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# Support system for the elderly in Poland – selected aspects

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## **Abstract**

The article deals with the topic of supporting the elderly in Poland. The text presents selected aspects of this issue: the problem of aging of the society, the attitude of Poles towards seniors, senior policy, the issue of family and institutional care over the elderly. The article also contains recommendations on helping the oldest members of the society.

## **Introduction**

The longer duration of human life, the aging process of the society, the transformation of the care model for seniors and the problem of managing the activity of people in post-working age are the main reasons for the interest of scientists in the problem of old age (Szarota, 2004, p. 94).

The aim of the article is to show the selected aspects of supporting older people in Poland. The text presents the subject from a macro-social perspective (data on the senior policy) and mezzo-social perspective (selected institutions supporting the elderly). The article deals with the problem of the aging population and care for seniors. Recommendations were also made to improve the situation of the oldest generation.

The text contains fragments of the dissertation “Critical events as factors shaping the sense of the quality of life of the elderly” – supervisor: Ph.D. hab. Zofia Szarota, PU professor; assistant supervisor: Ph.D. hab. Artur Fabiś.

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## Aging of society

In Poland, demographic growth has slowed down in the last quarter-century. There are significant changes in the age structure of the population. The aging process of society results from the extension of human life expectancy and low fertility levels. It is also deepened by the increased economic emigration of young people. The coming years will be characterized by an increase in the population in the oldest age groups (<http://stat.gov.pl/obszary-tematyczne/ludnosc/ludnosc/sytuacja-demograficzna-osob-starszych-i-konsekwencje-starzenia-sie-ludnosci-polski-w-swietle-prognozy-na-lata-2014-2050,18,1.html>). Forecasts show that the number of seniors (over 60 years of age) will increase worldwide from around 600 million in 2000 to over 2 billion in 2050 (Ombudsman Website). In 2016, the average life expectancy in Poland was 74 years of age for men and 82 for women. Poles live about 19 years longer than in the middle of the last century (<http://stat.gov.pl/obszary-tematyczne/ludnosc/trwanie-zycia/trwanie-zycia-w-2016-r-,2,11.html>). Given the period after World War II, we can see an increase in the number of people aged 80 and older. In 1950–2012, their number increased eightfold, while the total population increased by 55% at that time, and the number of seniors aged 65 and older increased by 316% (Szukalski, 2014, p. 59).

Increasing the elderly population raises various issues that apply to the whole world and individual countries. According to Tadeusz Aleksander, these are: economic problems that come down to the issue of benefits and services for seniors, social problems that include health care, social assistance, as well as leisure management, and scientific problems – the emerging and developing gerontological and geriatric institutes will devote more and more attention to the phenomenon of old age (Aleksander, 2009, p. 291). The increasing number of the elderly entails an increase in costs in the area of three systems: pension, health care and social assistance (Szukalski, 2011). Today, the position of seniors in the family and society has changed due to the increase in their number, intensive changes, people's attitude towards the future, the intense nature of industrialization and urbanization, as well as social, economic and political changes (Bojanowska, 2012, p. 23).

## Poles on the oldest generation

According to the research carried out by CBOS, Poles claim that seniors are needed in the society – 87% of respondents said so. Every tenth respondent expressed the view that older people are rather a burden. The opinions expressed turned out to be dependent on the level of education and age. As the level of education increases, the tendency for the negative perception of seniors decreases. It turned out that with age, the attitude towards older people decreases. Respondents aged 65 and over most often expressed the view that seniors are a burden to others ([http://www.cbos.pl/SPISKOM.POL/2009/K\\_157\\_09.PDF](http://www.cbos.pl/SPISKOM.POL/2009/K_157_09.PDF)). Perhaps older people identify old age with a

burden, looking through the prism of their own negative experiences. Difficulties related to obtaining certain services, such as medical services, can contribute to this state of affairs. Low self-esteem can also be a source of these opinions.

Poles said that seniors are needed in the society because they play an important role of a grandmother or grandfather, taking care of grandchildren (97%), have valuable knowledge of life experience (95%), are good neighbors, noticing what is happening in the environment (92%), perform socially useful functions (88%), for example, in the housing estate council or charity organizations ([http://www.cbos.pl/SPISKOM.POL/2009/K\\_157\\_09.PDF](http://www.cbos.pl/SPISKOM.POL/2009/K_157_09.PDF)). The overwhelming majority of respondents indicate the high value of the functioning of seniors in society is optimistic information. Their help in taking care of the youngest family members is particularly valued – grandparents provide their grandchildren not only with care but above all, affection.

## Senior policy

The aging policy (old age) in European Union countries, including Poland, focuses on assisting disabled people and people in need of financial support. Its key element is activities in the field of inclusion and integration of seniors. The most important goals of EU policy directed at the elderly include: ensuring adequate livelihoods, social security, health, and nursing care, supporting independence, adapting housing to the needs of users, providing conditions for the integration of seniors with the local community and intergenerational integration (Szarota, 2015, p. 46).

Social policy is initiated on a global, national, regional and local scale. The global (widest) range covers the activities of international entities, associations, and NGOs. National policy is implemented by the president, parliament, government, ministries, as well as various associations and NGOs. Initiatives on a regional scale refer to the functioning of voivodeship offices, regional centers of social policy, as well as non-governmental entities. On the other hand, local policy (with the narrowest range) covers the activities of municipality offices, local institutions and non-governmental organizations (Szarota, 2010, p. 192).

Government programs implementing policy towards the elderly include “ASOS” and “Senior-WIGOR”. The website of the Ministry of Family, Labour and Social Policy provides information on the “ASOS” program: “The program (...) is a comprehensive undertaking, taking into account the areas and directions of support enabling the achievement of the main goal of improving the quality and standard of living of the elderly for dignified aging through social activity. The program assumes the practical inclusion of the NGO sector in activities aimed at engaging seniors. (...) The assumptions of the Program can only be realized through planning, designing and implementing long-term actions that achieve the long-term goals” (Website of the Ministry of Family, Labour and Social Policy a). Taking up an activity is one of the

main conditions for healthy aging. An important role in this process is also fulfilled by cooperation and intra-generational and intergenerational integration.

Referring to the described program, Artur Fabiś poses important thought-provoking questions: “And what about the expectations of the aging people themselves? Should they adapt to the offer to act as the decision-makers wish? And what about those who cannot articulate their needs? Do they have the same chances for self-realization as those who chose an active aging model (or adapted to this model)? It should rather be expected that support for the development of aging should not focus solely on the already active and engaged seniors, but that the needs of the rest of the oldest generations should be taken into account. Then one can also expect that the commitment, and not only the narrowly understood activity, will provide them with the satisfaction leading them to dignified, happy and own old age” (Fabiś, 2017, p. 16). A. Fabiś emphasizes that an important feature of the expected old age is the free choice of the individual.

This program assumes activities simultaneously in four areas that relate to the social activity of older people. It is based on the priorities listed below:

- Education of seniors. It refers to activities aimed at developing the educational offer for people in late adulthood. It also refers to the potential of mutual learning, development of modern forms of education (non-formal and informal).

- Social activity promoting intra and intergenerational integration. It concerns the development of various forms of seniors’ activity using the current social infrastructure, for example, libraries or community centers. It is also important to include young people in joint activities, which will allow for mutual understanding as well as social competence development.

- Social participation of seniors. It concerns activities aimed at increasing senior participation in public, social, economic, cultural and political life (which will affect the development of civil society). Organizations that represent the interest of seniors as well as affect their involvement in the functioning of local communities have an important function in this area.

- Social services for seniors. It refers to the development of various forms of support for people in late adulthood (due to increased access and quality of social services for seniors). Building local support networks that should be based on volunteers (to work on creating a self-help environment) is important here (Website of the Ministry of Family, Labour and Social Policy).

The “Senior-WIGOR” program provides for financial support for local government units in achieving their own goals set out in art. 17 par. 2 point 3, art. 19 point 11 and art. 21 point 5 of the Act of March 12, 2004, on social assistance (Journal of Laws of 2013, item 182, as amended). This program applies to all voivodships. Local government units decide whether they want to participate in the program. Institutions participating in the program are obliged to submit annual reports on the implementa-

tion of the program (competent minister dealing with social security) (Website of the Ministry of Family, Labour and Social Policy b).

The “Senior-WIGOR” program refers to the recommendations contained in the “Guidelines for Long-Term Senior Policy in Poland for 2014–2020”. This mainly concerns the care and educational services, as well as self-help activities. The role of the Program includes the development of social services tailored to the needs and capabilities of people in the old age, ensuring adequate care for individuals showing less independence, using modern technologies to organize care for seniors, creating a support network for informal carers, integration in society, ensuring appropriate public service standards, increasing the quality of services for the society, increasing the effectiveness of the public service provision system, development and appropriate use of regional potentials, building conditions for the development of regional and local centers, as well as increasing potential of the cities (*ibidem*).

Beata Bugajska, Rafał Iwański, Marta Giezek, and Adam Ciemniak, when analyzing the senior policy of Szczecin, point to the need to expand the activities of various entities, full-time and part-time, supporting the elderly. Examples of recommendations include the development of the protected housing system, optimization of the day support centers, development of volunteering, development of environmental services, such as shopping or transport (Bugajska, Iwański, Giezek, & Ciemniak, 2017, p. 118).

## Care over the elderly

Elderly care models include: “family care (of relatives and related), home care (informal – neighborhood, friends, privately paid people, non-governmental organizations), institutional care, including environmental care provided in the form of care services at home and the form of comprehensive services in a support facility (e.g. day-care nursing homes, self-help centers, a nursing home or support center), provided by qualified personnel” (Szarota, 2011, p. 19–20). Single people and those to whom the family is not able to provide appropriate assistance can count on care services provided by social assistance centers. Private companies and non-governmental organizations, in cooperation with these institutions, help people who cannot meet their own needs due to age, poor health or random situations. Caregivers perform tasks such as cooking, cleaning, shopping, washing, dressing, feeding, and dealing with various matters. These services also include specialist care for mentally ill people. The above-mentioned tasks are carried out in private homes for the charges (Krzyszowski, Skrzyński, & Kutyło, 2007, p. 37–38).

Social, economic and demographic factors reduce the caring potential of the family. Families have become less numerous, multigenerational occurrences are becoming less frequent, bonds have become weaker and contacts less intense. There is a high rate of economic emigration in our country, both abroad and in Poland. The number of close relatives who can take care of older family members is decreasing. The size

of the family, its structure and economic situation are indicators that determine the caring potential of the basic social cell. The decrease in the number of births in our country contributes to the fact that care tasks must be implemented to a greater extent by non-family institutions. It is also associated with the longer duration of human life and the increasing period of the dependence of the individual. In Poland, there is a widespread belief that it is the family that should take care of older people. The social and economic changes that took place significantly influenced the functioning and structure of the family. Unemployment or the pursuit of prosperity affects the decision to travel abroad for work purposes, and the increasing involvement of women in work reduces their ability to care for disabled relatives. An additional issue is that often disabled elderly require specialist care, which determines the need to use medical services (Hrynkiewicz, 2012, p. 12–13).

In the area of institutional assistance, the health care sector for people who are not able to meet their needs alone has allocated the following institutions: care and treatment facilities, upkeep and treatment facilities, hospices, palliative care departments, and departments for chronically ill (Bojanowska, 2012, p. 27).

## **Selected institutions supporting seniors**

### ***Daily support center***

These facilities are intended for the elderly, are run to maintain the mental and physical fitness of seniors. Daily support centers are to create conditions for the longest possible functioning of units in their family and local environments. Thanks to these facilities, seniors meet the needs of contact with other people and integrate socially. Participants receive specialist support, social and facilitating rehabilitation, as well as various kinds of help and leisure activities. The elderly are referred to these centers based on a decision issued by social assistance centers. Interested people should contact the appropriate (depending on the place of residence) social assistance center. Then, the social worker carries out an environmental interview and completes the required documents – on this basis, the SAC issues a decision. The stay in day support centers is paid – the rules for determining payments are different in individual municipalities (Dąbrowska-Badula, 2011, p. 33–34).

### ***Community self-help home***

A support center is a form of semi-stationary assistance – it is an alternative solution for institutionalization. It provides an all-day stay with meals. This institution provides care, rehabilitation, recreational, cultural and educational services. It is intended for people suffering from various types of disabilities. Seniors who are not incapacitated, but feel lonely and deprived of family care may also benefit from the operation of the support center (Zych, 2010, p. 116).

The purpose of the work of the daycare home and community self-help home is to support the elderly and to dismiss the need to live in social care homes or nursing homes (Szarota, 2010, 246).

### ***Social welfare home***

Social welfare homes are “state budgetary establishments or private permanent residences, providing 24-hour, timely care to people who are not coping with the problems of the daily life on their own due to age, suffering from chronic somatic, mental illness, mental retardation or severe physical disability” (Szarota, 2004, p. 86).

Referral to the social welfare home requires the consent of the person being directed or his/her legal representative. In the case of incapacitated persons, the court's consent for the legal guardian to place the person in a social assistance home is additionally required. The court's consent also applies to situations when an individual needs help and his or her health condition does not allow to make such consent. During the proceedings, the following documents are obtained: environmental interview conducted by a social worker at the person's place of residence, photocopy of proof of receipt of a disability or old-age pension, health certificates, consent of the person concerned or his/her legal representative (or court order), consent to incur a fee for the stay, declaration of financial status, declaration of obtaining (or lack of) one-time income in the last year, opinion on psychophysical fitness, family environmental interview conducted on persons obliged to make the payment. After conducting the interview and completing the documents, a decision is issued to refer a person to the social welfare home of a given type (Dąbrowska-Badula, 2011, p. 28–29).

### ***Care and treatment institution***

The care and treatment institutions belong to the health sector – they do not belong to social assistance. Their benefits are provided both under the National Health Fund and for a fee. The institution offers medical and nursing services to those in need (Szarota, 2010, p. 258). The task of these facilities is to provide permanent or periodic care to patients who have undergone the “acute phase of hospital treatment”, have been diagnosed and do not require further hospitalization. The institution is intended for the sick, the disabled, whose health condition is “medium severe” and “very severe” (according to the Barthel scale). People who qualify for Social Assistance Homes or those whose main indication for assistance is the social situation or advanced cancer cannot go to these institutions. The care and treatment institution provides: medical and nursing care, rehabilitation, psychological help, occupational therapy, pharmacological and dietary treatment, medical products, specialist consultations, commissioned examinations, health education, necessary transport, as well as auxiliary measures (Informacja o wynikach kontroli funkcjonowania zakładów opiekuńczo-leczniczych, 2010, p. 5).

## **Recommendations for helping the oldest members of the society**

The World Health Organization has established the following recommendations for assistance for aging and older people:

1. The elderly are the social group that is most susceptible to illness and chronic diseases. Therefore, it is necessary to organize a medical assistance system to assist seniors as effectively as possible. It should be part of general health protection and at the same time involve social assistance.

2. The diversity of seniors' diseases and specific features of their course and treatment are the justification for the functioning of geriatrics as a separate medical specialty.

3. There is a need to pay attention to the distribution of seniors in society. This applies to living in elderly homes and the design of separate homes. Placement of seniors must take into account their contact with peers and social integration.

4. Problems regarding work, employment, and retirement provision must be resolved, taking into account the rights of seniors to continue working after reaching retirement age and the right to retirement. In this respect, calendar age should not be taken as a determining factor.

5. Regarding the education and training of the elderly, there is often a problem of their retraining (in the event of a change of profession). Therefore, curricula for seniors should be created in such a way as to take into account their age-related needs and opportunities. There is a need in the education system to use different ways of passing on messages. Scientific and social research should take into account not only the elderly but also those in mid-adulthood because human aging is associated with its development in all stages preceding old age.

6. The state should ensure that free time is used by the aging population wisely. Efforts of social policy must focus on adequate organization of recreation for seniors, activities aimed at improving their physical and mental functioning, as well as developing social contacts.

7. It is necessary to take into account the adaptation to the needs of older people of public and national transport.

8. To properly take care of the needs of older people, emphasis should be placed on adequate preparation of social and medical workers (Zych, 2014, p. 78–80).

When looking after seniors, you need to take care of all their needs and approach the problem in many aspects. They must have adequate housing, livelihood, and adapted communication. Medical and social staff dealing with the elderly should have the best qualifications. Also, the free time of seniors is an important issue for the organization in such a way that their physical, mental and social development proceeds as favorably as possible.

The issue of old age and seniors is complicated, and in Poland, social policy towards these issues is not implemented sufficiently. The sooner and more positive



changes are made, the better it will be possible to deal with problems related to the aging of society. Particular attention should be paid to the following areas: diverse situation of seniors in terms of place of residence – region of the country (mainly eastern territories) and environment (urban or rural), diversity of situation due to age (it is necessary to appreciate the role of older men, the number of whom is much lower than of women), age of seniors (the likelihood of illness, disability and the need to provide care increases with age/increase in the number of years of life). You should also take into account: the living conditions and income of the elderly, as well as the type of household (single or multi-person), the family caring functions performed by the family for a disabled elderly person (support granted to the family in financial or material form or increasing care capital) and education of seniors, as well as people cooperating with them in matters of formal and informal activities (people working for the benefit of old people include, among others, social assistance and health care workers, clergy and volunteers) (Halicka, & Kramkowska, 2012, p. 49–50).

Referring to the WHO's indications, Elżbieta Mirewska writes that “a variety of environmental forms of senior care is being introduced. (...) Friendly conditions are created for easy access to long- and short-term care for the elderly in cases where the carer is unable to provide direct care and assistance. (...) A convenient space is being created for the development of self-help activities (...)” (Mirewska, 2016, p. 83). Institutions are developing in Poland which task is to support and help seniors. However, our country faces many challenges to help the elderly satisfyingly and skillfully (Nowik, 2016, p. 202).

## Conclusion

The negative effects of aging are often emphasized – the increasing number of elderly and sick people raises the need for the increased financial outlays on care, medical assistance as well as retirement and disability benefits. However, one should not forget how valuable elderly people are in society. They share their knowledge and experience with the young, and, to the best of their abilities, they help and support their loved ones, which is irreplaceable.

Social, demographic and cultural changes affect the situation of older people. Their lives in previous development periods and what they gave to others – whether they offered their time, support, kindness, help – is of great importance.

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