many older people may be open to the idea of moving out from collective shelters, local government representatives argued that they cannot take this step unless they have a family member working, are able to find a job themselves or receive some kind of assistance to cover rental costs. Assistance could take the form of a continuous rental subsidy for the Polish hosts or sharing the cost of rent (e.g. Cash for Rent programmes offered by local and international NGOs), but for this group it should be planned as a long-term solution.



Mykhailo Mozol/HelpAge International

Mariia is 81 and lost her husband five years ago. She left Ukraine together with her neighbours and did not know anyone in Poland before arrival. Mariia was taken in by a Polish host family and continues to live with them. The family receives rental subsidy from the Polish state and provides her with the necessary things such as clothing. Mariia is determined to go home.

“As soon as the war ends, I will immediately return to Ukraine. Because there is my home and everything I cared about for 80 years.”



Jonathan Moore/HelpAge International

Income is a particular concern for older people who are living alone or together with other older people.

Income security

Under the Special Act, Ukrainian refugees are allowed to legally work in Poland without a special work permit and, if they have PESEL, they can register and run a business enterprise. Ukrainian refugees can also use the services of labour offices, although an unemployment benefit can only be granted to those with a history of at least six months of formal employment in Poland.²⁵

In 2014, Ukraine and Poland introduced the Social Security Agreement that gives Ukrainians working in Poland the same pension rights as Polish citizens and allows for mutual aggregation of social insurance periods to open the right to pensions. According to the Agreement, the Polish Social Insurance Institution (ZUS) pays for the years worked in Poland and its Ukrainian counterpart for years worked in Ukraine.²⁶ The agreement also gives Ukrainian citizens who completed the insurance period of 20 years for women and 25 years for men (counting years worked in both

countries), the right for supplement to the pension received in Poland if:

- a. the sum of received Polish pension and Ukrainian pension is lower than the minimum pension in Poland – 1,588 PLN gross (around 400 USD);
- b. a person has reached the age of 60 for women and 65 for men;
- c. a person legally resides in Poland;
- d. a person completed any period of social insurance in Poland.²⁷

Results of the UNHCR regional survey conducted in Hungary, Moldova, Poland, Romania, and Slovakia between October 2022 and mid-February 2023, show that most interviewed older Ukrainians were retired (82 per cent) and relied predominantly on pensions from Ukraine (60 per cent) and social protection/cash assistance in the host country (46 per cent) for their income. Due to limited income opportunities, this age group also reported a higher level of urgent needs than other households (92 versus 86 per cent). Overall, the UNHCR study found that financial insecurity seems to be one of the main push factors that makes older people more likely to make plans to return to Ukraine.²⁸

Limited sources of income

Results from the survey conducted for this study show that 87 per cent of respondents receive their Ukrainian pension and 48 per cent have a household member working in Poland. In terms of other sources of household income, the respondents most frequently cite child support from the Polish state (28.5 per cent), social assistance from the Polish state other than child support (17 per cent), savings (8 per cent) and Ukrainian social assistance (7 per cent). Around 5 per cent of respondents' households receive remittances from family members in Ukraine and 3 per cent from family members working abroad.

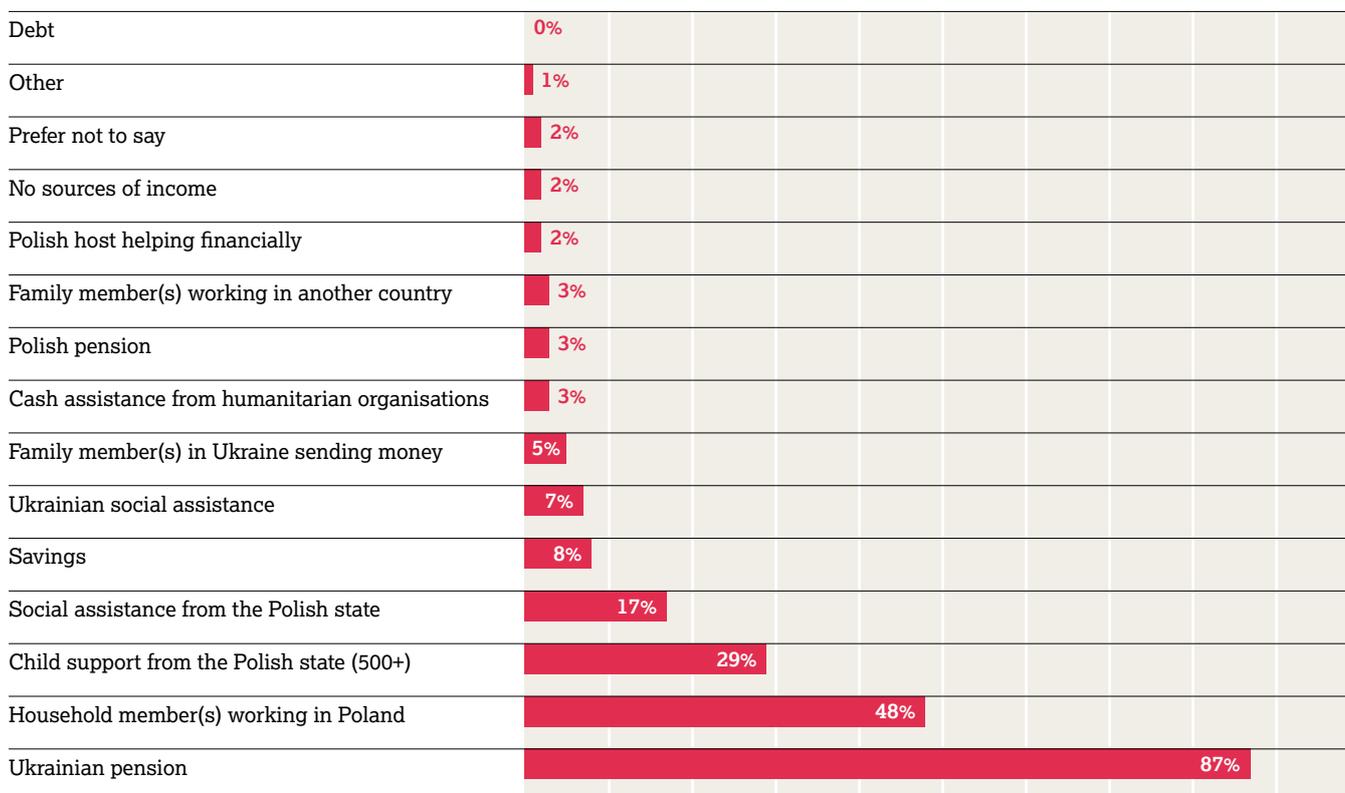
Cash assistance from humanitarian organisations and the Polish pension fund contribute to the household income of 3 per cent of respondents; 2 per cent can count on the financial support from the Polish host and 0.3 per cent of respondents' households went into debt to cover their monthly expenses. Older people headed households have more limited sources of income than households with at least one person of working age. Fewer of them have family members working in Poland (27 per cent versus 68 per cent) and they are less likely to receive Ukrainian social assistance (3 per cent

versus 11 per cent). All of the respondents indicating that they have no source of income (6 respondents) live in households that consist only of older people (Figure 3, below).

Eighty-five per cent of respondents are not employed in Poland. At the time of the survey, 10 per cent had a full or part-time job and 5 per cent were involved in irregular and/or seasonal work. Of those who had employment in Poland, two-thirds have a formal job contract and thereby pay social contributions that – in the longer run – can allow them to receive a Polish pension. Among those who work regularly (37 individuals), nearly all (36 individuals) are aged between 60 and 69 and only one respondent is aged 70 or above. Also, people with disability, as measured by the WG-SS, have less chances to find employment (91 per cent do not work versus 75 per cent of respondents without a disability).

Similar results emerge from FGDs and IDIs, where only one person had full-time and formal employment and another two had part-time jobs. Many expressed readiness to take up employment, but had difficulties in finding a job that would accommodate their health limitations and where the employer would be willing to hire older people.

Figure 3: Sources of household income



One study participant mentioned:

“I want to go somewhere to work. But when they ask me my age and I say that I am 76 years old, everyone refuses.”

Borys, 76

Some research participants expressed interest in attending a course on how to find a job in Poland and one shared a need for assistance in recognition of her professional credentials. Many declared they are unable to work due to their health, age and/or disability. A representative of a Ukrainian NGO also emphasised the difficulties encountered by older Ukrainians on the Polish labour market including ageism, lack of market demand for particular professions (e.g., miners or teachers) and cultural differences. At the same time, he stressed the need for professional activation of older people that will allow them to earn a much-needed income and find a sense of purpose.

Low pensions from Ukraine compound income insecurity

Survey results confirm that the majority of older Ukrainians are able to access funds they are eligible for under the Ukrainian social protection system. Eighty-seven per cent of respondents receive their Ukrainian pension, 9 per cent the Ukrainian disability allowance and less than 1 per cent Ukrainian child support.

During the IDIs and FGDs, Ukrainian pensions were identified as the main source of personal income. The majority have access to Ukrainian pensions and/or other social assistance through ATM cards linked to their Ukrainian accounts. Difficulties in accessing funds were reported by those who used to receive their pension through the post office or whose ATM cards were left in Ukraine or had expired since arrival in Poland. In these situations, research participants argued, reissuing the card or changing the transfer modality requires travel to Ukraine.

Those who are not able to claim their pensions in Poland nor travel to Ukraine to address the issue, felt reassured that the due amounts accumulate and they will be able to withdraw the funds once back home. The main uncertainties regarding Ukrainian pensions were shared by research participants who despite their age did not accumulate the required documented years of contributions (and are not sure whether they will be able to do so in Poland) and those who have reached the retirement age while already in Poland and wait for their documents to be processed by the Ukrainian Pension Fund.



Mykhailo Mozol/HelpAge International

Valentyna is 60 years old. She has worked in Poland, as a teacher of Ukrainian language and literature and currently waits for a decision to receive her first Ukrainian pension.

“I like applied art, I like culture. If there was an opportunity to get a deeper understanding of the Polish culture and religion, it would be very good. I could also teach children embroidery, teach children applied arts. I like it.”

Despite the fact that the Polish ZUS operates a helpline in the Ukrainian language, the data collected from refugees and NGOs indicates that older Ukrainians often lack information about the solutions available under the Social Insurance Agreement Act. This includes, for example, requesting for their Ukrainian pensions to be transferred to a Polish bank account through the Polish ZUS (a solution for those who received their pensions through the post office prior to the war or whose Ukrainian ATM cards expired) or establishing Ukrainian pension rights through the Polish ZUS. While both procedures can take a couple of months, they do not require travel to Ukraine.

The majority of research participants spoke of the low value of their pensions when converted to the Polish zloty, with numbers ranging from 276 PLN to 500 PLN (from 70 USD to 125 USD). This challenge was also recognised by representatives of institutions and NGOs who were interviewed. In addition to its low value, some refugees complained about the high commissions on ATM withdrawals, which makes it more preferable to pay directly in the shops. Some research participants reportedly use their Ukrainian pensions to sustain properties in Ukraine, for example, to pay for utilities.

As mentioned by a key informant (employee of a social welfare institution):

“When converted to the Polish zloty, the average Ukrainian pension does not give real security and real chance at self-dependence, for example that one can rent an apartment on the market. One can, perhaps, afford a very modest living. To some extent it is similar to the situation of Polish pensioners who in general – unless they had very high income or have some additional allowances – also have to count every penny [but most often don’t have to rent]. And prices in Poland rose quite rapidly in the last period of time in regard to basic products. So I think that the situation of older people is the most difficult when it comes to refugees and Ukrainian citizens.”



Jonathan Moore/HelpAge International

Cash and in-kind assistance is important but too short-term and unpredictable to give older people the security they need.

Poor access to cash assistance

At the time of the survey, 3 per cent of respondents were receiving cash assistance from humanitarian organisations. When asked about cash assistance received since arrival in Poland, participants of FGDs and IDIs most often mentioned the three-month cash assistance received from UNHCR and, to a lesser extent, cash assistance from other local and international NGOs. Some also received food, clothing and other in-kind assistance from NGOs and private persons, as well as reimbursement of medical costs. Although the cash and in-kind assistance provided by civil society was considered important, it was generally perceived as short-term and unpredictable, “today they give, tomorrow they don’t”, as summarised by one of the focus group participants. The study suggests that research participants learned about these available schemes mostly through social networks and volunteers or found information on the Internet. While most had positive experiences with the NGOs, some reported difficulties in getting support they were eligible for. As has been documented elsewhere, one of the possible barriers for older people to access assistance is related to the fact that in many cases information and/or (self-) registration is provided online, excluding those without digital literacy.²⁹

As recalled by one study participant:

“I also had a negative experience. I applied for financial assistance from [one of NGOs]. I received an SMS about the payment, but I did not see it, because I have a visual impairment. And when I called them, they told me that the funds were gone. This is a very strange situation. A similar situation was with the issue of food aid. I had to come to the office at 7.30 in the morning. I can’t do it myself. It was also not possible to take an accompanying person with me that day, so I never received help there.”

Tamara, 77

Nearly all research participants recognised that support from NGOs and Polish civil society is diminishing, which makes them concerned about the future. A similar observation, about the decrease in international funding, was shared by representatives of local governments.



Emre Caylak/HelpAge International

When support is available sometimes a lack of information prevents older people from applying for and accessing it.

Social support from the Polish state

The social protection system in Poland comprises more than 30 social assistance (non-contributory) and social insurance (contributory) programmes.³⁰ Under the Special Act, Ukrainian refugees are entitled to several social benefits granted by the Polish state.

Ukrainians with children can access a range of family benefits, including child benefit (the so-called ‘500 Plus’) amounting to 500 PLN (125 USD per month), Good Start benefit for all students starting a school year, family allowance, family care capital or a reduced fee for nursery care, children’s club or day care.

In addition to family benefits, Ukrainian refugees are also entitled to access social assistance schemes available to Polish citizens, including:

- **Permanent allowance** A monthly allowance granted to persons unable to work due to age (60+ for women, 65+ for men) or disability.³¹ The allowance is dependent on family income and the basic amount of 719 PLN (180 USD) is reduced by the members’ income (e.g. Ukrainian state pension or Ukrainian disability allowance).³²
- **Nursing allowance** A monthly allowance of 215.84 PLN (54 USD) can be granted to children with disabilities, persons above 16 years old with severe disability or with a moderate disability (if the disability emerged up to the age of 21) and persons above 75 years old, provided they do not receive a similar allowance in another country (including Ukraine). The allowance is not dependent on family income.³³
- **Nursing benefit** A monthly benefit of 2,458 PLN (615 USD) can be granted to persons who have been forced to leave employment to provide full-time care to a family member with a disability. The allowance is not dependent on household income.³⁴
- **Temporary allowance and special need allowance from the Social Welfare Centre** The temporary allowance can be granted for persons in a difficult financial situation due to long-term illness, disability or unemployment, who have no other sources of income or whose income does not exceed set limits. The allowance is up to 776 PLN (195 USD) for persons living alone, or 600 PLN (150 USD) for persons living with family.³⁵ Special need allowance is intended to cover part or all of the costs of medicines and medical treatment, clothing or essential household items. In some cases it can be granted even if the income of a person or family exceeds set limits.³⁶

To receive allowances for people with disabilities, Ukrainian refugees need to obtain a Polish disability certificate, which can be a costly and time-consuming process, especially if one does not have the necessary medical records. Other than the general social protection schemes, Ukrainian refugees are also eligible for a dedicated one-off cash assistance providing 300 PLN (75 USD).

The inclusion of Ukrainian refugees in the Polish social protection system has been a welcome development. Yet, there are several barriers and challenges that prevent them from using these services and meeting their basic needs, as identified by a report published by the Norwegian Refugee Council (NRC) and Polish Center for International Aid (PCPM). First, the values of social transfers are generally low, not designed to raise the recipients' income above the poverty line and are not subject to revaluation based on the current inflation levels, which remains a challenge for both Polish and Ukrainian recipients. Second, the social protection system is quite complex, which makes it difficult for Ukrainians to navigate the available schemes and regulations. While the universal child benefits are relatively straight-forward and have been widely used by Ukrainians, access to other allowances is more complicated. In particular, information about the support schemes is predominantly in Polish and the application also has to be submitted in Polish. In addition, the support schemes are designed for Polish citizens and therefore are not always suitable for the needs of Ukrainian refugees. Finally, the social protection system is generally geared to support families with children and is less equipped to meet the needs of at-risk Ukrainians, such as people with disabilities and older people.³⁷

Barriers accessing social protection in Poland

The study results show that the main types of allowances received by the respondents are child benefits (28.5 per cent of the total sample, 76 per cent of households with children) and accommodation support through rent subsidies received by Polish hosts (20.5 per cent). Other less frequently received social support include food assistance (11 per cent), permanent allowance (9 per cent), temporary or special need allowance (8 per cent) and nursing allowance (0.8 per cent). Only 3 per cent of respondents receive a Polish pension (Figure 4, below). Respondents over 70 are more likely to receive permanent allowance compared to those in their sixties (16 versus 6 per cent). This can most likely be explained by the fact that the permanent allowance is granted to people who are unable to work due to their age, with the limit set at 60 years for women and 65 years for men.

Among those who did not receive social assistance other than child support (198 persons; 52 per cent of the total sample), nearly three-quarters did not apply (78 per cent), 13 per cent applied and got rejected and 6 per cent applied and were waiting for the decision. The results indicate that lack of information is the main reason that prevents respondents from applying for the available support schemes – 42 per cent did not know that they could be eligible and 28 per cent did not know how to make an application. However, 14 per cent declared no need for social assistance and 12 per cent preferred not to say.

Figure 4: Social protection programmes used

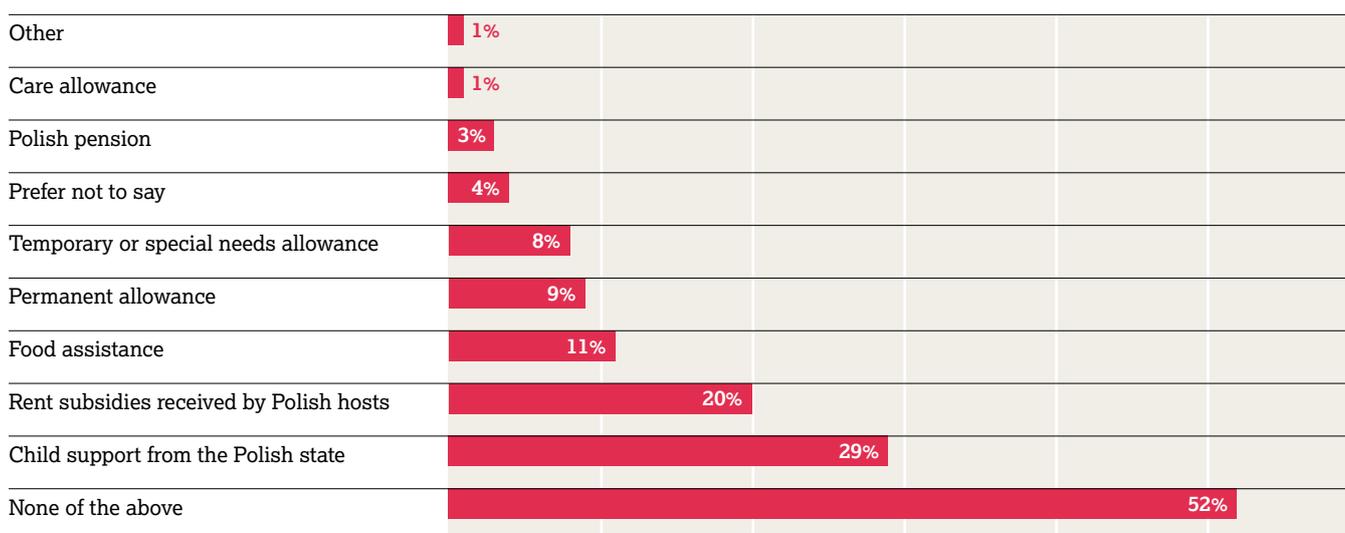


Figure 5: Barriers in accessing the Polish social protection system

Other	1%
The allowances are very low	3%
Prefer not to say	3%
Difficult access	4%
I couldn't go to the institution alone	4%
Lack of necessary documents	7%
Long queues or waiting time	8%
Language barrier	24%
Lack of information	26%
None of the above / not applicable	46%

Over half of survey respondents experienced at least one barrier in accessing the Polish social protection system. The main barriers identified by respondents pertained to lack of information on the available services (26 per cent), language barriers (24 per cent), long waiting time (8 per cent) and lack of necessary documents (7 per cent) (Figure 5, above). Importantly, respondents over 70 were more likely to experience language difficulties than those aged 60–69 (32.5 per cent versus 20 per cent). Barriers that were less frequently mentioned included no person to accompany the respondent to the relevant institution (4.5 per cent); mobility issues and lack of transport (4 per cent); and very low amount of the allowances (2.5 per cent).

Data collected through FGDs and IDIs indicates that refugees have limited knowledge about the available social assistance schemes other than child benefits and disability allowance. All research participants who applied – often with the help of volunteers or Polish friends – for disability certificates in Poland received them and none faced significant difficulties in the process. One research participant successfully applied for the permanent allowance and two for the temporary allowances, but it is clear that for these schemes to be successful in meeting the needs of the most at-risk older Ukrainians more information should be available. General barriers in accessing the Polish social protection system identified by interviewed representatives of NGOs and institutions working with refugees include lack of necessary documents (e.g., documents confirming pension rights or medical records for disability certificate); language barriers in accessing information and completing the process; and limited digital literacy that hinders older refugees' ability to use the available online application and verification systems.

As shared by one study participant:

“In Ukraine, I had a heart operation, bypass surgery. But I did not apply for disability certificate, because I believed that it was not necessary. But when I came to Poland, I realised that my disability would help me receive certain social benefits. I contacted one of the foundations and they helped me translate my medical documents. And thanks to the help, I was able to apply for disability here in Poland.”

Borys, 71



Bogdan Rozumny/HelpAge International

All the older people we spoke to received one-off cash assistance from the Polish state after their arrival.

Importantly, all research participants received the one-off cash assistance of 300 PLN (75 USD) from the Polish state after their arrival, and none experienced difficulties in the process. Although the amount was relatively low, the scheme was valued for being universal, swiftly implemented and generally accessible, even for more vulnerable groups such as older people.

Data from the study indicates high accessibility to universal child benefits processed by the Polish Social Insurance Institution (ZUS). Regarding access to the social protection schemes granted by social welfare centres – such as permanent, temporary and special need allowance – it was found to vary between different localities. Under the Special Act, the costs of these allowances for Ukrainian beneficiaries are covered by the Ukraine Help Fund administered by the central government. Possible delays in transferring the funds, procedural difficulties or uncertainty about the future of the Fund make some local authorities reluctant to grant these allowances to Ukrainian beneficiaries as they may not be able to afford them from the local budget. Another mentioned barrier for means-tested allowances is the fact that it includes all sources of income, including financial support from family members (that in case of older Ukrainians who live in private accommodation is necessary to cover the costs of rent).

According to the Special Act, Ukrainian refugees in need of long-term care can apply for a public nursing home under the same conditions as Polish citizens, with the number of vacancies differing between respective locations. The costs of stay – that can vary between 3,500 PLN (876 USD) and 6,000 PLN (1,500 USD) per month – are covered from the income of the beneficiary and, if not enough, by their family members. If the beneficiary and their family cannot pay the costs in full, the gap is covered by the local government. Regarding older Ukrainian refugees with very limited or no income, for whom the family is not able to cover the fees, admittance into the public nursing homes may present a considerable financial burden for the local governments in the long run.

Representatives of the government suggested that any solution aiming to improve the living conditions of older Ukrainians should take into account the strong intergenerational solidarity prevalent in this refugee population. To this end, the Mazovian Voivodeship Office is currently developing a pilot project of a social welfare house where older Ukrainians in need of long-term care could move in with their families.



Mykhailo Mcozol/HelpAge International

Natalia is 66 years old and came to Poland in March 2022 to join her daughter.

Natalia does not participate in social life in Poland, but feels welcome and comfortable here. She plans to return home, but for the sake of her granddaughter waits until the security situation at her place of origin stabilises.

“I am dependent on the circumstances here and do not have influence over my own life.”



Emre Caylak/HelpAge International

Seventy per cent of older people have a chronic illness or serious medical condition.

Healthcare

Existing research shows that older refugees are at high risk of ill-health, including mental health problems, and face difficulties accessing care.³⁸ Under the Special Act, Ukrainian refugees can access the public healthcare system on the same terms as Polish citizens, with some minor exceptions such as sanatorium care.

The available services include the provision of psychological support free of charge. Ukrainian refugees with disabilities can also apply for reimbursement of medical equipment costs under a programme run by the Polish State Fund for the Rehabilitation of the Disabled (PFRON), if they hold a Polish disability certificate or Ukrainian disability certificate and a referral from a Polish doctor.³⁹

Another nationwide initiative that helps Ukrainian refugees to meet their health-related needs is the Health4Ukraine programme that offers recipients subsidies of up to 500 PLN (125 USD) per year to cover the costs of medicine and other medical products available in pharmacies across the country.⁴⁰

According to the UNHCR regional survey from early 2023, 25 per cent of interviewed refugees reported difficulty in accessing healthcare services, with most cases recorded in Hungary, Poland, and Slovakia. The main barriers included long waiting times, language barriers and inability to meet health-related costs.⁴¹ A WHO report published in February 2023 shows that the interviewed Ukrainian refugees were generally satisfied with Poland's health services, although they reported more difficulty in accessing the routine and preventive care than emergency or tertiary care. Older people, however, reported being more anxious and afraid of getting sick because of insecurities related to communication and cost of services.⁴²

Addressing health and care needs

Results of the survey show that 61.5 per cent of respondents report having a disability as measured by WG-SS (among them 28.5 per cent have more than one disability). Specifically, 39 per cent have disabilities that impact their mobility, 21.5 per cent have vision impairment that cannot be corrected by wearing glasses or contact lenses, 8.6 per cent have difficulty in remembering or concentrating and 8.4 per cent have difficulty in performing self-care activities. Other disabilities were cited less often. Also, 16 per cent of respondents require support in activities outside the house, for example shopping or going to the doctor.

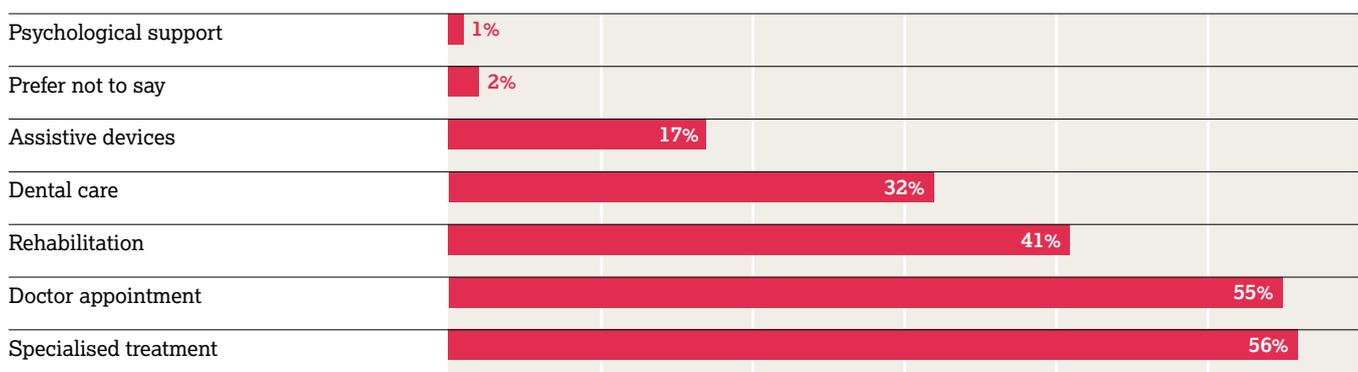
One third of respondents hold a Ukrainian disability certificate. Only 17 per cent of respondents have already applied for a Polish disability certificate and 9 per cent have received it, 5 per cent are waiting for the decision and 3 per cent were rejected. One fifth of respondents, however, did not know how to apply. Respondents above 70 years of age more often did not know how to apply compared to respondents in their 60s (25 per cent versus 19 per cent).

In addition to disabilities, 70 per cent of respondents have a chronic illness or serious medical condition (e.g., cancer, heart disease, diabetes), 64 per cent of older refugees are undergoing treatment or taking medication and 13 per cent have a serious temporary illness, injury (e.g. broken hip) or need surgery. More women than men undergo treatment or take medication (67 per cent versus 51 per cent). Also, respondents above 70 years of age are more likely to undergo treatment or take medication (73 per cent versus 60 per cent among respondents in the 60–69 age group) and have a chronic illness or serious medical condition than those in their sixties (80 per cent versus 65 per cent).

Inability to meet health-related expenses presents a considerable challenge for survey respondents; 53 per cent are not able to cover their medical costs and 29 per cent can cover them only partially. Only eight per cent can pay their medical bills in full. Among those who are not able to cover their health-related expenses, or are able to do so only partially, 74 per cent cannot pay for medicine, 56 per cent for specialised treatment, 55 per cent for doctor appointment, 41 per cent for rehabilitation, 32.5 per cent for dental care and 16.6 per cent cannot afford assistive devices such as hearing aids, glasses or wheelchairs (Figure 6, below). Respondents with a disability, as measured by the WG-SS, are more likely not to be able to cover their health-related expenses than those without a disability (60 per cent versus 42 per cent respectively). Respondents over 70 have more difficulty in meeting expenses related to specialised treatment than those in their sixties (64 per cent versus 52 per cent), while older women more often cannot afford costs of doctors' appointments compared to older men (58 per cent versus 43 per cent).

Survey results show that the main barriers in accessing health care services in Poland are long waiting time (50 per cent of respondents), language barriers (32 per cent) and lack of information on the available services (14 per cent). Other cited barriers include the need for an assistant to accompany the respondent to medical appointments (9 per cent) and mobility issues/lack of transport (6.5 per cent). Just over a quarter of respondents have not experienced any barriers or difficulties in accessing the Polish healthcare system. Respondents above 70 more often cited the lack of an assistant to accompany them to medical appointments as a barrier in accessing healthcare (13.5 per cent versus 7 per cent in the 60–69 age group). Also, people with a disability, as measured by WG-SS, are more likely to face barriers related to lack of transport (10 per cent) or inability to go to the doctor alone (13 per cent) than people without disabilities (1 and 3 per cent respectively).

Figure 6: Type of health related expense respondents cannot cover





Jonathan Moore/HelpAge International

Most older people need medical attention for issues ranging from treatment for long-term conditions to conditions exacerbated by stress and anxiety.

The majority of research participants stated that they require medical attention, from continuation of treatment for chronic diseases to illnesses diagnosed already in Poland and medical conditions exacerbated due to stress and anxiety. The majority had positive experiences with the Polish health system, particularly the first-contact family doctors and emergency care, where they felt they received the necessary help free of charge. The mixed and negative experiences were mostly related to the language barrier and long waiting times for specialist care, including specialist consultations and examinations such as MRI or CT scans. Long waiting times, research participants acknowledged, affected access to healthcare for both Ukrainian and Polish patients, and research participants did not feel discriminated against in this respect. Two research participants who have been diagnosed with cancer while in Poland were very satisfied with the treatment provided.

One study participant said:

“The experience was extremely positive. I am 100 per cent satisfied. If such a system were to be made in Ukraine, it would be great. The attitude is great. The only problem is the language barrier, but there was a worker from Belarus in the department where I went, and she translated everything I wanted to say to the doctor. (...) I have access to all the necessary services. I was very surprised that I received all the treatment for free. Because at first I thought that cancer treatment would cost me crazy money.”

Leonid, 60, cancer patient

Research participants recognised that if people need to access specialised treatment in a time-critical manner, it is often necessary to turn to the private healthcare sector. Yet, with private consultations costing on average 200 PLN (50 USD) – and the average Ukrainian pension around 500 PLN (125 USD)⁴³ – private healthcare is unlikely to be affordable for research participants and reserved for only the most urgent health situations. The high costs and limited availability of public services were also key barriers to accessing Polish dental services according to research participants.

One study participant recalled:

“The Polish doctor helped me. She advised me to contact my Ukrainian doctor so she could write what, how and from what I was previously treated. And then I gave this information to the Polish doctor, and she also prescribed me medicine. I am treated very well here. But it is very difficult to get narrow specialists. You have to wait a very long time.”

Natalia, 72, FGD participant

The language barrier significantly impacted research participants' experiences with the Polish healthcare system. Importantly, this works both ways: research participants finding difficulty in explaining their symptoms and needs as well as some reported cases of Polish doctors being reluctant to treat patients they cannot communicate with. To overcome this barrier, research participants ask family members, volunteers or friends to accompany them and help with interpretation, rely on online translators or prepare themselves ahead of the visit by checking the necessary vocabulary. Also, reportedly many older doctors in Poland are able to speak basic Russian which facilitates the conversation.

One FGD participant stated:

“For the past 10 years, my wife and I have been constantly taking medicine, because I have experienced heart attacks, she had a stroke. And we constantly need some kind of medical services. (...) It is difficult for me to explain to the local doctor here what exactly I need. And she can’t understand me. This is the biggest problem for us: you have to explain to the doctor what you need, but you can’t because of the language barrier.”

Olha, 71

For some, the stress and anxiety of not being understood, or negative experiences in that respect, prevent them from consulting doctors in Poland and they decide to wait until they return to Ukraine to get treated.

Many research participants felt they do not have enough information on both the generally available medical care and health services and programmes directed at Ukrainians, such as clinics that have Ukrainian-speaking doctors or assistance to cover medical expenses. Also, some still feel disoriented and find it difficult to navigate the Polish healthcare system.

The language barrier and lack of information were also recognised as challenges by the interviewed representatives of NGOs and public institutions. This particularly affects older refugees requiring assistance during visits to facilitate contact with the doctors and when making appointments, which in a case of more specialised treatment may require contacting multiple health institutions. While the National Health Fund operates a hotline in Ukrainian providing information on how to access services, which is a positive development, making an appointment and speaking with the doctor during the visit usually requires using Polish. With no interpreters available at the health institutions by default, interpretation usually needs to be arranged by the patients themselves. In light of this, the interviewees recommended the presence of assistants to facilitate access to healthcare for most at risk refugee groups, including older people and people with disabilities.

Another important health-related challenge cited by refugees interviewed is the high cost of medicine and, to a lesser extent, lack of equivalents to the Ukrainian medications they were used to. The financial challenges faced by refugees in buying medicine were also recognised by NGOs and institutions working with this group, particularly in the case of people with disabilities and/or chronic diseases. To mitigate this challenge, some refugees try to buy medicine in Ukraine and have it sent or brought to them by friends or acquaintances. To help cover medicine costs, many research participants registered for the Health4Ukraine programme, the most often mentioned health-related support scheme, and some turned to NGOs for assistance.



Bogdan Rozumnyi/HelpAge International

Family, friends and neighbours are the main sources of support for older people.

As acknowledged by the interviewed representative of a social welfare institution:

“The hospital provides all the basic medicine, but in case of chronic diseases, when patients are outside of the hospital, at home, then they have to count on themselves. (...) if one is in a difficult situation one can turn to the Social Welfare Centre to get special allowance for covering the costs of medication, but most of the time these are one-off allowances, not permanent. So if someone faces chronic illness and long-term treatment [it is difficult].”

Research participants formulated several recommendations that would improve their experiences with the Polish healthcare system. First, development of a local pool of assistants that could accompany older people on their trip to the doctor. Second, more information in Ukrainian on available services and support schemes, for example brochures made available at healthcare institutions. Third, medical helplines where Ukrainians could call to receive teleconsultation with Ukrainian doctors, electronic prescriptions (where applicable) and referrals to the available services.

Need for mental health and psychological support

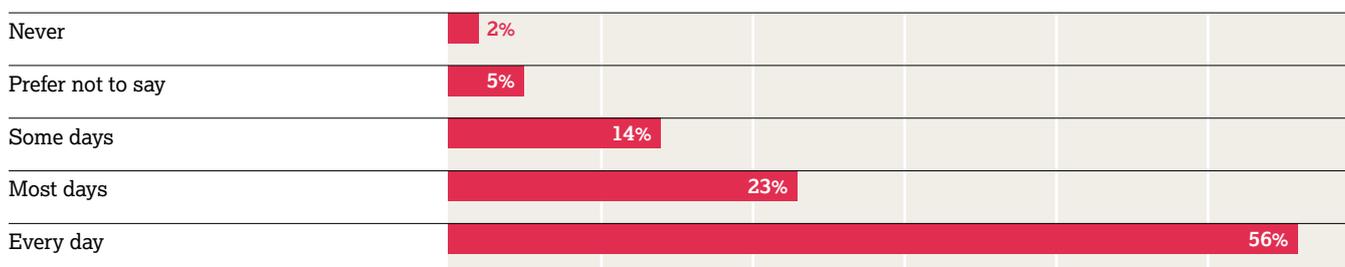
The mental health and psychological wellbeing of older Ukrainian refugees emerge as one of the main points of concern. Seventy-nine per cent of respondents felt worried, anxious and/or depressed “everyday” (56 per cent) or “most days” (23 per cent) in the month prior to the survey. Fourteen per cent felt this way on some days and 2 per cent stated “never” (Figure 7, below).

Respondents with a disability, as measured by the WG-SS, and those living with a chronic illness or serious health condition are more likely to report feeling worried, anxious and/or depressed every day in the past 30 days than respondents without a disability or chronic illness (61 per cent of those with a disability versus 48 per cent of those without a disability and 66 per cent of those with a chronic illness versus 34 per cent of those without a chronic illness).

When in need of emotional support, survey respondents stated they can rely on family members or friends in Poland (67.5 per cent), family members or friends in Ukraine (37 per cent), a psychologist (4.5 per cent) and/or a social worker (4 per cent). Other less frequently mentioned activities to manage anxiety and distress included religious activities, spending time in nature or volunteering. Importantly, 10 per cent of respondents do not receive the emotional support that they need. Respondents from older people headed households more often report they do not receive the emotional support they need (16 per cent versus 5 per cent for households with at least one person of working age). Also respondents who felt worried, anxious and/or depressed every day or most days in the last month are more likely to report they do not receive emotional support they need (12 per cent versus 3 per cent of those who felt worried, anxious and/or depressed only some days or never).

Also, several IDI participants experienced feelings of anxiety, fear and depression. Interviewees spoke of trauma from witnessing war events and the flight to Poland; constant fear for the wellbeing of relatives left in Ukraine and the difficult situation in the country in general; difficulties adapting to life in Poland; longing for home and uncertainty about the future. Some interviewees said they find it difficult to find meaning in life in exile and the motivation to go on. For emotional support most interviewees rely on social networks of family, friends and neighbours, both in Poland and Ukraine.

Figure 7: Emotional wellbeing – how often have you felt worried, anxious or depressed in the past 30 days?



Some find comfort in religious practice, nature, pets, and doing activities outside the house. Only a few used psychological support in Poland, with the barriers identified as lack of information, the language barrier and high cost of such services, if they are not provided for free.

One FGD participant shared:

“You see how different we all are. Everyone has their own story, but it hurts us all the same. There are people who came here with absolutely nothing. There are people for whom it is especially psychologically difficult. We are all people of respectable age and it is difficult for us. And our health is not getting better either. We wake up with tears and fall asleep with tears.”

Anna, who lives in a collective shelter

As shared by one study participant:

“We have no plans. Days pass without a meaning. We have such a feeling.”

Ihor, 69, who lives in Poland with his wife

Interviewees who participated in support groups for Ukrainians were generally satisfied with the experience. From the interviews conducted with refugees, and representatives of NGOs and institutions working with refugees, it seems that support groups/group therapy led by Ukrainian psychologists may be the preferred method of psychological support for older people. Such support groups could help older refugees manage or cope with their distress due to exposure to the war, the difficulties with adapting to life in displacement and other impacts on emotional wellbeing. Support groups are also an opportunity for older refugees to share their experiences with others and how they have coped. To encourage older people to participate, the support groups can be combined with social, leisure or information activities.

One representative of a social welfare institution explained:

“For example phases of adaptation to another country, to migration. Our therapist says that older people open their eyes, because they think that there is something wrong with them, that they have a problem. But then they learn that these are natural phases [of migration]. And when you explain that to them, they are less scared of it all.”

Representatives of NGOs and institutions that work directly with older refugees have observed that those in need of mental health support due to distressing experiences of the war, dementia or other conditions face significant challenges, including long waiting times in Poland’s overburdened system of specialised mental healthcare and language barrier due to the limited number of Ukrainian or Russian speaking psychiatrists.



Stefan Trappe/HelpAge International

Nearly 80 per cent of older people told us they had felt worried, anxious or depressed everyday or most days in the previous month.



Dmytro Maksymenko/HelpAge International

Support groups could help older refugees with difficulties when adapting to life in a new country.

Access to information and social inclusion

Results of the survey show that over one third of respondents do not speak Polish at all, 62 per cent speak it at a basic level and only 2 per cent consider themselves fluent in the language (Figure 8, below). The percentage of people who do not speak Polish at all is higher among respondents over 70 (46 per cent) than those in the 60–69 age group (31 per cent), and among older people headed households (46 per cent versus 26 per cent among households with at least one person of working age).

In terms of digital literacy, 17.5 per cent do not know how to use the Internet, 39.5 per cent can use it at a basic level and 42 per cent are fluent users. Men are more likely to be regular Internet users (59 per cent versus 38 per cent women), while women are more likely to use it only for basic things (42 per cent women versus 31 per cent men) or not at all (19 per cent women versus 10 per cent men). Age group was also found to be an important factor in digital literacy, with two-thirds of respondents above 70 being able to use the Internet at basic or fluent level, compared to 89.5 per cent respondents in their sixties. Another factor related to digital literacy is household composition, with 52 per cent respondents from older people headed households using the Internet regularly compared to 33 per cent among those living in households with at least one person of working age.

Figure 8: Knowledge of Polish language – respondents’ assessment of their language skills

I am fluent	2%
I can speak but difficulty reading / writing	7%
I don't speak Polish at all	36%
I can speak at a basic level	55%

Figure 9: Information channels used

Prefer not to say	1%
Other	2%
I don't know how to get information	2%
Infoline	2%
Ukrainian friends	11%
Polish friends and/or acquaintances	13%
Social worker or volunteer	17%
Other Ukrainian refugees	39%
Family member(s) or relatives	45%
Website	56%

The Internet and social networks are the main channels used by survey respondents to access information on the services they need. When in need of information, 56 per cent of respondents check Internet websites, 45 per cent rely on family members, 39 per cent on other Ukrainian refugees, 17 per cent reach out to social workers and volunteers, 13 per cent ask Polish friends and 11 per cent Ukrainian friends. Importantly, only 2 per cent use the available helplines and 1.6 per cent cannot access any channels to get information on the services they need (Figure 9, above). Men use Internet websites as a source of information more often than women (67 per cent men versus 54 per cent women). The channels used by respondents to access information also vary by age. Respondents over 70 are more likely to rely on family members (56 per cent versus 39.5 per cent in the 60–69 age group), but less likely to rely on other Ukrainian refugees (31 per cent versus 43 per cent in the 60–69 age group) and the Internet (44 per cent versus 62.5 per cent in the 60–69 age group) as a source of information.

Research participants talked about their initial feeling of disorientation on how to manage their lives in Poland and where to turn to for assistance. Nearly all research participants felt that they do not have enough information about available programmes and support in Poland. Many argued that it is difficult for older people to search for information and navigate the available support schemes on their own. Importantly, it seems that the lack of accurate information contributes to a feeling of mistrust and, sometimes, discourages older Ukrainians from reaching out for support.

In their search for information, most rely on social networks, asking family members, neighbours, friends, other refugees and volunteers. Some are able to search the Internet, yet many are not proficient Internet users and rely on the help of younger family members or acquaintances. Several interviewees also pointed out that information they do access on the Internet is often outdated, which adds to the general confusion about their options.

From the collected qualitative data, it seems that refugees who are in contact with local NGOs, or Polish or Ukrainian organisations, have better access to information. Research participants put forward some recommendations on how to improve access to information for older Ukrainians in Poland, including:

1. creating a website or other Internet platform dedicated to older Ukrainians in Poland and gathering information useful for this age group;
2. organising in-person meetings for older Ukrainians where they can talk, share experiences and exchange information;
3. preparing printed brochures in Ukrainian with information useful to older Ukrainians and distributing them at sites visited by this age group, for example local health centres or NGOs.

One FGD participant explained:

“We lack information, especially pensioners. It is quite difficult for us here, due to limited financial opportunities. If there was a platform where such information would be collected, it would be very good.”
Lyubov, 60, who lives in a collective shelter

In addition to information on available support, research participants would also welcome more information on social and cultural activities available locally.

The interviewed representatives of NGOs and public institutions also spoke about the need to reach out to older refugees with different kinds of information. They emphasised the role of assistants who can support older people in dealing with state institutions (e.g. social welfare centres or ZUS) or the healthcare system. In some studied localities such support was provided by social welfare centres and/or NGOs and proved particularly crucial for the most vulnerable refugee groups to ensure their equal access to information and services, where Internet websites or printed materials are simply not enough.

One representative of a social welfare institution stated:

“We provide assistants, if a person needs on-site support. For example, the assistants can go and show how to make appointments to the doctor or go to the hospital (...) the refugees can book such an assistant, not only for medical matters, but also for example if they want to legalise their stay or want to make a tax declaration. Everything that requires personal visits [to institutions].”

Another example of good practices shared by an NGO representative, are in-person information sessions tailored to the needs of particular age groups and conducted at collective shelters and other accommodation sites. In general, it seems easier to provide information to residents of collective shelters, particularly those located in urban centres, but more difficult to reach out to those living in private accommodation. Another idea, raised by a local government representative, is to provide information packages directed at particular age groups, such as Senior Guides that gather all information relevant to older people living in the municipality in the form of a printed brochure. While at present available only in Polish, in the future such brochures could be translated to Ukrainian.

Throughout 2022, and to a lesser extent in mid-2023, most urban centres had information points where refugees could receive comprehensive information on the available assistance in person. While this form of support is likely to cease, given the low number of new arrivals, maintaining some options for in-person consultations at the local level is advisable.



Dmytro Maksymenko/HelpAge International

Older people told us they would like to know more about social and cultural activities available locally.

One representative of local government stated:

“This problem is raised quite often, that older people, also Poles, don’t know about the available offer of activities and events they can attend or benefit from. In our own evaluation it showed the need for one central information point that would gather information on what is happening in the city.”

It is therefore crucial that while preparing information strategies for senior citizens, the local governments and other public institutions make sure to include older Ukrainians as an important way to reach out to this age group.

Limited social inclusion and participation

According to survey findings, 18 per cent of respondents did not get out of the house to attend social meetings, activities or visit friends in the 30 days preceding the interview. In general, 44 per cent of respondents participate in these kinds of social activities at least once a week, 16 per cent a few times a month, 6 per cent once a month and 13 per cent less than once a month. Respondents above 70 more often indicate that they never attend social events (25 per cent versus 14.5 per cent among respondents in their sixties).

Respondents who never get out of the house to attend social events, or do so less often than once a month, cited reasons such as difficult to access, for example no transport (36 per cent); felt no need to attend social events (26.5 per cent); nobody to go with (25 per cent); no events available locally (12 per cent); no friends or relatives in the locality of residence (10 per cent) and lack of information about events/social meetings available locally (9 per cent) (Figure 10, below).

Women are more likely than men to indicate difficult to access, for example no transport, as a reason for not attending social events (43 per cent women versus 9 per cent men), while more men indicated that they do not have anyone to accompany them (43.5 per cent men versus 20 per cent women).

Data collected from FGDs and IDIs show that the main barriers that prevent research participants from engaging in social and public life are the language barrier and fear of not being understood, lack of information on the available activities, health condition, general mobility issues due to age and/or disability and costly transport (or lack of).

One study participant said:

“We go to doctors, to pharmacies, we get food three times a day. We read a lot of news. On weekends, we go to the church in Bemowo [neighbourhood in Warsaw] for religious meetings. We had such a nice meeting yesterday. And nothing else. Where can old people go... we have very little entertainment. By the way, in our area, the bus runs quite rarely, with long intervals, but we are getting used to it.”
Tetiana, 74

Some research participants have no free time for social activities being fully occupied with providing care to their grandchildren. Some still feel locked in their grief, homesick, and simply wait to go home.

Figure 10: Reasons for not leaving the house to attend social meetings, activities, events or to visit friends or relatives

Prefer not to say	9%				
I don't know about the events	9%				
I don't have friends or relatives here	10%				
There are no events in my neighbourhood	12%				
I don't have anyone to go with		25%			
I don't feel the need			26%		
Difficult to access				36%	

One FGD participant shared:

“My husband and I don’t even want to go anywhere. There is no desire to do anything. I don’t want anything. The mood is not the same. A different life has suddenly come. Once we went somewhere, once we wanted to see something somewhere, but now we don’t (...) we can say that we have a feeling that it is all inappropriate now. Maybe young people perceive it differently. But that’s another matter. And so it should be, that’s right. Because they are young and they need to live somehow. And we cannot adapt to live here, we cannot get a job. So we are all waiting when we can go home.”

Wira, 68

The interviewed representatives of NGOs and institutions working with refugees also stressed that older Ukrainians are not a homogenous group, which means a need to diversify the offered activities and outreach strategies.



Emre Caylak/HelpAge International

Polish language courses for older Ukrainians could help them to feel more connected to their communities.

The qualitative data shows Ukrainian and Polish NGOs play an important role encouraging older Ukrainians to engage in activities outside their homes. Most interviewees felt they have already adapted to life in Poland. Three experienced discriminatory treatment, but most had a positive view on how they were received by Polish society. The majority of research participants were either already learning Polish and wish to continue or would like to enrol in a Polish language course if given the opportunity. Only a few had no motivation to learn or feared it was too late for them to learn a new language. The collected data suggests that the provision of Polish language courses tailored to the needs of older Ukrainians may be an important means of facilitating their social inclusion. This recommendation was echoed in interviews with representatives of NGOs and institutions working with refugees, who also mentioned that offering language courses specifically for older Ukrainians may encourage them to participate. A good practice shared by an NGO interviewed, included language tandems, whereby older people from Poland and Ukraine work in pairs in order to learn their languages from each other.

One NGO representative explained:

“It works very well for older people, to learn language in tandems – a person from Ukraine and a person from Poland. These are people in the same age, they may face the same issues, they can complain together, have fun together and so on.”

Findings from this study indicate that there are limited initiatives that aim to integrate older Ukrainians with their Polish counterparts. It seems that both NGOs and programmes for older people in Poland rarely reach out or involve older Ukrainian refugees. Instead, older Ukrainians are supported by NGOs, institutions and programmes providing assistance to Ukrainian refugees as a whole.

Interviewed representatives of NGOs and institutions working with refugees saw the need to step up integration activities both among Ukrainian refugees and with the Polish host community. Interviewees stressed the importance of activities that build social networks at the local level that can be used for neighbourly support and leisure, but also job opportunities. Examples of successful integration activities included small libraries where refugees could rent a book or magazine, drink coffee and socialise, gymnastics for older people, Ukrainian and Polish cultural activities, and city walks. Other activities of interest mentioned by interviewed refugees included digital literacy courses, courses on how to find a job in Poland and social meetings for older Ukrainians living in the area.



Dmytro Maksymenko/HelpAge International

Now that the emergency phase has ended, it is time to understand and respond to the needs of different refugee groups.

Conclusions: Mapping a future for older Ukrainian refugees in Poland

Already over a year into the crisis, and with no end of the war in sight, Poland – and the EU in general – faces the question of the long-term strategy towards Ukrainian refugees. Development of such a strategy requires special attention to older people who are larger in number and proportion than has been the case in displacements seen previously. This section summarises some of the main challenges that lie ahead and lessons for the future.

Overall, the research shows that the EU's Temporary Protection Directive, and its application in Poland via the Special Act, is focused on working age people and families with children and does not fully address the rights and needs of displaced older people.

The value of the average Ukrainian pension does not allow older refugees to be self-sufficient in Poland. The Polish government strategy to facilitate the inclusion of Ukrainian refugees into the Polish labour market, as a means for them to secure the income necessary to survive, has been a very positive development yet cannot be considered a solution for this age group. While some have found employment or are ready to do so if supported, the majority of Ukrainian pensioners will remain unemployed.

If no family member is there to share the living costs, they will need to rely on support from the Polish state. What form this support should take in the long run is still to be decided. Acknowledging the budgetary constraints, the solution should nonetheless allow those most at-risk to meet their basic needs. Possible options discussed in key informant interviews included broader access to the existing social protection mechanisms for vulnerable older refugees, such as the permanent allowance, or topping up the Ukrainian pension to the amount of the Polish minimum pension. Both solutions will require a long-term financial commitment on the part of the Polish government and may require external financial support from the EU or international donors.

A representative of a social welfare institution highlighted:

“For younger people, we could speak of professional activation – ‘go to work, raise your qualifications, learn Polish, recognise your diploma so that you can work according to your qualifications’. But it is difficult to speak with a person 70 years old about such activation. For me it is a systemic problem, for the central government (...) for sure it is not [a decision] for the level of local governments. I would search for a solution close to the minimal pension and if this is not enough then the system of social allowances.”

Representatives of the local government interviewed spoke with a high degree of uncertainty about the future of support mechanisms and funding provided through the Special Act and what will happen if the provisions are not sustained beyond March 2024. Representatives of the central government confirmed that the matter is now being discussed at the EU-level and it is not yet clear whether there will be a one EU-wide approach or each country will have to develop their own solutions. Other than support schemes and funding, interviewees raised the issue of grounds for legal stay for older refugees. With the majority not being able to start employment in Poland, they will not be able to apply for the main schemes for foreigners that are conditional on work or study.

Another way for older Ukrainian refugees to legalise their stay beyond the Special Act is to apply for international protection in Poland, but this solution also presents challenges. As of June 2023, there were 52 Ukrainians above 60 years old who were in the process of applying for international protection in Poland.⁴⁴ If their number was to increase rapidly, it would require significant human and financial resources for the institutions in charge. Also, the social assistance offered to people who applied for or receive international protection is only temporary and thereby cannot be considered a solution to provide long-term financial security for older Ukrainians.

As acknowledged by an interviewed representative of central government:

“It requires some social protection approach rather than directing these people to apply for international protection (...) because it is also only a temporary solution.”

More broadly, local government representatives raised the need for a more comprehensive migration policy on both national and local levels. Such a policy, among others, should address the different aspects of refugee integration into public life and local community. Older Ukrainians were seen to require a dedicated approach, as they are likely to face more and/or other challenges than younger refugees. At the time of this study, none of the interviewed representatives of local or central government, nor NGOs, run programmes or activities specifically targeting older refugees. In general, existing activities and programmes approach refugees either as a single category or focus on children. The main reasons for this, interviewees explained, were the emergency stage of the crisis when the focus was on providing basic needs for all; the relatively low number of older Ukrainians compared to other age groups; and donor requirements for specific programmes.

A representative of the local government stated:

“I think that they [older refugees] are kind of forgotten. I think that even if they are much less than other groups, then still – or maybe even more so – someone should look after them, there should be some programmes. Of course, matching the needs, not such big ones (...) because we know that they are less, but some form of additional support targeting older people.”

Now that the emergency phase has ended, it is time to understand the needs of different refugee groups, interviewees agreed. Yet planning and policy making is hampered by the lack of accurate data about refugees residing in respective municipalities. For the local governments, the PESEL UKR database – with its shortcomings – remains the main source of statistical data, supplemented by information gathered by local institutions within their mandate (e.g., educational departments, labour offices).

The availability of accurate age and gender disaggregated data on the refugee population in respective localities should be recognised as an important step in preparing a long-term strategy and sustainable solutions for the provision of required services. In the case of older refugees, a representative of a local government argued, this should include for example, availability of geriatric and long-term care and strategies against social exclusion.

A representative of a social welfare institution highlighted:

“Geriatric care is one of the challenges, also for our own citizens, not to mention older people from another country. This is a broader demographic challenge, our society ages, in most of Polish cities we have negative natural growth (...) and we have to adjust our services for the needs of older people, but this requires funding. And now there is also a group of older people from Ukraine that will enter our systems, because some of them will probably stay here, not being able to return for different reasons.”

Such a long-term strategy could also open up existing programmes and activities for older citizens to include older Ukrainian refugees. This includes both programmes offered by the central and local governments (e.g. Senior Cards) and activities run by organisations for seniors or third age universities.

As one public official said:

“What remains a challenge, and could already be observed for some time, is that non-governmental organisations for older people or people with disabilities are not perceived as organisations who deal with human rights. So, when I talked with third age universities or senior councils, they tell me that they lack expertise in that [working on human rights of older persons in local and global context]. I think they were involved, pointwise, but I am not sure if they focused on older people, rather on people from Ukraine in general.”

To facilitate the process of including older refugees, it will be critical to support the capacity of older people’s organisations, civil society organisations and other community initiatives to include older refugees in their activities, which may prove crucial for their long-term social inclusion.



Maciek Zygmunt/HelpAge International/Crown Agents

Supporting the capacity of older people’s organisations, CSOs, and other community initiatives is critical to the inclusion of older refugees.

Recommendations

Based on the study findings, and needs articulated by older Ukrainian refugees themselves, we have put forward recommendations that we believe can guide future policies and initiatives to improve the wellbeing of older Ukrainian refugees in Poland. Above all, a participatory approach is needed, whereby planned programmes are informed by the needs and challenges voiced by older Ukrainian refugees.

1. Sustainability

Central and local governments must uphold the rights and address the needs and challenges faced by older people when developing national and local policies for supporting older Ukrainian refugees. While during the emergency phase, the focus was on providing basic needs for all, now is the time to develop policies and programmes focused on long-term solutions and tailored to the needs of specific groups, such as older people.

2. Pensions

Social policies towards older Ukrainian refugees should recognise that the value of the average Ukrainian pension does not enable financial self-sufficiency in Poland. The problem could be addressed through the existing social protection system and target those in greatest financial need or through more universal approaches, such as topping up the Ukrainian pension to the Polish minimum pension. The adopted solution will need to be based on an integrated approach for all poor older people in Poland and may require external financial support from the EU or international donors to be inclusive and sustainable.

3. Regulation

Regulations that will follow the Special Act should allow older Ukrainian refugees to legalise their stay without the work/study requirements. The adopted solution should be communicated as soon as possible, in Ukrainian and in a variety of accessible formats.

4. Social inclusion

Long-term social inclusion strategies should involve opening up existing policies and programmes for older people in Poland to older refugees from Ukraine. Such a strategy should also involve support for Polish senior organisations to engage older Ukrainians in their activities.

5. Accommodation

Older Ukrainian refugees who cannot afford rent should continue receiving accommodation support at inclusive and accessible collective shelters free of charge and/or rental subsidies should be provided for Polish hosts. At the collective shelters, NGOs should continue and strengthen the support provided to older Ukrainian refugees including psychosocial support, information sessions and/or leisure activities.

6. Decent work

Older Ukrainian refugees who wish to find work should be supported in these efforts by public institutions and NGOs through specialised job counselling and training, for example on digital literacy, possibly with incentives for employers. Any employment of older Ukrainian refugees, as with all employees, should be done through a legal contract and adopt the basic principles of decent work.

7. Specialist assistants

A vital way to address many existing barriers in accessing public institutions and services for vulnerable older refugees is through provision of dedicated assistants. The scope of such support should not be limited to medical appointments, but should also include facilitation of contact with other institutions and organisations, based on individual needs.

8. Evidence/data

The Polish government should regularly collect, analyse, report, and use data on refugees, including older people, that is disaggregated by age cohort, gender, and disability. The up to date evidence should be used to inform policy and programmes, and publicly share data and findings with others to achieve greater reach and inclusion of older people.

9. Information hub

To improve access to services and available assistance to older Ukrainian refugees, and to support their social inclusion, there is a need for a single digital platform to provide information relevant for this age group, for example programmes and activities dedicated to older people and contact details for organisations and institutions offering support and advice. The platform could then become a hub for further dissemination through stakeholders, including NGOs and social workers conducting awareness sessions for older refugees. In addition to the online platform, the information should be promoted widely among older refugees and distributed in printed formats at sites used by this age group.

10. Language and training

To address language barriers and support the social inclusion of older Ukrainian refugees, the offer of Polish language courses provided by public institutions and NGOs should include free courses tailored for the learning needs of older Ukrainian refugees.

11. Healthcare

Health and long-term care and support services should be provided to meet the needs of older Ukrainian refugees. This requires overcoming barriers related to mobility, language, lack of information and/or funding. Since most older refugees participating in this study are not able to fully cover their health-related expenses, it will be critical to sustain programmes such as Health4Ukraine and subsidise medicine costs for the most vulnerable refugee groups.

12. Psychosocial support

Mental health and psychosocial support should be provided to older Ukrainian refugees and their families/caregivers free of charge. In addition to individual consultations, it is important to create opportunities for community and family focused psychosocial support to help older people (and their family/community) manage and/or cope with feelings of anxiety and loneliness.

13. Community integration

It is essential to address the risk of social exclusion and isolation of older Ukrainian refugees through social integration and strengthening links within the community. This can be done via outreach support through community volunteers, and providing opportunities for older people to meet with each other and engage in social activities, such as gatherings, excursions, information and awareness raising sessions, and fitness groups.

14. Consultation

All stakeholders and actors should support the engagement, participation, empowerment, agency, and autonomy of older people and incorporate their perspectives and experiences in plans, programmes, and evaluation.



Stefan Trappe/HelpAge International

Long-term policy and programmatic solutions are required to ensure the wellbeing of older refugees.

Appendix: Methodology

The research used a mixed-method approach to examine the wellbeing of older Ukrainian refugees in Poland. In the preparatory stage of the research project, the approach and methodology were subject to in-depth consultations with a group of experts. The expert workshop was conducted in Warsaw on 22 May 2023 and gathered different stakeholders including representatives of the Polish Ombudsman's Office, international organisations, Polish NGOs and academics doing research on the situation of older people and migrants in Poland.

The conclusions from the expert workshop were then discussed during an internal HelpAge-PCPM workshop on 23 May 2023 and led to the development of a quantitative research tool. The methodological tools used in this research project were: a quantitative questionnaire; focus group discussions (FGDs) and in-depth interviews (IDIs) with older Ukrainian refugees in Poland; and key informant interviews (KIIs) with different stakeholders involved in the planning, regulation and provision of assistance to Ukrainian refugees in Poland. Qualitative data from FGDs, IDIs

and KIIs was coded in MaxQda software and thematically analysed. Data from the quantitative survey was analysed in SPSS and by means of descriptive statistics and, where applicable and depending on the type of data, selected tests of associations.

Quantitative research

The quantitative questionnaire was conducted between 7 June and 4 July 2023 over the phone by Ukrainian speaking enumerators. The choice of phone surveys was based on PCPM experience that phone interviews are the preferred solution to conduct surveys among older Ukrainian respondents, as it limits the risk of digital exclusion. The questionnaire was developed by HelpAge and PCPM; it had 66 questions divided into six sections focusing on the socio-demographic profile of the respondents, their situation in regard to accommodation, sources of income, social protection, healthcare and access to information and social inclusion. The questionnaire was designed to be completed by individuals, yet several questions concerned the situation of respondents' household. For this research, the household was understood as people living together and sharing a budget. The questionnaire was prepared on the Kobo platform and the enumerators received an induction training on how to use the tool.

Sample size

Based on the available government data, as of 7 May 2023, the number of Ukrainian refugees aged over 60 who registered for the Polish identification number (PESEL UKR) stood at 76,273. Of that number, 76 per cent were female (58,233) and 24 per cent were male (18,040). Based on the figures from PESEL UKR database, PCPM calculated the sample size based on the assumption that 76,273 is the best available estimate of the number of older Ukrainian refugees living in Poland. The sample size was calculated at 382, with 95 per cent confidence level and 5 per cent margin of error. The sample was stratified by gender to reflect the gender composition of older Ukrainian refugees registered in the PESEL UKR database.

Sample selection

The recruitment of respondents presents a considerable challenge in research on the situation of older Ukrainian refugees in Poland. The rapid assessment conducted by the PCPM team among representatives of NGOs and research companies showed that there is no database including basic demographic information and phone numbers that could be accessed and would allow for selecting a fully representative sample. The review of available reports confirmed this. With no such database available, and given data protection considerations that hinder the possibility of accessing databases held by other organisations and institutions, PCPM relied on its own databases of beneficiaries who received cash assistance in 2022. The total number of Ukrainian refugees above 60 years old who received assistance in 2022, and did not receive any form of assistance from PCPM at the time of the research, was 2,857. From this group, the PCPM team randomly selected the research

sample. The matter of respondent recruitment was discussed in detail during the expert workshop conducted on 22 May 2023, i.e., in the preparatory phase of the research project. The experts discussed different available options taking into account factors such as statistical rigour and representativeness, logistical and organisational issues, cost/value for money. The discussions concluded with the agreement that given all factors and limitations, the best possible option was to randomly select respondents from the existing PCPM databases.

Qualitative research

Focus group discussions

Four FGDs were conducted as part of the research project. These were conducted by an experienced social researcher from Ukraine according to a list of open-ended questions and recorded with the informed consent from the participants. The selection process aimed to ensure diversity of the participants. To this end, the FGDs were conducted in one collective shelter (Borzęcin), one big city (Warsaw) and two mid-sized cities (Lublin and Białystok). For each FGD, 10 older Ukrainian refugees were invited and offered a Sodexo voucher for their participation. In total, 37 older Ukrainian refugees, 27 female and 10 male, participated in the FGDs. The average age of the participants was 68, with 23 participants between 60 and 69 years old and 14 participants between 70 and 79 years old. In terms of their places of origin in Ukraine, the FGD participants came from 16 different *oblasts* (provinces): 15 people from Eastern, 19 from Central and three from Western Ukraine (Table 1A, below). The FGDs were conducted between 6 and 9 of June 2023 and lasted for about an hour.

Table A1: Summary of focus group discussions (FGDs)

FGD code	Location of FGD	Date of FGD	Number of participants	Female	Male	Average age
FGD 1	Collective shelter in Borzęcin	6 June 2023	9	7	2	70
FGD 2	Białystok	7 June 2023	10	8	2	69
FGD 3	Lublin	8 June 2023	10	6	4	67
FGD 4	Warsaw	9 June 2023	8	6	2	67
Total			37	27	10	68

In-depth interviews

Eleven in-depth interviews (IDIs) were conducted as part of the research project. The IDIs were conducted by an experienced Ukrainian social researcher according to a list of open-ended questions and recorded with consent from the participants. The interviewees were selected to best reflect the diversity of the researched population. In total, 12 older Ukrainian refugees were interviewed (one interview was conducted with two participants), of whom nine were female and three male. The average age of participants was 66, with eight participants between 60 and 69 years old, three

participants between 70 and 79 years old, and one participant over 80 years old. The participants came from six *oblasts* in Ukraine, nine people from Eastern and three from Central Ukraine. In Poland, six interviewees lived in collective shelters in rural locations of Mazovian Voivodeship (Pilaszów, Święcice, Bramki), two lived in a big city (Warsaw), two in mid-sized cities (Białystok, Lublin) and two in a small town (Siedlce) (Table A2, below). All participants of the IDIs received Sodexo vouchers for their participation in the research. The IDIs were conducted between 5 and 9 June 2023 and lasted approximately 45 minutes.

Table A2: Summary of in-depth interviews (IDIs)

IDI code	Location of IDI	Date of IDI	Age	Gender	Oblast of origin
IDI 1	Collective shelter in Pilaszów	5 June 2023	74	Female	Donetsk
IDI 2	Collective shelter in Święcice	5 June 2023	69	Male	Donetsk
IDI 3	Collective shelter in Święcice	5 June 2023	70	Female	Donetsk
IDI 4	Collective shelter in Święcice	5 June 2023	62	Female	Kirovohrad
IDI 5	Collective shelter in Bramki	6 June 2023	60	Female	Dnipropetrovsk
IDI 6	Collective shelter in Bramki	6 June 2023	61	Female	Chernihiv
IDI 7	Białystok	7 June 2023	60	Female	Zaporizhzhia
IDI 8	Lublin	8 June 2023	66	Female	Kyiv
IDI 9	Warsaw	9 June 2023	71	Male	Zaporizhzhia
IDI 10	Warsaw	9 June 2023	60	Female	Zaporizhzhia
IDI 11	Siedlce	9 June 2023	81	Female	Dnipropetrovsk
IDI 12	Siedlce	9 June 2023	60	Male	Dnipropetrovsk

Key informant interviews

Fifteen key informant interviews (KIIs) were conducted by the research team with relevant stakeholders involved in the planning, provision and regulation of services to older Ukrainian refugees in Poland. Based on preliminary research, the PCPM team identified four main groups of respondents who were interviewed:

- a. representatives of central government institutions;
- b. representatives of local governments and administration;
- c. representatives of social welfare institutions;
- d. representatives of local and international non-governmental organisations involved in the provision of assistance to older Ukrainian refugees (Table A3, below).

The key informant interviews were conducted between 5 June and 19 July 2023 according to a list of open-ended questions. When possible, the interviews were recorded with the informed consent from the participant. If the consent was not given, minutes of the meeting were taken down in the form of notes.

Table A3: Summary of key informant interviews (KIIs)

KII code	Location of KII	Date of KII	Category of respondent
KII 1	Ożarów Mazowiecki	5 June 2023	Representative of local government
KII 2	Pilaszków	5 June 2023	Representative of social welfare institution
KII 3	Białystok	7 June 2023	Representative of local government
KII 4	Białystok	7 June 2023	NGO representative
KII 5	Siedlce	14 June 2023	Representative of social welfare institution
KII 6	Szczecin	20 June 2023	Representative of social welfare institution
KII 7	Warsaw	20 June 2023	Public official
KII 8	Lublin	27 June 2023	Representative of social welfare institution
KII 9	Warsaw	29 June 2023	Representative of central government
KII 10	Warsaw	29 June 2023	Representative of central government
KII 11	Przemysl	29 June 2023	NGO Representative
KII 12	Warsaw	4 July 2023	Representative of social welfare institution
KII 13	Warsaw	14 July 2023	INGO representative
KII 14	Warsaw	17 July 2023	Representative of central government
KII 15	Warsaw	19 July 2023	Representative of central government

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Conclusions

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Siefan Trappe/HelpAge International

All actors should support the engagement, participation, empowerment, agency, and autonomy of older people.

Find out more:

www.helpage.org/resource/learning-from-the-experiences-of-older-ukrainian-refugees-in-poland/

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“Everyone has their own story, but it hurts us all the same”

