



Ministerstwo Rodziny  
i Polityki Społecznej

**National report – POLAND**

**Information on the actions taken  
for the benefit of elderly people**

**as part of the fourth review and appraisal cycle  
of the implementation of the Madrid International Plan of Action  
on Ageing and its Regional Implementation Strategy  
(MIPAA/RIS) 2017 - 2021**

**Warsaw 2021**

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# Part I

## Summary

Currently, Polish society is facing challenges resulting from dynamic changes in the demographic structure of the population. The two main phenomena resulting from demographic transformations are, on the one hand, the low fertility rate, and on the other hand, the growing number of elderly people in society. At the end of 2020, the population of Poland was 38.3 million, of which more than 9.8 million were persons aged 60 and more.

The social policy for elderly people responding to the needs of elderly people is one of the priorities of the pursued public policy for the entire Council of Ministers. The objective of the social policy for elderly people is to improve the quality of life of seniors by making it possible for them to remain independent and active as long as possible and by ensuring safety.

The minister responsible for programming and monitoring of the social policy towards elderly people in Poland is the minister competent for social security – the Minister of Family and Social Policy.

On 26 October 2018, the Council of Ministers adopted a document entitled “Social policy for elderly people 2030. Safety – Participation – Solidarity”<sup>1</sup>, developed at the Ministry of Family and Social Policy. The objective was to determine the key directions of the senior policy in the coming years and to organise the activities of public institutions in Poland, so that they could respond to the current needs of seniors to the greatest possible extent. This is the first government document which includes detailed solutions in all the most important spheres of life of elderly people. The social policy for elderly people 2030 determines the specific areas of action as well as indicates entities directly responsible for their implementation. The document in question includes 7 areas of the social policy concerning elderly people in general and 4 areas of actions addressed directly to dependent elderly persons and their caregivers.

The implementation of the social policy for elderly people is monitored as part of the obligation resulting from the Act of 11 September 2015 on elderly people (Journal of Laws of 2015, item 1705). The effects from the implementation of the objectives and assigned tasks contained in this document are subject to evaluation under the subsequent annual editions of the “Information on the situation of elderly people”. Entities responsible for the implementation of individual actions are obliged to collect and present the information on the state of their implementation. So far, 5 reports for the years 2015-2019 have been prepared<sup>2</sup>.

All documents are prepared in cooperation with experts – members of the Council for Senior Policy, the consultative and advisory body of the Minister of Family and Social Policy, then, they are adopted through public consultation. The Council is composed of representatives of: non-governmental organisations, trade unions, public entities and the academic community. The Council is the body of the Minister of Family and Social Policy.

The current epidemic situation is undoubtedly unprecedented and poses a huge challenge for everyone, and in view of that the Ministry of Family and Social Policy is constantly developing and adapting actions to the prevailing conditions. We make every effort to ensure that broadly understood support from social assistance, dedicated especially to seniors, is implemented without any disturbances, including, *inter alia*, the implementation of government programmes and other benefits, also as part of the social security system and senior services.

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<sup>1</sup> Resolution No. 161 of the Council of Ministers of 26 October 2018 on the adoption of the document entitled Social Policy for elderly people 2030. SAFETY – PARTICIPATION – SOLIDARITY, Polish Monitor of 2018, item 1169).

<sup>2</sup> Available at: <https://www.gov.pl/web/rodzina/informacja-o-sytuacji-osob-starszych-w-polsce>.

In the years 2017-2021, actions for pursuing the social policy for elderly people were developed in Poland, and the most important of them include:

1. Decent pension

In addition to the annual indexation of old age and disability pensions, since 2019 seniors have been receiving a new additional annual benefit, the so-called “13<sup>th</sup> pension”. It is a real financial support for all recipients of pensions, especially those who receive the lowest benefits.

In addition, from November 2021, the “14<sup>th</sup> pension” will be paid to beneficiaries receiving the benefit in the amount not exceeding PLN 2,900 gross.

Since March 2019, the Parental Supplementary Benefit – *Mother 4+ Programme*, has been paid. The benefit is paid from the state budget for mothers, but also, in some cases, for fathers who raised at least 4 children and for this reason did not take up professional employment and did not acquire rights to pension benefits.

2. Comprehensive approach to the subject of accessibility in Poland

The aim of the „*Accessibility Plus*” *Programme 2018-2025* is to ensure free access to goods, services and possibilities of participation in social and public life for persons with special needs, including elderly people. The programme focuses on adapting public spaces, architecture, transportation and products to the requirements and needs of all citizens.

3. Development of a network of day-care facilities for elderly people;

This is achieved, *inter alia*, by the „*Senior+*” *Multiannual Programme for 2021-2025* (continuation of the programme implemented in the years 2015-2020), which is addressed to local government units and consists in developing the network of day-care facilities for elderly people: „*Senior+*” Day Care Centres and „*Senior+*” Clubs. As part of the Programme, self-governments may apply, in an open competition for tenders, for funds intended for the creation or equipping a facility and for ensuring the functioning of already existing facilities.

4. Supporting innovative activities of non-governmental organisations for elderly people

The programme improving the quality and standard of living of elderly people and supporting their social activation is the „*Active+*” *Multiannual Programme for elderly people for 2021-2025* (*Active+ Programme*). The activities of non-governmental organisations for elderly people are also supported by the *Civic Initiatives Fund* (FIO) *Programme* implemented by the National Freedom Institute – Centre for Civil Society Development.

5. Strengthening communes in providing care services for persons aged 75 and more in their place of residence.

The „*Care 75+*” *Programme* is addressed to urban, rural, urban-rural communes of up to 60 thousand residents, which receive financial support up of to 50% of the expected costs of implementing the task with regard to providing care services, including specialist care services.

## General information

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5. **Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing (please attach relevant documents in the annex):**  
*Social Policy for Elderly People 2030. SAFETY – PARTICIPATION – SOLIDARITY* (Resolution No. 161 of the Council of Ministers of 26 October 2018 on the adoption of the document entitled Social Policy for elderly people 2030. SAFETY – PARTICIPATION – SOLIDARITY, Polish Monitor of 2018, item 1169).

## 1. National ageing situation

In Poland, as in other countries, the ageing process of the population is currently taking place, which is mainly the result of such natural phenomena as:

- increase in the average life expectancy:  
*In 2020, the average life expectancy of a man at birth was 72.6 years, while of a woman – 80.7 years – about 2.2 and 1.9 years more, respectively, than in 2002.*
- low fertility rate:  
*The fertility rate below the level of replacement of generations in 2020 for Poland was 1,378;*
- migration of the population:  
*According to the estimates of Statistics Poland, at the end of 2019, about 2,415 thousand residents of our country temporarily stayed outside Poland. Among those who leave, young persons are dominant: the most numerous age group was that of 30-39. (On the other hand, 10 years before, they were persons aged 20-29. Therefore, it can be assumed that a significant part of persons who went abroad in the first years after Poland's accession to the EU have remained abroad until now.)*

At the end of 2020, the population of Poland was 38.3 million, of which more than 9.8 million were persons aged 60 and more (more than 25%). The results of the Population Forecast for the years 2014-2050<sup>3</sup> show that the process of ageing of society is increasing. Despite a projected population decline by 4.5 million by 2050, it is expected that the population aged 60 or more is to grow steadily. At the end of the forecast horizon, the population of persons of this age will increase to 13.7 million and will account for more than 40% of the total population (of which 42% in cities and 38% in rural areas). In 2050, persons aged 60 or more will account for as much as 42% of the urban population and 38% among rural residents.

In the subpopulation of elderly people, the largest group (27.3%) are the youngest seniors, i.e. persons aged 60-64, however, when compared to the previous year, their share in the total population of elderly people decreased by 1.1 percentage point. The second largest group are persons aged 65-69 (more than a quarter of persons of senior age). The number of these persons in relation to the previous year increased by 0.2 percentage point. The smaller, but the fastest growing group (when compared to the previous year) is the group of persons aged 70-74. The number of persons of this age increased by 1.5 percentage points. It should be noted that about 17.1% of elderly people are persons aged at least 80.

With age, the feminisation rate also increases. In the group of persons aged 60 and more, there are 139 women per 100 men (for the Polish population, the feminisation rate is 107). The numerical superiority of women increases along with the transition to the subsequent age groups, as illustrated in the table below. It is also worth stressing that the coefficient in question is higher in cities than in rural areas.

From the data of Statistics Poland is results that persons who reached the age of 60 in 2020 are left with, on average, 247.7 months, i.e. about 20 years of life. In turn, the results of Eurostat studies regarding 2017 indicate that in Poland a 65-year-old man still has about 15.8 years of life ahead of him, including 8.3 years of life in good health, while a woman has 8.6 years in good health from the remaining 20.1 years of her life.

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<sup>3</sup> Statistics Poland, *Population forecast for the years 2014-2050*, Warsaw 2014, p. 125.

In 2002, the population in Poland aged 60+ accounted for 17% of the population, and in 2020 it was already 25.6%, which means an increase in the number of elderly people by more than 3 million. In the years 2002-2020, the ratio of men to women aged 60 and more accounted for, on average, 41% of men to 59% of women, with the differences gradually changing towards the growing number of men in the whole population of elderly people. In contrast, the population of Poland in the years 2002-2020 did not change significantly – and stood at, on average, about 38.3 million.

In Poland, we can also see the process of the so-called double demographic ageing, consisting in an increase in the number of very old persons (80 years and more or 85 years and more) among elderly people, from 300 thousand (5% of the elderly people population) in 2002 to more than 800 thousand in 2020 (more than 8%). A phenomenon commonly occurring in the modern world is also the feminisation of old age, i.e. the numerical superiority of women over men, which increases with the transition to the subsequent age groups and is associated with the higher average life expectancy of the former. In 2020, among persons aged 60-64, women accounted for 53.0%. This share increased as the age category increased. In the case of persons belonging to the range of 65-69 years, it was 55.2%, 70-74 years – 57.8%, 75-79 years – 61.5%, 80-84 years – 66.2%, and for the population aged 85 years and more – as much as 72.0%.

Detailed information on the process of ageing of the Polish population in the years 2002 – 2020 can be found in Annex No 1.

### **Securing the social needs of elderly people during the COVID-19 pandemic**

1. **Providing safe conditions for residents of nursing homes and entities running facilities providing round-the-clock care to the disabled, chronically ill or elderly** (*inter alia*, new regulations and guidelines regarding the organisation of work of the above-mentioned facilities; additional financial support during the pandemic, actions for testing for the SARS-CoV-2 virus in nursing homes and equipping them with protective equipment);
2. **Changes in the organisation of the activity of day support centres for seniors**, i.e. “Senior +” Day Centres and Clubs – *inter alia*, rotational work system and change in the working hours of facilities, alternative forms of providing services, remote contact with participants in activities, delivery of meals to places of residence;
3. **Implementation of the „Support the Senior” Programme** – Solidarity Assistance Corps for Seniors. The programme assumes assistance in delivering necessary products to a senior’s home so as to reduce the need for elderly people to go outside during the pandemic, for their safety. Local social assistance centres implement the programme in the commune (with regard to organising and implementing delivery of necessities to elderly people);
4. **Volunteer work of convalescents** – an important element of supporting seniors staying in nursing homes has been volunteer work of convalescents, implemented since December 2020 as part of the Solidarity Assistance Corps for Seniors. Persons who had COVID-19, as convalescents can support nursing homes as regards the care for residents.
5. **Hours for seniors** – in the crisis moment of the pandemic, with a high increase in the number of infections and hospitalised persons – it was announced throughout the country that from Monday to Friday from 10:00 to 12:00 only people aged 60 and more can be present in stores, drugstores, pharmacies and post offices;

6. **Information and educational actions dedicated to elderly people during the coronavirus epidemic** (providing safe conditions, sustaining the activity of elderly people and eliminating the feeling of loneliness), placed and updated on a regular basis on the websites of the Ministry: <https://www.gov.pl/rodzina> and <http://senior.gov.pl/> and in social media, as well as through public media.
7. **Supporting the activity of seniors** – adjusting the existing public tasks co-financed from government funds for seniors in alternative forms (alternative forms – instead of providing services in a support centre, the service is transferred to a senior's place of residence).

During the country-wide restrictions regarding the organisation of activities in social assistance institutions, the stationary activity of most „Senior+” Day Care Centres and „Senior+” Clubs has been suspended. Despite this, „Senior+” Day Care Centres and „Senior+” Clubs implemented their tasks in an „alternative” form. Helplines were organised, seniors received materials for occupational therapy, some activities were carried out online. Seniors also received one hot meal a day, delivered directly to their place of residence. On the other hand, elderly people who required care services have been covered by assistance provided by social assistance centres.

On the other hand, the tasks of non-governmental organisations co-financed under the *Government Programme for Social Activity of Elderly People for the years 2014-2020* – despite the pandemic, projects were implemented in 90% - agreements with non-governmental organisations were annexed so as to adapt the methods of implementing planned actions aimed at maintaining the activity of elderly people in safe conditions (some activities for seniors were carried out in smaller groups or in an alternative manner, *inter alia*, online physical activities – video materials with instruction for exercises were published periodically on the non-governmental organisations' Facebook webpage; exercise equipment rentals for seniors were organised).



## 2. Method

The social policy for elderly people in Poland is one of the priorities of public activities, and its pursuit in 2015 was operationalised by the adoption of the *Act of 11 September 2015 on elderly people* (Journal of Laws, item 1705). This document imposed on public administration authorities, state organisational units and other organisations involved in shaping the situation of elderly people an obligation to monitor the situation of elderly people in Poland. As a result, every year the Council of Ministers prepares the *Information on the situation of elderly people in Poland* and submits it to the Sejm and the Senate.

The previous information for the years 2015-2020 was created at the Ministry of Family and Social Policy in cooperation with other ministries, central institutions and social services operating at the voivodeship level. It presents the current socio-economic situation of elderly people in Poland, i.e. citizens who reached the age of 60. The presented data concern, in particular, the issues related to the demographic, economic, family, health, labour market situation, accessibility and level of social services, or any kinds of activities undertaken by elderly people.

In addition, for the first time the *Information on the situation of elderly people in Poland for 2019* included a detailed report on implementing the objectives contained in the document *Social Policy for elderly people 2030. SAFETY – PARTICIPATION – SOLIDARITY*. Detailed information has been placed in a new, separate chapter.

However, in the *Information on the situation of elderly people in Poland for 2020* special attention was also paid to the issues related to counteracting the negative effects of the coronavirus pandemic. Elderly people are a group which is particularly susceptible to COVID-19 infection, and the infection itself, due to their advanced age, can be extremely severe. In connection with the above, the government, as well as central, regional and local institutions have taken appropriate actions to ensure the safety of elderly people, which have been adapted to the epidemiological situation prevailing in the country. The applicable restrictions have a significant impact on the way of implementing the activities addressed to elderly people, which has been reflected in this document.

The content of the above-mentioned documents enabled the preparation of a report on the implementation of the Madrid International Plan of Action on Ageing and the Regional Implementation Strategy for this plan (MIPAA/RIS) in the years 2017-2021 in Poland.

All ministers, the President of the Social Insurance Institution, the President of Statistics Poland, the President of the Office of Competition and Consumer Protection, the National Freedom Institute – Centre for Civil Society Development, voivodes and representatives of non-governmental organisations operating in the field of social policy for elderly people have been involved in the preparation of this document.

All previous documents are available on the Ministry's website: <https://www.gov.pl/web/rodzina/informacja-o-sytuacji-osob-starszych-w-polsce>.

## Part II

### 20 Years of MIPAA/RIS - Main actions and progress in implementation of MIPAA/RIS and the 2017 Lisbon Ministerial Declaration goals

#### 1. Recognizing the potential of older persons

Elderly people make an important contribution to the resources of every family and whole society and the special role in this area is played by nurturing the traditions and intergenerational ties. The life experience of elderly people, their presence and activity are an invaluable treasure. Seniors may always offer their knowledge, advice and wisdom to younger generations. Therefore, the social policy for elderly people is for the entire Council of Ministers one of the priorities of the public policy pursued on an ongoing basis.

#### **The Strategy for Responsible Development for the period up to 2020 (including the perspective up to 2030) – SRD<sup>4</sup>**

It was adopted by the Council of Ministers on 14 February 2017. The Strategy defines the basic conditions, goals and directions of the country's development in social, economic, regional and spatial terms in the perspective of 2020 and 2030. The document is a response to both the existing problems accompanying the transformation and the new challenges facing the broadly defined socio-economic policy of Poland.

The SRD presents a new model of development – responsible and socially and territorially sustainable development. It also establishes a system of coordination and implementation, by assigning the roles to individual public entities, as well as methods of cooperation with the world of business, science and with society. The expected effect of implementing the SRD will be the increased wealth of the Poles and the decreased number of persons at risk of poverty and social exclusion.

One of the most important challenges for the development of the country are the unfavourable demographic trends, which are manifested by the negative natural growth rate, a decrease in the share of persons of working age and a rapid increase in the share of elderly people in the entire population. The ageing society will require, on the one hand, higher financial inputs for the „white” economy sector and, on the other hand, the development of a new branch of the „silver” economy, thanks to which – as it has been assumed, the range of services and the product range for elderly people will be expanded – and all this will lead to an improvement in the quality and independence of life, including longer professional activity.

The actions contained in the SRD which directly concern elderly people include, *inter alia*:

- promotion of professional and social activity of seniors (volunteer work of seniors, neighbourly assistance);
- strengthening the local community – implementation of bottom-up initiatives, e.g. senior volunteer work;

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<sup>4</sup> <https://www.gov.pl/documents/33377/436740/SOR.pdf>

- support for the development (including standardisation and certification of quality) of assistance and care services, in particular in home and semi-stationary conditions;
- improving access to products and services enabling social and professional mobility and increasing the autonomy of social functioning (e.g. telecare, rehabilitation equipment, adaptive equipment, innovative assistive technologies for elderly, dependent and disabled people, safe transport means/services, modern computer equipment);
- increasing access to affordable housing (flats for rent), improving the functioning of the private rental market (*inter alia*, through a reform of tenant law combining the protection of the interests of individuals and companies offering flats for rent), development of assisted housing for persons at risk of social exclusion;
- development of the medical labour market and innovative technologies in the health care sector as a result of the progressive ageing process of the population.

### ***Social policy for elderly people 2030. SAFETY – PARTICIPATION – SOLIDARITY***<sup>5</sup>

It is a document setting the directions of the social policy for elderly people in Poland. The entity responsible for coordinating the activities planned in the document is the Minister of Family and Social Policy.

For the purposes of this document, the social policy for elderly people has been defined as a deliberate, long-term and systemic influence of the state and of other public and non-public entities on the evolution of legal, economic and social conditions in order to create a favourable life situation for elderly people, which is adapted to the social, economic and health needs which are changing with age, as well as to care and health care in every period of life of an elderly person.

The challenge for the policy in question is to adapt its actions to the significant diversification of elderly people population. Elderly people from the individual age groups (60-70 years, 70-80, 80+) differ from each other in terms of the level of education, health status, economic situation, place of residence, marital status or lifestyle. Public policies should take this diversification into account, just like the different phases of life of elderly people, and adapt programmes and actions to the situation of elderly people. A special role must be played by the public policy in this period of life, when elderly people become dependent and lose their ability to independently meet their existential life needs, related to maintaining (preserving) health and life.

Therefore, the programmed *Social Policy for Elderly People 2030. Safety - Participation - Solidarity* is addressed to two groups:

- the general elderly population,
- dependent elderly people, identified pursuant to the criteria existing in the law which ultimately are to clearly define dependence.

Taking into account the level of independence allows for carrying out a more complete diagnosis of the needs of a given group, determining the possibilities and needs adapted to the level of dependence, and, consequently, balancing the demand and supply of social services. The proper identification of the characteristics of elderly people will contribute to creating a specific map of the diversification of this population, constituting an important tool of social policy for elderly people. One of the consequences of the growing number of dependent elderly persons in the population is the need to provide them with well-developed care, appropriate support and to allow them to participate in social life. To this end, in addition to the traditional

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<sup>5</sup> Resolution No. 161 of the Council of Ministers of 26 October 2018 on the adoption of the document entitled Social Policy for elderly people 2030. SAFETY – PARTICIPATION – SOLIDARITY (Polish Monitor of 2018, item 1169).

activities focused on medical or social care, the latest achievements of occupational therapy and social rehabilitation should be applied.

In connection with the above, what has been created was a catalogue of specific areas and, within their framework, of actions addressed to independent and dependent elderly persons, which are the basis for the social policy for elderly people.

The document provides for the implementation of a number of actions for elderly people in general in the following areas:

- I. Shaping a positive perception of old age in society.
- II. Participation in social life and support for all forms of civic, social, cultural, artistic, sports and religious activity.
- III. Creating conditions enabling the use of the potential of elderly people as active participants in economic life and the labour market, adapted to their psycho-physical abilities and family situation.
- IV. Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation.
- V. Increasing physical safety – preventing violence and neglect of elderly people.
- VI. Creating conditions for solidarity and intergenerational integration.
- VII. Activities for education for old age (care and medical employees), to old age (whole society), through old age (from the youngest generation) and education in old age (elderly people).

On the other hand, the areas taking into account actions for dependent elderly persons are:

- I. Reducing dependence on other persons by facilitating access to services strengthening independence and by adapting the residential environment to the functional capabilities of dependent elderly persons;
- II. Providing optimal access to health, rehabilitation and care services adapted to the needs of dependent elderly persons;
- III. A network of environmental and institutional services provided to dependent elderly persons;
- IV. A system of support for informal caregivers of dependent elderly persons by public institutions.

The pursuit of the social policy for elderly people is monitored as part of the obligation resulting from the Act of 11 September 2015 on elderly people<sup>6</sup>. The effects from the implementation of the objectives contained in the document in question are subject to evaluation under the subsequent editions of the „Information on the situation of elderly people”. Entities responsible for implementing individual actions will be obliged to collect and present information on the state of their implementation.

**Area I. Shaping a positive perception of old age in society** is carried out through:

1. combating discrimination on the grounds of age;
2. raising the level of public awareness of the importance of participation of elderly people in social and economic life;
3. counteracting negative stereotypes of old age by social educational campaigns;
4. promoting ideas and actions aimed at preparing for old age and maintaining independence for the longest possible time.

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<sup>6</sup> Act of 11 September 2015 on elderly people (Journal of Laws of 2015, item 1705).

Detailed information on the actions implemented so far in Area I has been collected in Table 1. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area I.

**Area II Participation in social life and support for all forms of civic, social, cultural, artistic, sports and religious activity** is carried out through:

1. shaping the public space friendly to elderly people, thanks to the elimination of information, technical, urban, architectural and communication barriers and the promotion of universal design, as well as the consolidation of knowledge in the field of road safety;
2. supporting the functioning and development of organisations bringing together elderly people, municipal councils of seniors and other forms of social participation and representation of elderly people;
3. development of volunteer work among elderly people, preparation for playing new social roles in the family, peer, neighbourhood, religious groups and other groups;
4. facilitating participation in social life, culture, artistic activities, sports and recreational programmes and tourism of elderly people;
5. supporting the activity of elderly people within the framework of religious organisations<sup>7</sup>, bringing together seniors and those acting for their benefit.

Detailed information on the actions implemented so far in Area II has been collected in Table 2. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area II.

**Area III. Point 4 Promotion of the principles of the silver economy among commercial and non-commercial entities** is carried out by:

- conducting information activities addressed to companies and social and solidarity economy entities in the field of knowledge of the principles of the silver economy and the needs and solutions related to the accessibility and adaptation of websites and electronic services for elderly people;
- conducting actions for the promotion of economic activity in the silver economy sector (including the development of social economy entities as a tool for social and professional activation of elderly people);
- conducting actions for the promotion of entrepreneurship of elderly people.

Promoting knowledge of the principles of the silver economy among commercial and non-commercial entities is an important task mainly due to the need to ensure sustainable development. Knowledge of the principles of the silver economy will allow employers to adapt their offer to the ever-changing expectations of the market, which, in turn, will create an opportunity to increase the competitiveness of the Polish economy.

Detailed information on the actions implemented so far in Area III Point 4. has been collected in Table 3. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area III. Point 4.

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<sup>7</sup> Religious organisations having a regulated legal status in the Republic of Poland.

## **„Accessibility Plus” 2018-2025 government programme**

The „Accessibility Plus” 2018-2025 government programme is the first government document with a comprehensive approach to the subject of accessibility in Poland, including for elderly people. Its objective is to provide persons with special needs with free access to goods, services and opportunities to participate in social and public life. The programme focuses on adapting public spaces, architecture, transport and products to the requirements of all citizens.

The most important achievement of the Programme so far was the adoption of the Act of 19 July 2019 on providing accessibility to people with special needs (Journal of Laws of 2020, item 1062). The Act is a systemic solution, the objective of which is to include accessibility in each public policy. The Act defines the obligations of public entities in terms of architectural, information and communication and digital accessibility. It specifies that accessibility should be provided by way of universal design and rational improvements. The Act provides for the possibility of lodging a complaint about the lack of accessibility, defines the method of coordinating activities for accessibility, establishes the Accessibility Council and creates the Accessibility Fund, from which Bank Gospodarstwa Krajowego grants loans for the adaptation of public utility buildings and multi-family housing buildings to the needs of persons with special needs, including elderly people.

In 2020, the ESF also launched a pilot run of centres for social services. It is aimed at developing 30 model solutions in the field of integration and development of social services addressed both to the general population and to groups with special needs, e.g. the disabled, elderly people, large families. This will allow communes to adapt the services provided to the needs of residents of communes and to their own financial capabilities. In 2020, 31 agreements were signed for the implementation of projects with regard to the creation of centres for social services, the so-called CUS, which will create and test the above-mentioned model solutions. The agreements concluded in 2020 amount to almost PLN 90 million (PLN 89,864,911.50). Most of the projects will start being implemented from January 2021.

## **Senior Policy Council**

The Senior Policy Council is a consultative and advisory body of the Minister of Family and Social Policy, operating since 2013, and involving representatives of non-governmental organisations in programming the social policy for elderly people in Poland. Representatives of ministries and central public administration bodies, as well as representatives of organisations of local government units, third sector organisations and experts have been invited to work in the Council.

The tasks of the Senior Policy Council include:

- monitoring the development and implementation of social policy programmes for elderly people in Poland;
- giving opinions on draft programmes addressed to elderly people and other instruments to support elderly people;
- giving opinions on draft solutions for developing the support system for elderly people.

## **Municipal Councils of Seniors**

Municipal councils of seniors are consultative, advisory and initiative entities. The main objective of their activity is to integrate, support and represent senior communities through cooperation with the communal authorities, presenting proposals for tasks and actions for seniors, issuing opinions and formulating proposals aimed at developing self-government activities for seniors, submitting comments on local law acts, supporting all forms of seniors' activity, actions to strengthen intergenerational social ties and disseminating knowledge about the needs, rights and opportunities of elderly people. Members of municipal councils of seniors perform their functions on a volunteer basis. The council of seniors is appointed by the communal council, which grants it a statute specifying in it, *inter alia*, the procedure for electing its members and the rules of operation and seeking to use the potential of functioning organisations of elderly people and entities acting for the benefit of elderly people, as well as to ensure an efficient manner of electing members of a municipal council of seniors.

According to the data of the Ministry of the Interior and Administration, at the end of 2020, municipal councils of seniors operated in more than 15% of communes in Poland. The information provided to the Ministry of the Interior and Administration by the voivodes shows that the existing municipal councils of seniors are very active. Thanks to social work in municipal councils of seniors, elderly people gain self-confidence and self-esteem, they actively find themselves in public space. It is also worth stressing that the communal authorities, by opening up to the needs of elderly people, gain knowledge which they can use to effectively implement their tasks, including the senior policy.

Currently, the legislative process is underway regarding the possibility of creating councils of seniors at the level of districts and self-government voivodeships.

## **UN Open-Ended Working Group on Ageing (OEWG-A)**

Poland participates in the discussion on implementing the rights of elderly people and developing the UN Convention on the Rights of elderly people. However, Poland, like many other countries, has doubts as to the validity of the proposal to develop a convention dedicated to the rights of elderly people within the framework of the United Nations. The discussions held so far (11 sessions of the group, since 2011) have not led to the identification of gaps in the protection of the rights of elderly people which would justify the adoption of a convention protecting the rights of this social group.

According to Poland, priority should be the effective implementation of the current international obligations of states in the field of human rights, protecting the rights of elderly people on an equal footing with the rights of other groups in society.

Binding acts of international law, providing the full material and subjective scope of the protection of human rights, fully apply to elderly people as well:

- International Covenant on Civil and Political Rights,
- International Covenant on Economic, Social and Cultural Rights,
- Convention on the Elimination of All Forms of Discrimination against Women,
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

The specific problems of people who became disabled due to their age are comprehensively addressed by the Convention on the Rights of Persons with Disabilities.

The protection of the rights of elderly people should be integrated into the activities of UN bodies and agencies, e.g. by including the situation of elderly people as one of the elements of assessing the human rights situation under the UN *Universal Periodic Review* (UPR).

All these international agreements on human rights have been ratified by Poland. The performance of these agreements is subject to control carried out, on the basis of national reports, by the inspection bodies set up pursuant to the provisions of the individual agreements. Poland meets its reporting obligations.

The national legislation, at the constitutional and regular level, guarantees the full protection of the rights of elderly people, in accordance with the provisions of the indicated international agreements.



## 2. Encouraging longer working life and ability to work

One of the key actions leading to improving the quality of life of elderly people is to create conditions enabling the use of the potential of seniors as active participants in economic life and maintaining their presence in the labour market. Professional work not only increases the level of life satisfaction, but for many persons it also is a fundamental stimulus to take up life activity. In the case of economic entities and public institutions, it is extremely important to promote age management principles, including financial and career counselling for older employees, enabling them to choose the moment of leaving the labour market that provides the best combination of income from work and pension.

Covid-19 pandemic revealed existing weaknesses in the social protection systems and urged the actions aimed at strengthening their effectiveness and resilience. More than one year after the pandemic outbreak it is apparent that the most affected groups of citizens are the ones that have been traditionally the most vulnerable, both in the context of health and socio-economic situation: elderly, persons with disabilities, women, children, youth, low-skilled employees and persons with migrant background.

Therefore when planning the economic rebound, majority of countries focus on strengthening the effectiveness and resilience of the healthcare systems, long-term care systems and labour market policies, also addressing the issue of longer vocational activity.

As concerns the latter one, in Poland there are currently existing measures and – in the course of post-pandemic recovery – we introduce additional measures.

### Currently existing measures

Persons aged 50+ constitute one of the vulnerable groups on the labour market, to a significant degree threatened with unemployment and professional inactivation. In order to prevent their premature departure from the labor market, they are encouraged to use a number of labor market policy instruments included in the Act of 20 April 2004 on employment promotion and labor market institutions (Journal of Laws of 2021 item 1100) and Regulation of the Minister of Labor and Social Policy of 14 May 2014 on the detailed conditions for the implementation as well as the mode and methods of conducting labor market services (Journal of Laws of 2014, item 667).

As part of the support provided for in the *Employment Promotion Act*, unemployed persons aged 50+ may use, on general terms, a wide range of services and labor market instruments, including:

- job placement,
- career counseling,
- training,
- assistance in taking up subsidized employment,
- one-off funds to start a business,
- internships,
- socially useful works,
- possibility to participate in a special program (persons who are in a special situation on the labor market, including persons aged 50+, have priority).

In addition, the *Employment Promotion Act* also provides for such activities that are dedicated only to people over 50, which are to help extend the period of their professional activity.

Activities for people aged 50+ concern older people until they reach retirement age, therefore:

- An employer to whom an unemployed aged 50+ was referred as part of the intervention work may receive a refund of remuneration and social security contributions for that person.
- Employers and other organizational units employing people 50+ are exempt from the obligation to pay contributions to the Labor Fund (Fundusz Pracy, FP) and the Guaranteed Employee Benefits Fund (Fundusz Gwarantowanych Świadczeń Pracowniczych, FGŚP) for a period of 12 months.
- Employers and other organizational units employing people over 55 (women) and 60 (men) are completely exempt from the obligation to pay contributions to the FP and FGŚP for them.
- Employers or entrepreneurs may also receive a subsidy to the remuneration of the employed referred unemployed for a period of 12 months (if the unemployed is over 50 and under 60) or 24 months (if the unemployed is over 60).

The *Employment Promotion Act* also provides for the possibility of financing from the funds of the National Training Fund (KFS), education and training of employees, which should significantly facilitate the possibility of older employees staying longer in the labor market through the possibility of adjusting competences to the needs. employers and socio-economic changes.

### **Planned policy measures**

As mentioned above, Poland plans to implement enhanced policy measures in order to promote longer vocational activity.

According to the draft of Polish Recovery and Resilience Plan (financed from the European Recovery and Resilience Facility, established in response to the Covid-19 negative impact), a comprehensive reform of labour market policies is foreseen (it provides, inter alia, for adopting a package of laws, establishing new ALMP and enhancing functioning of public employment services, as well as further digitation of procedures and ALMP tools). One of the main objectives of the reform is to reach out to non-active persons, including person 50+ (what is especially important in case of women over 50) and offer them new possibilities of reskilling upskilling, as well as taking up employment.

In addition to that, complementary measures aimed at longer remaining in employment are planned in the Recovery and Resilience Plan. The main aim of this package of policy measures is to increase the ability and motivation of employees to remain in the labour market after reaching retirement age.

The specific objectives include:

- increasing the adaptability of employees aged 50+ to the requirements of the labor market in terms of the development of their competences - knowledge, skills and attitudes conditioning the ability to continue employment or take up new employment despite reaching retirement age;
- preparation and implementation of a tax incentive system increasing the propensity of employees to make individual decisions about continuing employment or taking up a new job despite reaching the retirement age;
- long-term increase in the level of retirement benefits by extending the real retirement age (longer contribution periods);
- gradual achievement of changes in social attitudes increasing the acceptance of a real extension of the retirement age, while maintaining legal regulations allowing for retirement for people willing, based on the existing regulations.

The main regulatory and organizational measures will include:

- development and adoption of the 45/50+ Employee Competency Development Policy
- preparation of a report assessing the impact of the above-mentioned amendments to the Personal Income Tax Act to the effective retirement age within 3 years from their introduction. In particular, the impact of the introduced solutions on participation in the labour market, stability of the pension system, as well as public finance and equality between women and men will be analyzed.

**Project „Support for the implementation of panel studies of people aged 50 and more in an international project Survey of Health, Ageing and retirement in Europe (SHARE)”.**

Ministry of Economic Development and Technology is running the project „Support for the implementation of panel studies of people aged 50 and more in an international project Survey of Health, Ageing and retirement in Europe (SHARE)”<sup>8</sup>. The project started in 2016 and is foreseen to end in 2023. Poland had already participated in earlier rounds of the SHARE.

The aim of the project is to equip institutions that create and implement policy towards the elderly at the central and regional level with information on health, professional activity, human capital, financial and family situation of people aged 50+.

The project covers, among others, collecting panel data on different aspects of life of people aged 50+, initiating changes in the law or procedures aimed at improving the situation on the labour market of older people, providing relevant information and tools to labour market institutions, social welfare units and all other entities providing support to people aged 50+ (including use of administrative data).

The results of subsequent rounds of the SHARE survey allow to obtain detailed information describing changes in the socio-economic situation of people aged 50+, to identify the reasons for the directions of these changes, as well as to identify decisions made by this group of people regarding longer stay in the labour market or earlier withdraw from it. This information is necessary to determine the most effective methods of supporting people aged 50+ at the labour market, taking into account their health limitations and family conditions, the level of knowledge and competences, as well as their attitudes towards life or work. After each round of the survey, a set of recommendations is being developed. The recommendations include: provision LTC at home by engaging unemployed aged 50+, health state and possibilities to work, increasing participation of older people in lifelong-learning or extending effective retirement age.

The effects of the project allow all institutions providing support to the elderly to become acquainted with the current situation of these people and proposed solutions to identified problems. The implementation of the project will also allow for:

- collecting data that can be used by local labour market institutions,
- sharing SHARE data and other data on people aged 50+ in a form that allows their use to a greater extent than before,
- increasing the knowledge of the processes and phenomena related to the professional activity of people aged 50+, by analyzing the data collected in the survey and presenting them to a wide audience, including labor market institutions and other public institutions, as well as employers and employees.

The results of the project shows, that declarations to retire as soon as possible are strongly linked to job dissatisfaction and subjective and objective health. Poles aged 50+ have

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<sup>8</sup> Until October 2020 the project was coordinated by the Ministry of Family, Labour and Social Policy.

significantly worse health compared to other countries, and it is health that is one of the major factor of long working life.

Employment conditions, both present and experienced in the past, strongly affect the economic activity of people aged 50+. High quality of work - e.g. autonomy, sense of job security, recognition, adequate remuneration, career development opportunities significantly contributes to the continuation of employment after reaching retirement age. On the other hand, physical fatigue, time pressure, low flexibility of working conditions, lack of job security may affect the decision to resign from employment.

### **Cash benefits for recipients of pensions**

The government is constantly taking measures to improve the financial situation of recipients of pensions, including, in particular, beneficiaries receiving low old age and disability pensions. The coronavirus pandemic confirmed the importance of this support.

### **Parental Supplementary Benefit - *Mother 4+ Programme***

From March 2019, the Parental Supplementary Benefit has been paid – Mother 4+ Programme. The Parental Supplemental Benefit is aimed at honouring and appreciating the child raising period. The parental supplementary benefit is intended to provide a minimum income to persons who, in order to raise children in large families, did not take up employment, very often for reasons beyond their control, or resigned from employment and for this reason did not acquire the right to receive an old age pension or did not earn a pension in the lowest amount. The benefit is paid from the state budget for mothers, but also in some cases, fathers who raised at least 4 children. In the case of a person who is not entitled to receive any benefit, the amount of the PSB will correspond to the amount of the lowest old age pension. If a person concerned already receives a benefit lower than the lowest old age pension, the parental benefit will supplement the received benefit up to this amount.

In December 2020:

- in ZUS – the number of issued decisions amounted to 67,529, including 59,656 granting decisions and 7,873 refusing decisions. The amount of parental supplementary benefits paid in the period from 1 March 2019 to 31 December 2020 amounted to PLN 720,300,371.14.
- in KRUS – the number of persons who were granted the PSB amounted to – 1,097 (disbursed amount: PLN 1,303,394.79).

### **„Thirteenth pension”**

In pursuing the policy of improving the income situation of recipients of pensions, a special action taken by the government in 2020 was the introduction of an annual payment of an additional annual cash benefit (the so-called thirteenth pension) for all recipients of pensions, in the amount of the lowest pension, effective from 1 March of the year in which the additional annual cash benefit is paid. In 2020, it was PLN 1,200 gross, while in 2021 it will be support in the amount of PLN 1,250.88 gross. This benefit is granted to persons who, on 31 March of the year in which the additional annual cash benefit is paid, are entitled to receive the benefits specified in the Act.

This solution applies to old age pensions and disability pensions in the general system, to old age pensions and disability pensions of farmers, uniformed services, bridging pensions, early retirement benefits and allowances, social pensions, structural pensions, teacher's compensation benefits, parental supplementary benefits and pensions of war and military disabled persons.

No deductions and executions are made with regard to the amount of the thirteenth pension, nor is it included in income. Thus, the amount of the additional annual cash benefit

does not affect the rights of persons applying for benefits, allowances, assistance or other support (e.g. rehabilitation relief).

The cost of payment of the thirteenth pension in 2020 amounted to approx. PLN 11.7 billion. The payment covered about 9.8 million persons. In 2021 – the cost of payment of the thirteenth pension (planned in the Solidarity Fund) is PLN 12.2 billion.

Despite the very difficult situation related to the epidemic state introduced in Poland, the payment of the thirteenth pension in 2020 was made according to the schedule. Also in 2021, the payment of the thirteenth pension is not at risk.

The thirteenth pension is a form of intergenerational solidarity. It is the government's commitment aimed at providing multifaceted assistance and safety to all recipients of pensions.

### **„Fourteenth retirement”**

On 21 January 2021, the Act on another 2021 additional annual cash benefit for recipients of pensions was adopted (Journal of Laws, item 432). The Act introduces the payment of the fourteenth pension in November 2021. This will be another, in addition to the thirteenth pension, additional benefit that in 2021 will help the most needy seniors. For persons receiving benefits in the amount of up to PLN 2,900 gross – the fourteenth pension – will be granted in the amount of the lowest old age pension (applicable in a given year). In the case of beneficiaries receiving the benefit in the amount exceeding PLN 2,900, the „PLN for PLN” principle will be applied, so the so-called fourteenth pension will be reduced by the amount of exceedance over PLN 2,900 gross. A dedicated form of assistance will provide additional financial support for seniors receiving lower pensions and persons receiving, *inter alia*, early retirement benefits, social pensions or parental supplementary benefits.

The cost of payment of the fourteenth pension in 2021 is estimated at PLN 10.7 billion (for the Solidarity Fund).

### **Modification of the existing indexation rules of pensions**

Another action taken by the government aimed at improving the situation of the poorest beneficiaries was the modification of the applicable indexation rules.

Pursuant to the Act of 17 December 1998 on old age and disability pensions from the Social Insurance Fund, indexation consists in multiplying the amount of the benefit and its assessment base by the indexation rate. This rate corresponds to the average annual consumer price index in the previous calendar year, increased by at least 20% of the real increase in average salary in the previous calendar year (so-called percentage indexation).

In 2020, percentage and quota indexation was introduced, beneficial for beneficiaries receiving low old age and disability pensions. Pursuant to the Act of 9 January 2020 amending the Act on old age and disability pensions from the Social Insurance Fund and some other acts (Journal of Laws, item 252), old age and disability pensions were increased from 1 March 2020 by the indexation rate, which amounted to 103.56% (it was higher than originally forecast), however – as a rule – by not less than PLN 70 (when the seniority requirements to guarantee the lowest benefit are met).

The modification of the indexation rules has been applied to old age and disability pensions in the general system, individual farmers, uniformed services and bridging pensions, teacher's compensation benefits and parental supplementary benefits as well as early retirement benefits and allowances.

In accordance with the above-mentioned Act, in 2020 the lowest old age and disability pensions were also increased, respectively to:

- PLN 1,200 in the case of the lowest old age pension, disability pension due to total incapacity for work, survivor's pension and social pension,
- PLN 900 in the case of the lowest disability pension due to partial incapacity for work.

In addition, from 1 March 2020, the income threshold entitling to receive the supplementary benefit for people unable to live independently (the so-called 500+ for people unable to live independently) has been increased – to PLN 1,700. After increasing the amount of the monthly threshold, the maximum amount of the supplementary benefit was still PLN 500. None of the persons entitled to receive this benefit had to be afraid of its reduction or loss due to the increase in the old age pension or disability pension resulting from indexation.

It should be emphasized that in 2020 the lowest old age and disability pensions were increased by 9.09%, instead of 3.56% (if the existing indexation rules of benefits were maintained). The lowest old age pension increased by PLN 100, from PLN 1,100 to PLN 1,200. If the existing indexation rules of benefits were applied, persons receiving the lowest old age and disability pensions would receive the amount of indexation at the level of PLN 39.16.

The minimum increase in benefits as a result of the guaranteed amount of indexation (PLN 70) covered about 5.1 million benefits. The total cost of indexation of old age and disability pensions and other benefits from the general, agricultural and uniformed systems in 2020 amounted to about PLN 9.2 billion.

In 2021, in the Act of 21 January 2021 amending the Act on old age and disability pensions from the Social Insurance Fund and certain other acts (Journal of Laws, item 353), the rule was adopted that old age and disability pensions will increase by the statutory indexation rate, but not less than by PLN 50. An additional solution was also provided for, should the indexation rate announced in February 2021 turn out to be higher than 104.16% (this rate ensured, with the lowest benefits, an increase by the guaranteed amount of PLN 50).

The actual indexation rate of old age and disability pensions in 2021 amounted to 104.24%, hence old age and disability pensions were increased by this rate at the time of indexation of benefits. The lowest old age pension, disability pension due to total incapacity for work, survivor's pension and social pension increased to PLN 1,250.88. The income threshold entitling to receive the supplementary benefit for persons unable to live independently was also increased to the amount of PLN 1,772.08.

As a rule, old age and disability pensions are of long-term nature (they are paid even for several dozen years), hence the optimal, in the given period, indexation mechanisms are sought, taking into account, on the one hand, the social needs of beneficiaries, and on the other hand, the current economic situation, the state budget and social security finance.

### **Compensatory benefit for anti-communist opposition activists and persons persecuted for political reasons.**

From 15 October 2020, anti-communist opposition activists and persons persecuted for political reasons entitled to receive an old age pension or disability pension or disability pension due to incapacity for work, pursuant to the amendments introduced in the Act of 20 March 2015 on anti-communist opposition activists and persons persecuted for political reasons (Journal of Laws of 2020, item 319, as amended), are entitled to receive a compensatory benefit.

In 2020, the right to the compensatory benefit was granted to entitled persons receiving an old age pension or disability pension in the amount lower than PLN 2,400 per month. The amount of this benefit corresponds to an amount being a difference between the amount of this benefit and the amount of the pension received by the entitled person. This benefit is subject to indexation. The amount of the old age pension or disability pension is understood as the amount of the gross old age pension or disability pension received or the total of these benefits, together with the amount paid by the foreign institutions competent for old age and disability pension issues, excluding nursing allowances and other supplements and benefits paid together with these benefits under separate provisions, before making any deductions and reductions. Where an old age pension or disability pension is granted, terminated or recalculated, the compensatory

benefit is recalculated *ex officio* in such a way that the total amount of these benefits, including the compensatory benefit, does not exceed the current amount of the compensatory benefit.

Decisions on the compensatory benefit are issued, on the basis of a documented application submitted by a person concerned, and paid by the authorities paying old age and disability pensions. A decision refusing to grant the right to the compensatory benefit may be appealed against to the court by a person concerned. The payment of the compensatory benefit takes place together with the payment of an old age pension or disability pension. In the event of overlapping of the right to benefits paid by different authorities, decisions on the compensatory benefit are issued and paid by the Social Insurance Institution. At the request of a person entitled to receive the compensatory benefit and residing abroad, the benefit is paid in the state of residence. (As from 30 May 2021, the group of eligible persons will be extended to include persons holding the status of an anti-communist opposition activist or a person persecuted for political reasons entitled to a survivor's pension.)

### 3. Ensuring ageing with dignity

In connection with the changes taking place in the demographic structure of the population, an extremely important role is also played by solidarity, which, in a broad sense, means the community of all generations in a local community in acting for the benefit of elderly people and the community of action with elderly people for the benefit of the community in which they live together. Intergenerational and intra-generational solidarity also means respect for and gratitude to the older generations for the spiritual, material, cultural and social heritage taken over by the young generations, expressed in the creation of decent living conditions adapted to the needs of elderly people and very old persons. Therefore, all strategies, documents and actions implemented for the benefit of elderly people are to contribute to providing the older generation with a dignified, independent and healthy life after years of professional activity.

#### *„Active+” multiannual programme for elderly people for the years 2021-2025*

In the years 2014-2020, the Ministry of Family and Social Policy implemented **the Government Programme for Social Activity of Elderly People (ASOS Programme)**, which was aimed at improving the quality of life of elderly people and using their potential more fully in various social roles. For its financing, a total of PLN 280 million will be allocated from the state budget until 2020, divided into PLN 40 million for each year. Non-governmental organisations and other eligible entities acting for the benefit of elderly people could expect subsidies in the amount of PLN 20 – 200 thousand. They could apply for co-financing projects under 4 priorities: education of elderly people; social activity promoting intra- and intergenerational integration; social participation of elderly people; social services for elderly people. In total, 2,700 projects involving 1.4 million of elderly people were implemented.

These actions are continued under the new **„Active +” multiannual programme for elderly people for the years 2021-2025**. The main objective of the „Active+” multiannual programme for elderly people for the years 2021-2025 is to increase the participation of elderly people in all areas of social life.

For the „Active+” Programme, PLN 40 million were allocated in each year of its functioning. In total, in the years 2021-2025, this will be PLN 200 million for actions and initiatives to activate seniors. Non-governmental organisations and other eligible entities acting for the benefit of elderly people will be able to apply for co-financing of their projects with the amount of PLN 25 to 250 thousand.

Co-financing will be granted in four priority areas:

- **Social activity**, which includes activities aimed at increasing the participation of elderly people in active forms of spending free time, supporting dependent elderly persons and their environment in the place of residence, developing volunteer work of elderly people in the local environment and increasing the involvement of elderly people in the area of the labour market.
- **Social participation**, which contributes to strengthening the self-organisation of elderly people community and increasing the influence of elderly people on decisions concerning the living conditions of citizens.



- **Digital inclusion**, including actions to increase the skills of using modern technologies and new media by elderly people, as well as the dissemination and implementation of technological solutions conducive to social inclusion and safe functioning of elderly people.
- **Preparation for old age** carried out by strengthening solid intergenerational relations, shaping a positive image of elderly people and increasing the safety of seniors.

Regular participation in activities allows to improve knowledge, acquire new skills or gives an opportunity to undertake activity for the benefit of local communities, also in the form of volunteer work. Under the Programme, also the actions to increase access to social services and to support the idea of self-help and self-organisation are implemented.

In 2021, 292 projects were recommended for co-financing for the total amount of nearly PLN 38 million.

### ***„Senior+” multiannual programme for the years 2021-2025***

The creation of a network of “Senior+” day-care facilities across the country is supported by the *„Senior+” multiannual programme for the years 2021-2025*, which is addressed to local government units and consists in developing the network of day-care facilities for elderly people and co-financing already existing centres in their current activities. Throughout Poland, „Senior+” Day Care Centres and „Senior+” Clubs are being created, which provide elderly people with care, entertainment and possibilities to develop their passions.

As part of the programme, local government units may apply, in an open competition for tenders, for funds allocated for the creation or equipping a facility and for ensuring the functioning of already existing facilities.

In 2021, we will allocate PLN 60 million in total for the implementation of the *“Senior+” programme* (in total, in the years 2021-2025 – PLN 300 million).

As part of the current implementation of the „Senior+” multiannual programme for the years 2015-2020, by the end of 2020 local government units created 970 „Senior+” centres in total all over the country, including 308 „Senior+” Day Care Centres and 662 „Senior+” Clubs, of which more than half of the support centres were established in rural communes. All „Senior+” centres in Poland offer more than 23 thousand places for seniors.

As part of the 2021 edition of the „Senior+” programme, another 113 “Senior+” centres and more than 2.5 thousand new places for elderly people will be created throughout Poland.

„Senior+” facilities, located throughout Poland, offer elderly people a wide range of services in the field of social activation, education, sports and cultural and educational activities, rehabilitation, social services and various forms of occupational therapy. Regular meetings with participants make the everyday life of seniors more interesting and provide them, first of all, with fully safe and diversified forms of activity, adapted to the interests, needs and abilities of elderly people.

The participation in activities makes many elderly people regain their self-confidence and become more independent. Access to intellectually developing activities improves the mental condition of elderly people. Joint participation in cultural and recreational events, team

building trips, as well as participation in various types of workshops, has a very positive effect on the sense of belonging to the group, and thus reduces the feeling of loneliness. Over time, the participants in the activities become more independent, and the possibility to decide on the shape of the available offer builds a sense of agency in them.

### *Care 75+ Programme*

In 2018, the Ministry of Family developed the „Care 75+” Programme which is continued to this day. The programme has been created in response to the challenges faced by Poland due to the demographic processes taking place.

The „Care 75+” programme is addressed to urban, rural, urban-rural communes up to 60 thousand residents, it is addressed to persons aged 75 and more.

The main objectives of the Programme are:

- strengthening communes in the implementation of their own mandatory task as part of social assistance, resulting from Article 17(1)(11) of the Act of 12 March 2004 on social assistance (Journal of Laws of 2018, item 1508, as amended) – provision of care services in the place of residence,
- supporting persons referred to in Article 50 of the Act of social assistance in satisfying their daily life needs in the field of hygienic care or nursing ordered by a doctor,
- ensuring, according to the capacity of a social assistance centre, contacts with the group of persons in need of service assistance, increasing access to services for persons aged 75 and more.

Communes that join the implementation of the Programme receive financial support of up to 50% of the expected costs of implementing the task in the field of care services, including specialist care services, for persons meeting the criteria laid down in the Programme.

In 2021, funds from the Programme may be allocated for:

- 1) co-financing of care services, including specialist care services for persons to whom the services in question were provided under the Programme and will be continued in 2021;
- 2) co-financing of care services or specialist care services for persons to whom these services were not provided in 2020 (new persons);
- 3) co-financing to increasing the number of hours of care services, including specialist care services for persons aged 75 and more.

Under the Programme, the following methods of providing care services by the commune, including specialist care services, are permitted, i.e. through:

- 1) employing caregivers on the basis of an employment contract (only as part of substitution for a caregiver on annual leave or sick leave, the commune may provide the care services in question in the form of its choice);
- 2) ordering to implement the task in question to non-governmental organisations referred to in Article 25(1) of the Act on social assistance;
- 3) purchasing care services from private sector entities.

### **The implementation and execution of the Programme in the individual years was as follows:**

2018 – The Programme was implemented by 394 communes, the cost of implementing the Programme amounted to almost PLN 4.5 million, and 2,802 persons were covered by care services.

2019 – The Programme was implemented by 435 communes, the cost of implementing the programme amounted to PLN 9,671,561, care services covered 5,143 persons.

2020 – The Programme was implemented by 509 municipalities, the cost of implementing the programme amounted to PLN 15,187,202.45, while care services covered 7,731 persons.

In 2021, 583 communes submitted declarations to join the Programme, with services for 7,465 persons. After analysing the demands provided by the Voivodes, it was established that the estimated amount of funds for implementing the task within the framework of the Programme in question in 2021 is PLN 28,465,290.24 in total for all 16 voivodeships.

Joining the implementation of the Programme allows communes to support more persons aged 75 and more using care services, including specialist services, as well as to increase the number of hours of services for persons who have already used this form of assistance. The assistance provided to elderly people contributes to improving their lives, increasing their activity in everyday functioning and satisfying life needs and also enables these people to continue to function in their current environment.

### **Deinstitutionalisation strategy**

The concept of deinstitutionalisation, which assumes the transition from institutional care to care provided in the family environment and the local community, in social terms refers mainly to the process of developing services provided at the level of local communities. Deinstitutionalisation is a paradigm for the development of social services, adopted both at the EU level and in the Polish national social policy, and, at the same time, is a long-term and multifaceted process, requiring long-term and multifaceted actions.

Actions related to the deinstitutionalisation of social services have been included in the draft „National Programme for Combating Poverty and Social Exclusion. Update 2021-2027 with the perspective to 2030”, where, under the individual priorities and measures of the Programme, initiatives regarding the transition from institutional to community-based care have been planned, in accordance with European guidelines in this area.

The Ministry of Family and Social Policy has also prepared an additional, separate national strategic document on the deinstitutionalisation of social services in Poland – „Strategy of development of social services”.

The document has been prepared pursuant to the findings and conclusions developed as part of the Team appointed by the Minister of Family and Social Policy, also with the participation of a group of experts in the field of individual areas of services to which the deinstitutionalisation applies – these are, *inter alia*, persons with disabilities, elderly people, families as well as children and adolescents in foster care, persons with mental health problems and persons experiencing homelessness crisis.

In the area of social care for elderly people, the strategic objective of the above-mentioned strategy was to build an effective and sustainable long-term care system providing coordinated social and health services, under which the following activities will be implemented:

- I. Implementation of a system of coordination and standardisation of social and health services.
- II. Support for a family providing long-term care.
- III. Development of community-based forms of long-term care support.
- IV. Changes in the way of functioning of inpatient long-term care, including hospice care, institutions.
- V. Building a sustainable system for financing long-term care.
- VI. Support and distribution of employees providing long-term care.

The target effects of the implementation of the above objectives will be:

1. A comprehensive long-term care system based on coordinated, individualised community services.
2. Support actions will prevent the placement of elderly people in round-the-clock care institutions.
3. Family caregivers, who are a fundamental element of the long-term care system, will be supported.
4. A stay in a round-the-clock care institution will be the choice of a person using the support system. Placing a person in a round-the-clock institution should be the last, least desirable, link of support.

On the other hand, in the field of health care – the Ministry of Health is proceeding with the adoption of a document entitled „**A healthy future. Strategic framework for the development of the health care system for the years 2021-2027, with the perspective until 2030.**”<sup>9</sup> - concerning the care for elderly people. The main objective – in the field of care for elderly people – is to improve the quality of life and health of seniors and their caregivers. This is to be achieved through the development of human resources, the development of forms of day care, home care and innovative forms of care. What is assumed is the support for informal caregivers and the coordination of community-based care.

It is also worth noting that some elderly people requiring non-medical support find it in the social assistance system, including, *inter alia*, as part of care services provided in day-care or round-the-clock facilities or in the form of home care and support services.

Elderly people need support, not only because of limited mobility and sensory dysfunctions, but also due to cognitive and emotional problems as a result of progressive dementia disorders and chronic and incurable oncological and non-oncological diseases. The overarching goal of the process of deinstitutionalisation of health services dedicated to elderly people is to improve the health and quality of life related to health in elderly people and their caregivers and to support the maintenance of the independence of elderly people allowing them to function in the local environment as long as possible.

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<sup>9</sup> <https://legislacja.rcl.gov.pl/projekt/12348352/katalog/12798638#12798638>

Taking into account the specificity and issues of the health care system in Poland, the following strategic areas have been adopted as those of key importance for implementing the above objective:

- I. Development of human resources (improving the competences of employees providing health care services for elderly people who require support in their everyday functioning in the local environment);
- II. Development of forms of day care (development of forms of day care for elderly people requiring support in their everyday functioning, with a particular consideration given to rural regions and areas where access to long-term, palliative and hospice care services is most limited);
- III. Development of forms of home care (increasing access to long-term care and palliative and hospice care provided at home);
- IV. Development of innovative forms of care (increasing the availability of telemedicine services);
- V. Support for informal caregivers (development of community support for informal caregivers of elderly people);
- VI. Coordination of community-based health care (increasing access to comprehensive information on available health support for elderly people and their caregivers).

### **Implementation of the National Health Programme for 2016-2020<sup>10</sup>**

The Ministry of Health, noticing the growing health needs of elderly people, focuses not only on guaranteeing the proper availability and quality of provided medical services, but also undertakes tasks geared towards prevention and promotion of health in society. One of the priorities of the Ministry is to improve the health of the Poles and to prevent diseases, *inter alia*, through health education and promoting a healthy lifestyle.

Tasks for the promotion of health and health prevention of elderly people are carried out under the Act of 11 September 2015 on public health (Journal of Laws of 2018, item 1492 and of 2019, item 447) and the Regulation of the Council of Ministers of 4 August 2016 on the **National Health Programme for 2016-2020**. In the National Health Programme for 2016-2020 (NPZ), the operational objective dedicated to current and future elderly persons has been identified – **Objective No. 5. Promotion of healthy and active ageing**.

In 2020, the following activities in the field of prevention and health promotion addressed directly or indirectly to elderly people were carried out, *inter alia*, as part of NPZ:

- Health education in the prevention of injuries and in the promotion of safety
  - implementer: National Institute of Public Health - National Institute of Hygiene
  - The implementation of the task is aimed at obtaining data on the occurrence of injuries among elderly people, improving the knowledge of caregivers of elderly people about the prevention of injuries among persons older than 60, as well as developing standards for designing facilities adapted to the needs of this group.
  - In 2020, as part of the task, the Implementer prepared a Final Report containing an analysis of the adequacy and effectiveness of services provided to elderly people.

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<sup>10</sup> Material of the Ministry of Health for “Information on the situation of elderly people in Poland for 2020.”

- Education of employers, managers, human resource management and healthcare specialists working in the field of creation and implementation, at workplaces, of health management programmes for ageing employees
  - implemented: Prof. Jerzy Nofer Institute of Occupational Medicine in Łódź
  - The main objective of implementing the project is to increase the motivation and competence of employers, managers and human resource management specialists to implement health management programmes for ageing employees at medium and large workplaces.
  - In 2020, *inter alia*, educational and information materials on the physiological and ergonomic aspects of the organisation of remote work were prepared, with particular emphasis on older employees.
  
- Implementation of a study on individual areas of the health status of elderly people, including the quality of life related to health
  - implementer: Medical University of Gdańsk
  - The objective of the task is to examine the epidemiological situation of elderly people in Poland, *inter alia*, in the field of neurological diseases of old age, mental disorders and diseases specific to the age of 60+, cognitive disorders and dementia diseases, eating behaviour and nutritional status, the condition of organs, the occurrence of falls and injuries and their consequences. The study will also cover the socio-economic situation of elderly people in Poland, *inter alia*, in terms of the financial situation of elderly people and their living conditions, assessment of the quality of life, professional activity and family situation.
  - In 2020, the work was started on a monograph that will present the results and analyses of the study conducted. The completion of the work is planned for the second half of 2021.

**The National Health Programme for the years 2021-2025 includes, *inter alia*, the Operational Objective 5. Demographic challenges**, within which actions dedicated directly or indirectly to the group of elderly people have been designed. The above-mentioned document has been adopted by the Regulation of the Council of Ministers of 30 March 2021 on the National Health Programme for the years 2021-2025 (Journal of Laws of 2021, item 642).

The tasks planned to be implemented include:

- Supporting the social activity of seniors and improving the health-related quality of life of elderly people;
- Development of services supporting health and quality of life related to health in elderly people and their informal caregivers, in particular through the development of daily forms of support and psychological assistance;
- Actions to coordinate care for elderly people available within healthcare and social assistance systems;
- Education of medical professionals on the health needs of elderly people;
- Education geared towards the prevention of health problems occurring in elderly people, in particular, in the field of injuries and prevention of falls and the principles of avoiding the effects of polypragmasia;
- Education of informal caregivers of elderly people on age-related diseases and the principles of proper care for these people;

- Informing and education of representatives of public services and non-medical professions who have frequent contact with elderly people on age-related diseases and the rules of conduct in contact with them;
- Education in the field of health management of ageing workers and development and dissemination of instruments promoting health and health-promoting behaviour in the work environment;
- Development of solutions supporting the detection and monitoring of age-related diseases and implementation of these solutions;
- Studies on the state of health of elderly people and international cooperation in the field of health of elderly people.

## Part III

### Healthy and Active Ageing in a Sustainable World

#### 1. Contribution of ageing-related policies to the implementation of the 2030 Agenda and its Sustainable Development Goals

In 2018 Poland has submitted the first Voluntary National Review of implementation of the 2030 Agenda for Sustainable Development. In this Review, ageing-related issues have been highlighted in the context of SDG 1 (Poverty Reduction), SDG 3 (Good Health and Well-Being) and SDG 10 (Reducing Inequalities).

Firstly, in the regard of SDG 1, one of the Poland's priority in fighting against poverty is improving access to social services and health care services for the elderly. For this reason, Poland highlighted a number of new initiatives that aim to reduce poverty among the older population:

- „Senior+” *multiannual programme* (2015-2020) and the ‘Governmental Programme for Social Activity of Older Persons’ (2014-2020) (ASOS) which focuses e.g. on the development of a network of day care homes and social activity for older persons;
- Care 75+ program;
- Medicines 75+ programme;
- ‘Friendly Poland - Accessibility Plus Programme’.

Secondly, Poland has made a reference to older persons under SDG 3 (Good Health and Well-Being). Due to the fact, that in Poland ageing population is still progressing, the Polish government priorities are to improve the quality of the health care system and patient safety as well as increase the number of medical staff in the system in response to various needs of, inter alia, the elderly. Additionally, Poland's VNR refers to plans, strategies and programs targeted at improving good health and well-being of older persons, e.g. in the National Health Programme for 2016-20 (NHP) one out of the 6 priority actions is promotion of healthy and active ageing. Poland's VNR also promotes the Active Ageing Index, which aims to measure the potential of older people to participate more in the economy, society and independent living. The active ageing index was developed by combining measures from four areas: 1) employment; 2) participation in the society; 3) independent living in health and safety; 4) potential and conditions for active ageing.

Thirdly, in the context of SDG 10 Poland's VNR refers to policies and plans that aim at reducing inequalities specifically targeting older persons, e.g. by implementing social activities aimed at reducing inequality through, for example, the promotion of professional and social activities of older persons as well as providing for people aged 50+ equal access to the labour market ensuring the use of the potential of human resources and taking into account human capital reserves.

Within the national political planning are there any established links between ageing issues and the 2030 Agenda (a mapping of the connections between MIPAA/RIS and the SDGs that shows areas for policy integration is available on the UNECE website)?

Regarding national political planning, in June 2021 Ministry of Development, Labour and Technology has published a monitoring report of implementation of the 2030 Agenda in Poland by 2020, which presents links between ageing issues and the 2030 Agenda goals through actions held by, inter alia, public administration:

**SDG 1 (in line with Commitment 4 MIPAA/RIS: to adjust social protection systems in response to demographic changes and their social and economic consequences):**



- Indexation of retirement and disability pension employees - in 2020, the lowest and borrowed service of work entitlements and lending of families registered up to PLN 1,200 gross. compared to 2015, the guaranteed pension benefits increase by over 36%. In addition, from 2019, the payment is the so-called 13 pension, i.e. an additional annual benefit for old age and disability pensioners;
- Mother 4+ Programme - is a supplementary parental benefit that has been paid since March 2019. Its purpose is to provide a minimum income for mothers (in some cases fathers) who raised at least 4 children and who, at the same time, did not take up or resigned from employment due to their upbringing (very often for reasons beyond their control) and therefore did not acquire the right to a retirement pension or they have not earned the lowest pension;
- Pension+ - along with the annual indexation of pensions, the new benefit is a real financial support for all retirees and pensioners, especially those who receive the lowest benefits.
- Implementation of the Government Program for Social Activity of Elderly People (ASOS) - its aim is to improve the quality of life of elderly people and to fully use their potential in various social roles. Thanks to the program, a total of 2,700 projects were implemented with the participation of 1.4 million elderly people;
- „Senior+” *multiannual programme* - aims to develop the network of day care facilities for elderly people and to extend the offer of services for elderly people in their place of residence. The program provides support, among others through: services in the field of physical activity or kinesiotherapy; providing a wide educational, cultural, recreational and caring offer - depending on the needs identified in the local community; providing seniors with infrastructure that allows them to actively spend their free time; activation and involvement of seniors in self-help activities and for the local environment. By the end of 2020, 970 "Senior +" centers were established in the country, including 308 "Senior +" Day Care Centres and 662 "Senior +" Clubs, which offered over 23 thousand. day support places for the elderly.

**SDG 3 (in line with Commitment 7 MIPAA/RIS: to strive to ensure quality of life at all ages and maintain independent living including health and well-being):**

- A healthier society - is a package of health measures aimed at improving the health situation of the society, inter alia, the elderly by strengthening preventive measures, increasing health awareness and a healthy lifestyle. As part of this project, in 2020 the Effective healthcare program was implemented - a package of programs to improve the situation in the Polish healthcare system, including introducing coordinated care organization, mapping health needs, determining the demand for medical personnel (including staff training), investments in modern medical apparatus and equipment, development of e-health, as well as building information systems in health care or reconstruction of the medical device reimbursement system.

**SDG 4 (in line with Commitment 6 to promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions):**

- Facilitate and encourage lifelong learning; - Ensure that the educational system achieves better employability of all persons):
- The Skills Initiative is about testing and implementing innovative actions to promote adult participation in Lifelong Learning.

**SDG 8 (in line with Commitment 3: to promote equitable and sustainable economic growth in response to population ageing):**

- Human Capital Development Strategy – one of its goals is to extend the period of professional activity and ensuring better quality of functioning of the elderly.

**SDG 10 (in line with Commitment 1 to mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages) - the same actions as for SDG 1.**

**From Poland's perspective, the most relevant SDGs, which could be nourished by current policy measures, are as follows: SDG 1, SDG 3 and SDG 10 – these SDGs were included in Poland's VNR 2018.**

**Good practise examples included in Poland's VNR 2018:**

1. *Care 75+ program* aims to increase the accessibility of care services and specialist services for single and older persons aged 75+, who live in communities with a population of up to 40,000 in order to improve the quality of life and standard of living of older persons.
2. *Medicines 75+ programme* aims to ensure access for the elderly to free medicines, foodstuffs for special nutritional purposes and medical devices related to the treatment of old age diseases in order to reduce the expenditure on drugs, which is a significant burden on the household budgets of these people.
3. *'Friendly Poland - Accessibility Plus Programme'* aims to improve the quality and independence of life of among others older persons. This is to be achieved by improving the accessibility of public areas, products and services in terms of architecture, information and communication.

## **2. Lessons learnt from managing the consequences and impacts for older people in emergency situations: the COVID-19 pandemic**

Elderly people are a group particularly susceptible to COVID-19 infection, and in old age the infection itself can be extremely severe. With age, the efficiency of all systems in our body decreases. The immune system is not an exception here, that is why elderly people cope worse with inflammation and infections. Elderly people are also more susceptible to various medical conditions, including chronic diseases. Elderly people are usually more ill than the younger group of society, and in addition are afflicted by multiple diseases and therefore the number of fatalities due to COVID-19 virus is the largest among elderly people.

In view with the above, the government, as well as central, regional and local institutions have taken appropriate actions to ensure the safety of elderly people, and these actions are adapted to the epidemiological situation in the country on an ongoing basis.

### **The effects of the COVID-19 pandemic on the demographic situation in Poland**

In 2020, the demographic situation of Poland developed under the influence of the pandemic caused by the SARSCoV-2 virus. Its shape was most affected by the highest number of deaths in several decades. The number of deaths in 2020 exceeded the average annual value of the last 50 years by more than 100 thousand (477 thousand when compared to 364 thousand), while the death rate per 100 thousand of the population reached the highest value since 1951<sup>11</sup>. The main reason for the increase in the number of deaths in Poland in 2020 was the SARS-CoV-2 pandemic, whose peak of infections fell on the last months of the year.

In 2020, 477,335 people died – the increase in the number of deaths when compared to 2019 amounted to almost 68 thousand; the highest intensity of deaths was recorded in the fourth quarter of 2020 – there were by more than 60% more of them than in the same period of the previous year. The 45<sup>th</sup> week of the year (falling on the days from 2 to 8 November) turned out to be particularly critical, with 16 thousand deaths recorded. The weekly average in 2020 was more than 9 thousand, while in 2019 – less than 8 thousand deaths.

The analysis of data on deaths in 2019 and 2020 by age structure shows an increase in almost all age groups. The largest increases – nearly 20% – were recorded among the oldest people, in the group of 70-84 years. In the remaining groups with recorded increases, the growth rate ranged from 1% in the group of 15-19 years to nearly 15% in the group of 85-89 years. In the youngest age groups (0-14 years), the mortality rates per 100 thousand of the population decreased by, on average, 10% in the analysed period.

The analysis of deaths due to COVID-19 by age of deceased persons indicates a large gender-based disparity in the mortality of deceased persons. In almost all age groups, the mortality rate per 100 thousand of the population is two times higher among men, and in the group of sixty-year-old persons – even three times higher. The reason for this phenomenon may be, *inter alia*, the worse health condition of Polish men, who very often neglect preventive examinations and are afflicted with numerous, untreated diseases.

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<sup>11</sup> Mortality and deaths by cause in 2020, Statistics Poland, Warsaw 2021.

## **Government actions taken to support seniors during the coronavirus epidemic**

The current epidemic situation is undoubtedly unprecedented and is a challenge for all of us, and therefore actions are being developed and adapted to the prevailing conditions on an ongoing basis. We make every effort to ensure that the broadly understood support from social assistance, dedicated especially to seniors, is still implemented without interruptions, including, *inter alia*, the implementation of government programmes and other senior benefits and services.

### **„Support the Senior” Programme**

As part of the Solidarity Assistance Corps for Seniors, the „Support the Senior” Programme has been developed. Thanks to the programme of assistance to seniors during the coronavirus pandemic, actions undertaken in this area by local government units, social assistance centres and volunteers are carried out more efficiently, and elderly people get assistance in everyday activities.

The „Support the Senior” programme has been implemented since 20 October 2020 and is the information containing guidance on the possibility for communes to obtain financial support as regards the implementation of their own task, specified in Article 17(2)(4) of the Act of 12 March 2004 on social assistance, i.e. undertaking other tasks in the field of social assistance resulting from the identified needs of the commune, which, during the pandemic, should include actions to protect seniors against Covid-19 infection.

The objective of the Programme is to provide a support service to seniors aged 70 and more, who, in the applicable state of epidemic, decide to stay at home. The support service consists, in particular, in providing purchases covering basic necessities, including food products, personal care products.

The programme is addressed to:

1. persons aged 70 and more who will stay at home due to the threat of Covid-19 infection,
2. in special cases, to persons under 70 years of age, i.e. in the event of the impossibility for them to meet, on their own, the necessary needs resulting from the state of health and the family and social situation of a given person.

### **Helpline dedicated to Seniors**

As part of the Corps, a helpline dedicated to seniors has also been launched. By calling the toll-free number 22 505 11 11, elderly people can ask for help in everyday activities which require them to leave home but are made more difficult due to the current pandemic. We are talking, *inter alia*, about purchases covering basic necessities, including food products and personal care products.

The person accepting the application provides the contact number of a senior in need of support to an appropriate social assistance centre in the given commune. An employee of the centre contacts the senior, verifies the application and determines all the details related to the provision of assistance. Volunteers will provide elderly people with necessary products.

Elderly people may also report a need for support by calling directly to a social assistance centre competent for their place of residence.

## **Execution of the programme in 2020**

As part of the programme, communes were provided with financial support pursuant to Article 115(1) of the Act on social assistance. A total amount of PLN 100 million has been allocated for the implementation of the programme. Communes received co-financing for the implementation of the task in the amount of 80%, they had to cover 20% of the total costs of the task from their own funds.

The proposal to distribute the funds of the special-purpose reserve from the state budget for the implementation of the Programme has been developed by the minister competent for social security, taking into account the number of persons aged 70 and more in the given voivodeships. Then, the voivodes distributed the amount granted by the minister responsible for social security among individual communes, taking into account the number of persons aged 70 and more in these communes.

In 2020, 2,019 communes in total from all voivodeships participated in the „Support the Senior” programme. The initial amount of funds that communes planned for the implementation of the Programme in 2020 amounted to PLN 76,259,299.18. Due to the short time limit for the implementation of the task (20 October – 31 December 2020), communes under the programme used (actual execution) funds for a total amount of PLN 27,094,887.74, with the amount disbursed from the subsidy standing at PLN 21,231,463.56, while the required own contribution of communes amounted to PLN 5,863,424.18.

## **Implementation of the „Support the Senior” programme in 2021**

Due to the continuing state of the Covid-19 epidemic in the country, a decision has been made to continue the implementation of the above-mentioned programme until the end of 2021, but not longer than until its cancellation by the Polish Government. This year, the allocation for the implementation of the programme included funds amounting to PLN 50 million from the Covid-19 Prevention Fund, created pursuant to Article 65(5)(1) of the Act of 31 March 2020 amending the Act on special solutions related to the prevention, counteracting and combating COVID-19, other infectious diseases and crisis situations caused by them, and certain other acts in the scope of the implementation of its own task, specified in Article 17(2)(4) of the Act of 12 March 2004 on social assistance, i.e. undertaking other tasks in the field of social assistance resulting from the identified needs of the commune, which during the epidemic include actions to protect seniors against Covid-19 infection.

The programme, just like in the previous year, is addressed to all communes in Poland, both urban, rural and urban-rural. Any commune interested in obtaining co-financing from the above-mentioned Fund for the organisation and implementation of a support service under the programme may join the implementation of the Programme.

## **Actions for elderly people, including those in nursing homes**

In connection with the occurrence of the epidemic, the Ministry of Family and Social Policy undertook numerous actions aimed at supporting persons, including elderly people staying in nursing homes. The actions undertaken by the Ministry of Family in the field of nursing homes included:

### **1. Financial support**

- **In 2020 – PLN 137,624,360** was transferred, of which:
  - co-financing the current activity of nursing homes for residents according to the so-called „old rules” – **PLN 22,386,000**,

- co-financing the implementation of own tasks of communes, districts and voivodeships – **PLN 115,238,360**.

These funds were allocated for the daily activity of nursing homes, in particular for guaranteeing proper care for their residents, in particular, for salaries and gratuities for persons providing work and ensuring the continuity of services in these facilities.

In addition, in 2020, nursing homes received support from EU funds, under which about PLN 378 million was reserved for round-the-clock care facilities (addressed to over 800 round-the-clock care facilities), which could be used, *inter alia*, for the purchase of personal protective equipment, providing temporary accommodation for nursing home residents and employees, purchase of COVID-19 detection tests, subsidies to salaries of the employees of these facilities and co-financing the temporary employment of new persons.

According to the current data, so far 866 nursing homes have received support in the amount of **PLN 289,472,090.39**.

- **In 2021**, support for nursing homes for tasks related to counteracting the effects of the spread of the SARS-Cov-2 virus is provided for, this year, as part of the COVID-19 Prevention Fund for 2021, created pursuant to Article 65 of the Act of 31 March 2020 amending the Act on special solutions related to preventing, counteracting and combating COVID-19, other infectious diseases and crisis situations caused by them and certain other acts (Journal of Laws, item 568, as amended).

As part of the above-mentioned Fund, the amount of **PLN 49,286,646** was launched to support nursing homes. The aid is intended for nursing homes run by and on behalf of organisational local government units. The funds may be spent on preparing and protecting nursing homes against an increase in infections caused by the SARS-CoV-2 virus, including the purchase of personal protective equipment, necessary equipment and devices, as well as on providing the employees necessary to maintain the continuity of services provided by these units.

## **2. Non-financial support for nursing homes in connection with the occurrence of the epidemic**

- Development of recommendations for nursing homes:
  - From the beginning of the epidemic to the end of September 2020, the Minister of Family and Social Policy issued 12 instructions and recommendations regarding, *inter alia*, the procedure in the event of suspicion or confirmation of infection with the SARS-CoV-2 virus in a resident or employees of the nursing home and the organisation of the work of the nursing homes' employees.
  - What was also prepared, were the consolidated and standardised recommendations, which on 8 October 2020 were sent to the voivodes with a request to provide them to entities running nursing homes.
  - The Ministry of Family and Social Policy, in consultation with the Chief Sanitary Inspector and the Ministry of Health, developed recommendations on undertaking activity outside nursing homes and visiting their residents, which on 4 March 2021 were sent to all Voivodes to be further provided to the authorities running nursing homes, and then updated on 24 May 2021.

- Introduction of special regulations regarding nursing homes:

A number of special regulations have been introduced into the anti-covid law regarding the activities of nursing homes:

- it was made possible to use the so-called „rotational” work time of nursing home employees: in connection with the demands of self-governments regarding the need to increase the safety of residents and employees, the organisational units of social assistance providing round-the-clock services (*inter alia*, nursing homes) introduced the regulation regarding the organisation of work in the above-mentioned units, should the state of epidemic emergency or state of epidemic be announced.

The regulation concerns, *inter alia*, the issue of changing the system and schedule of work time, as well as providing overtime work, exercising the right to rest in a place designated by the employer without the possibility of leaving it, as well as clarifying the issues of providing employees with accommodation and food necessary to meet basic living needs outside working hours. The employer will be able to change the system or schedule of employees’ work time, or to order employees to work overtime to the necessary extent only after obtaining the prior consent of the employees;

- during the state of epidemic emergency or state of epidemic it has been made possible to transfer a self-government employee, with their consent, to work in another organisational unit of social assistance;
- the issue of quarantine of employees and persons providing work in nursing homes has been regulated;
- during the state of epidemic emergency or state of epidemic, the remuneration referred to in Article 92 of the Act of 26 June 1974 – Labour Code and the amount of sickness benefit were increased to 100% for employees or insured persons employed in organisational units of social assistance providing round-the-clock services, direct access hostels and other institutions providing round-the-clock care to the disabled, chronically ill or elderly, during the period of mandatory quarantine or isolation or isolation at home, resulting from being in contact with persons ill from COVID-19, in connection with the performance of duties resulting from employment in these entities and during incapacity for work due to COVID-19 arising in connection with the performance of duties resulting from employment in these entities;
- introduction of a change in the method of calculating the average monthly cost of living in a nursing home – in order to prevent a drastic increase in the above-mentioned cost, and thus an increase in payments for the stay incurred by residents, other obliged persons and communes, in 2021 a change was introduced regarding its calculation, consisting in the fact that the calculation of the above-mentioned cost does not include the expenses and costs that have been covered by funds from programmes financed or co-financed from European funds, national programmes, specific-purpose subsidies of the state budget granted pursuant to Article 115 of the Act of 12 March 2004 on social assistance.

- Actions regarding testing for the SARS-CoV-2 virus in nursing homes and equipping with protective equipment:
  - As a result of cooperation between the Ministry of Family and Social Policy and the Minister of Health, currently in the event of any coronavirus infection, residents and employees of nursing homes undergo appropriate tests.
  - In addition, nursing homes received, free of charge, antigen tests and pulse oximeters, as well as influenza vaccines for willing employees and residents of these units.
  - From the beginning of the epidemic, the situation regarding equipping of nursing homes with personal protective equipment has also been monitored, and possible needs have been constantly supplemented by voivodes.
  - As a result of the actions taken by the Ministry of Family, nursing homes received influenza vaccines for willing employees and residents of these units.
  - The epidemic situation in nursing homes is monitored, periodical video conferences were held between the Management of the Ministry and its employees and the directors of all Social Policy Departments at the Voivodeship Offices. Information was exchanged with the Territorial Defence Forces in the field of nursing homes and round-the-clock care institutions, in the help of which WOT soldiers were involved.
  - As a result of the cooperation between the Ministry of Family and the Ministry of Health, both employees and residents nursing homes were included in the National Covid-19 Vaccination Programme as priority groups (group 0 and I, respectively).

In addition, in order to improve the quality of life of elderly people, amendments have been made to the Act on social assistance (June 2021) in the field of care services or specialist care services – the possibility of granting this form of support in an urgent („accelerated”) manner, justified by a sudden change in the state of health of a person to whom these services will be provided, has been provided for.

Also, an obligation to pay for services provided in support centres for persons with mental disorders, which are not round-the-clock services, has also been repealed.

An important element of support for persons, including elderly people, is the establishment and implementation of a comprehensive support programme for families entitled „For Life” (June 2017), thanks to which the network of community self-help houses is developed, *inter alia*, by expanding their types so as to facilitate access for a larger group of persons. The aid covered persons with mental disorders, including those with multiple disabilities, as well as persons with autism spectrum disorder. Every year, under the Programme, funds from the special-purpose reserve of the state budget are provided for the creation of such units, places in functioning units and for co-financing an increase in subsidies.

Important is also the action regarding the creation of sheltered (training and supported) flats, which are a form of support allowing people, including elderly people, with disabilities to become independent in friendly conditions adapted to their needs or to sustain the person’s independence at the level of their psychophysical abilities.



## **Information and educational actions dedicated to elderly people during the coronavirus epidemic**

In order to eliminate the feeling of loneliness, ensure safe conditions and sustain the activity of elderly people at home during the period of self-isolation, the Ministry implemented actions for seniors with regard to:

- informing about the risks and protection of elderly people against coronavirus: (e.g. rules of conduct and any information on personal protection),
- promoting volunteering campaigns for seniors and local communities, regarding supporting seniors in everyday activities (especially neighbourly assistance, *inter alia*, in doing shopping or providing meals),
- promoting seniors' activity at home, e.g. online workshops and lectures and videos with physical exercises (prepared by the Ministry of Health), which seniors can do on their own at home,
- informing about the functioning of the „Support the Senior” Programme of the Solidarity Assistance Corps for Seniors (<https://wspierajseniora.pl/>).

The above information has been sent to all day-care facilities: „Senior+” Day Care Centres and „Senior+” Clubs and non-governmental organisations involved in the implementation of tasks under *the Government Programme for Social Activity of Elderly People for the years 2014-2020*, all over the country.

The information has also been placed and is updated on an ongoing basis on the websites of the Ministry: <https://www.gov.pl/rodzina> and <http://senior.gov.pl/> (in the „Safe and active senior” tab) and in social media, which ensures reaching the widest possible group of interested parties: seniors and persons who can provide information to their closest relatives or want to support elderly people during the epidemic.

## **Changes in the organisation of the activities of „Senior+” Day Care Centres and „Senior+” Clubs during the pandemic**

In view of the restrictions introduced across the country with regard to the organisation of activities in social assistance institutions, the stationary activities of most „Senior+” Day Care Centres and „Senior+” Clubs have been suspended. Despite this, „Senior+” Day Care Centres and „Senior+” Clubs implement their tasks in an „alternative” form. Some activities are carried out online.

Employees of these centres are in permanent contact with the participants, by organising various types of activities for them (e.g. tailoring workshops – sewing masks, art or painting workshops), providing seniors with puzzles, crosswords, books, newspapers, etc., as well as helping in doing shopping, medical visits, or handling official matters. Elderly people can also expect the support of the employees of the centres, including psychologists, in the form of frequent telephone or Internet contacts. Seniors also receive one hot meal a day, delivered directly to their place of residence. On the other hand, elderly people who require care services have been covered by assistance provided by social assistance centres.

In order to continue to counteract the spread of SARS-CoV-2 infections, „Senior+” Day Care Centres and „Senior+” Clubs received the recommendations regarding the activities of day-care facilities. The recommendations are available on the Ministry's websites: <https://www.gov.pl/rodzina> and <http://senior.gov.pl/>. The activities of the facilities are

supervised by the services of voivodes, and decisions to resume their functioning are made depending on the epidemiological situation in a given region.

In order to enable „Senior+” Day Care Centres and „Senior+” Clubs to exchange experiences regarding the provision of services during the pandemic, on [the http://senior.gov.pl/](http://senior.gov.pl/) website the Ministry set up the „SENIOR+ versus coronavirus – good practices” tab, where the most interesting ways of implementing actions are published. Below, we can find an example of good practices.

### **Senior+ Day Care Centre in Wola Karczewska**

At the time of suspending the activities of the *Senior+* Day Care Centre, a plan of permanent contact with the Seniors has been created.

As part of social assistance, the seniors were visited in their homes 2-3 times a week. Those who needed help in organising shopping (food products, medicines) created a shopping list and a list of medicines that were purchased and delivered directly to the seniors’ homes. In addition, bills and taxes were paid and postal letters and parcels were sent and received, etc. Each senior could contact the facility 24 hours a day (phone to the director of the facility). Also, individual therapeutic consultations were conducted.

As part of permanent cooperation with the Communal Social Assistance Centre, persons have been selected to receive free food in view of their difficult life situation. Any failures requiring the help of specialists (electricians, chimney sweeps, etc.) were reported and the necessary work in this regard was supervised.

Delivery of (two-course) lunches as part of social assistance directly to the seniors’ homes has been introduced. All seniors received free Christmas parcels, which were delivered to their place of residence.

The facility also carried out many forms of activity for the seniors:

- equipment for exercising at home (rubber bands, balls, steppers, poles, stationary bikes, games) has been made available. After reporting their readiness for exercising, a person received the equipment of their choice, which was delivered directly to the senior’s place of residence. The seniors also received online videos with exercises and paper versions of exercises – step by step (for persons who do not have a computer);
- workshops entitled „Stay at home – on-line culinary classes” were conducted by an occupational therapist and concerned healthy eating – they contained photos, videos, descriptions and methods of making the presented dishes. The material was available in both paper and electronic form, depending on the needs of seniors;
- online dance activities – „Stay at home – dance with the seniors from the Senior+ Day Care Centre” were held through the distribution of material prepared by a dance instructor, containing basic steps for training at home;
- online sewing and design course – the seniors whose passion is sewing and design, received materials, sewing machines and necessary patterns. The seniors could use their own designs or those presented online or ready-to-use designs in paper version (depending on their needs);
- online art activities – consisted in providing art materials for making: flowers, paintings, decorations, etc. at home. The seniors created art compositions at home, regularly received materials and suggestions for activities in paper version (do it yourself „step by step”). There were also telephone consultations regarding instructions;

- horticultural therapy – plants were obtained as part of the „Phototherapy with seniors from the “Senior+” Day Care Centre” campaign. The plants were then delivered to garden lovers who were the wards of the institution. The seniors planted flowers and ornamental shrubs in their home gardens;
- bibliotherapy and exercises to improve brain functions: as part of a donation, press, books, rebuses, crosswords, sudoku were obtained, and exercises to improve brain functions were also prepared. All materials were delivered to the seniors’ places of residence.

The wards of the institution also took part in charity campaigns organised by the seniors during the pandemic:

- „Magic Book” – the seniors and volunteers received texts of: fairy tales, poems and stories that they read at home. The created footage has been properly edited, and then, in the form of recordings, it was sent to kindergartens, schools, hospitals and the “Promyczek” Home Hospice for Children. The links were also made available to all residents. The campaign was created for children who remained at home or in medical institutions during the pandemic.
- „Masks for the Residents of the Commune of Wiązowna” – both the employees and seniors sewed masks, which were then sent to the oldest residents of the Commune of Wiązowna. The masks and face shields were delivered directly to the places of residence of seniors.
- participation in competitions: the seniors applied for the competition for an ecological Easter decoration – works made by seniors have been described and photographed and sent to the competition’s organiser. The seniors received an award for their creativity, ingenuity and commitment.

## **Protecting the health of elderly people during the coronavirus epidemic**

### **Testing**

With a view to ensuring the safety and adequate protection of persons in whom – due to their age, reduced immunity and frequent co-occurrence of other diseases – the risk of infection with the SARS-CoV-2 virus and the effects of COVID-19 disease is the highest, the obligation to carry out diagnostic tests for SARS-CoV-2 in patients admitted to a healthcare and curative institution (ZOL), nursing and care institution (ZPO), hospice and nursing home (DPS) was introduced as from 16 September 2020.

At the same time, on 2-3 September 2020, more than 39 thousand cassette tests for the presence of IgM and IgG SARS-CoV-2 antibodies were provided from the Central Base of Sanitary and Anti-Epidemic Reserves to individual Voivodeship Sanitary and Epidemiological Stations for the purpose of forwarding them to residents and employees of nursing homes.

### **Vaccination**

A group of persons older than 60, residents of nursing homes and patients of ZOL/ZPO and other places of permanent stay, as well as employees working in these institutions, were prioritised in the National Vaccination Programme (Stage I).

## **Recommendations**

With a view to ensuring health security for persons covered by care services and for employees involved in providing this care, the Ministry of Health – in cooperation with the Chief Sanitary Inspectorate, as well as national consultants and the expert community – issued a number of recommendations, including those addressed, *inter alia*, to directors and employees of care facilities all over the country.

To this end, the Ministry of Health follows on an ongoing basis the recommendations functioning in other countries affected by the epidemic and the guidelines of the World Health Organisation (WHO) in the field of preventing the transmission of coronavirus infections and COVID-19 cases.

Work on the recommendations is carried out in cooperation with experts, *inter alia*, Chief Sanitary Inspectorate, National Institute of Public Health – National Institute of Hygiene, national consultants and representatives of scientific societies and medical professions. The developed materials are provided to medical entities and posted online. On the Ministry of Health's subpage on the gov.pl website, organisational recommendations, guidelines for the use of personal protective equipment, as well as guidelines for the procedure for selected scopes and types of healthcare services have been published.

In order to ensure the health and safety of all persons covered by long-term care, both in terms of health care and social assistance, as early as on 12 March 2020, the Ministry of Health provided the Ministry of Family and Social Policy with recommendations on procedures for social assistance organisational units (including nursing homes) in the situation of the spread of the SARS-CoV-2 coronavirus in Poland, developed in cooperation with the Chief Sanitary Inspectorate.

With a view to ensuring proper health security for patients cared for by ZOL/ZPO as well as home hospice and palliative medicine clinic, but also the safety of medical employees providing services in these areas, the Ministry of Health published on the website gov.pl:

- recommendations on organising the process of providing nursing and care services as part of long-term care in relation to the state of the epidemic and the risk of SARS-CoV-2 virus infections and COVID-19 cases – posted on 2 April 2020, updated on 6 May 2020;
- recommendations for the Home Palliative Care Team/Home Hospice in the state of epidemic of the SARS-CoV-2 virus causing COVID-19 – posted on 3 April 2020.

All recommendations issued by the Ministry of Health, Chief Sanitary Inspectorate or National Health Fund and by other public institutions are updated in accordance with the changing epidemiological situation in the country and health needs in this respect.

## **Organisation of the work of medical employees during the COVID-19 epidemic**

Based on an analysis of international statistics kept for the purposes of combating the epidemic, it was found that the main source of infection in care facilities (functioning both within the healthcare system and the social assistance system) were employees of such facilities, in particular medical employees, often having contact with infected persons in other places of their work (including, *inter alia*, hospitals).

Therefore, pursuant to the Regulation of the Minister of Health of 28 April 2020 on standards with respect to restrictions in providing health care services to patients other than those with suspicion or infection with the SARS-CoV-2 virus by medical professionals having

direct contact with patients suspected of or infected with this virus, medical employees employed in medical entities performing medical activities such as hospital services only in connection with counteracting COVID-19, or whose separate organisational unit provides health care services only in connection with counteracting COVID-19, who have direct contact with patients suspected of or infected with coronavirus have been prevented from participating in providing healthcare services to patients other than those suspected of or infected with coronavirus.

The above restriction also applied to medical employees directly involved in providing healthcare services to patients suspected of or infected with coronavirus and, at the same time, providing services in care facilities such as ZOL/ZPO and hospices.

In order to support representatives of ZOL/ZPO, nursing homes and hospices employees who is directly involved in the care of patients and who obliged to limit the professional activity to one entity only, the National Health Fund's project entitled „Ensuring the safety and care of patients and the safety of employees of healthcare and curative institutions, nursing homes, nursing and care institutions and hospices during COVID-19” (under the Operational Programme Knowledge Education Development 2014-2020 (OP KED), co-financed by the European Social Fund, is being implemented. For this purpose, the amount of nearly PLN 250 has been allocated.

### **Legal changes with regard to the provision of guaranteed services**

Pursuant to the regulations of the Minister of Health published on 16 March 2020 amending the regulations on guaranteed services in the field of nursing and care services as part of long-term care and on guaranteed services in the field of palliative and hospice care, it was permitted to implement consultations and visits using ICT systems or other communication systems, provided that this procedure does not pose a risk of deteriorating the patient's health.

In addition, on 14 March 2020, on the website of the National Health Fund's Head Office, a message was published informing about the amendment to the regulation of the Minister of Health on the general terms and conditions of contracts for providing healthcare services.

This amendment made it possible to introduce solutions allowing for:

- improving financial liquidity and maintaining the level of revenue of healthcare providers by maintaining comparable monthly payments for the implementation of contracts concluded with the National Health Fund during the transition period;
- acceleration of financial flows to medical entities which, in order to minimise the risk of COVID-19 transmission, limit the scope of activities and temporarily reduce the number of scheduled services provided.

In addition, in accordance with the National Health Fund's statement of 17 March 2020 – in order to minimise the risk of transmission of COVID-19 infection by limiting contacts with patients staying at their homes – it was made possible to perform and settle advice provided by doctors and psychologists as well as nurse visits, implemented under contracts for providing healthcare services as part of long-term care and palliative and hospice care using ICT systems or other communication systems.

## Telemedicine activities

In 2020, a number of actions were taken in the field of telemedicine solutions related to combating infections and preventing the spread of the COVID-19 infectious disease, which were also dedicated to elderly people. These activities include, *inter alia*, providing the Teleconsultation system that allows to provide teleadvice to patients who, for example, due to the coronavirus, had limited access to services or were quarantined (video call, sending notifications via SMS and e-mail, system maintenance).

At the same time, due to the epidemiological situation of the country, in 2020 the functional scope of the e-Health Project (P1) was extended to include new functionalities, i.e. e-registration and teleadvice (which will allow patients to settle their key matters online, without the need for personal contact with administrative and medical employees). The implementation of these services is planned in the fourth quarter of 2021. These functionalities are particularly important for the subpopulation of elderly people, with multiple diseases, with skeletal problems, for whom the possibility of using remote online advice may increase the availability of services.

In addition, in June 2020, the [gabinet.gov.pl](https://gabinet.gov.pl) app was extended, due to the COVID-19 pandemic, to include the following functionalities:

- ordering tests for the presence of coronavirus,
- entering the results of the antigen test,
- issuance of ZLK-1 (notification of infectious diseases),
- adding and changing isolation and quarantine.

Also, the Internet Patient Account (IKP) has been extended by further functionalities, e.g. the ability to check information about the result of the coronavirus test, information about the imposition of quarantine or home isolation. At the end of 2020, the e-Health Centre has started implementing tasks supporting the process of vaccination against SARS-CoV-2. These functionalities also indirectly affect the health security of elderly people.

At the same time, the Home Medical Care (DOM) programme was implemented, i.e. a system for remote monitoring of patients with COVID-19. The programme uses a pulse oximeter as a diagnostic tool and the PulsoCare app to transmit and monitor patients' data. The Ministry of Health launched the DOM programme in the autumn of 2020, bearing in mind the significant number of patients, including seniors, with confirmed SARS-CoV-2 virus infections, subject to home isolation.

The programme is addressed to all persons infected with coronavirus and subject to home isolation. Patients with confirmed SARS-CoV-2 infection who are at least 55 years are automatically included in the DOM programme. Other patients are qualified by primary care doctors participating in the programme or can apply on their own using the form on the website. The devices are provided to all patients who have a mobile or landline phone.

Patients included in the DOM programme can submit their results via the PulsoCare website, infoline and PulsoCare mobile app. After being qualified, the patient completes the medical history and measures the monitored parameters (saturation, heart rate, temperature, respiratory rate, questionnaire of additional symptoms). The app in a simple and intuitive way guides them through the entire examination process and systematically reminds them of a need to perform control measurements. All results of examinations are sent to the central database.

Patients who do not have a mobile phone or Internet access can report the results of their pulse oximeter measurements by landline phone, using the automatic, round-the-clock infoline available at: 22 256 53 23. Consultants and doctors in a specially appointed Centre monitor the

results of patients' measurements on an ongoing basis and, if decompensation is detected, refer them to a remote medical consultation in the form of teleadvice, and if the health deterioration is confirmed, the patient is referred to hospitalisation. Thanks to DOM, the patient is supervised 24 hours a day, 7 days a week.

The DOM programme is aimed at relieving the burden on the healthcare system, reducing mortality caused by the COVID19 pandemic, and contributing to improving the safety of patients treated at home. It should be stressed that the DOM project has been implemented very quickly on a national scale, and currently each patient with confirmed COVID-19 infection can be covered by care under the programme. So far, more than 560 thousand patients aged 55+ have made use of the programme. The programme is free of charge and financed by the Ministry of Health.

### **Personal protective equipment for healthcare facilities**

As part of the government support, the product range gathered in strategic reserves by the Material Reserves Agency subordinate to the minister competent for energy started being made available, and the distribution of equipment purchased by the Ministry of Health and the Chancellery of the Prime Minister was commenced.

In order to secure the most important and urgent needs of entities, facilities, institutions in the individual voivodeships, from the beginning of the epidemic, upon request of the Minister of Health, protective suits and aprons, disposable non-woven masks, filtering half masks, protective goggles, protective helmets, shoe covers and protectors, liquid for disinfecting hands, surfaces or equipment have been provided to the Voivodes.

Some of the above-mentioned resources – in accordance with the needs identified by the voivodeship offices – have been provided to ZOL/ZPO, hospices, mental centres and hospitals, as well as nursing homes, shelters, direct access hostels and other similar facilities.

### **Prevention activities**

In 2020, the Ministry of Health together with the Polish Chamber of Physiotherapists implemented the preventive programme „Active senior at home”. As part of the project, a series of several safe exercises, which seniors could do at home, has been created. The exercises were prepared by physiotherapists, working with geriatric, neurological and cardiac patients on a daily basis and were adapted to the abilities of elderly people.

The exercises were presented in the form of short, several-minute videos and published (from 23 March to 6 April 2020) on the special <https://fizjoterapiaporusza.pl/aktywny-senior> website, on YouTube: <https://www.youtube.com/c/MinisterstwoZdrowiaPL/featured> and on the Facebook fanpage of the Ministry of Health. Each video presented a different set of exercises and also included an expert's commentary and tips on the number of repetitions or speed. The whole series of several videos is available online, free of charge.

In addition, in 2020 the Ministry of Health conducted an information campaign on the safety of seniors during the coronavirus epidemic.

Thanks to the prepared posters, leaflets and graphics, elderly people could get familiar with information about COVID-19, including, *inter alia*: methods to prevent infection, recognition of the symptoms of infection, duration of the disease, quarantine, places where assistance can be obtained.

The materials were published in the Ministry of Health's social media, on the dedicated [www.gov.pl/koronawirus](http://www.gov.pl/koronawirus) website and submitted for distribution by healthcare facilities throughout Poland. The campaign was addressed not only directly to seniors, but also to their relatives – younger persons, e.g. children or grandchildren, could provide the above-mentioned materials to their parents/grandparents in old age.

### **Initiatives of the National Geriatrics, Rheumatology and Rehabilitation Institute (NIGRiR) undertaken for elderly people in connection with the COVID-19 epidemic**

The Geriatrics Clinic – transformed into a ward to combat the COVID pandemic – provided inpatient services to patients infected with SARS-CoV-2. During the COVID-19 epidemic, the Institute also carried out activities aimed at popularising the following published by the Ministry of Health:

- recommendations on preventive treatment in the face of the SARS-CoV-2 epidemic (links regarding domestic and foreign training, putting on and taking off protective clothing) and
- recommendations of individual national consultants.

The Institute also provided the medical community with information obtained from the Ministry of Health, Chief Sanitary Inspectorate, National Institute of Public Health – National Institute of Hygiene and expert opinions. Voivodeship consultants and cooperating medical entities were provided with collections of information in electronic form.

### **Summary**

The government is constantly taking actions to improve the situation of elderly people during the pandemic, including improving the financial situation of recipients of pensions, in particular, beneficiaries receiving low old age and disability pensions.

In addition, the government provides appropriate assistance and protection to elderly people, including persons with disabilities and dependent persons, who require support in their daily functioning. It creates the conditions for active ageing so as to ensure that elderly people participate fully in society and feel safe.

At the same time, the government conducts information and educational actions dedicated to elderly people, which facilitate their access to vaccination, as well as support and assistance in everyday life activities.



## Conclusions and priorities for the future

The year 2020 was a particularly difficult time for seniors, due to the threat caused by the coronavirus pandemic in Poland. For this reason, pursuant to the applicable guidelines, many activities have been suspended or reduced to the necessary minimum. However, this time forced the strengthening of informal support networks, mainly on family and neighbourly grounds. Thanks to the efficient cooperation of institutions and local communities, new, non-institutional forms of support for elderly people have been found.

In view of the COVID-19 pandemic, ensuring safety and assistance for elderly people has become one of the priority actions. The prevailing epidemiological situation and the existing restrictions made it impossible to implement the *Social Policy for elderly people 2030. Safety – Participation – Solidarity* to the full extent, but resulted in taking *ad hoc* initiatives such as, e.g. the Solidarity Assistance Corps for Seniors, which significantly improved the situation of elderly people in these difficult times. In addition, the actions taken at both central and regional level, as indicated in this document, point to the fact that elderly people have been beneficiaries of various initiatives which public authorities tried to implement despite the existing restrictions and with care to ensure the highest possible level of seniors' safety.

Having analysed the statistics and figures regarding the situation of elderly people in Poland for 2020 and all collected partial information on the social policy for elderly people at the central and regional level, it is necessary to continue the key lines of action laid down in the *Social Policy for elderly people 2030. Safety – Participation – Solidarity*, to the extent adequate to the epidemiological situation prevailing in the country. In particular, it is important to take actions aimed at:

- ensuring optimal access to health, rehabilitation and care services adapted to the needs of elderly people, including telecare and telemedicine,
- supporting dependent elderly persons and their caregivers in their everyday functioning, using new technologies,
- removing functional barriers to the full participation of elderly people in social and public life and enriching the offer of spending free time among elderly people, also with the use of e-products/services,
- organising activities, trainings, courses, etc. enabling the acquisition of new skills and competences among elderly people and empowering them in the labour market,
- organising cultural, educational, sports and recreational projects in order to manage the free time of elderly people and strengthen intra- and intergenerational integration,
- shaping a positive image of elderly people in society and using their potential, knowledge and experience as part of, for example, volunteer work for the benefit of the local community,
- counteracting violence and discrimination against elderly people.

The COVID-19 pandemic has also shown that it is necessary to develop the digital competences of seniors who, in the face of forced isolation, had to use ICT means for handling the significant part of everyday life matters. In turn, the feeling of isolation and loneliness growing in them should be counteracted by implementing projects aimed at activating and integrating the senior environment.

It is also important to continue actions to improve the financial situation of elderly people, in particular those with the lowest income, in order to provide them with economic security and enable them to live in dignity. This may be achieved by amending the tax system in the form of increasing the tax-free amount. If this amount amounted to PLN 30 thousand, about 65% of recipients of pensions would be exempt from income tax.

Another important area concerns the continuation and implementation of activities aimed at improving the functioning of the social assistance system, and in particular improving the potential and efficiency of social assistance institutions by expanding the availability of social services addressed to elderly people. Actions related to deinstitutionalisation can play a key role here, enabling the transition from institutional to local care.

In addition, any new actions taken at central and regional level should be designed with the participation of elderly people and on the basis of a comprehensive diagnosis of the needs and resources of this group. Actors from different sectors should be involved in their implementation, so that initiatives for the benefit of elderly people become a common interest of a given local community.

For the reconstruction of the Polish economy after the COVID-19 pandemic – a new plan entitled „Polish Order” has been created, which is to reduce social inequalities and create better living conditions for all citizens. Every year, the number of elderly people in Poland is growing. Seniors are a group that requires special care from the state. They are often ill, in need of care, support and a sense of security. That is why we are introducing a number of facilities for elderly people, so as to facilitate their access to medicines, doctors and ensure a good life in the form of a decent pension. However, this is a big challenge for the state and society, therefore, the great socio-economic reforms also provides for new solutions in the field of senior policy, including *inter alia*:

#### Tax-free pensions of up to PLN 2.5 thousand

As part of the reform of the tax system, old age and disability pensions will be increased by the amount of tax for benefits to the level of PLN 2.5 thousand. This solution would become effective as from the new year.

#### Zero PIT for working seniors

This will be beneficial for seniors who will be able and willing to continue working after reaching their retirement age. According to the announcement, seniors who will not receive a pension, but decide to continue working, will be exempt from income tax. Thanks to this, their capital at the time of retirement will be higher, because they will pay contributions all the time.

### Facilities connecting generations

It is also proposed to create facilities that will combine day care homes with kindergartens. Thanks to them, children will develop emotional and social competences, and seniors will have an opportunity to engage in the upbringing of the youngest generation.

### Safety at hand

We will increase the safety of seniors by co-financing the purchase of so-called safety bands. They will enable a simple or automatic call for help in the event of a threat to life or health. They will ensure constant contact and enable remote care. Thanks to this solution, seniors requiring attention will not have to change their daily habits and will remain independent.

### IT Help for Seniors

Not all citizens have competence and want to use services in a digital manner only. We will create a nationwide administrative infoline that will allow to get information about what is going on with the matter handled in every office in Poland. Thanks to the infoline, persons who are less proficient in digital services will be able to find out how to settle an administrative matter and will be referred to an appropriate institution.

### Combating domestic violence against children and parents

In the form of many social campaigns, we will work on raising awareness of the rights of victims of domestic violence, especially the most vulnerable ones – women, children and elderly people, as well as the availability of psychological support.

## **Annexes**

1. Summary of the ageing process of the Polish population in the years 2002 – 2020.
2. *Social Policy for Elderly People 2030. SAFETY – PARTICIPATION – SOLIDARITY.*
3. Excerpt from the document entitled *Information on the situation of elderly people in Poland for 2020.*

## **Tables**

1. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area I.
2. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area II.
3. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area III point 4.

**Annex No. 1. Summary of the ageing process of the Polish population in the years 2002 – 2020**

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>60-64</b>	1 595 956	1 549 650	1 511 521	1 483 997	1 586 823	1 747 187	1 932 727	2 121 259	2 326 577	2 471 547	2 557 519	2 620 151	2 673 734	2 726 536	2 751 811	2 773 345	2 776 033	2 756 726	2 680 248
<b>65-69</b>	1 578 248	1 571 319	1 561 704	1 541 930	1 503 698	1 453 753	1 412 937	1 379 123	1 355 471	1 459 742	1 613 687	1 789 658	1 969 087	2 161 758	2 272 891	2 353 970	2 412 936	2 462 437	2 505 595
<b>70-74</b>	1 429 916	1 421 430	1 412 374	1 394 241	1 388 098	1 377 657	1 375 706	1 370 459	1 356 349	1 328 316	1 286 121	1 252 454	1 228 749	1 208 233	1 299 760	1 438 296	1 595 967	1 754 662	1 916 928
<b>75-79</b>	1 021 565	1 046 576	1 078 008	1 108 817	1 136 793	1 159 727	1 157 442	1 154 667	1 146 250	1 146 666	1 144 591	1 147 354	1 147 215	1 139 332	1 118 914	1 085 556	1 057 712	1 038 184	1 013 492
<b>80-84</b>	528 421	593 328	634 259	676 796	709 565	727 288	751 181	776 869	807 498	834 494	855 906	859 378	864 182	862 711	869 321	872 028	876 469	879 615	865 717
<b>85 and more</b>	329 525	318 666	331 928	354 039	378 356	412 951	449 021	480 352	520 483	555 797	587 408	623 764	664 814	704 384	742 519	770 397	789 276	812 121	818 253
<b>Total</b>	<b>6 483 631</b>	<b>6 500 969</b>	<b>6 529 794</b>	<b>6 559 820</b>	<b>6 703 333</b>	<b>6 878 563</b>	<b>7 079 014</b>	<b>7 282 729</b>	<b>7 512 628</b>	<b>7 796 562</b>	<b>8 045 232</b>	<b>8 292 759</b>	<b>8 547 781</b>	<b>8 802 954</b>	<b>9 055 216</b>	<b>9 293 592</b>	<b>9 508 393</b>	<b>9 703 745</b>	<b>9 800 233</b>

including:																			
<b>Men</b>	2 568 858	2 572 446	2 580 756	2 590 851	2 653 710	2 732 403	2 823 484	2 915 544	3 020 043	3 163 421	3 279 413	3 395 799	3 515 758	3 637 117	3 756 040	3 869 259	3 971 577	4 064 446	4 105 459
<b>Women</b>	3 914 773	3 928 523	3 949 038	3 968 969	4 049 623	4 146 160	4 255 530	4 367 185	4 491 098	4 633 141	4 765 819	4 896 960	5 032 023	5 165 837	5 299 176	5 424 333	5 536 816	5 639 299	5 694 774

Percentage share:																			
<b>Men</b>	40%	40%	40%	39%	40%	40%	40%	40%	40%	41%	41%	41%	41%	41%	41%	42%	42%	42%	42%
<b>Women</b>	60%	60%	60%	61%	60%	60%	60%	60%	60%	59%	59%	59%	59%	59%	59%	58%	58%	58%	58%

<b>Population of Poland</b>	38 218 531	38 190 608	38 173 835	38 157 055	38 125 479	38 115 641	38 135 876	38 167 329	38 200 037	38 538 447	38 533 299	38 495 659	38 478 602	38 437 239	38 432 992	38 433 558	38 411 148	38 382 576	38 265 013
<b>Including:</b>																			
<b>% elderly people</b>	<b>16,96%</b>	<b>17,02%</b>	<b>17,11%</b>	<b>17,19%</b>	<b>17,58%</b>	<b>18,05%</b>	<b>18,56%</b>	<b>19,08%</b>	<b>19,67%</b>	<b>20,23%</b>	<b>20,88%</b>	<b>21,54%</b>	<b>22,21%</b>	<b>22,90%</b>	<b>23,56%</b>	<b>24,18%</b>	<b>24,75%</b>	<b>25,28%</b>	<b>25,61%</b>

Source: Statistics Poland, Local Data Bank, <https://bdl.stat.gov.pl/>

**Ministry of Family, Labor and Social Policy**

**Social Policy for Elderly People 2030**  
**SAFETY – PARTICIPATION – SOLIDARITY**

Warsaw, 2018

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## Introduction

Polish society is currently facing challenges resulting from changes in the demographic structure of the population. Demographic changes lead to, on the one hand, low fertility, and on the other hand – a growing number of elderly people. Total fertility rate (TFR) in Poland has been steadily dropping since 1989. At the same time, since 1997, its values have been characterizing the low fertility phenomenon (below 1.5), and since 2001, these values have been around 1.3. In 2016, the total fertility rate in Poland was 1.36<sup>1</sup>. A total fertility rate below approx. 2.1 means that the process of population recovery is below the replacement fertility rate. It should also be noted that according to data provided by the Central Statistical Office, in 2016, the average life expectancy of a man was 73.9 years, while that of a woman was 81.9 – respectively by slightly over 8 years and almost 7 years more than in 1991<sup>2</sup>. As a result of the drop in the number of births, on the one hand, and longer life on the other, the population is ageing. In 2016, people over 65 years of age constituted 16.4% of the population of Poland, while in 2035, as forecast by the Central Statistical Office, they will constitute 24.5% of the Polish population. By 2050, this figure is predicted to increase to 32.7%.

Due to the ageing of Polish society, elderly people are the group that need particular support. In his letter to elderly people, Saint John Paul II pointed out that *Elderly people help us to see human affairs with greater wisdom, because life's vicissitudes have brought them knowledge and maturity. They are the guardians of our collective memory, and thus the privileged interpreters of that body of ideals and common values which support and guide life in the society. To exclude the elderly is in a sense to deny the past, in which the present is firmly rooted, in the name of a modernity without memory.*<sup>3</sup> Elderly people greatly contribute to the development of every family by cultivating and developing intergenerational bonds. They ensure the continuity of generations and jointly present mutual dependence. Life experience of elderly people is in fact a priceless treasure, and they are always willing to share their knowledge, advice and wisdom with younger generations.

Therefore, the social policy for elderly people is, for the entire Council of Ministers, one of the priorities of the public policy. For the purposes of this document, the social policy for elderly people has been defined as a deliberate, long-term and systemic impact of the state and other public and non-public entities on the development of legal, economic and social conditions in order to

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<sup>1</sup> GUS, Rocznik demograficzny 2017 r.

<sup>2</sup> *Informacja o sytuacji osób starszych za rok 2016*, Warszawa 2017 r., p. 13.

<sup>3</sup> *List Ojca Świętego Jana Pawła II Do moich Braci i Sióstr - ludzi w podeszłym wieku!*, point 10.



ensure a favorable life situation for elderly people, adapted to social, economic, care and health care needs, changing as they grow older, in every period of elderly people's lives.

The social policy for elderly people is supposed to improve the quality of seniors' lives by enabling them to remain independent and active as long as possible, and to ensure their safety and security. Directions of undertaken measures should account for recommendations of the World Health Organization<sup>4</sup> and the European Commission's measures regarding healthy and active ageing<sup>5</sup>. The responsibility for programming and monitoring the policy for elderly people in Poland rests with the minister competent for social security, i.e. the Minister of Family, Labor and Social Policy.

The implementation of the policy for elderly people became operational in 2013 by way of Resolution No. 238 of the Council of Ministers of 24 December 2013 on the adoption of the document entitled *Assumptions of the Long-Term Senior Policy in Poland for 2014-2020* (Official Gazette of the Republic of Poland of 2014, item 118). However, the above document was a framework one – it was only a recommendation, which means that it did not provide for any specific measures assigned to particular entities. *Assumptions of the Long-Term Senior Policy* remained an ideological declaration, setting out priority areas to be tackled by the Council of Ministers in the policy for elderly people. In accordance with the revision of *Assumptions of the Long-Term Senior Policy* scheduled for 2017, due to the changing socio-economic situation in Poland and the need to draw up a document providing for specific directions and measures within the policy for elderly people and their implementers, the Minister of Family, Labor and Social Policy, in cooperation with the Council for Senior Policy, started work on revising and updating the document.

To this end, a thematic Team for the Development of Social Policy for Elderly People was established within the Council to prepare assumptions for *Social Policy for Elderly People by 2030. Safety – Participation – Solidarity*. Engagement of a non-governmental party in the development of the document helped prepare a highly substantive social diagnosis of the elderly people's situation, adequate to the actual needs and challenges, and identify measures that have a real impact on the accomplishment of the objectives of the social policy for elderly people.

The social policy for elderly people is interdisciplinary – measures provided for in it fit into most areas of public policy implemented by the Council of Ministers. In order to engage in the preparation of this strategic document representatives of all institutions involved in work for elderly

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<sup>4</sup> [http://www.who.int/ageing/active\\_ageing/en/](http://www.who.int/ageing/active_ageing/en/).

<sup>5</sup> [https://ec.europa.eu/eip/ageing/home\\_en](https://ec.europa.eu/eip/ageing/home_en).

people, the Minister of Family, Labor and Social Policy appointed, by way of Ordinance No. 25 of 4 September 2017, a Team for the Development of the Draft State's Social Policy for Elderly People by 2030 (Official Journal of the Ministry of Family, Labor and Social Policy) of 2017, item 26). The Team included representatives of the Ministry of Digitization, the Ministry of National Education, the Ministry of Infrastructure and Construction, the Ministry of Culture and National Heritage, the Ministry of Science and Higher Education, the Ministry of Sport and Tourism, the Ministry of the Interior and Administration, the Ministry of Agriculture and Rural Development, the Ministry of Development and Finance, the Ministry of Finance, the Ministry of Justice, the Ministry of Health, the Government Plenipotentiary for Equal Treatment, the Government Plenipotentiary for Civil Society, the Government Plenipotentiary for People with Disabilities, Central Statistical Office, the Office of Competition and Consumer Protection and the Social Security Institution. The interministerial involvement in work on this document helped develop real and feasible solutions aimed at improving the situation of elderly people in Poland.

*Social Policy for Elderly People by 2030. Safety – Participation – Solidarity* is complementary to the Elderly People Act of 11 September 2015 (Journal of Laws item 1705) and is consistent with the following strategic documents: *Strategy for Responsible Development by 2020 (with an outlook by 2030)* adopted by Resolution No. 8 of the Council of Ministers on 14 February 2017 (Official Gazette of the Republic of Poland, item 260), in which *Long-term National Development Strategy. Poland 2030. Third wave of modernity*, adopted by way of Resolution No. 16 of the Council of Ministers on 5 February 2013 (Official Gazette of the Republic of Poland item 121) was set out as a strategic project, in line with Objective 11: Growth of social development capital, *inter alia* through the promotion of social and civic participation. So was the *Human Capital Development Strategy 2020*, adopted by way of Resolution No. 104 of the Council of Ministers on 18 June 2013 (Official Gazette of the Republic of Poland item 640), in line with Specific Objective 2: Extending the period of professional activity and ensuring a better quality of elderly people's functioning.

The adoption of the document concerned will not result in additional costs to be borne by the public finance sector, and its funding will ensure appropriate allocation of available funds at the disposal of public finance sector entities, taking into account the objectives set in the document, and reorganization of available human resources and tasks depending on the challenges related to the progressive ageing of Polish society.

**The program has been planned until 2030** due to the course of social and demographic processes, for which not only forecasts, but also actual data are known. In the final year of the

document's validity, the generations of the first post-war baby boom (1946-1959) will turn 84 (the oldest one) and 71 (the youngest one). We will therefore observe, within a dozen or so years, the functioning of the Policy in the face of elderly people's needs changing as they grow older. The high birth rate in 1946-1959 means that the populations of all mentioned generations, getting old and then very old, will be very big, and their social and economic situation will vary significantly.

In scheduling the measures, significant social and economic stratification of the generations in question, resulting from difficult living conditions in the period immediately after World War II and affecting different aspects of their lives, including health, was taken into account. The present and future situation of these generations was affected by unfavorable living and employment conditions, difficult and harmful working conditions, periods of involuntary unemployment during the transformation period, usually low level of education attained during the school period or low income from social benefits.

The unfavorable present situation of most people belonging to the generations concerned results also from family loss or migration of the young generation in the transformation period. Along with the generation ageing process, a growing percentage of single-person households is recorded, which is due to the difference in the life expectancy of women and that of men (about 8 years). Elderly people are not willing to migrate and change their permanent place of residence. The process of demographic structure changes in numerous communes and poviats is associated to a large extent with land depopulation, as the young generation migrates in pursuit of a job, leaving older residents who will soon require support organized by public institutions.

The proposed directions of measures are based herein on three pillars: **safety, participation and solidarity**. These elements are a guarantee of proper implementation of measures leading to significant improvement in the quality and standard of living of elderly people in Poland.

Safety means being at no risk of poverty and having no concerns about one's health, mental and physical security, in all dimensions of the social life of the elderly person. The document provides for the implementation of measures to guarantee elderly people livelihood security, and thus no concerns about funds or conditions necessary to satisfy all essential needs that will arise in the course of life or following retirement. The proposed solutions are intended to ensure security from threats, among others in terms of health, living conditions, obtaining necessary services and necessary support in difficult life situations. Safety encompasses also protection of personal rights of elderly people, respecting their dignity, preserving the right to be independent in decision-making and protection against various forms of violence against them.

The next pillar, i.e. participation, is seen as elderly people's active attitudes in all forms of activity they are able to perform given their age and health as well as living conditions. Living an active and healthy life has a significant influence on the health condition, while extending the period of elderly people's autonomy. The aim of measures undertaken in the area of broadly understood activeness is to raise awareness of the society, in particular seniors, of the importance of their participation in social life, develop a positive perception of old age in the society, promote a healthy lifestyle and active ageing, promote ideas and measures aimed at preparing people to old age and maintaining their autonomy for as long as possible.

Due to changes in the demographic structure of the population, solidarity – broadly understood as partnership of all generations within the local community in acting to the benefit of the elderly and joint action with the elderly to the benefit of the community in which they live together – is also essential. Intergenerational and intragenerational solidarity also means respect and gratitude for older generations for the spiritual, material, cultural and social heritage taken over by young generations, expressed through creating decent living conditions, tailored to the needs of elderly and old people.

Developing the Social Policy for Elderly People by 2030 based on the three pillars mentioned above, makes it complementary with the governmental Accessibility Plus Program, developed to improve the quality of life and ensure independence for all citizens, including elderly people and people with permanently or temporarily impaired functional capacity. The above objectives are to be accomplished by improving accessibility to public space, as well as products and services in architectural, information and communication terms, by eliminating physical, legislative and social barriers. A number of measures proposed in the document concerned are consistent with the directions indicated in the Accessibility Plus Program, for example measures related to developing senior-friendly public space, development of facilities renting aids that facilitate functioning and enhance the autonomy of elderly people, or improved communication with elderly people in public institutions. The complementarity of both documents will strengthen the synergy effect of the State's action to improve the quality of elderly people's lives, safety and participation in social life.

**Social policy for elderly people** – a deliberate, long-term and systemic impact of the state and other public and non-public entities on the development of legal, economic and social conditions in order to ensure a favorable life situation for elderly people, adapted to social, economic, care and health care needs, changing as they grow older, in every period of elderly people's lives.

**Safety** – a state and situation in which people have a firm belief that their material, living, mental and spiritual needs are and can be met by adapting material conditions, institutions and social environment organizations to the changing needs of elderly people.

**Participation** – elderly people's participation in various forms of family, social, sporting, professional and civic activity, adapted to their changing, as they grow older, physical and mental condition as well as opportunities and interests.

**Solidarity** – having due regard by the society to opinions and interests of other generations, reflecting the strength of intergenerational bonds (i.e. a sense of belonging to the same community with people at different ages) and a sense of responsibility for people representing other generational groups.

**Old age** – a natural phase of human life defined by age and economic and social criteria.

**Dependent person** – a person whose activity is reduced due to impaired bodily functions, which necessitates another person's permanent or long-term support in order to satisfy the necessities of life of the dependent person.

## **I. Social policy for elderly people.**

Social policy for elderly people – a deliberate, long-term and systemic impact of the state and other public and non-public entities on the development of legal, economic and social conditions in order to ensure a favorable life situation for elderly people, adapted to social, economic, care and health care needs, changing as they grow older, in every period of elderly people's lives. The social policy for elderly people is supposed to improve the quality of seniors' lives by enabling them to remain independent and active as long as possible, and to ensure their safety and security.

The objectives of the social policy for elderly people should be implemented systemically and on a long-term basis, by creating conditions conducive to maintaining good health and physical and mental capacity or improving it, activeness, as well as social contacts. Contemporary social policy for elderly people may influence the development of a favorable situation for elderly people by applying legal, economic, social and health promoting tools as part of detailed social policies.

Therefore, to trigger the development of the sector of available diversified services, tailored to the needs and capabilities of elderly people – priority objectives in the social policy for elderly people include:

1. Improved architectural, digital and organizational accessibility of public institutions, e.g. as part of the Accessibility Plus Program.
2. Development of various forms of community daytime care for elderly people, including the network of day-care centers, e.g. as part of the "Senior +" Program.
3. Improved accessibility of health and care services for elderly people and their families, e.g. through the development of services provided at home, i.e. the "Care 75 +" Program.
4. Development of a comprehensive support system for dependent elderly people and their carers, e.g. by regulating the risk of dependence – defining the criteria and degrees of dependence, as well as professionalizing services in this area.
5. Application of new technologies in care for elderly people and comprehensive monitoring of their health condition, e.g. through development of telemedicine and telecare.

As for long-term objectives of the social policy for elderly people, these include:

1. Creating conditions enabling active ageing of the society, conducive to extending the period of independence and inclusion of the intergenerational approach in public policies, e.g. through development of small multi-generational sport and recreational infrastructure – Open Activity Zones – constructing open-access outdoor activity zones for various age groups and development of space for sporting activity that promotes intergenerational social integration.
2. Improved image of an elderly person and increased public awareness of old age, including the natural consequences of changes in the proportion between generations.
3. Implementation of coherent social policy for elderly people by all public institutions and social partners, using the existing organizational, competence and self-help resources.

The broad recognition of social policy for elderly people results from the concept of cohesive and sustainable development of the population, to adapt the objectives and tasks of social policy to the changing demographic situation, and ensure that each age group has a specific place in the state's social policy.

In accordance with the constitutional principle of subsidiarity, providing that the state should not interfere in matters individuals are able to cope with on their own, the key actors in social policy for elderly people include:

- **family** – as the basic institution and social group;
- **the state** – through responsible development of socio-economic conditions conducive to accomplishment of objectives and tasks;
- **local government** – through implementation of tasks in particular local communities, adapted to the diversified demographic and socio-economic situation at the regional and local levels. Involvement of local governments enables a thorough diagnosis of the situation and needs as well as adapting particular measures to local conditions and needs;
- **non-governmental organizations, in particular social and solidarity economy entities** – to diagnose the needs of elderly people and respond to them using local community resources, and to complement measures implemented by public entities.

In order to program policy for elderly people by 2030 it is necessary to define the elderly person. In accordance with the *Elderly People Act* a person becomes an elderly person once

they have turned 60<sup>6</sup>. This threshold is not fully consistent either with the caesura based on functional age or economic age. In the long-term, as the health condition in the society generally improves, this age threshold should be redefined. However, social policy for elderly people cannot be based on age only - its implementation should account for the diversity of the elderly people population in terms of:

- health condition,
- physical and mental capacity,
- degree of autonomy,
- community situation (family and immediate environment), living alone or with other household members,
- material situation and living conditions,
- situation in the labor market,
- place of residence (high or low urbanized areas).

The policy concerned must be adapted to significant diversity of the elderly people population. Elderly people from different age groups (60-70, 70-80, 80+) differ in terms of their level of education, health condition, economic situation, place of residence, marital status or lifestyle. Public policies should account for this diversity, as well as the different phases of elderly people's lives, and adapt programs and activities to the situation of elderly people. Public policy is particularly important in the period when elderly people become dependent and lose the ability to satisfy themselves their necessities of life related to maintaining good health and life.

Therefore, *Social Policy for Elderly People by 2030. Safety – Participation – Solidarity* is addressed to two groups:

- all elderly people,
- dependent elderly people identified in accordance with criteria provided for in law, that are to unambiguously define dependence.

Taking into account the degree of independence enables a fuller diagnosis of a given group's needs, identification of capabilities and needs adapted to the degree of dependence, and ultimately striking balance between the demand for and supply of social services. Proper

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<sup>6</sup> Elderly People Act of 11 September 2015, Article 4(1).



identification of elderly people's characteristics will help develop of a specific map of this population's diversity, which will be an important tool of social policy for elderly people.

Therefore, a catalog of specific areas of measures aimed at independent and dependent elderly people was developed to serve as the foundation of social policy for elderly people.

**Areas with measures addressed to all elderly people:**

- I.** Developing a positive perception of old age in the society;
- II.** Participation in social life and supporting all forms of civic, social, cultural, artistic, sports and religious activity;
- III.** Creating conditions conducive to making use of capacities of elderly people as active participants in economic life and the labor market, adapted to their psychophysical capabilities and family situation;
- IV.** Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation;
- V.** Increasing physical safety – preventing violence against and negligence about elderly people;
- VI.** Creating conditions for solidarity and intergenerational integration;
- VII.** Promoting education for old age (carers and medical staff), to prepare to old age (the whole society), through old age (from the youngest generation) and education in old age (elderly people).

**Areas with measures addressed to dependent elderly people:**

- I. Reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people;
- II. Ensuring optimal access to health care, rehabilitation as well as care and nurture services, adapted to the needs of dependent elderly people;
- III. Network of community and institutional services for dependent elderly people;
- IV. System of support for informal carers of dependent elderly people by public institutions.

## **II. Situation of elderly people in Poland.**

### **II.1 The demographic situation of Poland and the expected changes in the number and structure of the population of people aged 60 or more by 2050.**

Contemporary European societies are characterized by dynamic changes in the demographic structure of their populations. Due to two concurrent phenomena, i.e. the low fertility rate and prolonged life expectancy, the share of elderly people (60+) in the population is growing. According to Eurostat data, in 2016, elderly people accounted for 25.28% of the EU-28 population<sup>7</sup>. Similar tendencies are observed in Poland. The share of elderly people in Polish society is systematically growing. In 1988, people aged 60+ constituted 14.5% of the population, while in 2011, this figure grew to as much as 19.66%<sup>8</sup>, which means an increase by almost 2 million people<sup>9</sup>. At the end of 2016, Poland had a population of 38.4 million people, including 9.1 million people aged 60 or more (23.6%). In urban areas, elderly people constitute one fourth of the population (5.9 million, i.e. 25.6%); in rural areas, there are fewer elderly people (3.1 million), and their group accounts for 20.5% of the population.

Among European countries, the lowest percentage of people aged 60 or more is recorded in Ireland (below 19%), while the highest one is recorded in Italy (over 28%). The current percentage of elderly people in the Polish population is around 24%, which ranks Poland among

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<sup>7</sup> Eurostat, *Population structure and ageing*

[http://ec.europa.eu/eurostat/statistics-explained/index.php/Population\\_structure\\_and\\_ageing](http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing).

<sup>8</sup> GUS, *Rocznik Demograficzny 2011 r.*

<sup>9</sup> GUS, *Narodowy Spis Powszechny 2011*, Warszawa 2012 r., p. 50.

countries with the average rate of ageing. In the subpopulation of elderly people, the largest group (almost 1/3) is composed of people aged 60-64, whose population has increased in last 25 years by nearly a half. It should be noted that almost 18% of elderly people are those aged at least 80<sup>10</sup>.

The results of Population Projections for 2014-2050<sup>11</sup> show that the ageing process in Poland is escalating. Despite the anticipated decline in the population by 4.5 million by 2050, a systematic increase in the number of people aged 60 or more is expected. By 2050, the population of people at this age will increase to 13.7 million and will account for over 40% of the total population (42% in cities and 38% in rural areas).

Over the next decade, there will be an increase in the number of people aged 60-79, whose share in the total population will grow as well, as numerous groups of people born in the baby boom period at the turn of sixties will join this age group. As for the population of people in very old age, it will be joined by relatively few groups of people born during World War II.

Characteristics of the ageing process in Poland should account for regional diversity. At present, the largest share of elderly people in the population is recorded in the Dolnośląskie, Łódzkie and Świętokrzyskie Voivodeships (over 24%), with the age median over 40 years. The “youngest” voivodships, where the percentage of elderly people slightly exceeds 21%, and the age median is around 39 years, include Podkarpackie, Warmińsko-Mazurskie and Wielkopolskie Voivodeships. Łódź, with 29.6% of people aged 60+, is the “oldest” Polish city in demographic terms, while Rzeszów, where this figure is 22.1%, is the “youngest” one.

The population in rural areas in Poland is 15.3 million<sup>12</sup>, including over 2.2 million people aged 65 and over. It is forecast that by 2050, the number of these people will increase by almost 120%, to over 4.6 million, and their percentage in the total population will increase from 14% (now) to 30%. Thus, the ageing of the rural population will be manifested both in the overall increase in the number of elderly people living in rural areas and in the increase in the proportion of seniors in the general population<sup>13</sup>.

The ageing of the society is characterized by several important features such as singularization of old age, feminisation of ageing and double ageing of the society.

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<sup>10</sup> GUS, *Informacja o sytuacji osób starszych na podstawie badań Głównego Urzędu Statystycznego*, Warszawa 2016 r., Warszawa 2017 r., Table. 1.1.1.

<sup>11</sup> GUS, *Prognoza ludności na lata 2014-2050*, Warszawa 2014 r., p. 125.

<sup>12</sup> GUS, *Mały Rocznik 2018 r.*

<sup>13</sup> GUS, *Prognoza ludności na lata 2014-2050*, Warszawa 2014 r., p. 111.

The first of these features, i.e. singularization of old age is manifested through an increase in the percentage of elderly people running single-person households. In 2030, as many as 53.3% of households will be run by people aged 65 or over, including 17.3% run by people aged 80 and more<sup>14</sup>. Single-person households are run much more frequently by women. According to data from PolSenior survey, approximately 33% of women aged at least 75 will live alone. Singularization is associated with loneliness, and increases the risk of social exclusion (e.g. in the case of reduced autonomy). The number of people living in single-person households increases as people get older<sup>15</sup>. Among people aged 80 and more, about 60% run their households alone, and demographic forecasts show that the number of such people will rapidly increase. Ensuring proper home care for seniors living alone will be another challenge for public authorities and institutions and for social partners.

Feminization of ageing is another characteristic of ageing. According to data provided by the Central Statistical Office<sup>16</sup>, the elderly people population is dominated by women (59%) – there are 141 women per 100 men (the feminization rate for the total Polish population is 107). It is projected that this process will be even more intensive by 2050.

The increasing share of women in the elderly people population is due to men's overmortality and diversified life expectancy parameters – women turning 60 are likely to live more than five years longer than men. The preponderance of women increases as they grow older, e.g. in the 60-64 age group, women account for over 53% of this population and the feminisation rate is 114, while in the group of people aged 85 or more, this figure is 72% and there are 263 women per 100 men (255 in cities and 277 in rural areas).

Collected demographic data show yet another feature, i.e. double ageing of the society, manifested through a rapid increase in the number of people aged 80 and more in the total population of elderly people. At the end of 2016, the number of seniors was 1.6 million, and their share in the group of people aged 60 or more was almost 18%<sup>17</sup>. It is projected that in 2050, the number of people aged 80 and more will increase to 3.5 million<sup>18</sup>, so it will more than double<sup>19</sup>, because numerous age groups of people born between World War II and the beginning of the 1960s will join this population.

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<sup>14</sup> *Raport na temat sytuacji osób starszych w Polsce*, Poznań 2012 r., p. 6.

<sup>15</sup> Study by the Ministry of Infrastructure and Construction based on *Narodowy Spis Powszechny z 2011 r.*

<sup>16</sup> GUS, *Mały Rocznik Statystyczny Polski 2016*, Warszawa 2016 r.

<sup>17</sup> *Rocznik Demograficzny 2017*, Warszawa 2017 r.

<sup>18</sup> GUS, *Prognoza ludności na lata 2014-2050*, Warszawa 2014 r.

<sup>19</sup> *Informacja o sytuacji osób starszych za rok 2015*, MRPiPS, 2015 r., p. 341.

## II. 2 Elderly people's health and dependence.

As shown by *The European Union Statistics on Income and Living Conditions*, every fourth elderly inhabitant of Poland (aged 60 or more) assessed their health condition as good or very good. Good health condition was reported more frequently by men than women (25.6% and 21%, respectively). On the other hand, every third person declared that their health condition is bad or very bad. Most elderly people suffered from long-term health conditions or chronic diseases (about 67%). These were more often women (68.8%) than men (62.8%)<sup>20</sup>.

In accordance with the results of the European Health Interview Survey (EHIS) conducted in 2014, the majority of elderly people were diagnosed with chronic diseases or conditions<sup>21</sup>, and only every ninth person declared that they did not have such problems. Chronic diseases or conditions were more frequently reported by women, irrespectively of the age group.

Inquired about their health, Poles reported most often arterial hypertension (this condition was reported by more than half of this group. Elderly people complained very often about lower back pain, reported by more than 40% of the population. Osteoarthritis, diagnosed in nearly 40% of elderly people, was the third most frequently reported health condition, followed by neck or middle-neck pain (29% each) and coronary heart disease diagnosed in every fourth elderly person. The above health conditions were followed by diabetes (18%), urinary incontinence, thyroid diseases and migraine (approximately 12% each).

Having regard to the sex of the respondents, it can be noticed that elderly women were more susceptible than elderly man to osteoarthritis, thyroid diseases as well as neck and back pain, and suffered more frequently from arterial hypertension, incontinence and migraine. Elderly men suffered much more frequently from heart attacks or strokes and their negative consequences, as well as chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema and cirrhosis<sup>22</sup>.

One of the characteristics of elderly people's health condition is the coexistence of several chronic diseases, i.e. multiple morbidities. Therefore, geriatricians and nurses play a

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<sup>20</sup> EU-SILC.

<sup>21</sup> European Health Interview Survey (EHIS), Eurostat 2014.

<sup>22</sup> *Informacja o sytuacji osób starszych za rok 2015*, Warszawa 2016 r., p. 47.

key role in the first stage of taking care of seniors. After an in-depth diagnosis and selecting medicines, care is usually taken by general practitioners.

Current research shows that prevention is of key importance for ensuring healthy ageing. Given the constantly growing number of elderly people in the society, it is necessary to enhance educational support aimed at people aged 60+ in the area of counteracting diseases and health promotion to prevent the development or occurrence of unfavorable health processes.

One of the factors of the ongoing changes in the demographic structure of Polish society is the ever longer average life expectancy of the Polish population. In 2016, the average life expectancy of men was 73.9 years, while that of women was 81.9 – by about 8 and 6.8, respectively, years more than in 1991<sup>23</sup>. Favorable changes are observed in all age groups. The longer the life expectancy, the greater the risk of reduced ability to independently perform everyday activities. It is worth noting that since 1960, life expectancy at birth has increased by about 8 years, and its further increase by another 6 years is projected by 2050<sup>24</sup>. The key issues relating to elderly people's autonomy include Healthy Life Years (HLY).

However, longer life expectancy in the society increases the risk of dependence. Therefore, it is necessary to take measures to develop a comprehensive system of support for dependent elderly people, that will include various forms of care over these people and support for their carers. Such support should include access to a wide range of care services offered by institutions, as well as care and nurture services provided by professional carers in the community.

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<sup>23</sup> Original study based on current research of the Central Statistical Office and Eurostat.

<sup>24</sup> European Commission & Economic Policy Committee, *European Economy: The impact of ageing on public expenditure: projections for the EU25 Member States on pensions, health care, long-term care, education and unemployment transfers (2004-2050)*, Special report No.1/2006, Brussels 2006, p. 8.

## II.3 Professional, social, educational, sporting, cultural and religious activity of elderly people.

Elderly people's professional activity is rather low – professionally active people aged 60 or more accounted for only 6.1% of all economically active people aged 15 and more<sup>25</sup>. The group of professionally active elderly people was dominated by men – this population was 695 thousand (65.8%). Having regard to the above data, seniors belong to professionally inactive groups (87.5%)<sup>26</sup>. Pension was the main reason for being professionally inactive, as indicated by as many as 6,264 thousand people, followed by diseases or disabilities, indicated by 726 thousand people.

Elderly people are also characterized by low educational activity, measured by their participation in formal and non-formal education as well as informal learning<sup>27</sup>. The level Polish seniors' participation in education and various forms of training is one of the lowest in the EU – only 0.6% compared to 4.8% in the EU. The decline in participation in educational activities, increasing as the respondents grew older, was recorded in all categories of educational activities – besides their decreasing participation in formal education, their low activity was recorded also in non-formal education and informal learning.

Every fourth person participates in sporting activity or physical recreation (25.1%)<sup>28</sup>. 10.6% elderly people reported to frequently participate in sporting activity, while for 14.5% of them sporting activity or physical recreation was occasional. Men in this age group were slightly more active in sports and recreation than women (by 4.5 p.p.)<sup>29</sup>. In domestic and foreign tourism, elderly people accounted for 20.8%<sup>30</sup>. The research results show that elderly people prefer “passive” forms of spending time, without having to “leave home”. The reasons for seniors' low physical activity include their health condition, being not used to regular sporting activity, lack of interest, difficult access to sports and recreation centers and motor rehabilitation facilities, and the fact that offered activities did not match elderly people's needs.

Elderly people's participation in cultural activities is also low. According to a survey on population's participation in cultural life in 2014, people aged 60 and more were significantly less involved in most forms of participation than the total surveyed population (aged 15 or

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<sup>25</sup> GUS, *Badanie Aktywności Ekonomicznej Ludności (BAEL)*, Warszawa 2015 r.

<sup>26</sup> GUS, *Badanie Aktywności Ekonomicznej Ludności (BAEL)*, Warszawa 2016 r.

<sup>27</sup> GUS: *Badanie Kształcenie dorosłych 2011*, Warszawa 2013 r., p. 19.

<sup>28</sup> GUS, *Uczestnictwo w sporcie i rekreacji ruchowej*, Warszawa 2017 r., p. 48.

<sup>29</sup> GUS, *Uczestnictwo w sporcie i rekreacji ruchowej*, Warszawa 2017 r., p. 138.

<sup>30</sup> MRPiPS, *Informacja o sytuacji osób starszych w Polsce w 2015 roku*, Warszawa 2016 r., p. 80.

more). The main barriers to elderly people's participation in cultural life include high prices of tickets for various cultural events, limited access to cultural facilities, distance from the place of residence, architectural barriers, lack of an attractive offer accounting for elderly people's interests, as well as lack of information about available cultural events. Mental barriers, such as misunderstanding contemporary culture and art, difficulties in perception of new forms and content, being not used to cultural activity or having no interest in it, etc., are yet another reason for little involvement of elderly people in cultural life.

Analyzing seniors' social activity, attention should also be paid to the religious aspect, which due to their high sense of belonging to the Catholic Church and other religious associations, will affect the level of seniors' social participation and religious activity. Participation in community religious practices, such as masses, religious services or religious meetings, is an important indicator of religiousness. According to surveys conducted by the Public Opinion Research Center's<sup>31</sup>, majority of elderly people (87.5%) declare their participation in religious practices, such as masses, services or religious meetings. Believers and great believers include primarily people aged 65 or more, whose level of participation in religious practices in 2014 was over 88%.

According to *2015 Social Cohesion Survey*, the population of people aged 60 or more is little involved in religious communities, organizations or groups. In 2015, only 6.3% of seniors declared their membership in lay non-governmental organizations, while 9.0% of people aged 60 and more were members of religious organizations and associations. The 2015 social isolation index shows that every tenth elderly person in Poland has limited social contacts. Elderly people show more trust in others than younger generations and a higher level of satisfaction with the way they spend their free time<sup>32</sup>.

## **II.4 Discrimination and violence against elderly people.**

Most public opinion polls conducted in recent years indicate a high level of respect for elderly people<sup>33</sup>. At the same time, a small percentage of elderly people are confronted with symptoms of disadvantageous treatment. In 2016, two-fifths of all adult Poles experienced

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<sup>31</sup> CBOS: *Subiektywna ocena sytuacji osób starszych*, Warszawa 2016 r.

<sup>32</sup> GUS: *Informacja o sytuacji osób starszych na podstawie badań Głównego Urzędu Statystycznego*, Warszawa 2016 r., p. 21

<sup>33</sup> Cf. *Polacy wobec ludzi starszych i własnej starości*, CBOS, Warszawa 2009 r. *Czy osoby starsze są w naszym społeczeństwie dyskryminowane?*, CBOS, Warszawa 2016 r.



themselves some kind of ageism. The percentage of such people was smaller in the old age group<sup>34</sup>. The growing number of crimes and other offences to the detriment of elderly people (frauds, dishonest practices of enterprises, abuse in private 24 hour care facilities, violence against elderly people, ageism, etc.) is particularly disturbing. One of the most severe crimes committed to the detriment of elderly people is depriving them of their property by pretending to be their grandchildren or police officers. The number of such crimes has been systematically growing since 2006 - from 439 in 2006 to 2,429 in 2015 (data provided by the Ministry of Interior and Administration). Victims of such crimes often lose their all savings.

Counteracting ageism should involve making individuals aware of their rights, sensitizing them to manifestations of disadvantageous treatment and providing information on availability of free legal assistance, if needed.

Violence against elderly people and their degrading treatment are other social problems resulting from e.g. a lower life situation of seniors, emerging bodily dysfunctions or physical weakness. Elderly people are often weaker, vulnerable and lonely, which makes them more susceptible to fraud.

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<sup>34</sup> CBOS: *Subiektywna ocena sytuacji osób starszych*, MRPiPS, Warszawa 2016 r.

## **II.5 Economic situation and housing conditions of elderly people.**

According to the 2016 household budget survey, the average monthly disposable income per 1 person in households inhabited only by elderly people aged 60 or more amounted to PLN 1,828.44, and was 24.3% higher than in households inhabited only by younger people aged less than 60. Analyzing these data, the average number of people in these households should be taken into account. Households inhabited exclusively by people aged 60 or more were usually composed of one or two individuals, while households with no elderly people were inhabited by three people on average (including dependent children).

Income sources of households composed exclusively of people aged 60 or more included mainly old age and disability pensions, whereas households with no people aged 60 or more were run mainly by people making their living through contract work and self-employment.

The average monthly expenditure per person in households inhabited only by people aged 60 or more amounted to PLN 1,500.00, and was 33.5% higher than in households inhabited only by younger people. The share of average monthly expenditure per person in disposable income in households inhabited only by people aged 60 or more was 82.0%, while in households inhabited by people aged less than 60 this figure was 76.4%.

Compared to households with no elderly people, households inhabited only by people aged 60 or more, less often assessed their financial situation as very good or good, and more often as average, rather bad or bad. Their financial situation assessed particularly negatively people aged 60 or more living in rural areas – 27.7% of them assessed their situation as rather bad or bad.

What significantly differentiates the level, dynamics and structure of income and expenditure is also the place of residence. The income situation of households in urban areas is better than that of households in rural areas. This general trend applied also to household inhabited only by people aged 60 or more. Households in urban areas had income 30.1% higher in the case of households inhabited only by people aged 60 or more, and 32.9% higher in the case of households with no people aged 60 or more, as well as higher expenditure (by 23.5% and 31.5%, respectively) than households in rural areas. Moreover, households in urban areas assessed their financial situation better than those in rural areas.

Due to dynamic changes in the demographic structure of the Polish population in coming years, providing elderly people with adequate housing will be an ever greater problem

At present, majority of elderly people (around 85%) live independently. As people get older, the share of single-person households increases. Among people aged 80 and over, approx. 60% run single-person households, and demographic forecasts indicate that the number of such households will rapidly increase.

Most people aged 60 and over live in their own houses or flats. In the social rental sector there are about 12% of such households. Considering the data for the total population, members of “older” households more often own flats or cooperative rights to accommodation, and less frequently rent flats on the commercial market<sup>35</sup>.

In the international survey of seniors' living conditions<sup>36</sup> conducted in 2015 in 98 countries, Poland was ranked 32<sup>nd</sup>. The results of the survey show that flats inhabited by elderly people in Poland are largely unsuited to their needs and capabilities. The most common problems include high maintenance costs, physical barriers and limited access to the public transport network.

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<sup>35</sup> *Informacja o sytuacji osób starszych za rok 2016*, Warszawa 2017 r., p. 19.

<sup>36</sup> ONZ: *Global Age Watch Index 2015*, HelpAge International, London 2015.

### **III. Areas concerning all elderly people.**

In order to accomplish the objective of the social policy for elderly people, i.e. to improve the quality of seniors' lives by enabling them to remain independent and active as long as possible, and to ensure their safety and security, it is necessary to identify specific areas and measures. Given the interdisciplinary nature of the social policy for elderly people, the identified areas include measures implemented as part of several specific public policies regarding e.g. health, economy, labor market, education or culture. A broad approach to the social policy for elderly people and implementing in the first place measures addressed to the whole population of seniors will enable comprehensive and effective programming of public action to the benefit of elderly people in Poland.

<b>Areas concerning all elderly people:</b>	
<b>I.</b>	Developing a positive perception of old age in the society;
<b>II.</b>	Participation in social life and supporting all forms of civic, social, cultural, artistic, sports and religious activity;
<b>III.</b>	Creating conditions conducive to making use of capacities of elderly people as active participants in economic life and the labor market, adapted to their psychophysical capabilities and family situation;
<b>IV.</b>	Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation;
<b>V.</b>	Increasing physical security – preventing violence against and negligence about elderly people;
<b>VI.</b>	Creating conditions for solidarity and intergenerational integration;
<b>VII.</b>	Promoting education for old age (carers and medical staff), to prepare to old age (the whole society), through old age (from the youngest generation) and education in old age (elderly people).

### **III.1 Developing a positive perception of old age in the society.**

The social world is not only a world of facts, but, above all, of social imaginations. Every society, describing or trying to understand a given phenomenon, or trying to influence it, refers to its own imaginarium with „glasses” through which the „ordinary man” looks at the world. Undoubtedly, such a social imaginarium – besides the system of standards and theories – affects also the perception of old age, ageing and elderly people in Poland.

In preparing to old age, which is a process involving as its key stakeholders other age groups than seniors, the main challenge is to change the prevailing temporal perspective, strengthen the future perspective, highlight problems to be faced by ageing individuals and groups in the future, as well as identify good practices that will help minimize any risks and problems in advance. Therefore action taken by public authorities to change the perception of old age should be targeted at changing the social image, by providing knowledge and examples of good ageing and good old age.

#### **Area I**

**Developing a positive perception of old age in the society** will be implemented through:

1. counteracting ageism;
2. raising public awareness of the importance of elderly people’s participation in social and economic life;
3. counteracting negative stereotypes regarding old age through social educational campaigns;
4. promoting ideas and actions aimed at getting prepared to old age and maintaining autonomy for as long as possible.

**Counteracting ageism** will be implemented by making individuals aware of their rights, sensitizing them to manifestations of disadvantageous treatment and providing information on availability of free legal assistance, if needed, through:

- implementation of anti-discrimination projects and social campaigns;
- incorporating issues related to counteracting ageism into the *National Action Program for Equal Treatment*.

Measures implemented in this area will help raise public awareness of the needs and capabilities of elderly people and of ageism, which will help reduce ageism in Poland.

**Raising public awareness of the importance of elderly people's participation in social and economic life** will be implemented, in particular, through social campaigns addressed to:

- employers and employees, to influence their perception of elderly employees;
- entrepreneurs, to make them aware of the importance of elderly people as employees and consumers;
- the general public.

Measures implemented in this area should highlight the role of elderly people as a human resource in the labor market, as consumers stabilizing demand, as a source of volunteering (including informal volunteering), and emphasize the importance of the silver economy and care and health care services mainly for elderly people, the so-called “white jobs”, for stable economic development of the country, as well as emphasize the family roles of elderly people and promote seniors' involvement in local life and neighbor relations.

**Counteracting negative stereotypes regarding old age through social educational campaigns** will be implemented, in particular, through:

- incorporation of issues related to preparation to old age and intergenerational integration in the core curriculum;
- cooperation of kindergartens and schools with senior organizations;
- promotion of offers concerning the development of civil society, seniority and support for intergenerational projects as part of open tenders carried out by public entities;
- cooperation with the media to share information about elderly people and promote active old age patterns.

Measures implemented in this area should convey information about the actual course of old age, based on social and medical research, point to examples of successful advanced old age, and promote active old age patterns.

**Promoting ideas and actions aimed at getting prepared to old age and maintaining autonomy for as long as possible** will be implemented, in particular, through:

- implementation of social campaigns encouraging people to make informed decisions as regards retirement, and promoting age management principles in enterprises;
- co-financing actions aimed at maintaining the ability to work throughout the period of professional activity, conducted by employers (with particular emphasis on small and medium-sized enterprises, social enterprises and social cooperatives);
- running a pension calculator portal, enabling simulation of the amount of one's own pension in various options.

Measures implemented in this area should focus on sensitizing the society to issues relating to old age and its determinants resulting from decisions made, in particular, in the professional area. Implementation of the above measures should help raise public awareness in the area concerned, and hence increase foresight and economic security after retirement.

### **III.2 Participation in social life and supporting all forms of civic, social, cultural, artistic, sports and religious activity.**

The key elements determining the quality of seniors' lives and their satisfaction include broadly understood social and professional activity. It is extremely important for improving the quality of elderly people's lives through being able to develop and maintain relationships with other people (to prevent loneliness and isolation) and feeling needed.

The social policy for elderly people is based on the concept of active ageing, treated by the World Health Organization as a process enabling both individuals and social groups to be and do what they value throughout their lives, maintain both mental and physical well-being, remain a resource to communities and economies, as preserve independence and autonomy<sup>37</sup>. Therefore, one of the priorities of undertaken action is participation in social life and supporting all forms of civic, social, cultural, artistic, sporting and religious activity through, e.g. supporting the operation and development of organizations associating elderly people, municipal senior councils and other forms of social participation and representation of elderly people.

Involvement in social life is one of the elements necessary to implement the idea of active and healthy ageing. Social activity is particularly important when the employee reaches retirement age and, as a consequence, terminates or reduces their work. Friendly forms of self-fulfillment at this time include selfless and free help offered to others, which provides an important space elderly people's activity. It is worth noting that it is important to provide support not only to one's family and friends, but also to take action for local communities, especially in the form of volunteering.

To enable elderly people's participation in various forms of activity it is necessary to continue implementation of measures to enable them access to public space. This process should be implemented, among others, by eliminating existing information, technical, architectural and urban barriers, and improving the forms and methods of communicating written and spoken content so that it is understandable and legible for seniors. Public space, by definition, should be adapted to the needs and capabilities of every human being, especially

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<sup>37</sup> Definition of active ageing according to World Health Organization.  
[http://www.who.int/ageing/active\\_ageing/en/](http://www.who.int/ageing/active_ageing/en/).



people with functional impairments. Therefore, it is important to design in a universal way, i.e. to design products, environment, programs and services in such a way that they are accessible for everyone, to the greatest extent possible, without the need for their adaptation or specialist design.

It is also important to adopt a strategic approach to planning and managing the transport system as a whole, so that it meets, already at the planning and implementation stage, the needs of elderly people and, more generally, people with impaired mobility. Coherence of the transport network and the whole transport system in many aspects and its availability for many disadvantaged groups, including the elderly, are key issues that need to be incorporated in strategic action. This issue is addressed also in the governmental program Accessibility Plus, whose key areas include public transport and adequate infrastructure. Furthermore, the Government of the Republic of Poland will also implement an active policy to increase the mobility of elderly people by making use of the opportunities offered in this area by road transport automation.

Issues relating to elderly people's participation in road traffic, as pedestrians, cyclists and drivers, are also of particular importance. Enabling seniors to enjoy a high level of mobility and road safety is one of important tasks of the central and local government authorities. This is due to the obligation to treat all citizens equally and to prevent social exclusion of this growing group of road users. It should also be remembered that elderly people are our grandparents and parents, who deserve to be respected and to feel safe also on the road.

Education in the form of information and education campaigns dedicated to elderly people is the key tool to meet the needs of the ageing Polish society as regards mobility, as well as to revise and consolidate knowledge in the area of broadly understood road traffic safety.

Educational activities addressed to the elderly must be based on proven international and local models. Although such models are subject to continuous improvement, they are ultimately designed to educate this extremely important and constantly growing group of road users.

The motivation and commitment of the elderly person are very important factors that help achieve educational success. This group of road users is more and more often involved in educational projects, provided they make the participants feel safer on the road as drivers, pedestrians or cyclists.

Elderly people do not always realize that age-related physiological changes affect their perception and the ability to ride a bicycle or drive a car, that psychomotor functions deteriorate with age, e.g. vision, and are not aware of side effects of taking medicines and their effects on the ability to participate in traffic. This is only one of the elements of elderly people's education in the area of road traffic, yet very important, providing them with a sense of safety.

However, it should be remembered that education in the area of elderly people's safety on the road should be addressed not only to seniors, but also to other road users, because in some 20-30 years, we will be seniors ourselves. Our mutual cooperation will have a decisive impact on the outcomes of educational campaigns and the accomplishment of the main objective, i.e. changing the attitudes and behavior of elderly people, which will lead to a reduction in the number of road traffic casualties in this target group.

Creating adequate housing conditions and developing an effective support system in the local environment are another two determinants of the good quality of life. Elderly people's homes have a special value for them because they become the place where they spend most of their lives.

## **Area II**

**Participation in social life and supporting all forms of civic, social, cultural, artistic, sporting and religious activity** will be implemented through:

- 1.** developing public space that is friendly to the elderly, by eliminating information, technical, urban, architectural and transportation barriers and promoting universal designing, as well as consolidation of road safety knowledge;
- 2.** supporting the operation and development of organizations associating elderly people, municipal senior councils and other forms of social participation and representation of the elderly;
- 3.** development of volunteering among elderly people, preparing them to perform new social roles in the family and in peer, neighbor or denomination groups as well as other groups;
- 4.** facilitating elderly people's participation in social life, culture, artistic activity and tourism, as well as sporting and recreational activity programs;

5. supporting elderly people's involvement in religious associations<sup>38</sup> for seniors and those acting to the benefit of the elderly.

**Developing public space that is friendly to the elderly, by eliminating information, technical, urban, architectural and transportation barriers and promoting universal designing, as well as consolidation of road safety knowledge** will be implemented through:

- reform of the investment and construction process as well as the planning and spatial development system;
- conducting social campaigns or information and educational initiatives addressed to elderly people, encouraging them to revise and consolidate road safety knowledge;
- minimizing existing architectural barriers that prevent elderly people from being active, by:
  - adapting public space and infrastructure to the needs of people with various disabilities;
  - raising awareness of residents and investors operating in public space;
  - ongoing evaluation of the accessibility of public spaces by local government institutions;
  - engagement of elderly people and senior organizations in decision-making processes to diagnose existing barriers and eliminate them;
  - elimination of architectural barriers in public institutions.
- extending the set of measures and support instruments in the housing policy with new solutions accounting for specific characteristics of elderly people's housing needs and problems to a greater extent, in accordance with the National Housing Program;
- improving communication with elderly people in public institutions by:
  - using a simple communication model with clearly defined sender – addressee roles, in which the message is conveyed in a simple, straightforward, clear and understandable manner;
  - developing a document setting out the principles of professional communication with an elderly person;
- ensuring availability of public websites of public administration and electronic services as well as promotion of user-friendly designing.

To enable elderly people and people with disabilities to function independently and fully participate in all areas of life, relevant measures will be taken to ensure that elderly people have access, on equal basis with other people, to the physical environment, means of transport,

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<sup>38</sup> Religious associations with a regulated legal status in the Republic of Poland.

information and communication, including information and communication technologies and systems, and to other publically available devices and services, both in urban and rural areas.

**Supporting the operation and development of organizations associating elderly people, municipal senior councils and other forms of social participation and representation of the elderly** will be implemented through:

- enhancing elderly people's social activity and supporting the operation and development of organizations associating elderly people through:
  - supporting measures to activate elderly people through implementation of open calls for tenders addressed to non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act (Journal of Laws of 2018, item 450, as amended), and by promoting cross-sectoral partnership for the elderly;
  - supporting existing and emerging NGOs and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, associating elderly people, representing their interests or striving to increase their activity;
  - promoting sharing good practices as regards measures taken to enhance social activity of elderly people;
- eliminating existing barriers to the operation of senior councils and supporting them by promoting the creation of municipal senior councils by local government institutions;
- introduction of the obligation to incorporate in municipal and poviats strategies for solving social problems, voivodship strategies regarding social policy or in other documents relating to social policy for the elderly issues related to elderly people and consult the above documents with existing municipal senior councils.

Civic participation is a form of decision-making at the local level. It is extremely important to perceive elderly people as citizens, hence the need to create conditions for including elderly people in decision-making processes in the areas of policies and public services regarding this age group in order to prevent their social exclusion and marginalization.

**Development of volunteering among elderly people, preparing them to perform new social roles in the family and in peer, neighbor or denomination groups as well as other groups** will be implemented through:

- promoting volunteer work by and for elder people by supporting non-governmental organizations and relevant entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act;
- engagement of elderly people in activities aimed at integration of local communities, e.g. through:
  - dissemination of information about local events among elderly people and entities reaching elderly people;
  - promoting free transport for non-mobile people during local events to enable them to actively participate in events that integrate the local community;
  - incorporating volunteer work by seniors in the work of local governments and local institutions;
- promoting a model of civic education focused on volunteer work by seniors, conducted with non-governmental organizations.

Volunteering as a form of social activity is one of the elements of the implementation of the concept of active and healthy ageing. Retired elderly people offer a wealth of knowledge, experience, time and opportunities that should be used both in the context of self-fulfillment and support for old aged people.

**Facilitating elderly people’s participation in social life, culture, artistic activity and tourism, as well as sporting and recreational activity programs** will be implemented through:

- increasing the availability of cultural facilities and institutions for elderly people by:
  - adapting the type and forms of cultural activities to the diverse needs of elderly people;
  - dissemination of positive patterns and good practices in this area;
  - supporting all forms of elderly people’s amateur artistic activity;
  - using the capacities and infrastructure of public facilities to organize cultural, artistic and recreational activities as well as ones aimed at overall development;
- promoting elderly people’s sporting and recreation activity with particular emphasis on benefits it brings to seniors, by:
  - popularization of forms of sporting and recreation activity for seniors;
  - conducting sporting and recreational activities for seniors by instructors, using the staff and infrastructure of local sports clubs, sports and recreation centers, swimming pools, sports halls, etc.;

- developing small multi-generational sports and recreation infrastructure – Open Activity Zones – by providing open-access outdoor activity zones for various age groups, and the creation of sporting activity spaces conducive to intergenerational social integration;
- enhancing group and individual tourism among elderly people by carrying out activities to ensure safe and active tourism;
- promoting social inclusion of elderly people, especially those staying at home, using the Internet and other information and communication technologies, to enjoy culture, entertainment and education and communicate with other people.

Elderly people’s participation in culture, sport and tourism is of particular importance as it sustains their activity, prevents marginalization and social exclusion, increases interest in the world around them, enables them to pursue their passions and talents, and is an attractive and valuable pastime.

**Supporting elderly people’s involvement in religious associations<sup>39</sup> for seniors and those acting to the benefit of the elderly** will be implemented through:

- supporting existing religious associations for elderly people;
- development of parish senior groups run by parish volunteers in cooperation with priests, promoting regular meetings within the community.

Religion has a special role in the lives of elderly people, as evidenced by their high activity in this area. Supporting religious associations for seniors will help develop their operation, satisfying social and spiritual needs of elderly people.

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<sup>39</sup> Religious associations with a regulated legal status in Poland.

### **III.3 Creating conditions conducive to making use of capacities of elderly people as active participants in economic life and the labor market, adapted to their psychophysical capabilities and family situation.**

One of the key measures that help improve the quality of elderly people's lives is creating conditions that enable to make use of seniors' capacity as active participants in economic life and maintain their presence in the labor market. Professional work not only increases the life satisfaction level, but for many people it is also an essential incentive to be generally more active. In the case of business entities and public institutions, it is extremely important to promote the principles of age management, including financial and professional advisory for older employees, enabling the selection of such exit from the labor market, which ensures the best combination of income from work and retirement benefits.

Promoting the principles of corporate social responsibility (CSR) among employers should be implemented having regards to all social policy tasks addressed to employees and their families. Those aspects of CSR that influence and improve the situation of groups of employees particularly exposed to discrimination in the labor market should be considered particularly important. These measures can be implemented by ensuring decent income for performed work, facilitating work-life balance, especially when the employee is also a carer, facilitating professional development and developing good social relations in the workplace. The elderly are undoubtedly one of the groups that require special support. An important role in making use of the capacities of seniors as participants in economic life and keeping them active in the labor market, hence also in counteracting social exclusion of elderly people, can also be played by social and solidarity economy entities. These entities do not operate to generate profit (any surplus is allocated for social purposes), but they also implement reintegration and employment functions for people at risk of social exclusion, including the elderly. As a result, employment conditions in these entities are conducive to staying in or returning to the labor market by people who due to their age and other circumstances do not participate fully in this area of activity.

The policy for elderly people should be implemented also by entities of the labor market policy, starting with the national level to municipalities and entities of the education and economic policies.

In accordance with applicable law entities offering life-time annuity operate mainly pursuant to the provisions of the Civil Code regarding annuity contracts, which do not protect sufficiently the interests of consumers, because real property is transferred at the time of signing the contract, which means that the beneficiary loses their real property, but their interests are not secured.

Enterprises offering annuity contracts are not subject to supervision and no capital requirements have been defined for them.

In view of the above, it is necessary to secure the interests of people concluding annuity contracts.

### **Area III**

**Creating conditions conducive to making use of capacities of elderly people as active participants in economic life and the labor market, adapted to their psychophysical capabilities and family situation** will be implemented through:

1. preventing economical exclusion (increasing social security) as well as digital and technological exclusion of elderly people;
2. creating incentives for elderly people to stay in the labor market;
3. promoting corporate social responsibility principles and age management among employers;
4. promoting silver economy principles among enterprises and non-business entities.

**Preventing economical exclusion (increasing social security) as well as digital and technological exclusion of elderly people** will be realized through enhancing the elderly people's position in the labor market to ensure that they receive decent income for their work, and then pension, in particular through:

- taking measures to counteract economic exclusion and poverty among elderly people;
- analysis of issues related to life-time annuity in terms of ensuring security of elderly people being parties to life-time annuity contracts;
- ensuring that elderly people have access to educational services provided as part of lifelong learning;



- supporting unemployed people and job seekers in older age groups in getting access to vocational activation programs offered by labor offices;
- raising elderly people's awareness of opportunities to increase their professional activity by using the Internet and other telecommunications technologies.

The above-mentioned measures are supposed to strengthen the elderly people's position in the labor market and reduce the risk of their exclusion. Particular attention should be paid to social groups of elderly people at the highest risk of economic exclusion (including elderly people leaving prison). In the case of economic exclusion, getting income for work is the most important thing. When it comes to digital and technological exclusion, educational activities are of the greatest importance.

**Creating incentives for elderly people to stay in the labor market** will be implemented through the development of an extensive offer targeted at elderly people, including:

- introducing a wide range of flexible work forms for elderly people (including part-time job, teleworking, work at home, flexible working hours as agreed with the employee);
- supporting social economy entities employing elderly people;
- promoting continuation of work in a different form, e.g. coaching, tutoring and mentoring.

Making use of elderly people's capacities requires developing for them a wide range of work forms, including its performance on a full or part-time basis. Social policy for elderly people must provide for conditions conducive to extending the employment period, while highlighting its benefits.

**Promoting corporate social responsibility principles and age management among employers** will be implemented through:

- conducting information campaigns and training for employers regarding benefits of employing elderly people;
- creating an image of a professionally active elderly person in the social and media space;
- promoting flexible work forms among employers;
- dissemination of relevant good practices and experience.

Age management brings tangible benefits significant at the macro-social scale both to employees and employers.

**Promoting silver economy principles among enterprises and non-business entities** will be implemented through:

- conducting information initiatives addressed to enterprises and social and solidarity economy entities regarding silver economy principles as well as the needs and solutions related to the availability of websites and electronic services for elderly people;
- taking measures to promote economic activity in the silver economy sector (including the development of social economy entities as a tool for social and vocational activation of elderly people);
- taking measures to promote elderly people's entrepreneurship.

Promoting silver economy principles among enterprises and non-business entities is an important task primarily because of the need to ensure sustainable development. Being familiar with silver economy principles will allow employers to adapt their offer to the changing market expectations, which will in turn create an opportunity to increase the competitiveness of the Polish economy.

### **III.4 Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation.**

Health is a state of complete physical, mental and social well-being, and individuals or groups must be able to identify and pursue their aspirations, satisfy their needs, change environment or adapt to it. Therefore, health is seen as a life resource, not a life goal. Health is a positive concept, encompassing personal and social resources as well as physical capabilities, not just the absence of an objectively existing disease or disability<sup>40</sup>. The most important determinant of health condition is lifestyle, i.e. nutrition, physical activity, correct rest patterns or the use of psychoactive substances. According to the concept of M. Lalonde, lifestyle determines health condition in 50-53%, the environment – in 20-21%, genetic factors – in 16-20% and health care – in 7-10%).<sup>41</sup>

An unhealthy lifestyle is a factor of increased risk of numerous chronic non-infectious diseases as well as premature deaths. Moreover, the risk of occurrence of the above diseases increases with age. Therefore developing responsibility for health and supporting positive lifestyle patterns are ones of the key elements of public policy.

First of all, it is necessary to devote more attention to health promotion and disease prevention by supporting health promoting behavior and incentives to use preventive health care services.

Health care for elderly patients may be improved through the development of telemedicine. The Act of 9 October 2015 amending the act on the information system in health care (Journal of Laws of 1991, as amended), which entered into force on 12 December 2015, waived the requirement of personal examination of the patient and introduced the possibility of determining separate requirements for providers of telemedicine services and changing the definition of the place where health care services are provided. Possible savings in the system result from a lower number of hospitalizations due to increasing the availability of consultations. Particular attention should be paid to the importance of telemedicine in rural areas with limited access to medical services.

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<sup>40</sup> Current definition formulated by the World Health Organization.

<sup>41</sup> M. Lalonde, *A New Perspective on the Canadians. W Working Document*, Minister of National Health and Welfare, Ontario 1974.

Discussing health care issues, attention should also be paid to proper treatment of elderly people by health care personnel. The key objective of sensitizing health care personnel to elderly people's needs is to promote the provision of care services in a professional way.

#### **Area IV**

**Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation** will be implemented in particular through:

1. enhancing responsibility for health condition and supporting a positive lifestyle by health promotion and disease prevention;
2. development of telemedicine and telecare and access to technical facilities, compensating for lost capacity and supporting elderly people's autonomy;
3. ensuring optimal access to healthcare services, including primary care, specialist care, rehabilitation, preventive care and stays at health resorts, with respect to both physical and mental health, necessary to maintain functional autonomy;
4. educating medical staff to care for elderly people.

The basic objective of **enhancing responsibility for health condition and supporting positive lifestyle by health promotion and disease prevention** is to preserve the autonomy and independence of elderly people for as long as possible, adequately to age, by developing health promoting attitudes and behavior, based on rational premises, through:

- dissemination of health knowledge, taking into account changes due to the ageing process at all levels of education;
- taking various educational measures aimed at maintaining good health condition, depending on the age and capacity;
- implementation of health promotion programs, informing about health risk factors and promoting behavior conducive to maintaining good health condition or improving health condition;
- promoting immunization and other preventive healthcare services;
- promoting advantages of using ICT (applications, systems, devices) to support disease prevention and improve the quality of life;

- implementation of pharmaceutical care, analyzing applied pharmacotherapy in order to reduce the use of drugs that may be improper for the elderly, in accordance with the applicable criteria;
- taking into account specific characteristics of health problems experienced by elderly people in health promotion programs;
- creating infrastructure and services conducive to development of health-promoting activity, with particular emphasis on the groups of the oldest people.

Due to the ageing of the society, it is necessary to focus on health promotion and disease prevention to ensure active and fit old age for as many people as possible. Comprehensive development of responsibility for health, as well as supporting a healthy lifestyle will improve the health condition of Polish citizens entering the senior age.

The key objective of **development of telemedicine and telecare and access to technical facilities, compensating for lost capacity and supporting elderly people's autonomy** is to improve diagnostics, treatment and care and to develop solutions compensating for lost capacity through:

- development of telemedicine, including telecare:
  - popularization of various forms of telecare and teleconsultations;
  - development of mobile health solutions;
- facilitating access to materials and equipment as well as healthcare services and medical devices compensating for lost capacity;
- the use of modern technologies to compensate for lost capacity and enhance autonomy;
- supporting development and dissemination of innovative solutions and technologies in the field of health and telemedicine;
- enhanced availability of occupational therapy and physiotherapy.

Implementation of measures in the area of the development of telemedicine and telecare as well as access to technical facilities will help increase elderly people's safety in the place of their residence and improve the accessibility of health care services. The operation of the health care system will also improve.

**Ensuring optimal access to health care services, including primary care, specialist care, rehabilitation, preventive care and stays at health resorts, with respect to both physical and mental health, necessary to maintain functional autonomy** will be implemented through:

- creating conditions for the development of comprehensive care for elderly patients, including:
  - developing standards of prevention and care for the elderly, as well as improving care coordination;
  - defining the rules of medical treatment for different age groups, with particular emphasis on the elderly people group;
  - monitoring the effectiveness of care for elderly people;
- ensuring continuity of care for elderly patients, including:
  - implementation of measures to monitor the patients' health needs in their living environment;
  - developing cooperation between health care professionals and social welfare services;
  - monitoring elderly patients' health condition after hospitalization;
- implementing measures to increase the availability of rehabilitation services;
- reducing hospitalizations as much as possible, through:
  - developing solutions alternative to hospitalization, e.g. specialist care at home or community therapy;
  - developing a daily diagnostic system that enables continuation of treatment at home;
  - creating solutions to enhance daily rehabilitation (physiotherapy and occupational and psychological therapy, including treatment of cognitive disorders);
- increasing the availability of geriatric services in the hospital system, including:
  - popularization of the geriatric consultation system for hospitalized elderly patients;
  - increasing the number of geriatricians involved in the system;
- increasing the availability of outpatient geriatric consultations, including:
  - maintaining the prioritization of geriatrics specialization;

- creating a network of facilities training geriatricians.

The key objective of measures taken in the area of health care for elderly people is to implement comprehensive care provided by teams of professionals led by general practitioners, encompassing both disease and disability prevention and disease diagnostics and treatment. Optimization of hospitalizations and other measures will help increase the availability of health care services for elderly people, necessary to preserve their functional autonomy.

**Educating medical staff to care for elderly people** will be implemented through:

- developing undergraduate education in the field of geriatrics at medical faculties, including:
  - support for the development of academic geriatric centers at medical universities (clinics, departments) and student academic groups dealing with geriatrics;
  - analysis of learning outcomes in geriatrics at different medical faculties in the context of improving undergraduate education in this area;
  - support for the development of scientific research into healthy ageing and old age diseases;
- developing post-graduate education in the field of geriatrics for medical professionals, including:
  - stimulating the increase in the number of medical doctors majoring in geriatrics and improving the quality of education in this area;
  - support for the system of lifelong education of medical professionals in the field of geriatric care, including primary care physicians (in public health care institutions), physiotherapists, nurses and medical carers.

Implementation of measures promoting medical professions involved in care for seniors will help increase human resources in this area and the availability of health care services for elderly people. Promoting professional care for elderly people will help reduce the scale of age discrimination while streamlining care, which will result in a higher quality of social and medical services for seniors.

### **III.5 Increasing physical security – counteracting violence against and negligence about elderly people.**

A sense of security is one of the basic human needs. It is a fundamental value which enables us to grow and live comfortably. Security is especially important in old age. There are many reasons why seniors' need for security is not satisfied.

Suffering violence incited by the next of kin or strangers is one of them. Research shows that both elderly women and men experience abusive behavior<sup>42</sup>. Elderly people are a group particularly vulnerable to various risks. People aged 60 or more show much greater trust, kindness and openness towards others. This group also lack sufficient knowledge to properly respond and protect themselves against threats. Therefore, it is necessary to take decisive action to prevent offenses and abuse against seniors.

Analysis of available literature shows that the problem of aggressive behavior towards the oldest members of the society is increasingly well-recognized owing to research conducted by representatives of various scientific disciplines. In counteracting violence against elderly people and negligence about them, cooperation between various entities is of great importance, because only such approach enables comprehensive support for elderly people in need.

#### **Area V**

**Increasing physical security – counteracting violence against and negligence about elderly people** will be implemented through:

- 1.** educational campaigns, initiatives and other preventive action aimed at counteracting violence against elderly people;
- 2.** developing an all-Poland counsel network for elderly people suffering from violence in their place of residence;
- 3.** developing a training system dedicated to elderly people, violence and interpersonal communication in educational, social welfare and health care institutions, enforcement authorities and justice, as well as among seniors;
- 4.** improving attitudes to develop a humane approach to legal services for elderly people suffering from violence.

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<sup>42</sup> E. Markowska-Gos, *Przemoc wobec seniorów we współczesnej rodzinie – wybrane aspekty* (komunikat z badań), „Kultura - Przemiany - Edukacja”, T.3 2015 r.



**Educational campaigns, initiatives and other preventive action aimed at counteracting violence against elderly people** will be implemented through:

- conducting social and information campaigns to sensitize the audience to violent behavior;
- supporting non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, movements and local initiatives protecting the rights of elderly people;
- conducting educational activities regarding violence against elderly people in the social welfare sector, health care, public order services, in institutions that deal with elderly people on a daily basis, in educational institutions, and among seniors.

In order to increase elderly people's security, it is necessary to take decisive action, as even the stringent laws will not be sufficient if such action is not socially accepted and is strongly stigmatized.

**Developing an all-Poland counsel network for elderly people suffering from violence in their place of residence** will be implemented through:

- engaging in the development of the counsel network non-governmental organizations referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, as well as religious associations<sup>43</sup>;
- developing a therapeutic aid system addressed and adapted to the needs of elderly people;
- developing economic or housing support for elderly victims of domestic violence.

A counsel network and a coherent support system will help elderly people suffering from violence obtain support at the place of residence, to minimize consequences of this phenomenon and to improve seniors' physical and mental condition.

**Developing a training system dedicated to elderly people, violence and interpersonal communication in educational, social welfare and health care institutions, enforcement authorities and justice, as well as among seniors** will be implemented through:

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<sup>43</sup>Religious associations with a regulated legal status in Poland.

- training in recognizing violence for employees of entities that have most contact with seniors.

Educational activities and development of relevant procedures will improve public institutions' effectiveness in counteracting violence against elderly people and minimizing consequences of this phenomenon.

**Improving attitudes to develop a humane approach to legal services for elderly people suffering from violence** will be implemented through:

- improving legal services accounting for specific characteristics of elderly people suffering from violence;
- training for professionals dealing with providing aid to elderly people suffering from violence.

Undertaking measures in this area will help adapt the operation of the judiciary, prosecution and police to the capabilities and needs of elderly people, and thus it will improve their effectiveness.

### **III.6 Creating conditions for solidarity and intergenerational integration.**

Intergenerational solidarity can be understood in two ways<sup>44</sup>. First of all, it is sharing common values, norms and obligations, which means that generations live in solidarity with each other, because it should be so. Secondly, in terms of interest, intergenerational solidarity pays off. In contemporary society, intergenerational solidarity is being replaced with “solidarity of interest”, and the ties that have been connecting different generations so far are not that strong any more. This is due to the progressive individualization of the society, the generational nature of new technologies and the mutual untranslatability of generational cultural codes, etc.

Therefore, the state’s social policy must promote intergenerational solidarity. Bad and incoherent social policy antagonizes generations, gradually detracting social attention from seniors’ problems. This phenomenon can be illustrated by a small number of non-governmental organizations whose statutes provide for supporting seniors as their main and most important task.

Measures enhancing intergenerational integration should, above all, foster creation of appropriate conditions for seniors’ full participation in all areas of life, while highlighting and appreciating contribution they have made. Elderly people should feel that they are respected for their life wisdom, experience and selfless willingness to help or spend their free time with others. Making younger generations aware of the role of solidarity and intergenerational integration should be developed through broadly understood education and supporting the development of space for, and forms of, cooperation between different age groups. Social policy that promotes solidarity should include offers addressed to all age groups, be less focused on action and should channel social dialogue, and mediate between communities with different, often contradictory, social interests. It is also necessary to change the language, so that it makes society aware of the role of intergenerational ties and interdependence.

#### **Area VI**

**Creating conditions for solidarity and intergenerational integration** will be implemented through:

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<sup>44</sup> R. Drozdowski, *Solidarność pokoleń – dobrze brzmiący postulat polityki społecznej z którym ma ona coraz więcej kłopotów*, „Ruch Prawniczy, Ekonomiczny i Socjologiczny”, Rok LXXIV – zeszyt 3-2012, p. 7 et seq.

1. promoting educational projects addressed to elderly people, peer support, volunteer work (short- and long-term, formal, informal, in the framework of Catholic Church and other religious associations<sup>45</sup>);
2. development of social infrastructure as a forum for meetings and intergenerational experience sharing;
3. promoting measures enabling contact and cooperation between individuals from different age groups.

**Promoting educational projects addressed to elderly people, peer support, volunteer work (short- and long-term, formal, informal, in the framework of Catholic Church and other religious associations)** will be implemented through:

- social campaigns promoting intergenerational education;
- supporting social projects implemented by non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, to promote solidarity and intergenerational integration;
- supporting family cohesion by promoting intergenerational experience sharing.

Promoting educational activities, including those relating to peer support and volunteering, will help raise the awareness of both elderly people and the whole society about existing opportunities to participate in intergenerational activities, and it will also have a positive effect on intergenerational cohesion.

**Development of social infrastructure as a forum for meetings and intergenerational experience sharing** will be implemented through:

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<sup>45</sup> Religious associations with a regulated legal status in Poland.

- developing and strengthening, at the local level, infrastructure targeted at elderly people, e.g. daytime care centers (homes, clubs, common rooms), conducting activities for intergenerational integration;
- training for local community leaders in planning activities targeted at elderly people;
- disseminating good practices pursued by local governments and non-governmental organizations.

Implementation of all these measures will help create a network of local facilities available to all generations, which will enable action for intergenerational integration in local communities.

**Promoting measures enabling contact and cooperation between individuals from different age groups** will be implemented through:

- promoting intergenerational cooperation and good practices in this respect by public media;
- promoting joint initiatives and cooperation between children and young people and elderly people and senior organizations.

Wide-spread promotion of measures enhancing intergenerational integration will help counteract social marginalization of elderly people and generational isolationism.

### **III.7 Promoting education for old age (carers and medical staff), to prepare to old age (the whole society), through old age (from the youngest generation) and education in old age (elderly people).**

The ageing process is of key importance to people because it is associated with significant changes in various area of their everyday lives. The main challenges associated with these changes include the loss of control over them, which may have an adverse effect on the quality of life, especially when we are not prepared for them. The most prominent change in the life situation relates to professional activity (retirement). Arising problems force retired people to adapt to them by changing their current lifestyle. However, these changes can be predicted and one can be properly prepared for them.

Old age is an experience that offers huge capacities and new opportunities. It is a lot of free time and a tremendous professional and life experience. Society should make use of these resources in all possible ways, either individually or as a group. The same society is, however, obliged to organize the lives of its members, including elderly people, in a way that ensures a high quality of their lives.

Determinants of a better quality of life include having access to and actual participation in educational activities. Unlike other social groups, the main purpose of seniors' education is not to improve their skills to be promoted at work but to satisfy their needs. Besides planned education, practical education, closely related to promoting these people's activity in various areas – professional, social, cultural, health, tourism, etc. – is also offered. The numerous reasons for learning include the desire to satisfy one's cognitive needs, often abandoned at earlier stages of life, as well as willingness to learn the mechanisms of contemporary transformations in order to adapt to a new reality, and thus avoid the risk of marginalization. What also motivates elderly people to education is the need to enhance their activity, satisfy the need to participate and strengthen interpersonal relations. The need for integration is the greatest driving force encouraging elderly people to participate in educational activities offered by public and local government institutions as well as non-governmental organizations.

#### **Area VII**

**Promoting education for old age (carers and medical staff), to prepare to old age (the whole society), through old age (from the youngest generation) and education in old age (elderly people) will be implemented through:**

- 1. increasing the availability of the educational offer for elderly people;**

2. developing and promoting caring professions and improving staff competences;
3. developing non-formal education (radio, television, the Internet, audiobooks);
4. promoting education in the area of new technologies.

**Increasing the availability of the educational offer for elderly people** will be implemented through:

- supporting non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, as well as other institutions involved in education for elderly people;
- dissemination of information about educational opportunities for elderly people.

Increasing the availability of various forms of education for elderly people will increase the level of educational activity of Polish seniors, and hence the needs of this age group in this area will be satisfied to a greater extent.

**Development and promotion of caring professions and improvement in staff competences** will be implemented through:

- social campaigns promoting caring professions;
- developing and complementing social workers' competences in the area of issues, needs and capabilities of elderly people (e.g. social workers' specialization in this respect).
- extending the educational offer to include in it the development of new fields of study and other forms of education dedicated to elderly people (e.g. social gerontology or geriatric care).

Implementation of measures promoting caring professions will help increase human resources in this area and the availability of social services for elderly people.

**Development of non-formal education (radio, television, the Internet, audiobooks)** will be implemented through:

- supporting lifelong learning through educational counsel;
- dissemination of information related to non-formal education.



Supporting lifelong learning and promoting informal education will help raise public awareness of elderly people – their needs and capabilities.

**Promoting education in the area of new technologies** will be implemented through:

- developing or enhancing seniors' skills in the area of new media through implementation of information and educational campaigns and training;
- developing gerontechnology to improve the quality of life.

Promoting education in the area of new technologies will help decrease the scale of digital exclusion among seniors and implement telecare and telemedicine solutions.

#### **IV. Areas with measures addressed to dependent elderly people.**

Due to the diversity of the population aged over 60 in terms of health condition and ability to live independently, social policy must also be addressed to dependent elderly people. Taking into account the degree of seniors' independence in public policy programming will enable a fuller diagnosis of the needs of this group, and thus adequate adaptation of planned activities to these needs and capabilities of the elderly people's population. The consequences of the growing number of dependent elderly people in the population include the need to provide them with well-developed care, proper support and enable them to participate in social life. For this purpose, besides traditional measures focused on medical or social care, the latest achievements appropriate for occupational therapy should also be used.

<b>Areas with measures addressed to dependent elderly people:</b>	
<b>I.</b>	Reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people;
<b>II.</b>	Ensuring optimal access to health care, rehabilitation as well as care and nurture services, adapted to the needs of dependent elderly people;
<b>III.</b>	A network of community and institutional services for dependent elderly people;
<b>IV.</b>	A system of support for informal carers of dependent elderly people by public institutions.

#### **IV.1 Reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people.**

The widespread improvement in material conditions, change of lifestyle and progress in medical sciences result in a significant extension of lifespan and a continuous increase in the percentage of elderly people in the society. Longevity increases the risk of dependence, which makes it necessary to take action for dependent people. Any person in very old age, their relatives, as well as professionals and institutions organizing and providing personal care notice that the most acute consequences of dependence include helplessness caused by illness or senile weakness, loneliness and accompanying fear, being unable to call for help and receive it promptly, as well as the inability to be active, which deepens dementia. Therefore, elderly people try to preserve their subjectivity and need a dignified life, but due to the impairment of their body functions they cannot satisfy themselves their basic necessities of life and perform daily activities necessary to run a household.

The flat where an elderly person lives has a particular value for them, because it becomes their main place of existence. Deteriorated physical capacity, disability, difficulties in spatial orientation, lack of sense of security and the presence of architectural and urban barriers make elderly people spend more time in their homes and near them. Creating appropriate housing conditions as well as the development of an effective support system in the local environment are therefore important determinants of a high quality of life in old age.

In developed countries, the opportunities offered by the rapid development of information technology – inexpensive and extremely effective in practice – have been used in services and care coordination for many years. Telemedicine, which is a very broad concept and includes telecare, telemonitoring, telerehabilitation and teleconsultation, is a great example in this respect. Currently, telemedicine in Poland is one of the ways of providing health care services, hence it is funded by the state. Pilot implementations in the area of telecare are also underway in a few municipalities. Given the growing population of elderly people, a systemic solution is required to solve the problem of changing housing needs.

Furthermore, the loss of physical capacity is associated with the risk of a significant increase in physical and mental burden, both for the person with disabilities and their carer, who is also often an elderly person. Prevention of overloads and injuries related to self-care or provided care helps preserve independence and relieves the institutional care system, because

dependence is the main reason for using institutional care. Dependent people also need various aids and individual training of skills to compensate for lost capacity.

#### **Area I**

**Reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people** will be implemented through:

1. creating conditions conducive to the development of standardized support and care services, including telemedicine, to support the functioning of elderly people;
2. developing rental facilities providing aids that facilitate functioning and enhance the autonomy of elderly people;
3. supporting measures to eliminate functional barriers in the living environment of dependent elderly people;
4. developing occupational therapy, including ergotherapy; provided on an inpatient or outpatient basis or at the elderly person's home.

**Creating conditions conducive to the development of standardized support and care services, including telemedicine, to support the functioning of elderly people** will be implemented through:

- legal regulation of the risk of dependence – defining the criteria and degrees of dependence;
- developing and implementing standards of care services provided in the local community;
- developing standards in the area of telecare and hotline services;
- large scale implementation of standardized telemedicine with different range of services, adapted to users' needs and skills, that will improve safety and the quality of life of a large number of elderly people;
- implementing new instruments aimed at increasing the availability of:
  - care services and specialist care services rendered by local government institutions;
  - home care broken down into help in housework or help in personal care and nurture activities;
  - information about social services and counseling;

- increasing the range of social services of general interest that help increase elderly people's autonomy, provided by social economy entities.

Development of standardized assistance and care services facilitating elderly people's functioning will help satisfy the needs of dependent elderly people in this respect, while improving the quality of services provided.

**Developing rental facilities providing aids that facilitate functioning and enhance the autonomy of elderly people** will be implemented through:

- supporting the development of a network of rental facilities providing aids for dependent elderly people;
- counseling in getting aids that facilitate functioning and enhance the autonomy of elderly people and in using them;
- promoting good practices regarding the operation of facilities renting the aids.

The aforementioned measures will help develop a simple public system for rental of aids facilitating functioning and enhancing autonomy of dependent elderly people.

**Supporting measures to eliminate functional barriers in the living environment of dependent elderly people** will be implemented through:

- projects and raising public awareness of the need for universal design among partners from all sectors.

Besides direct provision of services to dependent elderly people, it is also necessary to adapt their environment to their needs and capabilities in order to enable them to stay as long as possible at their own homes.

**Developing occupational therapy, including ergotherapy; provided on an inpatient or outpatient basis or at the elderly person's home** will be implemented through:

- training occupational therapists;
- promoting occupational therapy among dependent elderly people;

- disseminating good practices compliant with international standards of occupational therapy.

Development of occupational therapy, including ergotherapy, will help practice it in a modern way as a planned process aimed at enabling people to perform activities they find important, hence a process leading to an improvement in the quality of their lives and active participation in social life.

## **IV.2 Ensuring optimal access to health care, rehabilitation as well as care and nurture services, adapted to the needs of dependent elderly people.**

The results of polls show that as much as 90% of Polish citizens aged 75 and over report that their health condition is poor, while in the 60-74 age group, only every third person evaluates their health condition as poor<sup>46</sup>. These data clearly indicate the growing needs in the area of disease prevention and health protection dedicated to the oldest and most helpless seniors in Poland.

The complexity of the treatment process in the case of people with multiple morbidities or severe chronic functional impairments necessitates good organization of the work of primary care teams, specialists, physiotherapists and occupational therapists. Comprehensive rehabilitation prevents effects resulting from damage to particular structures of the human body and enhances functional abilities. The purpose of elderly people's rehabilitation is to delay ageing, alleviate its negative effects and treat existing dysfunctions to preserve autonomy in everyday life and participate in social life.

### **Area II**

**Ensuring optimal access to health care, rehabilitation as well as care and nurture services, adapted to the needs of dependent elderly people** will be implemented through:

1. development of inpatient and outpatient geriatric care;
2. providing access to rehabilitation services on an inpatient and outpatient basis, at the elderly person's home and in health resorts;

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<sup>46</sup> Public Opinion Research Center's survey on a sample of 1,017 Polish adults, published by the Polish Press Agency on 22 June 2012.

3. taking action to improve communication and cognitive functions of dependent elderly people (in particular those with dementia) in long-term care, based on gerontological validation, basic stimulation and other methods;
4. standardization of nurture and care services provided in public and non-public facilities, offering inpatient, outpatient and home care, and setting criteria for assessment of the quality of care for elderly people in different health condition and with different functional capacity.

**Development of inpatient, outpatient and home geriatric care** will be implemented through:

- creating conditions conducive to establishing geriatric wards within the “Hospital Network” in all voivodeships, in particular coupled with development of training centers for geriatricians;
- implementation of legal solutions enabling the operation of consultative interdisciplinary geriatric teams.

Increasing the availability of geriatric care by educating more geriatric care specialists, increasing the number of geriatric beds and improving the operation of the geriatric care system will help to satisfy health care needs of dependent elderly people.

**Providing access to rehabilitation services on an inpatient and outpatient basis, at the elderly person’s home and in health resorts** will be implemented through:

- implementation of appropriate comprehensive rehabilitation: medical, social and vocational, both in institutions and in the community.

Increasing the availability of geriatric care necessitates promotion of comprehensive rehabilitation provided on an inpatient and outpatient basis, in the elderly person’s home and in health resorts.

**Taking action to improve communication and cognitive functions of dependent elderly people (in particular those with dementia) in long-term care, based on gerontological validation, basic stimulation and other methods** will be implemented through:

- developing an action program for elderly people suffering from dementia diseases;
- educational campaigns regarding dementia diseases.

Due to the high incidence of dementia among elderly people, measures addressed to these people, as well as the whole society, must take priority in social policy for elderly people.

**Standardization of nurture and care services provided in public and non-public facilities, offering inpatient, outpatient and home care, and setting criteria for assessment of the quality of care for elderly people in different health condition and with different functional capacity** will be implemented through:

- development and standardization of procedures regulating the operation of entities providing support to dependent elderly people, in accordance with adopted patterns based on research results, that are likely to produce similar results in various care facilities as well as in the case of home care.

The implementation of the above measure will help increase the efficiency of the system of care and nurture services provided to dependent elderly people, and thus increase their quality.

### **IV.3 A network of community and institutional services for dependent elderly people.**

From the perspective of both elderly people and the care system, living at one's home for as long as possible is the best option, as it enables elderly people to preserve the optimal quality of life. At the same time, it must also be cost-effective. Therefore, it is necessary to search for solutions supporting seniors' autonomy in order to enable them to age at home. To implement such solutions it is necessary to regularly assess one's needs in their living environment, which will enable early identification of areas with unmet needs. This is necessary, as the lack of support in these areas generates, as time goes by, further needs, making it impossible, or at least very difficult, to care for a senior at their home. Furthermore, the main goal of improving the effectiveness of institutional care is to coordinate work of health care and social welfare institutions. This effectiveness should be perceived as a priority, both from the perspective of direct beneficiaries themselves, i.e. dependent elderly people and their carers, and the system due to a possible reduction in the total costs of care.



Solutions supporting seniors' functioning in their environment include semi-institutional solutions, i.e. ones in which institutional care is provided on a temporary or part-time basis. Moving to live in an institution should be a last resort reserved only for those people who cannot be helped in their environment.

### **Area III**

**A network of community and institutional services for dependent elderly people** will be implemented through:

- 1.** development of the concept of care and nursing based on the dependence and eligibility for particular services (based on ICF – International Classification of Functioning, Disability and Health) and its practical implementation in health care and social services.
- 2.** development of various forms of daytime and 24 hour, periodic and continuous care, adapted to the diverse needs of dependent elderly people and access to information about social services;
- 3.** introduction of the requirement that all employees providing assistance and care to dependent elderly people, both in public and non-public facilities, and all self-employed individuals providing assistance and care must have specific qualifications;
- 4.** coordination of operation of health care and social services – development of a cooperation system at the central, regional and local levels, as well as cooperation between the public, non-governmental and private sectors.

**Development of the concept of care and nurture based on the dependence assessment and eligibility for particular services (based on ICF – International Classification of Functioning, Disability and Health) and its practical implementation in health care and social services** will be implemented through:

- development and testing of a uniform system for assessing elderly people's dependence based on the ICF criteria;
- development of education and service standards in assistance and care services provided to elderly people with different degrees of dependence;
- development of standards of care for people with dementia syndromes, including home care.

The introduction of a uniform system for assessing elderly people's dependence and qualifying for various health care and social services will help regulate the social risk in Polish social security system, i.e. the risk of being unable to live independently of others.

**Development of various forms of daytime and 24 hour, periodic and continuous care, adapted to the diverse needs of dependent elderly people and access to information about social services** will be implemented through:

- development of various forms of daytime care, including:
  - developing a network of daytime care facilities and promoting their establishment in areas where they do not yet exist;
  - promotion of daytime care forms among inactive elderly people who do not participate in the life of the local community (including respite care and care while waiting for a stay at a long-term care institution), and enhancing activeness and autonomy;
  - supporting the system for exchanging information between facilities to disseminate good practices;
- developing a network of care farms and promoting their establishment in rural areas;
- establishing daytime health care homes as medical support (nurture, care and rehabilitation services as well as continuation of treatment) for dependent people, particularly elderly people, in settings similar to home, in the local community;
- supporting local government institutions' initiatives aimed at establishing protected housing;
- development of 24 hour care:
  - elaboration of unambiguous eligibility criteria, adequate to the needs of dependent elderly people, for qualifying them for admission to various long-term care facilities;
  - supporting local government institutions' initiatives aimed at establishing facilities providing 24 hour care for dependent elderly and unsupported people;
  - supporting the establishment of family social care homes and other forms of 24 hour community care;
- ensuring continuity of care in the event of changing the place of its provision.

Developing forms of daytime care for dependent elderly people will help prolong independent functioning of seniors in the place of their residence.

**Introduction of the requirement that all employees providing assistance and care to dependent elderly people, both in public and non-public facilities, and all self-employed individuals providing assistance and care must have specific qualifications** will be implemented through:

- verification of the existing system of raising qualifications of people providing care services;
- implementation of social campaigns promoting caring professions;
- keeping a register of entities providing care services.

Verification of the existing system of raising qualifications of people providing care services and promotion of caring professions will help enhance the effectiveness of support provided to dependent elderly people, while relieving their informal carers.

**Coordination of operation of health care and social services – development of a cooperation system at the central, regional and local levels, as well as cooperation between the public, non-governmental and private sectors** will be implemented through:

- determination of principles of cooperation between social workers and primary health care teams and their introduction to generally applicable law.

The main goal of improving the effectiveness of institutional care is to coordinate work of health care and social welfare institutions. This effectiveness should be perceived as a priority, both from the perspective of dependent elderly people and their carers, and the system due to a possible reduction in the total costs of care.

#### **IV.4 A system of support for informal carers of dependent elderly people by public institutions.**

The importance of informal care for the operation of health care systems in all countries of the world it is obvious. This is directly related to the ageing of societies, as well as the resulting economic and social challenges. Therefore attention should be paid to the condition of family carers by introducing changes to the existing social security system and expanding community support systems.

##### **Area IV**

**A system of support for informal carers of dependent elderly people by public institutions** will be implemented through:

1. professional support for families providing home care – counseling, consulting and skills training for informal carers (provided by medical doctors, nurses, physiotherapists, medical carers and social workers), and other activities to improve the quality of home care;
2. introduction of various forms of temporary respite for family members providing care to dependent elderly people;
3. development of a system of training and acquisition of competencies and abilities necessary to care for dependent elderly people, including that addressed to professionals providing care services;
4. enhancement of networks of informal carers of dependent elderly people.

**Professional support for families providing home care – counseling, consulting and skills training for informal carers (provided by medical doctors, nurses, physiotherapists, medical carers and social workers), and other activities to improve the quality of home care** will be implemented through:

- integrating informal care for dependent elderly people with formal care, in a particular manner, through counseling, consulting and skills training for informal carers (provided by medical doctors, nurses, physiotherapists, medical carers and social workers), and other measures to improve the quality of home care.

**Introduction of various forms of temporary respite for family members providing care to dependent elderly people** will be implemented through:

- supporting the organization of short-term respite care for carers of dependent people.

In Poland, informal care is most often provided by the immediate family, in parent – child or spouse – spouse relations. Provision of informal care leads to deterioration of the physical and mental condition of carers. It is therefore necessary to introduce various forms of temporary respite for informal carers.

**Development of a system of training and acquisition of competencies and abilities necessary to care for dependent elderly people, including that addressed to professionals providing care services,** will be implemented through:

- training in basic care and rehabilitation and competence support through access to online thematic knowledge libraries along with tutoring (personalized education method).

In order to improve the quality of care for dependent elderly people and to guarantee their safety, it is necessary to develop a training system aimed at carers of seniors with impaired autonomy.

**Enhancement of networks of informal carers of dependent elderly people** will be implemented through:

- support for informal carers of dependent elderly people, including:
  - dissemination of knowledge about care for dependent people to increase informal carers' involvement in the provision of care;
  - creating and developing forms of support for carers of dependent people, including protected housing;
- promoting bottom-up activities such as time banks, information banks, support groups and peer support groups;
- engaging non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, in practices relating to support for carers of dependent people at the level of local projects;

- engaging representatives of the Catholic Church and other religious associations in providing support to dependent people and their carers<sup>47</sup>.

Solutions in the aforementioned area will help strengthen human and social capital of elderly people's carers through measures addressed to them, which will also be great support and help in carers' everyday duties.

## **V. Implementation of measures.**

Effective implementation of the policy for elderly people and measures planned within the specified areas requires interdisciplinary cooperation of all entities involved in the implementation of measures addressed to seniors, at all regional levels. Therefore, entities responsible for coordinating their implementation have been assigned to each measure.

The policy for elderly people is coordinated by the Minister of Family, Labor and Social Policy. The implementation of the policy for elderly people will be monitored as part of the obligation to monitor the situation of elderly people in Poland under the Elderly People Act of 11 September 2015. The effects of the implementation of the targets provided for herein will be assessed as part of subsequent editions of "Information on the Situation of Elderly People", drawn up by the Council of Ministers, in accordance with the Elderly People Act of 11 September 2015. Entities responsible for the implementation of particular measures will be required to gather and present information on their implementation status.

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<sup>47</sup> Religious associations with a regulated legal status in Poland.

Areas concerning all elderly people					
Area I Developing a positive perception of old age in the society.					
	Measure	Specific measures	Coordinating entity	Implementation time frame	Monitoring method
I.1	Counteracting ageism.	Implementation of anti-discrimination projects and social campaigns.	Government Plenipotentiary for Equal Treatment.	2018-2030 (ongoing measure)	The number of campaigns and social projects carried out in a given year.
		Incorporating issues related to counteracting ageism into the <i>National Action Program for Equal Treatment</i>	Government Plenipotentiary for Equal Treatment.	2019	Development of a new edition of the <i>National Action Program for Equal Treatment</i> for coming years.
I.2	Raising public awareness of the importance of elderly people's participation in social and economic life.	Implementation of social campaigns addressed to: <ul style="list-style-type: none"> <li>employers and employees, to influence their perception of elderly employees;</li> <li>entrepreneurs, to make them aware of the importance of elderly people as employees and consumers;</li> <li>the general public.</li> </ul>	Ministry of Family, Labor and Social Policy, Ministry of Investment and Development. <b>Cooperating entities:</b> public media.	2018-2030 (ongoing measure)	The number of social campaigns implemented to raise public awareness of the importance of elderly people's participation in social and economic life.
I.3	Counteracting negative stereotypes regarding old age through social educational campaigns.	Incorporation of issues related to preparation to old age and intergenerational integration in the core curriculum.	Ministry of National Education in cooperation with school superintendents and centers for teacher training.	2018-2030 – action implemented as part of ongoing work of kindergartens and schools in line with the priorities of	Execution of the core curriculum for the different subjects.

				education policy for a given school year.	
		Cooperation of kindergartens and schools with senior organizations.	Ministry of National Education by school superintendents. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of actions and initiatives implemented in partnership by schools and senior organizations.
		Promotion of offers concerning the development of civil society, seniority and support for intergenerational projects as part of open competitions carried out by public entities.	Committee for Public Benefit.	2018-2030 (ongoing measure)	The number of open tenders carried out by public entities in the area of civil society development, accounting for seniority and support for intergenerational projects.
		Cooperation with the media to share information about elderly people and promote active old age patterns.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> public media.	2018-2030 (ongoing measure)	The number of initiatives carried out in cooperation with public media to share information about elderly people and promote active old age patterns.
I.4	Promoting ideas and actions aimed at getting prepared to old age and maintaining autonomy for as long as possible.	Implementation of social campaigns encouraging people to make informed decisions as regards retirement and promoting age management principles in enterprises.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> public social insurance institutions; Ministry of Investment and Development, State Agency for Enterprise Development.	2018-2030 (ongoing measure)	The number of social campaigns implemented to encourage people to make informed decisions as regards retirement and promoting age management principles in enterprises.



		Co-financing actions aimed at maintaining the ability to work throughout the period of professional activity, conducted by employers (with particular emphasis on small and medium-sized enterprises, social enterprises and social cooperatives).	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> public social insurance institutions.	2018-2030 (ongoing measure)	The number of cases of co-financing actions aimed at maintaining the ability to work throughout the period of professional activity, conducted by employers.
		Running an online pension calculator, enabling simulation of the amount of one's own pension in various options.	Social Security Institution.	2018-2030 (ongoing measure)	Operation of the online pension calculator.
<b>Area II</b>					
<b>Participation in social life and supporting all forms of civic, social, cultural, artistic, sporting and religious activity.</b>					
II.1	Developing public space that is friendly to the elderly, by eliminating information, technical, urban, architectural and transportation barriers and promoting universal designing, as well as consolidation of road safety knowledge.	Reform of the investment and construction process as well as the planning and spatial development system.	Ministry of Investment and Development.	2018-2020	Development of draft provisions regulating the investment and construction process as well as the planning and spatial development system.
		Implementation of social campaigns or information and educational campaigns addressed to elderly people, encouraging them to revise and consolidate road safety knowledge.	Ministry of Infrastructure. <b>Cooperating entities:</b> local government institutions, members of the National Road Safety Council.	2018-2020	The number of social campaigns and information and educational campaigns addressed to elderly people, encouraging them to revise and consolidate road safety knowledge.
		Minimizing existing architectural barriers that prevent elderly people from being active by:	Ministry of Investment and Development, Ministry of Infrastructure. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of actions taken by local government institutions to minimize existing architectural barriers that prevent elderly people from being active.

	<ul style="list-style-type: none"> <li>• adapting public space and infrastructure to the needs of people with various disabilities;</li> <li>• raising awareness of residents and investors operating in public space;</li> <li>• ongoing evaluation of the accessibility of public spaces by local government institutions;</li> <li>• engagement of elderly people and senior organizations in decision-making processes to diagnose existing barriers and eliminate them;</li> <li>• elimination of architectural barriers in public institutions.</li> </ul>			
	Extending the set of measures and support instruments in the housing policy with new solutions accounting for specific characteristics of elderly people’s housing needs and problems to a greater extent, in accordance with the National Housing Program.	Ministry of Investment and Development.	2018	Formulation of proposals of new measures and instruments relating to housing consistent with the state policy addressed to the elderly.
	Improving communication with elderly people in public institutions by: <ul style="list-style-type: none"> <li>• using a simple communication model with clearly defined sender – addressee roles, in which the message is conveyed in a simple, straightforward, clear and understandable manner;</li> <li>• developing a document setting out the principles of professional</li> </ul>	Ministry of Culture and National Heritage. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2020	Publication of the document setting out the principles of professional communication with an elderly person.

		communication with an elderly person.			
		Ensuring availability of public websites of public administration and electronic services as well as promotion of user-friendly designing.	Ministry of Digitization. <b>Cooperating entity:</b> Central Statistical Office.	2018-2022	Percentage of offices whose websites meet the WCAG 2.0 recommendations at the AA level.
II.2	Support for the operation and development of organizations associating elderly people, municipal senior councils and other forms of social participation and representation of the elderly.	Enhancing elderly people’s social activity and supporting the operation and development of organizations associating elderly people through: <ul style="list-style-type: none"> <li>• supporting measures to activate elderly people through implementation of open calls for tenders addressed to entities from the non-governmental sector and those referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, and by promoting cross-sectoral partnership for the elderly.</li> <li>• supporting existing and emerging NGOs and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, associating elderly people, representing their interests or striving to increase their activity;</li> <li>• promoting sharing good practices as regards measures taken to enhance social activity of elderly people.</li> </ul>	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of Culture and National Heritage, Ministry of Sport and Tourism, Ministry of Science and Higher Education, local government institutions.	2018-2020	The number of initiatives implemented to enhance elderly people’s social activity and support the operation and development of organizations associating elderly people, including: the number of non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, supported by public entities.
		Eliminating existing barriers to the operation of senior councils and supporting them by promoting the	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b>	2018-2020	The number of municipal senior councils.

		creation of municipal senior councils by local government institutions.	Ministry of the Interior and Administration, local government institutions.		
		Introduction of the obligation to incorporate in municipal and poviatic strategies for solving social problems, voivodship strategies regarding social policy or in other documents relating to social policy for the elderly issues related to elderly people and consult the above documents with existing municipal senior councils.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of the Interior and Administration, local government institutions.	2018-2020	Statutory obligation to incorporate issues related to elderly people in strategic documents.  The number of municipalities where strategic documents include issues relating to the elderly.
II.3	Development of volunteering among elderly people, preparing them to perform new social roles in the family and in peer, neighbor or denomination groups as well as other groups.	Promoting volunteer work by and for elderly people by supporting non-governmental organizations and relevant entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of Culture and National Heritage, Ministry of Sport and Tourism, Ministry of Science and Higher Education, local government institutions.	2018-2030 (ongoing measure)	The number of supported projects implemented by non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, to promote volunteer work by and for elderly people.
		Engagement of elderly people in activities aimed at integration of local communities, e.g. through: <ul style="list-style-type: none"> <li>dissemination of information about local events among elderly people and entities reaching elderly people;</li> </ul>	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of initiatives implemented to engage elderly people in activities aimed at integration of local communities.

		<ul style="list-style-type: none"> <li>• promoting free transport for non-mobile people during local events to enable them to actively participate in events that integrate the local community;</li> <li>• incorporating volunteer work by seniors in the work of local governments and local institutions.</li> </ul>			
		Promoting a model of civic education focused on volunteer work by seniors, conducted with non-governmental organizations.	Committee for Public Benefit.	2018-2030 (ongoing measure)	The number of initiatives implemented to promote a model of civic education focused on volunteer work by seniors, conducted with non-governmental organizations.
II.4	Facilitating elderly people's participation in social life, culture, artistic activity and tourism, as well as sporting and recreational activity programs.	<p>Enhancing the availability of cultural facilities and institutions for elderly people by:</p> <ul style="list-style-type: none"> <li>• adapting the type and forms of cultural activities to the diverse needs of elderly people;</li> <li>• dissemination of positive patterns and good practices in this area;</li> <li>• supporting all forms of elderly people's amateur artistic activity;</li> <li>• using the capacity and infrastructure of public facilities to organize cultural, artistic and recreational activities as well as ones aimed at overall development.</li> </ul>	<p>Ministry of Culture and National Heritage.</p> <p><b>Cooperating entities:</b> local government institutions.</p>	2018-2030 (ongoing measure)	The number of initiatives implemented to enhance the availability of cultural facilities and institutions for elderly people.

		<p>Promoting elderly people’s sporting and recreation activity, with particular emphasis on benefits it brings to seniors, through:</p> <ul style="list-style-type: none"> <li>• popularization of forms of sporting and recreation activity for seniors;</li> <li>• conducting sporting and recreational activities for seniors by instructors, using the staff and infrastructure of local sports clubs, sports and recreation centers, swimming pools, sports halls, etc.</li> <li>• development of small multi-generational sports and recreation infrastructure – Open Activity Zones – by providing open-access outdoor activity zones for various age groups, and the creation of sporting activity spaces conducive to intergenerational social integration.</li> </ul>	<p>Ministry of Sport and Tourism. <b>Cooperating entities:</b> local government institutions.</p>	<p>2018-2030 (ongoing measure)</p>	<p>The number of initiatives implemented to promote elderly people’s sporting and recreation activity, with particular emphasis on benefits it brings to seniors.</p>
		<p>Enhancing group and individual tourism for elderly people by carrying out activities to ensure safe and active tourism.</p>	<p>Ministry of Sport and Tourism. <b>Cooperating entities:</b> local government institutions.</p>	<p>2018-2030 (ongoing measure)</p>	<p>The number of initiatives implemented to ensure safe and active tourism, also for elderly people.</p>
		<p>Promoting social inclusion of elderly people, especially those staying at home, using the Internet and other information and communication technologies, to enjoy culture, entertainment and education and communicate with other people.</p>	<p>Ministry of Digitization. <b>Cooperating entity:</b> Central Statistical Office.</p>	<p>2018-2020</p>	<p>Percentage of people aged 55-74 using the Internet.</p>

II.5	Supporting elderly people's involvement in religious associations for seniors and those acting to the benefit of the elderly.	Supporting existing religious associations for elderly people.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of religious associations for elderly people supported by local government institutions.
		Development of parish senior groups run by parish volunteers in cooperation with priests, promoting regular meetings within the community.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of parish senior groups run by parish volunteers in cooperation with priests, promoting regular meetings within the community.
<b>Area III</b>					
<b>Creating conditions conducive to making use of capacities of elderly people as active participants in economic life and the labor market, adapted to their psychophysical capabilities and family situation.</b>					
III.1	Preventing economical exclusion (increasing social security) as well as digital and technological exclusion of elderly people.	Taking measures to counteract economic exclusion and poverty among elderly people.	Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The number of new initiatives aimed at counteracting economic exclusion and poverty among elderly people.
		Analysis of issues related to life-time annuity in terms of ensuring security of elderly people being parties to life-time annuity contracts.	Ministry of Justice. <b>Cooperating entities:</b> Ministry of Entrepreneurship and Technology, Ministry of Family, Labor and Social Policy, Ministry of Finance, Ministry of Investment and Development, President of the Office of Competition and Consumer Protection, Polish Financial Supervision Authority.	2019-2022	Presentation of analysis-based recommendations.

		Ensuring that elderly people have access to educational services provided as part of lifelong learning.	Ministry of National Education, Ministry of Science and Higher Education. <b>Cooperating entity:</b> Ministry of Culture and National Heritage, Central Statistical Office.	2018-2030 (ongoing measure)	Percentage of elderly people benefiting from educational services provided as part of lifelong learning.
		Supporting unemployed people and job seekers in older age groups in getting access to vocational activation programs offered by labor offices.	Ministry of Family, Labor and Social Policy, local government institutions. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2030 (ongoing measure)	The number of unemployed people and job seekers in older age groups supported by labor offices in vocational activation.  The number of elderly people that found employment as a result of vocational activation.
		Raising elderly people's awareness of opportunities to increase their professional activity by using the Internet and other telecommunications technologies.	Ministry of Digitization. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2020	Percentage of elderly people aware of opportunities to increase their professional activity by using the Internet and other telecommunications technologies.
III.2	Creating incentives for elderly people to stay in the labor market.	Introducing a wide range of flexible work forms for elderly people (including part-time job, teleworking, work at home, flexible working hours as agreed with the employee).	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2020	The number of newly introduced solutions as regards flexible work opportunities for elderly people.



		Supporting social economy entities employing elderly people.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Investment and Development, local government institutions.	2018-2030 (ongoing measure)	The number of supported social economy entities employing elderly people.
		Promoting continuation of work in a different form, e.g. coaching, tutoring and mentoring.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> public social insurance institutions.	2018-2030 (ongoing measure)	The number of initiatives implemented to promote continuation of work in a different form.
III.3	Promoting corporate social responsibility principles and age management among employers.	Conducting information campaigns and training for employers regarding benefits of employing elderly people.	Ministry of Investment and Development. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, public social insurance institutions, local government institutions.	2018-2030 (ongoing measure)	The number of implemented information campaigns and training courses for employers regarding benefits of employing elderly people.
		Creating an image of a professionally active elderly person in the social and media space.	Public media.	2018-2030 (ongoing measure)	The number of programs presenting professionally active elderly people.
		Dissemination of relevant good practices and experiences.	Ministry of Investment and Development. <b>Cooperating entities:</b> public social insurance institutions.	2018-2030 (ongoing measure)	The number of initiatives aimed at dissemination of good practices and experiences as regards promoting corporate social responsibility principles and age management among employers.

		Promoting flexible work forms among employers.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2030 (ongoing measure)	The number of measures implemented to promote flexible work forms among employers.
III.4	Promoting silver economy principles among enterprises and non-business entities.	Conducting information initiatives addressed to enterprises and social and solidarity economy entities regarding silver economy principles as well as the needs and solutions related to the availability of websites and electronic services for elderly people.	Ministry of Investment and Development. <b>Cooperating entities:</b> Ministry of Digitization, public social insurance institutions.	2018-2030 (ongoing measure)	The number of implemented information initiatives addressed to enterprises regarding silver economy principles as well as the needs and solutions related to the availability of websites and electronic services for elderly people.
		Taking measures to promote economic activity in the silver economy sector (including the development of social economy entities as a tool for social and vocational activation of elderly people).	Ministry of Investment and Development. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, public social insurance institutions, Committee for Public Benefit.	2018-2030 (ongoing measure)	The number of implemented measures promoting economic activity in the silver economy sector.
		Taking measures to promote elderly people's entrepreneurship.	Ministry of Entrepreneurship and Technology. <b>Cooperating entities:</b> Ministry of Investment and Development, Ministry of Family, Labor and Social Policy,	2018-2030 (ongoing measure)	The number of implemented measures promoting elderly people's entrepreneurship.

			public social insurance institutions.		
<b>Area IV</b>					
<b>Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation.</b>					
IV.1	Enhancing responsibility for health condition and supporting positive lifestyle by health promotion and disease prevention.	Dissemination of health knowledge, taking into account changes due to the ageing process at all levels of education.	Ministry of National Education, Ministry of Science and Higher Education, Ministry of Health.	2018-2030 (ongoing measure)	Incorporation of health education in the core curriculum.  The number of implemented measures promoting health knowledge, including changes due to ageing process.
		Taking various educational measures aimed at maintaining good health condition, depending on the age and capacity.	Ministry of National Education, Ministry of Science and Higher Education, Ministry of Health.	2018-2030	Implementation of educational measures aimed at maintaining good health condition.
		Implementation of health promotion programs, informing about health risk factors and promoting behavior conducive to maintaining good health condition or improving health condition.	Ministry of Health.	2018-2030 (ongoing measure)	The number of implemented health promotion programs, informing about health risk factors and promoting behavior conducive to maintaining good health condition or improving health condition.

	Promoting immunization and other preventive healthcare services.	Ministry of Health.	2018-2030 (ongoing measure)	The number of implemented measures promoting immunization and other preventive healthcare services.
	Promoting advantages of using ICT (applications, systems, devices) in support disease prevention and improving the quality of life.	Ministry of Health. <b>Cooperating entity:</b> Ministry of Digitization.	2018-2030 (ongoing measure)	The number of implemented measures promoting advantages of using ICT in supporting disease prevention and improving the quality of life.
	Implementation of pharmaceutical care, analysing applied pharmacotherapy in order to reduce the use of drugs that may be improper for the elderly, in accordance with the applicable criteria.	Ministry of Health.	2018-2020	The number of analyses of applied pharmacotherapy. The number of measures taken to improve compliance with therapeutic recommendations.
	Taking into account specific characteristics of health problems experienced by elderly people in health promotion programs.	Ministry of Health.	2018-2020	The number of health promotion programs accounting for specific characteristics of health problems experienced by elderly people.
	Creating infrastructure and services conducive to development of health promoting activity, with particular emphasis on the groups of the oldest people.	Ministry of Health. <b>Cooperating entities:</b> Ministry of Sport and Tourism, Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The amount of newly created infrastructure items and services conducive to development of health promoting activity, with particular emphasis on the groups of the oldest people.

IV.2	Development of telemedicine and telecare and access to technical facilities, compensating for lost capacity and supporting elderly people's autonomy.	Development of telemedicine, including telecare: <ul style="list-style-type: none"> <li>popularization of various forms of telecare and teleconsultations;</li> <li>development of mobile health solutions.</li> </ul>	Ministry of Health. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2030	The number of measures taken in order to develop telemedicine, including telecare.
		Facilitating access to materials and equipment as well as healthcare services and medical devices compensating for lost capacity.	Ministry of Health, Ministry of Investment and Development.	2018-2020	The degree of satisfaction of the needs of people using materials and equipment as well as healthcare services and medical devices compensating for lost capacity.
		The use of modern technologies to compensate for lost capacity and enhance autonomy.	Ministry of Health.	2018-2020	The number of modern technologies used to compensate for lost capacity.
		Supporting development and dissemination of innovative solutions and technologies in the field of health and telemedicine.	Ministry of Health. <b>Cooperating entities:</b> Ministry of Digitization, Ministry of Science and Higher Education.	2018-2030 (ongoing measure)	The number of supported programs aimed at developing and disseminating innovative solutions and technologies in the field of health and telemedicine.
		Enhanced availability of occupational therapy and physiotherapy.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of people participating in occupational therapy.
IV.3	Ensuring optimal access to healthcare services, including primary care, specialist care, rehabilitation, preventive care and stays at health resorts, with	Creating conditions for the development of comprehensive care for elderly patients, including:	Ministry of Health. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2020	The number of implemented solutions aimed at creating conditions for the development of comprehensive care for elderly patients.

	respect to both physical and mental health, necessary to maintain functional autonomy.	<ul style="list-style-type: none"> <li>developing standards of prevention and care for the elderly, as well as improving care coordination;</li> <li>defining the rules of medical treatment for different age groups, with particular emphasis on the elderly people group;</li> <li>monitoring the effectiveness of care for the elderly.</li> </ul>			
	Ensuring continuity of care for elderly patients, including: <ul style="list-style-type: none"> <li>implementation of measures to monitor patients' health needs in their living environment;</li> <li>developing cooperation between healthcare professionals and social welfare services;</li> <li>monitoring elderly patients' health condition after hospitalization.</li> </ul>	Ministry of Health. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy.	2018-2020	The number of solutions implemented to ensure continuity of care for elderly patients.	
	Implementing measures to increase the availability of rehabilitation services.	Ministry of Health.	2018-2020	The level of availability of rehabilitations services.	
	Reducing hospitalizations as much as possible, through: <ul style="list-style-type: none"> <li>developing solutions alternative to hospitalization, e.g. specialist care at home or community therapy;</li> <li>developing a daily diagnostic system that enables continuation of treatment at home;</li> </ul>	Ministry of Health.	2018-2020	The number of solutions implemented to reduce hospitalization as much as possible.	

		<ul style="list-style-type: none"> <li>creating solutions to enhance daily rehabilitation (physiotherapy and occupational and psychological therapy, including treatment of cognitive disorders).</li> </ul>			
		<p>Increasing the availability of geriatric services in the hospital system, including:</p> <ul style="list-style-type: none"> <li>popularization of the geriatric consultation system for hospitalized elderly patients;</li> <li>increasing the number of geriatricians involved in the system.</li> </ul>	Ministry of Health.	2018-2030 (ongoing measure)	The number of solutions implemented to increase the availability of geriatric services in the hospital system.
		<p>Increasing the availability of outpatient geriatric consultations, including:</p> <ul style="list-style-type: none"> <li>maintaining the prioritization of geriatrics specialization;</li> <li>creating a network of facilities training geriatricians.</li> </ul>	Ministry of Health.	2018-2030	The number of solutions implemented to increase the availability of outpatient geriatric consultations.
IV.4	Educating medical staff to care for elderly people.	<p>Developing undergraduate education in the field of geriatrics at medical faculties, including:</p> <ul style="list-style-type: none"> <li>supporting the development of academic geriatric centers at medical universities (clinics, departments) and student academic groups dealing with geriatrics;</li> </ul>	Ministry of Health.	2018-2030 (ongoing measure)	The number of initiatives taken to develop undergraduate education in the field of geriatrics at medical faculties.

		<ul style="list-style-type: none"> <li>analysis of learning outcomes in geriatrics at different medical faculties in the context of improving undergraduate education in this area;</li> <li>supporting the development of scientific research into healthy ageing and old age diseases.</li> </ul>			
		<p>Developing post-graduate education in the field of geriatrics for medical professionals, including:</p> <ul style="list-style-type: none"> <li>stimulating the increase in the number of medical doctors majoring in geriatrics and improving the quality of education in this area;</li> <li>supporting the system of lifelong education of medical professionals in the field of geriatric care, including primary care physicians (in public health care institutions), physiotherapists, nurses and medical carers.</li> </ul>	Ministry of Health.	2018-2030 (ongoing measure)	The number of initiatives taken to develop post-graduate education in the field of geriatrics for medical professionals.
<p><b>Area V</b>  <b>Increasing physical security – counteracting violence against and negligence about elderly people</b></p>					



V.1	Conducting educational campaigns, initiatives and other preventive actions aimed at counteracting violence against elderly people.	Conducting social and information campaigns to sensitize the audience to violent behavior.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Plenipotentiary for Equal Treatment, Ministry of Justice.	2018-2030 (ongoing measure)	The number of social campaigns implemented to sensitize the audience to violent behavior.
		Supporting non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, movements and local initiatives protecting the rights of elderly people.	Committee for Public Benefit. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of supported non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, promoting volunteer work by and for elderly people, as well as movements and local initiatives protecting the rights of elderly people.
		Conducting educational activities in the social welfare sector, health care, public order services, in institutions that deal with elderly people on a daily basis, in educational institutions, and among seniors, regarding violence against elderly people.	Ministry of Justice. <b>Cooperating entities:</b> Ministry of Health, Ministry of Family, Labor and Social Policy, Ministry of National Education, local government institutions.	2018-2030 (ongoing measure)	The number of implemented educational activities regarding violence against elderly people.
V.2	Developing an all-Poland counsel network for elderly people suffering from violence in their place of residence.	Engaging in the development of the counsel network non-governmental organizations referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, as well as religious associations.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of Justice, local government institutions.	2018-2030 (ongoing measure)	The number of supported non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, to promote volunteer work by and for elderly people, and religious associations offering counsel to elderly people

					suffering from violence in their place of residence.
		Developing a therapeutic aid system addressed and adapted to the needs of elderly people.	Ministry of Health.	2018-2020	Developing a therapeutic aid system addressed and adapted to the needs of elderly people.
		Developing economic or housing support for elderly victims of domestic violence.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> local government institutions.	2018-2030	The number of new solutions developed to support elderly people suffering from domestic violence.
V.3	Developing a training system dedicated to elderly people, violence and interpersonal communication in educational, social welfare and health care institutions, enforcement authorities and justice, as well as among seniors.	Training in recognizing violence for employees of entities that have most contact with seniors.	Ministry of Justice. <b>Cooperating entities:</b> Ministry of Health, Ministry of Family, Labor and Social Policy, Ministry of National Education.	2018-2030 (ongoing measure)	The number of implemented training courses in recognizing violence for employees of entities that have most contact with seniors and social workers.
V.4	Improving attitudes to develop a humane approach to legal services for elderly people suffering from violence.	Improving legal services accounting for specific characteristics of elderly people suffering from violence.	Ministry of Justice.	2018	The number of measures implemented to improve legal services accounting for specific characteristics of elderly people suffering from violence.
		Training for professionals providing aid to elderly people suffering from violence.	Ministry of Justice. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The number of implemented training courses for professionals providing aid to elderly people suffering from violence.
<b>Area VI</b>					
<b>Creating conditions for solidarity and intergenerational integration.</b>					

VI.1	Promoting educational projects addressed to elderly people, peer support, volunteer work (short- and long-term, formal, informal, in the framework of Catholic Church and other religious associations).	Conducting social campaigns promoting intergenerational education.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of National Education, Ministry of Science and Higher Education, Ministry of Investment and Development.	2018-2030 (ongoing measure)	The number of social campaigns conducted to promote intergenerational education.
		Supporting social projects implemented by non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, to promote solidarity and intergenerational integration.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of National Education, Ministry of Culture and National Heritage.	2018-2030 (ongoing measure)	The number of supported social projects implemented by non-governmental organizations to promote solidarity and intergenerational integration.
		Supporting family cohesion by promoting intergenerational experience sharing.	Committee for Public Benefit, Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The number of initiatives implemented to support family cohesion by promoting intergenerational experience sharing.
VI.2	Developing social infrastructure as a forum for meetings and intergenerational experience sharing.	Developing and strengthening, at the local level, infrastructure targeted at elderly people, e.g.: daytime care centers (homes, clubs, common rooms), conducting activities for intergenerational integration.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Investment and Development, Ministry of	2018-2030	The number of facilities targeted at elderly people, carrying out activities for intergenerational integration.

			Sport and Tourism, local government institutions.		
		Conducting training for local community leaders in planning activities targeted at elderly people.	Committee for Public Benefit. <b>Cooperating entities:</b> local government institutions.	2018-2020	The number of conducted training courses for local community leaders in planning activities targeted at elderly people.
		Disseminating good practices pursued by local governments and non-governmental organizations.	Committee for Public Benefit. <b>Cooperating entities:</b> local government institutions.	2018-2030 (ongoing measure)	The number of initiatives implemented to disseminate good practices pursued by local governments and non-governmental organizations.
VI.3	Promoting measures enabling contact and cooperation between individuals from different age groups.	Promoting intergenerational cooperation and good practices in this respect by public media.	Public media.	2018-2030 (ongoing measure)	The number of initiatives implemented to promote intergenerational cooperation and good practices in this respect by public media.
		Promoting joint initiatives and cooperation between children and young people and elderly people and senior organizations.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of National Education, local government institutions.	2018-2025	The number of initiatives implemented to promote joint initiatives and cooperation between children and young people and elderly people and senior organizations.

<b>Area VII</b>					
<b>Promoting education for old age (carers and medical staff), to prepare to old age (the whole society), through old age (from the youngest generation) and education in old age (elderly people).</b>					
VII.1	Increasing the availability of the educational offer for elderly people.	Supporting non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, as well as other institutions involved in education for and of elderly people.	Committee for Public Benefit. <b>Cooperating entities:</b> Ministry of National Education, Ministry of Science and Higher Education, Ministry of Culture and National Heritage.	2018-2030 (ongoing measure)	The number of non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act and other institutions involved in education for and of elderly people supported to promote volunteer work by and for elderly people.
		Dissemination of information about educational opportunities for elderly people.	Ministry of National Education, Ministry of Science and Higher Education. <b>Cooperating entity:</b> Ministry of Culture and National Heritage.	2018-2030 (ongoing measure)	The number of initiatives implemented to disseminate information about educational opportunities for elderly people.
VII.2	Developing and promoting caring professions and improving staff competences.	Running social campaigns promoting caring professions.	Ministry of Family, Labor and Social Policy, Ministry of Health. <b>Cooperating entity:</b> Ministry of Science and Higher Education.	2018-2030 (ongoing measure)	The number of social campaigns implemented to promote caring professions.
		Developing and complementing social workers' competences in the area of issues, needs and capabilities of elderly	Ministry of Family, Labor and Social Policy.	2018-2020	The number of people that have completed specialization in social work with elderly people.

		people (e.g. social workers' specialization in this respect).	<b>Cooperating entity:</b> Ministry of Science and Higher Education.		
		Extending the educational offer to include in it the development of new fields of study and other forms of education dedicated to elderly people (e.g. social gerontology or geriatric care).	Ministry of Health.	2018-2020	The number of new fields of study and other forms of education dedicated to elderly people.
VII.3	Developing non-formal education (radio, television, the Internet, audiobooks).	Supporting lifelong learning through educational counsel.	Ministry of National Education.	2018-2030 (ongoing measure)	The number of initiatives implemented to support lifelong learning through educational counsel.
		Dissemination of information related to non-formal education.	Ministry of National Education, Committee for Public Benefit, public media.	2018-2030 (ongoing measure)	The number of initiatives promoting non-formal education.
VII.4	Promoting education in the area of new technologies.	Developing or enhancing seniors' skills in the area of new media through implementation of information and educational campaigns and training.	Ministry of Digitization.	2018-2020	The number of implemented information and educational campaigns as well as the number of people aged 65+ that developed or enhanced digital skills through completed training.
		Developing gerontechnology to improve the quality of life.	Ministry of Health. <b>Cooperating entity:</b> Ministry of Digitization.	2018-2020	The number of initiatives implemented to develop gerontechnology to improve the quality of life.

**Areas with measures addressed to dependent elderly people.**

**Area I**

**Reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people.**

I.1	Creating conditions conducive to the development of standardized support and care services, including telemedicine, to support the functioning of elderly people.	Legal regulation of the risk of dependence – defining the criteria and degrees of dependence.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Health.	2018-2020	Adoption of a legal act regulating the risk of dependence.
		Developing and implementing standards of care services provided in the local community.	Ministry of Family, Labor and Social Policy.	2018-2020	The number of developed and implemented standards of care services provided in the local community.
		Developing standards in the area of telecare and hotline services.	Ministry of Health. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of Investment and Development, Ministry of Digitization.	2018-2020	The number of developed and implemented technical and organizational standards in the area of telecare and hotline services.
		Large scale implementation of standardized telemedicine with different range of services, adapted to users' needs and skills, that will improve safety and the quality of life of a large number of elderly people.	Ministry of Health. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of Investment and Development, Ministry of Digitization.	2018-2020	The number of adopted solutions in the area of standardized telecare and hotline services with different range of services, adapted to users' needs and skills, that will improve safety and the quality of life of a large number of elderly people.

		<p>Implementing new instruments aimed at increasing the availability of:</p> <ul style="list-style-type: none"> <li>• care services and specialist care services rendered by local government institutions;</li> <li>• home care broken down into help in housework or help in personal care and nurture activities;</li> <li>• information about social services and counseling.</li> </ul>	Ministry of Family, Labor and Social Policy.	2018-2020	The number of new instruments aimed at increasing the availability of care services and specialist care services rendered by local government institutions; home care broken down into help in housework or help in personal care and nurture activities; information about social services and counseling.
		Increasing the range of social services of general interest that help increase elderly people's autonomy, provided by social economy entities.	<p>Ministry of Family, Labor and Social Policy.</p> <p><b>Cooperating entity:</b> Ministry of Investment and Development.</p>	2018-2020	The number of social economy entities providing social services of general interest that help increase elderly people's autonomy.
I.2	Developing rental facilities providing aids that facilitate functioning and enhance the autonomy of elderly people.	Supporting the development of a network of rental facilities providing aids for dependent elderly people.	<p>National Health Fund, State Fund for Rehabilitation of People with Disabilities.</p> <p><b>Cooperating entity:</b> Ministry of Investment and Development.</p>	2018-2030 (ongoing measure)	The number of operating rental facilities providing aids for dependent elderly people.
		Counseling in getting aids that facilitate functioning and enhance the autonomy of elderly people and in using them.	Ministry of Family, Labor and Social Policy, State Fund for Rehabilitation of People with Disabilities, Ministry of Health.	2018-2030 (ongoing measure)	The number of operating entities providing counsel in getting aids that facilitate functioning and enhance the autonomy of dependent elderly people and in using them.



		Promoting good practices regarding the operation of facilities renting aids.	Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The number of initiatives implemented to promote good practices regarding the operation of facilities renting aids.
I.3	Supporting measures to eliminate functional barriers in the living environment of dependent elderly people.	Implementing projects and raising public awareness of the need for universal design among partners from all sectors.	Ministry of Infrastructure. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2030 (ongoing measure)	The number of projects implemented to raise public awareness of the need for universal design among partners from all sectors.
I.4	Developing occupational therapy, including ergotherapy, provided on an inpatient or outpatient basis or at the elderly person's home.	Training occupational therapists.	Ministry of Health.	2018-2030 (ongoing measure)	The percentage of approved motions of non-public schools applying for being granted public school rights.
		Promoting occupational therapy among dependent elderly people.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Health.	2018-2030 (ongoing measure)	The number of initiatives implemented to promote occupational therapy among dependent elderly people.
		Disseminating good practices compliant with international standards of occupational therapy.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Health.	2018-2030 (ongoing measure)	The number of measures implemented to disseminate good practices compliant with international standards of occupational therapy.
<b>Area II</b>					
<b>Ensuring optimal access to health care, rehabilitation as well as care and nurture services, adapted to the needs of dependent elderly people.</b>					
II.1	Development of inpatient and outpatient geriatric care.	Creating conditions conducive to establishing geriatric wards within the "Hospital Network" in all voivodeships, in	Ministry of Health.	2018-2020	The number of measures implemented to create conditions conducive to establishing geriatric wards within the

		particular coupled with development of training centers for geriatricians.			“Hospital Network” in all voivodeships, in particular coupled with development of training centers for geriatricians.
		Implementation of legal solutions enabling the operation of consultative interdisciplinary geriatric teams.	Ministry of Health.	2018-2020	The number of legal solutions implemented to enable the operation of consultative interdisciplinary geriatric teams.
II.2	Providing access to rehabilitation services on an inpatient and outpatient basis, at the elderly person’s home and in health resorts.	Implementation of appropriate comprehensive rehabilitation: medical, social and vocational, both in institutions and in the community.	Ministry of Health. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2020	The number of measures carried out to implement appropriate comprehensive rehabilitation: medical, social and vocational, both in institutions and in the community.
II.3	Taking action to improve communication and cognitive functions of dependent elderly people (in particular those with dementia) in long-term care based on gerontological validation, basic stimulation and other methods.	Developing an action program for elderly people suffering from dementia diseases.	Ministry of Health. <b>Cooperating entities:</b> Ministry of Family, Labor and Social Policy, Ministry of Investment and Development.	2018-2025	Developing an action program for elderly people suffering from dementia diseases.
		Conducting educational campaigns regarding dementia diseases.	Ministry of Health.	2018-2030 (ongoing measure)	The number of implemented educational campaigns regarding dementia diseases.
II.4	Standardization of nurture and care services provided in public and non-public facilities, offering inpatient, outpatient and home care, and setting criteria for	Development and standardization of procedures regulating the operation of entities providing support to dependent elderly people, in accordance with adopted patterns based on research results,	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b>	2018-2020	Development of uniform procedures regulating the operation of entities providing support to dependent elderly people.

	assessment of the quality of care for elderly people in different health condition and with different functional capacity.	that are likely to produce similar results in various care facilities as well as in the case of home care.	Ministry of Health, Ministry of Investment and Development.		
<b>Area III</b> <b>A network of community and institutional services for dependent elderly people.</b>					
III.1	Development of the concept of care and nurture based on the dependence assessment and eligibility for particular services (based on ICF – International Classification of Functioning, Disability and Health) and its practical implementation in health care and social services.	Development and testing of a uniform system for assessing elderly people's dependence based on the ICF criteria.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Health, Ministry of Investment and Development.	2018-2020	Development and testing of a uniform system for assessing elderly people's dependence based on the ICF criteria.
		Development of education and service standards in assistance and care services provided to elderly people with different degrees of dependence.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Health, Ministry of Investment and Development.	2018-2020	The number of developed education standards in assistance and care services provided to elderly people with different degrees of dependence.
		Development of standards of care for people with dementia syndromes, including home care.	Ministry of Health.	2018-2020	The number developed standards of care for people with dementia syndromes, including home care.
III.2	Development of various forms of day and 24 hour, periodic and continuous care, adapted to the diverse needs of dependent elderly people and access to	Development of various forms of daytime care, including: <ul style="list-style-type: none"> <li>developing a network of daytime care facilities and promoting their establishment in areas where they do not yet exist;</li> </ul>	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Health, Ministry of Investment and Development.	2018-2020	The number of operating daytime care facilities.

	information about social services.	<ul style="list-style-type: none"> <li>• promotion of daytime care forms among inactive elderly people who do not participate in the life of the local community (including respite care and care while waiting for a stay at a long-term care institution), and enhancing activeness and autonomy;</li> <li>• supporting the system for exchanging information between facilities to disseminate good practices.</li> </ul>			
		Developing a network of care farms and promoting their establishment in rural areas.	Ministry of Agriculture and Rural Development.	2018-2020	The number of operating care farms.
		Establishing daytime health care homes as medical support (nurture, care and rehabilitation services as well as continuation of treatment) for dependent people, particularly elderly people, in settings similar to home, in the local community.	Ministry of Health.	2018-2020	The number of operating daytime health care homes.
		Supporting local government institutions' initiatives aimed at developing protected housing.	Ministry of Family, Labor and Social Policy. <b>Cooperating entities:</b> Ministry of Infrastructure, Ministry of Investment and Development.	2018-2021	The number of operating protected housing units.

		<p>Development of 24 hour care:</p> <ul style="list-style-type: none"> <li>• elaboration of unambiguous eligibility criteria, adequate to the needs of dependent elderly people, for qualifying them for admission to various long-term care facilities;</li> <li>• supporting local government institutions' initiatives aimed at establishing facilities providing 24 hour care for dependent elderly and unsupported people;</li> <li>• supporting the establishment of family social care homes and other forms of 24 hour community care.</li> </ul>	<p>Ministry of Family, Labor and Social Policy.  <b>Cooperating entities:</b>  Ministry of Health,  Ministry of Investment and Development.</p>	2018-2030	The number of operating 24 hour care facilities. The number of measures implemented to support development of 24 hour care.
		Ensuring continuity of care in the event of changing the place of its provision.	Ministry of Family, Labor and Social Policy.	2018-2020	Ensuring continuity of care in the event of changing the place of its provision.
III.3	Introduction of the requirement that all employees providing assistance and care to dependent elderly people, both in public and non-public facilities, and all self-employed individuals providing assistance and care must have specific qualifications.	Verification of the existing system of raising qualifications of people providing care services.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Health.	2018-2020	Verification of the qualification raising system in caring professions.
		Implementation of social campaigns promoting caring professions.	Ministry of Family, Labor and Social Policy, Ministry of Health, Ministry of Investment and Development.	2018-2030 (ongoing measure)	The number of social campaigns implemented to promote caring professions.
		Keeping a register of entities providing care services.	Ministry of Family, Labor and Social Policy.	2018-2020	A register of entities providing care services.

			<b>Cooperating entities:</b> local government institutions.		
III.4	Coordination of operation of health care and social services – development of a cooperation system at the central, regional and local levels, as well as cooperation between the public, non-governmental and private sectors.	Determination of principles of cooperation between social workers and primary health care teams and their introduction to generally applicable law.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Health.	2018-2020	Amending generally applicable law by introducing principles of cooperation between social workers and primary health care teams.
<b>Area IV</b> <b>A system of support for informal carers of dependent elderly people by public institutions.</b>					
IV.1	Professional support for families providing home care – counseling, consulting and skills training for informal carers (provided by medical doctors, nurses, physiotherapists, medical carers and social workers), and other measures to improve the quality of home care.	Integrating informal care for dependent elderly people with formal care, in a particular manner, through counseling, consulting and skills training for informal carers (provided by medical doctors, nurses, physiotherapists, medical carers and social workers), and other measures to improve the quality of home care.	Ministry of Health.	2018-2020	The number of measures implemented to integrate informal care for dependent elderly people with formal care.
IV.2	Introduction of various forms of temporary respite for family members providing care to dependent elderly people.	Supporting the organization of short-term respite care for carers of dependent people.	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2020	The number of measures implemented to support organization of short-term care for dependent people.
IV.3	Development of a system of training and acquisition of	Training in basic care and rehabilitation and competence support through access to	Ministry of Family, Labor and Social Policy.	2018-2020	The number of implemented training courses in basic care and

	competencies and abilities necessary to care for dependent elderly people, including that addressed to professionals providing care services.	online thematic knowledge libraries along with tutoring (personalized education method).	<b>Cooperating entities:</b> Ministry of Health, Ministry of Culture and National Heritage.		rehabilitation and competence support through access to online thematic knowledge libraries along with tutoring.
IV.4	Enhancement of networks of informal carers of dependent elderly people.	Support for informal carers of dependent elderly people, including: <ul style="list-style-type: none"> <li>dissemination of knowledge about care for dependent people to increase informal carers' involvement in the provision of care;</li> <li>creating and developing forms of support for carers of dependent people, including protected housing.</li> </ul>	Ministry of Family, Labor and Social Policy. <b>Cooperating entity:</b> Ministry of Investment and Development.	2018-2020	The number of measures implemented to support informal carers of dependent people.
		Promoting bottom-up activities such as time banks, information banks, support groups and peer support groups.	Committee for Public Benefit.	2018-2030 (ongoing measure)	The number of measures implemented to promote bottom-up activities such as time banks, information banks, support groups and peer support groups.
		Engaging non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, in practices relating to support for carers of dependent people at the level of local projects.	Committee for Public Benefit.	2018-2030 (ongoing measure)	The number of non-governmental organizations and entities referred to in Article 3(3) of the Public Benefit and Volunteer Work Act, supported local project implemented in the area of development of support for dependent people's carers.

		Engaging representatives of the Catholic Church and other religious associations in providing support to dependent people and their carers.	Committee for Public Benefit. <b>Cooperating entity:</b> Ministry of Family, Labor and Social Policy.	2018-2030 (ongoing measure)	The number of entities representing the Catholic Church and other religious associations supported to help dependent people and their carers.
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## Glossary

Term	Definition
<b>Ageism</b>	The process of evaluating a given person or group not based on actual competences, but based on their age and an assumed, generalized to all individuals at a given age, belief about their physical and mental capacity (stereotype), leading to taking action grading access to various resources based on age.
<b>Adult education</b>	All processes of cognitive and social and cultural activity of people recognized by their societies as adults, taking place systematically or incidentally, in an intentional and organized manner or at random. These processes confirm competence or provide personal satisfaction.
<b>Geriatrics</b>	A branch of medicine that deals with the problems and diseases of old age and the medical care and treatment of ageing people <sup>48</sup> .
<b>Care farm</b>	A form of support in care or social integration for individuals and families aimed at improving their functioning, provided with the use of farm infrastructure and in connection with performed agricultural activity.
<b>Public social insurance institutions</b>	Social Insurance Institution, Agricultural Social Insurance Fund, Pension and Retirement Department at the Ministry of Interior and Administration, Military Pension Office at the Ministry of National Defense.

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<sup>48</sup> Definition formulated by the World Health Organization.

<b>International Classification of Functioning, Disability and Health (ICF)</b>	The classification has been developed by the World Health Organization to provide a uniform and standardized language and model for describing health and health-related states. ICF accounts for every function of a person at the level of their body, individual or society and defines disability, for the purposes of its assessment, as a “limitation in every area of functioning” <sup>49</sup> .
<b>Long-term care</b>	All medical procedures and social action involving the provision of long-term nursing care, therapeutic services and nurture and care services to chronically ill and dependent people who do not require hospitalization <sup>50</sup> .
<b>Formal carer of an elderly person</b>	A person that performs nurture and care services for an elderly person as part of an employment relationship.
<b>Open tender</b>	A method of selecting organizations that will receive subsidies from public authorities for the implementation of tasks defined by the Public Benefit and Volunteer Work Act of 24 April 2003.
<b>Intergenerational project</b>	Action aimed at developing intergenerational bonds and solidarity through cooperation (i.e. joint, synchronous performance of certain activities) of unrelated people from different generations (i.e. people from different age groups), usually living in the same location.
<b>Universal designing</b>	Designing products, environment, programs and services in such a way that they are accessible for everyone, to the greatest extent possible, without the need for their adaptation or specialist design. Universal designing does not exclude technical aids for special groups of people with disabilities, if needed <sup>51</sup> .

<sup>49</sup> Definition formulated by the World Health Organization.

<sup>50</sup> *Stan faktyczny i perspektywy rozwoju opieki długoterminowej w Polsce*, Ministerstwo Zdrowia, Warszawa 2012 r.

<sup>51</sup> *Konwencja o prawach osób niepełnosprawnych, sporządzona w Nowym Jorku dnia 13 grudnia 2006 r.*

<p><b>Violence against elderly people</b></p>	<p>Ill-treatment of elderly people, manifested through abuse and negligence. The definition of ill-treatment of elderly people refers to intentional deliberate acts or omissions that violate the rights, including personal rights, of elderly people, expose them to the risk of loss of life, health, violate their dignity, physical integrity, freedom, cause damage to their physical or mental health and suffering and moral harm or constitute a serious threat of their occurrence. Such actions towards elderly people can be committed by their family members, carers or other people whom they trust. Ill-treatment of the elderly includes also failure to satisfy their basic needs or negligence.</p>
<p><b>Telemedicine</b></p>	<p>Providing health care services and medical information on a remote basis, using telecommunications technologies such as the Internet and wireless, satellite and telephone communication. Telemedicine covers numerous areas, including mHealth – mobile health care, i.e. an additional environment for practicing health care.</p>
<p><b>Telecare</b></p>	<p>A care system based on telecommunications and information technology, covering a large group of people with disabilities residing in a health district, aimed at ensuring their safety and prevention of complications and costs caused by the lack of prompt help. The essence of telecare is the ability to report the need for help and get a quick response to a threat, also when the person sending the alarm signal is not able to talk. Devices and support systems used in telecare vary depending on health deficits as well as physical and intellectual capacity of the user. If required, telecare is combined with telemedicine and the user is provided with an additional device that transmits signals informing about disturbed physiological parameters such as blood pressure, heart rate, body temperature, etc.<sup>52</sup>.</p>

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<sup>52</sup> Uwarunkowania rozwoju telemedycyny w Polsce, Izba MedPol, Warszawa, marzec 2015 r.

<b>Occupational therapy</b>	Different activities focused on enabling people to improve health, well-being and life satisfaction through participation in various types of occupations <sup>53</sup> .
<b>Lifelong learning</b>	The idea of lifelong education activity of people, serving their development at all stages of life. Educational practice based on various concepts, creating a network of complementary forms of learning, developing synergically throughout life and in all areas of education <sup>54</sup> .

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<sup>53</sup> Definition formulated by the World Federation of Occupational Therapists.

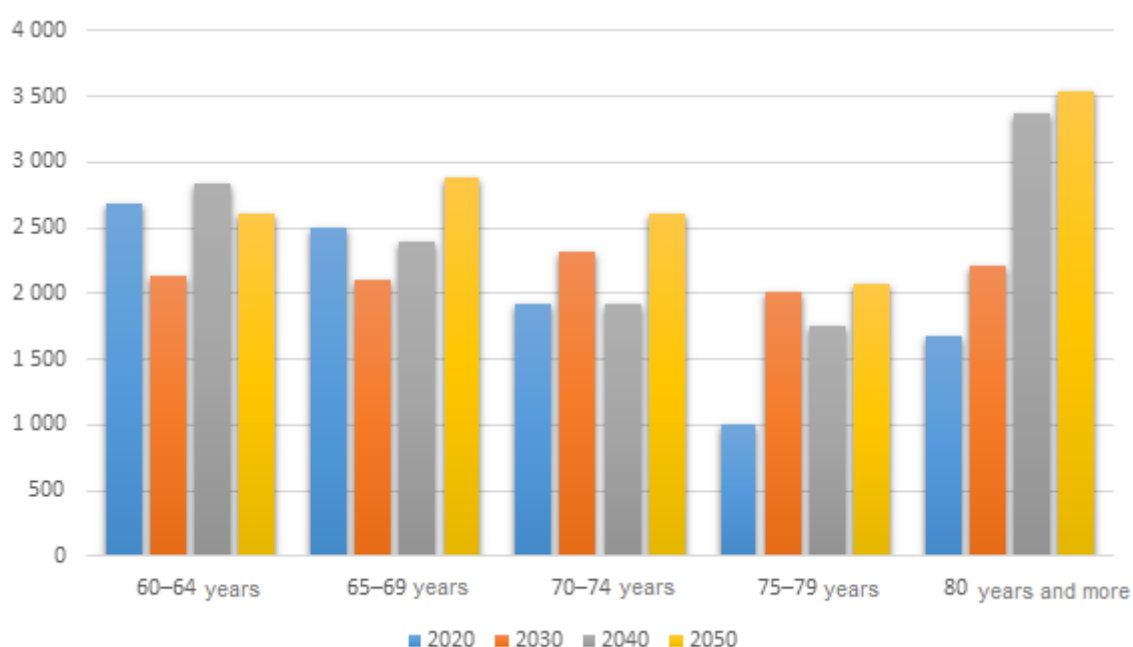
<sup>54</sup> *A Memorandum on Lifelong Learning*, European Commission, Brussels 2000.

**Extract from the document**  
**entitled *Information on the situation of elderly people in Poland for the year 2020***

In Poland, the ageing of the population is underway as a result of the longer life expectancy and low fertility rate.

- At the end of 2020, the population of Poland was 38.3 million, of which more than 9.8 million were people aged 60 and more (more than 25%).
- By 2050, the population of people aged 60+ will increase to 13.7 million and will constitute more than 40% of the total population of Poland.

**Fig. 1. Population in Poland aged more than 60 in 2020 and a forecast for the years 2030 - 2050 (in thousands).**



Source: study based on: Statistics Poland, *Population forecast for 2014-2050*, Warsaw 2014 and Statistics Poland data from *Information on the situation of elderly people for 2020*, Warsaw 2021.

### Family and social situation of elderly people

A characteristic feature of the family situation of elderly people in Poland is the phenomenon of singularisation and feminisation of old age.

- **Feminisation:**  
*Among the population of elderly people, the majority are women (58%), and there are 139 of them per 100 men (for the entire Polish population, the feminisation rate is 107). The growing, with age, share of women in the population is a consequence of the excessive mortality rate of men and differences in life expectancy parameters – for women reaching the age of 60, the life expectancy is 5 years longer than for men.<sup>1</sup>*

<sup>1</sup> Data for 2020. Statistics Poland: *Concise Statistical Yearbook of Poland 2020*, Warsaw 2020

- **Singularisation:**

*Its expression is the high percentage of elderly people running single households. In the first half of 2018, more than a quarter of people (around 28%) aged 65 or more had single households.<sup>2</sup> In 2030, as many as 53.3% of households will be run by people aged 65 and more, including 17.3% by people aged 80 and more.<sup>3</sup>*

At the same time, it should be stressed that the group of elderly people is heterogeneous:

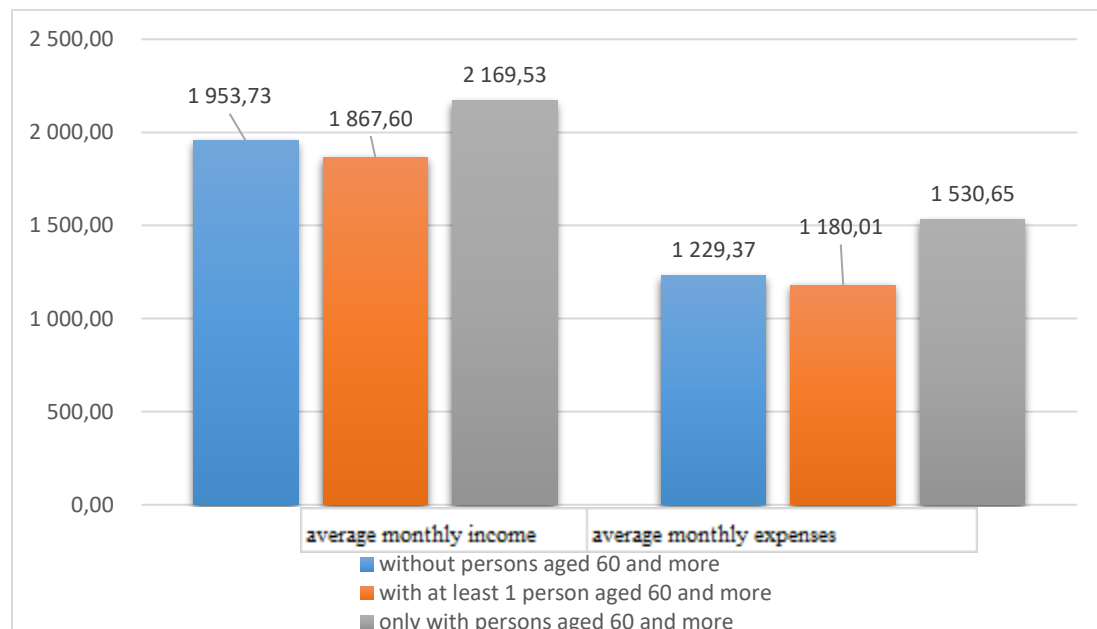
- 52.9% were persons aged 60-70;
- 29.9% were persons aged 70-80;
- 17.2% were persons aged 80 or more.

Elderly people, from individual age groups differ from each other in terms of the place of residence, level of education, marital status, health status, lifestyle or economic situation.

### Financial situation of elderly people

- People aged 60 and more live mostly in single and two-person households.
- Average monthly income *per capita* in households with at least 1 person aged 60 and more in 2020 amounted to PLN 1,867.60 and was lower (by about 86 PLN) than income in households without persons aged 60+.
- The main source of income for elderly people were old age and disability pensions.  
The average monthly expenses *per capita* in households exclusively with elderly people in 2020 amounted to PLN 1,530.65 and were by PLN 301.28 higher than in households that included only younger people.

**Fig. 2. Average monthly income and expenses *per capita* in households by number of people aged 60 + in a household in 2020**



Source: Household budget survey in 2020, Statistics Poland.

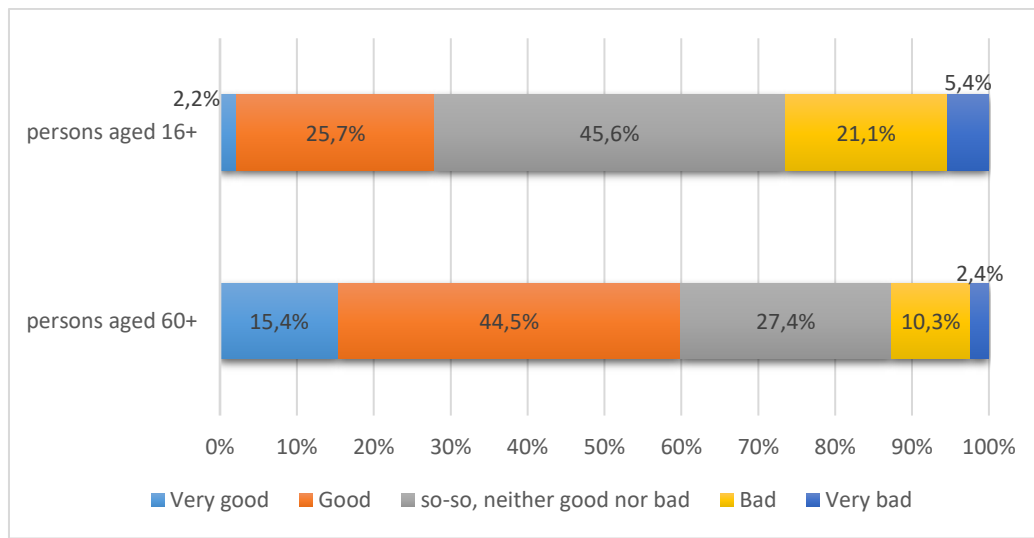
<sup>2</sup> *Quality of life of elderly people in Poland*, Statistics Poland, Warsaw 2021.

<sup>3</sup> P. Błędowski (et al.), Report on the situation of elderly people in Poland, 2012, p. 6.

## Health

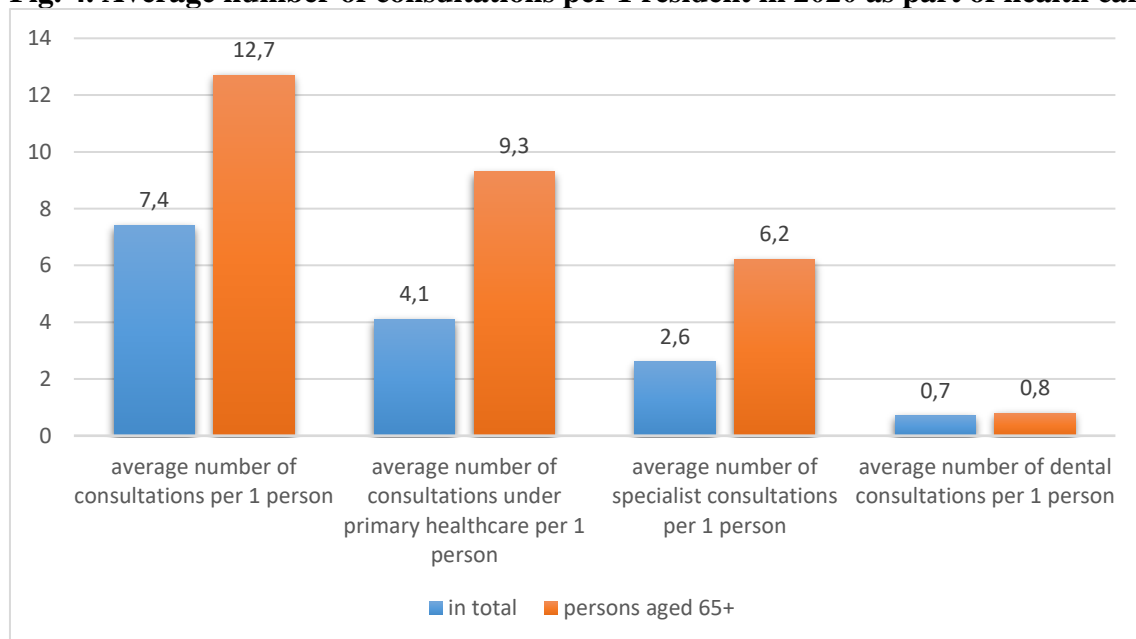
As shown by the results of Statistics Poland studies (Statistics Poland studies are based on data from the European Survey), nearly two-thirds of people aged 60 and more (66.3% when compared to 67.0% in the previous year) indicated long-term health problems or chronic diseases that last (or were expected to last) at least 6 months. More often, these were women (68.3%) than men (63.5%). The higher share of people with long-term health problems or chronic diseases was recorded in cities (67.7%) than in rural areas (64.0%).

**Fig. 3. Self-assessment of the health condition by elderly people in 2019**



Source: EU-SILC 2019 survey, Statistics Poland.

**Fig. 4. Average number of consultations per 1 resident in 2020 as part of health care**

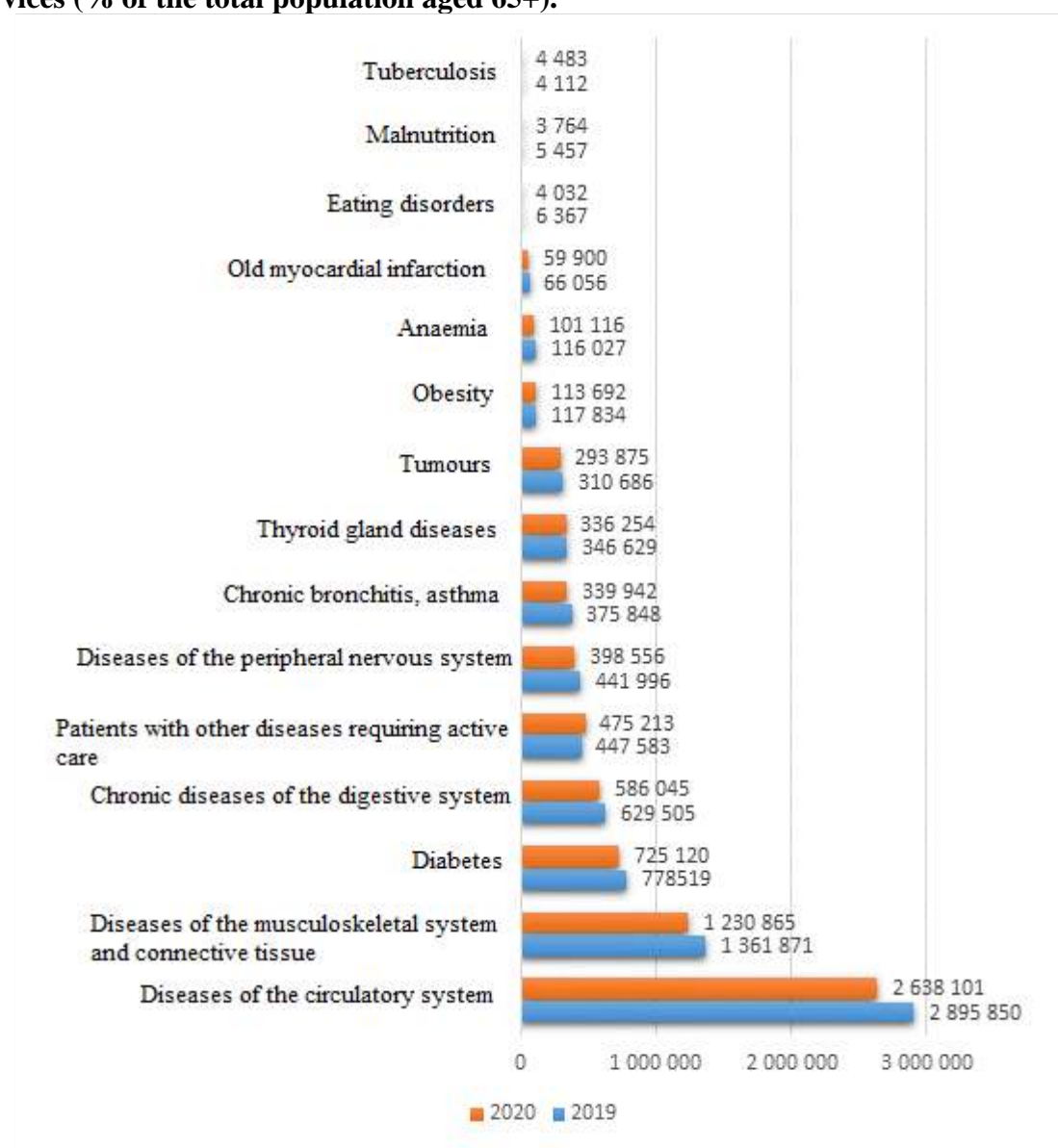


Source: Ministry of Health data.

In 2020, people aged 65 and more<sup>4 5</sup> made use of:

- 89.8 million medical consultations under outpatient health care;
- more than 56 million consultations under primary health care (36% of all consultations in this regard);
- 29 million medical consultations under specialist care (29.3% of all specialist consultations).
- 4.2 million dental consultations (15.8% of all dental consultations).
- Average number of medical consultations under outpatient health care given to elderly people in 2015 was 14.3 consultations (8.2 – the average for the whole population).

**Fig. 5. The most common diagnoses among people aged 65+ using primary healthcare services (% of the total population aged 65+).**



Source: Based on the Ministry of Health data, 2021.

<sup>4</sup> According to the reporting of healthcare facilities in 2015.

<sup>5</sup> Reports of healthcare facilities distinguished a group of patients aged 65 years and more.

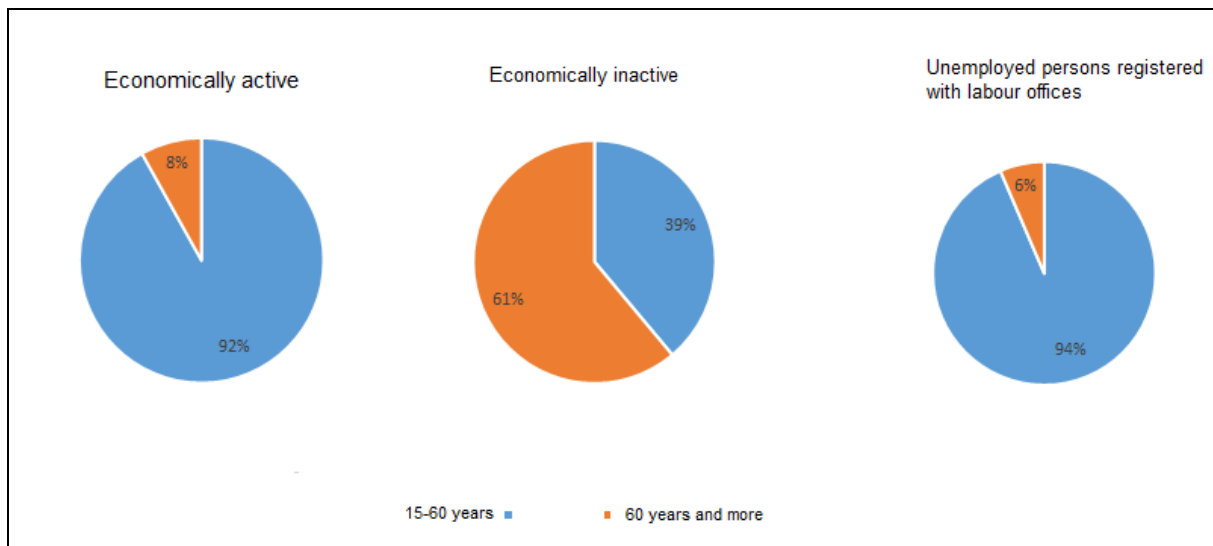


## Situation in the labour market

The population of economically inactive elderly people was 8,123 thousand, which accounted for 85.5% of the total population aged 60 and more. Available studies show that the main reasons for economic inactivity of seniors are old age pensions and illness or disability.

Among people aged 60 and more who receive old age pensions from ZUS, 61% were women and 39% were men. In KRUS, these figures were as follows: 69% of women and 31% of men. In the so-called “uniformed” departments, the share of women was much lower when compared to male beneficiaries and amounted to –0.05% in the Ministry of National Defence, 14.4% in the Ministry of the Interior and Administration and 19.2% in the Ministry of Justice.

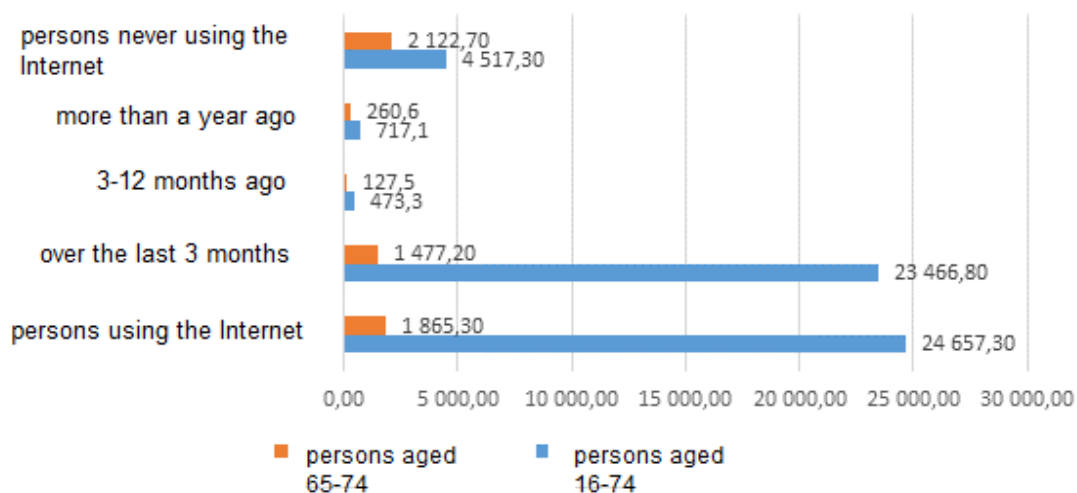
**Fig. 6. Participation of elderly people in the labour market in 2020.**



Source: BAEL study; data on the unemployed – Ministry of Family and Social Policy data.

## Available forms of activity of elderly people

**Fig. 7. People using the Internet in 2020 (in thousands)**



Source: Study “The use of information and communication technologies in households”, Statistics Poland

At the same time, the existing restrictions accelerated the computerisation processes taking place. In 2020, the Internet was used by 2,199 thousand more seniors than in 2019.

### **Educational activity**

The latest available data from this study are from 2017 (data from 2019 are currently being compiled). The *Human Capital Balance Sheet* (BKL) report mentions the age groups 55-59 years and 60-64 years in relation to the participation of adults in education and training – concerning the participation in the period of 12 months prior to the study. The results can be compared, to some extent, to the results of the AES study. In this study, the participation of adults aged 55-64 in education and training in the period of 12 months prior to the study was 13.4% in Poland. In the BKL 2017 study, the result of the similar participation rate for adults aged 55-59 was 28%, and for those aged 60-64 – 19%. Therefore, the BKL results are clearly higher.

### **Universities of the Third Age**

The main task of universities of the third age (UTW) is the educational activity, integration and activation of elderly people in order to improve the quality of life and increase their participation in social life. Polish UTW had a diverse organisational and legal form, i.e. they operated in the structure of various organisations or institutions.

More than 56% of universities for seniors functioned in the structure of non-governmental organisations, of which 44.7% were associations established only for the purpose of running UTW.<sup>6</sup>

### **Civic activity**

#### **Municipal Councils of Seniors**

Municipal councils of seniors are consultative, advisory and initiative entities. The main objective of their activity is to integrate, support and represent senior communities through cooperation with the communal authorities, presenting proposals for tasks and actions for seniors, issuing opinions and formulating proposals aimed at developing self-government activities for seniors, submitting comments on local law acts, supporting all forms of seniors' activity, actions to strengthen intergenerational social ties and disseminating knowledge about the needs, rights and opportunities of elderly people. Members of municipal councils of seniors perform their functions on a volunteer basis. The council of seniors is appointed by the communal council, which grants it a statute specifying in it, *inter alia*, the procedure for electing its members and the rules of operation and seeking to use the potential of functioning organisations of elderly people and entities acting for the benefit of elderly people, as well as to ensure an efficient manner of electing members of a municipal council of seniors.

According to the data of the Ministry of the Interior and Administration, at the end of 2020, municipal councils of seniors operated in more than 15% of communes in Poland.

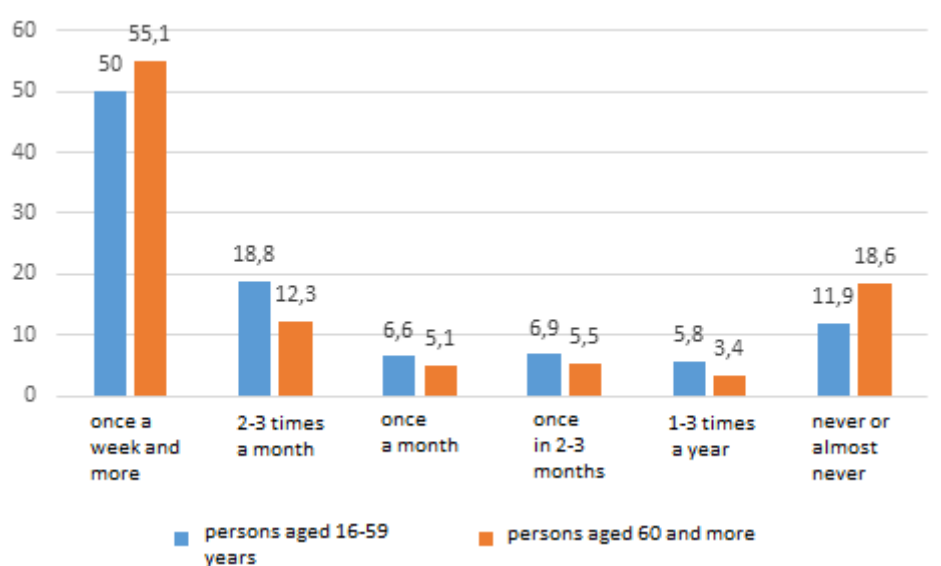
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<sup>6</sup> Universities of the third age in Poland in 2018, Statistics Poland, 2019

## Sports and recreational activity

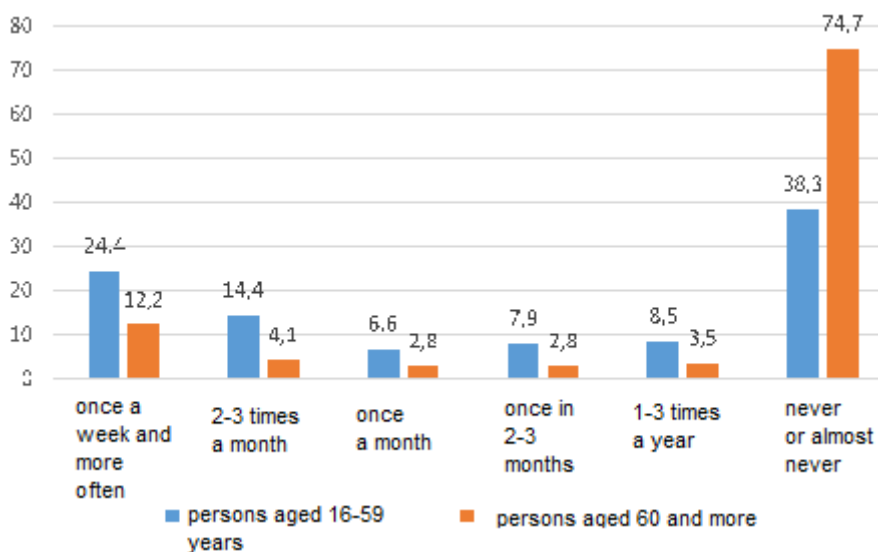
As regards outdoor activities, seniors were most willing to choose walking and spending time resting in the fresh air (e.g. in an allotment). In 2018, the percentage of seniors choosing this type of activity at least once a week was 55.1%. Despite the great popularity of this form of recreation, it has been noted that almost a fifth of seniors do not walk or spend time in the fresh air at all or do it less than once a year.

**Fig. 8. Share of people walking and spending time resting in the fresh air in the number of people in the given age group in 2018.**



Source: *Situation of elderly people in Poland in 2019, Statistics Poland, Warsaw 2021.*

**Fig. 9. Share of people practising sport in the number of people in the given age group in 2018**



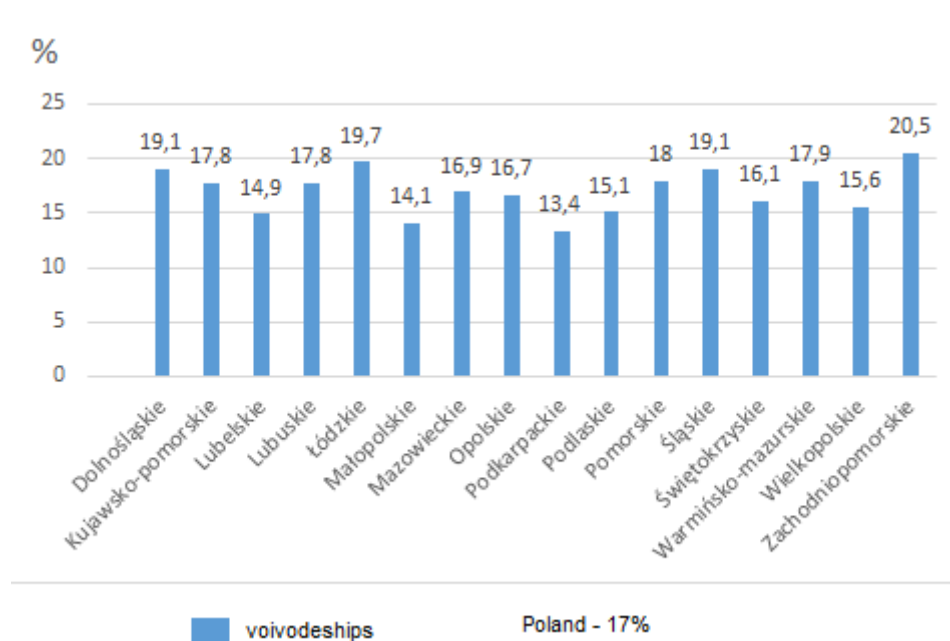
Source: *Situation of elderly people in Poland in 2019, Statistics Poland, Warsaw 2021.*

Much less often than walking and resting in the fresh air, elderly people chose sport. Once a week or more often, it was practised by 12.2% of people aged 60 and more, i.e. twice less than in the case of younger people. The percentage of seniors who indicated that they never or almost never practise sport was 74.7%.

### Cultural activity

One of the basic forms of participation of elderly people in culture is reading. In 2020, public libraries recorded more than 4.9 million readers, 17% of whom were elderly people. The greatest interest was shown by seniors from the Zachodniopomorskie Voivodeship and Łódzkie Voivodeship and the lowest by those from the Podkarpackie Voivodeship and Małopolskie Voivodeship.

**Fig. 10. Share of readers older than 60 registered with public libraries in the total number of readers by voivodeship in 2020**



Source: Statistics Poland study (report K-03)

According to Statistics Poland data published in 2020, elderly people participate actively in forms of cultural activity organised by cultural centres and establishments as well as clubs and community centres, although it should be noted that the selected forms of activity are often associated with the place of residence and the locally available cultural offer (differences are observed especially between the offer in cities and in the countryside).

**Table 1. Participation of elderly people in forms of cultural activity in 2020**

Specification	In total	Cities	Countryside	In total people aged 60 and more		
				total	cities	countryside
<b>Members of artistic groups in cultural centres and establishments as well as clubs and community centres</b>						
<b>In total</b>	230,564	138,953	91,611	48,011	27,263	20,748
<b>including:</b>						
<b>theatre</b>	23,108	14,947	8,161	3,729	2,494	1,235
<b>music - instrumental</b>	36,817	19,764	17,053	4,234	2,311	1,923
<b>vocal and choirs</b>	45,873	29,592	16,281	18,547	11,970	6,577
<b>folk</b>	48,311	21,253	27,058	16,831	6,717	10,114
<b>dance</b>	66,977	46,939	20,038	2,668	2,277	391
<b>Members of circles/clubs/sections in cultural centres and establishments as well as clubs and community centres</b>						
<b>In total</b>	466,305	306,705	159,600	169,758	111,121	58,637
<b>including:</b>						
<b>arts/crafts</b>	77,245	53,211	24,034	6,881	5,244	1,637
<b>dance</b>	70,578	54,544	16,034	4,169	3,487	682
<b>music</b>	39,221	26,826	12,395	3,445	2,191	1,254
<b>IT</b>	4,164	2,760	1,404	1,268	972	296
<b>photography and film</b>	5,144	4,408	736	770	685	85
<b>theatre</b>	12,692	8,845	3,847	1,683	1,108	575
<b>tourism and sports and recreation</b>	46,716	32,482	14,234	14,723	12,181	2,542
<b>senior/Universities of the Third Age</b>	93,430	69,579	23,851	88,240	65,836	22,404
<b>Film Discussion Clubs</b>	3,932	3,660	272	1,286	1,188	98
<b>farmers' wives' associations</b>	67,995	16,175	51,820	36,153	9,437	26,716
<b>literature</b>	3,070	2,347	723	1,316	1,117	199
<b>Graduates of courses organised by cultural centres and establishments as well as clubs and community centres</b>						
<b>Total</b>	64,858	44,824	20,034	10,776	8,079	2,697
<b>including:</b>						
<b>foreign languages</b>	14,550	9,783	4,767	3,285	2,755	530
<b>arts</b>	10,086	6,682	3,404	1,164	860	304
<b>learning to play instruments</b>	11,111	7,136	3,975	186	104	82
<b>practical knowledge</b>	4,082	2,400	1,682	953	497	456
<b>dance</b>	12,243	9,015	3,228	1,190	915	275
<b>IT</b>	4,566	3,016	1,550	2,594	1,685	909

Source: Statistics Poland study (report K-07).

**Table 1. Report on the implementation of actions included in the Social Policy for elderly people 2030. Safety - Participation - Solidarity - Area I. Developing a positive perception of old age in the society**

<b>SOCIAL POLICY FOR ELDERLY PEOPLE 2030. SAFETY-PARTICIPATION-SOLIDARITY</b>				
<b>Area of action</b>	<b>Specific measures</b>	<b>Coordinating Entity (in consultation with cooperating entities)</b>	<b>Planned implementation date</b>	<b>Effect of actions with regard to the way of monitoring</b>
<b>AREAS CONCERNING ALL ELDERLY PEOPLE</b>				
<b>Area I</b>	Incorporation of issues related to preparation to old age and intergenerational integration in the core curriculum.	Ministry of Education and Science	Continuous action*	<i>Execution of the core curriculum for the different subjects.</i>
				<p>At all educational stages in accordance with the applied core curriculum (Journal of Laws of 2017, item 356, as amended; Journal of Laws of 2018, item 467, as amended), students implement mandatory teaching contents introducing the subject of old age, process of ageing and intergenerational integration.</p> <p>The above-mentioned issues regarding specific aspects are reflected in the following areas of teaching and subjects, such as:</p> <ol style="list-style-type: none"> <li>1. biological – Life Sciences, Biology, Education for Security, Physical Education, Family Life Education,</li> <li>2. social – Social area of child development, Social education, Polish language, Geography, Civics, Family Life Education,</li> <li>3. cultural – Social area of child development, Polish language, Foreign language, History, Family Life Education, Civics, Geography, Philosophy, Arts.</li> </ol> <p>Examples of provisions included in the core curriculum:</p> <p>Pre-school education</p> <p>The kindergarten’s task is, <i>inter alia</i>, to create situations where a child becomes familiar with social values and norms, whose source is the family, the group in the kindergarten, other adults, including elderly people, and develops types of behaviour resulting from values that can be understood at this stage of development.</p> <p>Early school education</p> <p>In the social area of development, the student achieves an ability to respect their colleagues and adults, including elderly people, and to</p>

			<p>show this respect through simple forms of expression and appropriate behaviour.</p> <p>Civics</p> <p>Family. The student describes the family as a social group; presents the role of parents and elderly people in the family.</p> <p>Physical education</p> <p>Social competence. The student motivates others to participate in physical activity, with particular emphasis on people with lower physical fitness and special educational needs (e.g. people with disabilities, elderly people).</p>
Promotion of offers concerning the development of civil society, seniority and support for intergenerational projects as part of open competitions carried out by public entities.	Committee for Public Benefit.	Continuous action*	<i>The number of open tenders carried out by public entities in the area of civil society development, accounting for seniority and support for intergenerational projects.</i>
			<p><b>Actions in 2019:</b></p> <p>13 tenders under the Civic Initiatives Fund programme, which directly or indirectly relate to elderly people, have been co-financed. The proposals were submitted under Priority 2: Active Society, where one of the leading areas of support is the activation of citizens in community affairs and the promotion of active forms of social integration and also under Priority 3: Active citizens, as part of which one of the main areas of support is the development of civic education and social competences. Within each project, promotional measures related to the implemented actions were envisaged. 5 tenders under the Civic Organisations Development programme for 2018-2030, which directly or indirectly relate to elderly people, have been co-financed. 492 tasks were carried out during the 2019 edition of Priorities 1a, 3 and 4. As part of the co-financed tasks, individual entities carried out actions aimed at strengthening their recognition in the immediate environment. Promotional measures concerned initiatives undertaken by the implementers in the field of activities aimed at elderly people</p>

			<p><b>Actions in 2020:</b>  4 competitions for tenders were carried out, under which projects supporting seniors were implemented:</p> <ol style="list-style-type: none"> <li>1. Civic Initiatives Fund Programme for 2014-2020 - 2020 edition.</li> <li>2. Civic Organisations Development Programme – Priority 1A – Sustainable organisational development – support for missionary activity and institutional development.</li> <li>3. Civic Organisations Development Programme 2018-2030 – Priority 5 – Ad hoc support.</li> <li>4. Ad Hoc Support Programme for Non-Governmental Organisations in the field of counteracting the effects of COVID-19.</li> </ol> <p>In 2020, the National Freedom Institute – Centre for Civil Society Development conducted the following competitions for tenders in the area of civil society development, taking into account senior issues and support for intergenerational projects:</p> <p>I. Civic Initiatives Fund Programme for 2014-2020. It is a government programme of grants for non-governmental organisations, under which actions are implemented to increase the involvement of citizens and non-governmental organisations in public life. As part of the Programme, an open competition for tenders is conducted annually pursuant to the provisions of the Act of 24 April 2003 on public benefit and volunteer work (Journal of Laws of 2016, item 1817, as amended) and the Act of 15 September 2017 on the National Freedom Institute – Centre for Civil Society Development (Journal of Laws of 2018, item 1813). Support for tasks concerning seniors in the aforementioned edition of the Civic Initiatives Fund Programme was provided mainly under the following spheres of public benefit: 1) social assistance, including assistance to families and people in a difficult life situation and equalising opportunities for these families and people; 10) activities for the benefit of people of retirement age; 13) activities supporting the development of communities and local communities</p> <p>II. Civic Organisations Development Programme for 2018-2030. It is addressed to non-governmental organisations whose main objective is to support the institutional development of civil society organisations and to increase the participation of these organisations in public life and dissemination of democratic standards of</p>
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			<p>citizenship. The programme consists of 5 Priorities. The support in question was implemented through Priority 1 — Sustainable organisational development — support for missionary activity and institutional development and Priority 5 — Ad hoc support. An important assumption of the Programme is to support the construction of a strong, efficient civic sector, which, while maintaining its diversity and independence, will also be a real, equal partner in public and social life for much stronger institutions of political, economic, media or self-government power. The Programme implements the following specific objectives:</p> <ul style="list-style-type: none"> <li>• Increasing the involvement of citizens and civil society organisations in public life</li> <li>• Strengthening civil society organisations in strategic terms</li> <li>• Improving the financial stability of civil society organisations.</li> </ul> <p>III. Ad Hoc Support Programme for Non-Governmental Organisations in the field of counteracting the effects of COVID-19. It was the government aid for civil society organisations, the purpose of which is to support the institutional existence of civil society organisations, threatened as a result of unpredictable situations and events related to the current epidemic situation, and to support their activities related to counteracting the coronavirus pandemic. One of the Priorities of the Programme was Priority 1. Support activities, which assumed public tasks/projects implemented in or for the local community, which are aimed at improving the situation of citizens in view of the state of the epidemic. In this area, organisations submitted tenders for co-financing actions such as providing the local community with materials related to the prevention of infections (e.g. sewing and distribution of masks, preparing information materials), organisation of volunteer work in the local community – including, in particular, for particularly vulnerable people, seniors and people with disabilities.</p>
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Cooperation with the media to share information about elderly people and promote active old age patterns.	Ministry of Family and Social Policy	Continuous action*	<i>The number of initiatives carried out in cooperation with public media to share information about elderly people and promote active old age patterns.</i>
			<p>The following information campaigns have been carried out in the mass media such as radio, television, press, Internet:</p> <ul style="list-style-type: none"> <li>• “Pension+ 2020”, concerning the solutions of the so-called Thirteenth Pension as well as Senior+, ASOS, Care 75+ programmes,</li> <li>• “Safe Senior”, aimed at making elderly people familiar with safety rules during the COVID-19 pandemic,</li> <li>• “Support the Senior”, concerning the launch of the Solidarity Assistance Corps for Seniors – helping seniors during the coronavirus pandemic and actions taken in this regard by the government, self-governments, social assistance centres and volunteers.</li> </ul>
Managing a pension calculator portal, which allows to simulate the amount of own old age pension in various options	Social Insurance Institution	Continuous action*	<i>Operation of the online pension calculator.</i>
			<p><b>Actions in 2019:</b>  The pension calculator, made available by the Institution on PUE ZUS and on the <a href="http://www.zus.pl">www.zus.pl</a> website, enables future pensioners to independently calculate the forecast amount of their future pension. The forecast amount of the pension is calculated based on the information about the account status available on PUE ZUS or received from ZUS and based on parameters about the future provided by the user. The calculator allows to choose the age of retirement, from 60 years for women and from 65 years for men. By changing the declared age of retirement, the user can check how the longer working time will affect the amount of their future pension. In 2019, clients made 1,181.3 thousand calculations using the pension calculator on PUE ZUS and 169.2 thousand calculations using the pension calculator on the <a href="http://www.zus.pl">www.zus.pl</a> website.</p> <p><b>Actions in 2020:</b>  Using the calculator, pension advisors calculated the foreseen amount of the general pension, teacher’s compensation benefit and</p>

				<p>the bridging pension. Future beneficiaries could also use the pension calculator available on the Electronic Services Platform (PUE ZUS) portal, as well as on the <a href="http://www.zus.pl">www.zus.pl</a> website.</p> <p>In 2020, pension advisors made more than 494 thousand calculations of the forecast pension, while clients who used the tools made available by ZUS on the PUE ZUS portal and the <a href="http://www.zus.pl">www.zus.pl</a> website made in 2020:</p> <ul style="list-style-type: none"><li>• more than 1.3 million of calculations using the calculator on the PUE portal,</li><li>• more than 145 thousand calculations using the calculator on <a href="http://www.zus.pl">www.zus.pl</a>.</li></ul>
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**Table 2. Report on the implementation of actions included in the social policy for elderly people 2030. Safety - Participation - Solidarity - Area II Participation in social life and supporting all forms of civic, social, cultural, artistic, sporting and religious activity.**

SOCIAL POLICY FOR ELDERLY PEOPLE 2030. SAFETY-PARTICIPATION-SOLIDARITY				
Area of action	Specific action	Coordinating Entity (in consultation with cooperating entities)	Planned implementation date	Effect of actions with regard to the way of monitoring
<b>AREAS CONCERNING ALL ELDERLY PEOPLE</b>				
<b>Area II</b>	Reform of the investment and construction process as well as of the planning and spatial development system	Ministry of Economic Development and Technology	2018-2020	<i>Development of draft provisions regulating the investment and construction process as well as the planning and spatial development system.</i>
				<p>In connection with the amendments to the Act of 7 July 1994 – Construction Law (Journal of Laws of 2020, item 1333, as amended), hereinafter referred to as the CL Act, introduced pursuant to the Act of 5 July 2018 on facilitation in the preparation and implementation of housing investments (Journal of Laws item 1495) and the Act of 19 July 2019 on ensuring accessibility to people with special needs (Journal of Laws item 1696), hereinafter referred to as the Act on ensuring accessibility, it is necessary to issue a new regulation specifying technical conditions for buildings.</p> <p>Pursuant to Article 66 of the Act on ensuring accessibility, a new regulation should be issued within 36 months from the date of entry into force of the Act on ensuring accessibility, i.e. from 20 September 2019.</p> <p>In view of the above, in November 2019, the then Ministry of Investment and Economic Development sent a letter to 38 institutions, including organisations involved in problems of persons with disabilities, to analyse the provisions of the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2019, item 1065), hereinafter referred to as the “TC Regulation”. A number of comments and opinions have been submitted. At the</p>

				<p>moment, there is ongoing work to develop a draft of new technical and construction conditions for buildings.</p> <p>It should be noted that the new technical and construction regulations will be aimed at, <i>inter alia</i>, facilitating access to buildings and related facilities for persons with various types of disabilities, which will certainly have a positive impact on other social groups such as elderly people, caregivers with small children or people with temporary mobility dysfunctions.</p> <p>Along with the ageing of the population, the problem of the lack of accessibility in public space is becoming increasingly severe. Architectural or transport solutions adopted pursuant to the regulation will meet the expectations and needs of both seniors and people who are not fully able. However, due to the universal nature of the planned solutions, they will also serve able-bodied people (e.g. elevators, ramps). What is accessible to people with special needs is most often also friendly and safe for the general public. For the above reasons, it can be assessed that, apart from the normative value, the issued regulation will have a beneficial effect both in the social and individual categories.</p> <p>In addition, it should be pointed out that the Ministry of Development, Labour and Technology has also completed work on a new regulation on the scope and form of the building permit design, which entered into force on 19 September 2020. The draft in question introduced regulations according to which the descriptive part of the architectural and building permit design should include:</p> <ul style="list-style-type: none"><li>- in the case of a construction plan for a multi-family residential building – the number of flats accessible to persons with disabilities, referred to in Article 1 of the Convention on the Rights of Persons with Disabilities, done in New York on 13 December 2006 (Journal of Laws of 2012, item 1169 and of 2018, item 1217), including elderly people;</li><li>- a description of providing necessary conditions for the use of public utility facilities and multi-family residential housing by persons with disabilities, referred to in Article 1 of the Convention</li></ul>
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				on the Rights of Persons with Disabilities, done in New York on 13 December 2006, including elderly people.
	Implementation of social campaigns or information and educational campaigns addressed to elderly people and encouraging them to recall and consolidate knowledge in the field of road safety.	Ministry of Infrastructure	2018-2020	<p><i>The number of social campaigns and information and educational campaigns addressed to elderly people, encouraging them to revise and consolidate road safety knowledge.</i></p> <p>Individual consultations were carried out as part of the activities of the Automotive Services Centre for Persons with Disabilities and the National Information Point operating at the Motor Transport Institute with regard to:</p> <ul style="list-style-type: none"> <li>• prophylactic exams performed by an occupational medicine physician with the rights to examine drivers (e.g. determination of codes and subcodes of restrictions),</li> <li>• return of elderly people to driving (e.g. active professional drivers) who have lost motor skills as a result of illness (stroke) or as a result of a traffic incident (loss of motor skills as a result of an accident),</li> <li>• prevention of tasks falling within the scope of health psychology and transport psychology (ITS expert),</li> <li>• informing about the impact of medicines taken on driving,</li> <li>• informing about the possibilities of adapting vehicles to a given motor dysfunction,</li> <li>• initiating refresher driving lessons for elderly people after long breaks in driving,</li> <li>• informing about the effects of loss of psychophysical fitness and the implementation of early intervention with regard to road safety,</li> <li>• functional tests carried out in connection with re-entering road traffic after a long break in driving.</li> </ul>
	Minimising existing architectural barriers preventing the activity of elderly people by:	Ministry of Economic Development	Continuous action*	<i>Number of actions taken by local government units in the area of minimising existing architectural barriers preventing the activity of elderly people</i>

	<ul style="list-style-type: none"> <li>• adapting public space and infrastructure to the needs of persons with various types of disabilities;</li> <li>• increasing the awareness of residents and investors operating in public space;</li> <li>• conducting a successive assessment of accessibility of public spaces by local government units;</li> <li>• involving elderly people and senior organisations in decision-making processes aimed at diagnosing and removing existing restrictions;</li> <li>• eliminating architectural barriers in public institutions.</li> </ul>	<p>and Technology, Ministry of Infrastructure</p>		<p><b>Actions in 2019:</b></p> <p>In 2019, 4 railway stations were commissioned: Chojnów, Pruszków, Zgorzelec Ujazd, Żagań. It should be stressed that all railway stations modernised as part of the Railway Station Investment Programme for 2016-2023 are subject to certification of conformity of infrastructure with the TSI-PRM requirements by notified bodies in order to obtain EC Certificates for railway stations.</p> <p>At the same time, it should be stressed that each modernised station has facilities for people with reduced mobility allowing them to move freely from the parking space to the ticket offices and to the platform (architectural barriers have been removed, clear markings have been introduced, toilets have been adapted).</p> <p>Under the TSI PRM, PKP S.A. provides the following services /facilities/ places addressed to persons with various types of disabilities (depending on the size of the railway station):</p> <p>assistance service, where it is possible to use the help of an assistant, mobility aids for persons with reduced mobility, public toilet adapted to the needs of persons with reduced mobility, ticket office with a lowered window, adapted to the needs of persons using wheelchairs, ticket office where tickets of all carriers are available and equipped with a voice amplifier (intercom), ticket office equipped with an induction loop for the hearing impaired,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> designated parking spaces in the immediate vicinity of the railway station, adapted to the needs of persons with disabilities,</li> <li><input type="checkbox"/> infostation, a place where the customer service point is located with a manoeuvring area of 150x150 cm for wheelchairs,</li> <li><input type="checkbox"/> on-line sign language interpreter service enabling contact between a hearing employee of the InfoStation Office/Ticket Office and a Deaf or Hearing Impaired Customer,</li> <li><input type="checkbox"/> Braille map of the station (convex plan, information in Braille),</li> </ul>
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				<p><b>Actions in 2020:</b></p> <p>As part of the Operational Programme Knowledge Education Development 2014-2020 (OP KED) in Measure 2.8 “Development of social services provided in the local environment”, in 2020 6 projects under the project were implemented:</p> <ul style="list-style-type: none"> <li>- Developing standards and conducting pilot runs with regard to assisted housing services for persons with specific needs, taking into account the possibility of financing these solutions – regarding support for the process of deinstitutionalisation of social services in Poland (understood as the transition from institutional care to community-based care).</li> </ul> <p>The projects are implemented by 6 Regional Social Policy Centres and will be completed by March 2023. The projects include measures consistent with the idea of deinstitutionalisation of services, i.e. measures aimed at the transition from providing services in institutional (stationary) forms to services provided in the local environment. The objective of the competition is to develop such solutions that will allow elderly people, persons with disabilities and persons with mental disorders to “live independently”.</p> <p>The projects assume financing of the developed solutions, therefore standards of services will be tested in assisted flats as part of a pilot run in the area of self-government organisational units – 30 communes. After conducting pilot runs and verifying the outcomes resulting from them, the developed standards will be recommended for use.</p> <p>In 2020, the second milestone was being implemented, consisting in implementing the developed model/standard for the deinstitutionalisation of services in the area of communal local government units through, <i>inter alia</i>, finalising renovation and adaptation works carried out in assisted flats in accordance with the developed standard, qualifying employees for assisted flats, conducting thematic training courses for employees employed in assisted housing.</p>
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				<p>As of 31 December 2020, there were 22 flats for 106 persons.</p> <p>The action entitled “Adaptation of public space and infrastructure to the needs of persons with various types of disabilities” is a continuous action resulting from the need to adapt railway infrastructure to the requirements of EU law, pursuant to the Regulation of the European Commission No. 1300/2014 of 18 November 2014 on the technical specifications for interoperability relating to accessibility of the Union’s rail system for persons with disabilities and persons with reduced mobility (OJ EU L No 356 of 12 December 2014, p. 110 as amended) (hereinafter referred to as the PRM TSI). The PRM TSI as a legal act being a regulation of the European Commission is directly applicable, which means that there is no need for the Polish legislator to issue any additional legal acts (acts, regulations) implementing the regulations which are already contained in the PRM TSI. Therefore, the construction of new railway stations and the modernisation and renovation of existing ones require the application of the PRM TSI. The above ensures, in the Polish railway network, free travelling by rail for persons with reduced mobility, and the full functionality of station and platform infrastructure for persons with reduced mobility is treated as a priority through the appropriate implementation of the PRM TSI.</p> <p>Implementation of investments at PKP S.A. railway stations</p> <p>Ensuring the full compliance of infrastructure and rolling stock with the standards of the technical specifications for interoperability for persons with disabilities and persons with reduced mobility (TSI PRM) is a strategic goal of PKP S.A. and the PKP Group. As the manager of railway stations, PKP S.A. implements systemically, as part of modernisation, the principles of accessibility and universal design.</p> <p>The implementation of railway station investments with regard to the needs of elderly people assumes, <i>inter alia</i>, increasing comfort and the standard of passenger service, improving the accessibility of facilities for persons with reduced mobility, improving safety</p>
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				<p>through the implementation of security systems and placing Police and Railroad Guards stations at the railway stations.</p> <p>The advantage of the modernised railway stations is also the Dynamic Passenger Information System (SDIP). Timetables on electronic boards are more readable and adapted, <i>inter alia</i>, to the needs of elderly people who had problems with reading the content on printed posters.</p> <p>The actions taken increase the accessibility of stations, especially in towns where the railway station facilities were in poor technical condition, or did not exist at all and were constructed from scratch. As of 31 December 2020, as part of the Railway Station Investment Programme for 2016-2023 (“PID”):</p> <ul style="list-style-type: none"><li>- 23 railway station investments were completed (of which 9 in 2020);</li><li>- 71 investments were at the stage of construction works or of “design and build” contracts (PiB);</li><li>- 15 investments were at the stage of design or a tendering procedure for construction works/PiB contract;</li><li>- 79 investments were at the stage of preparation or a tendering procedure for design.</li></ul> <p>In 2020, analytical work was also started to prepare a list of locations as part of the continuation of PID in the EU financial perspective for 2021-2027 (about 150 further locations).</p> <p>Provision of assistance services in moving around the railway stations.</p> <p>PKP S.A. applies the Procedure for providing assistance to persons with disabilities and persons with reduced mobility at the railway stations and station areas. PKP S.A. provides assistance services for persons with disabilities and persons with reduced mobility in moving around the railway station, platforms, underpasses, footbridges and other passageways on which pedestrians are allowed to move. On the other hand, assistance related to getting on and off</p>
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				<p>the train is provided by a team of conductors. The assistance service is provided at 59 railway stations.</p> <p>In 2020, PKP implemented 9,157 requests for service for persons with disabilities and persons with reduced mobility, which concerned:</p> <ul style="list-style-type: none"> <li>• visually impaired people – 2,991 requests;</li> <li>• persons using crutches – 537 requests;</li> <li>• people using a cane – 32 requests;</li> <li>• elderly people – 146 requests;</li> <li>• persons using a walker – 231 requests;</li> <li>• persons using an electric wheelchair – 554 requests;</li> <li>• persons using a manual wheelchair – 3,951 requests;</li> <li>• organised group – 55 requests</li> <li>• and persons with limitations other than the above – 660 requests</li> </ul> <p>The table below presents the number of requests implemented by PKP S.A. in 2020, by individual types of reduced mobility:</p> <p>Due to the pandemic and lower attendance of travellers, the number of implemented assistance requests in 2020 decreased significantly when compared to 2019, in which it amounted to 16,046.</p> <p>On the <a href="https://www.pkp.pl/pl/bez-barrier">https://www.pkp.pl/pl/bez-barrier</a> website, there is a search engine allowing to check the availability of facilities and services for persons with reduced mobility, including elderly people, at each railway station.</p>
	<p>Extending the set of actions and support instruments as part of the housing policy to include new</p>	<p>Ministry of Economic Development and Technology</p>	<p>2018-2019</p>	<p><i>Formulation of proposals for new housing actions and instruments in connection with the state policy for elderly people</i></p>

	<p>solutions taking into account the specificity of the housing needs and problems of elderly people to a greater extent than currently, in accordance with the National Housing Programme</p>			<p>The Integrated Social Rental Housing Support Program, which is one of the activities of the National Housing Program under which support is provided for projects that result in the construction of moderate rental housing, addresses the needs of the elderly under:</p> <ul style="list-style-type: none"> <li>– a program of preferential repayable financing directed to social housing initiatives, housing cooperatives, and municipal corporations developing housing for persons with average incomes;</li> <li>– a non-refundable subsidy program for social and municipal housing addressed to municipal governments.</li> </ul> <p>As part of the solutions that have been in place since 2017 as part of the government housing support programme implemented on the basis of the provisions of the Act of 26 October 1995 on some forms of housing support (Journal of Laws of 2019, item 2195 and of 2021, item 11), it is possible to obtain repayable financing for the construction of apartments for rent together with additional usable areas (e.g. ambulatory/recreational rooms) to meet the needs of the elderly.</p> <p>In addition, one of the scoring criteria in the implementing act to the aforementioned Act, on the basis of which Bank Gospodarstwa Krajowego scores applications in a situation where, within a given edition, the demand for repayable financing resulting from applications submitted by borrowers that have received a positive creditworthiness assessment exceeds the amount allocated for granting repayable financing in a given edition, is: "Addressing new housing to the elderly." However, for financing applications with equal overall scores, due to the scoring criterion: "Addressing new housing to the elderly" - projects dedicated to the elderly may be given a bonus.</p> <p>As part of the applications qualified by Bank Gospodarstwa Krajowego for a preferential loan in 2020, the construction of 179 apartments for seniors together with additional rooms is envisaged (including 137 apartments within the Eighth - "spring edition" and</p>
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				<p>42 apartments within the Ninth - "autumn edition"). The government housing support program is expected to be implemented by 2025.</p> <p>On the other hand, within the framework of the program of non-returnable subsidies for social and municipal housing implemented on the basis of the Act of 8 December 2006 on financial support for creation of dwelling premises for rent, protected dwellings, night shelters, shelters for the homeless, heating facilities and temporary rooms (Journal of Laws of 2020, item 508 and of 2021, item 11 and 223), as part of the amendment to the legislation, by the Act of 10 December 2020 amending certain acts supporting the development of housing (Journal of Laws of 2021, item 11), the possibility of subsidizing the construction of rental housing with additional usable areas (e.g., ambulatory/recreational rooms, common rooms) to meet the needs of the elderly was introduced. Due to the short period in which the legislation has been in force, there is no information on the material effects of the new solutions.</p>
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**Table 3. Report on the implementation of actions included in the social policy for elderly people 2030. Safety - Participation - Solidarity - Area III Point 4. Promoting silver economy principles among enterprises and non-business entities.**

SOCIAL POLICY FOR ELDERLY PEOPLE 2030. SAFETY-PARTICIPATION-SOLIDARITY				
Area of action	Specific action	Coordinating Entity (in consultation with cooperating entities)	Planned implementation date	Effect of actions with regard to the way of monitoring
<b>AREAS CONCERNING ALL ELDERLY PEOPLE</b>				
<b>Area III</b>	Conducting information actions addressed to entrepreneurs and social and solidarity economy entities with regard to the knowledge of the principles of the economy as well as needs and solutions related to the accessibility of websites and electronic services for elderly people	Ministry of Economic Development and Technology	Continuous action	<p><i>Number of implemented information actions addressed to entrepreneurs with regard to the knowledge of the principles of the silver economy as well as needs and solutions related to the accessibility of websites and electronic services</i></p> <p>In view of changes, the Ministry of Economic Development and Technology is responsible for the functioning of the Biznes.gov.pl portal, which includes e-services designed in a manner accessible to persons with disabilities and elderly people. The contents published in the portal are written using plain language so that they could be accessible to every user. The editors of Biznes.gov.pl design the contents in such a way that the so-called fog of language (FOG index) is as low as possible. In addition, the Help Centre for Entrepreneurs, i.e. a hotline available from the position of the portal for users, serves the hearing impaired who can use the service of a sign language interpreter (PJM).</p>
	Conducting actions for the promotion of economic activity in the silver economy sector (including the development of social economy entities as a tool for social and professional activation of elderly people)	Ministry of Economic Development and Technology	Continuous action	<p>On 19.11.2019, the Polish Agency for Enterprise Development announced a competition for grants in four instruments of support under the Enterprise Development and Innovation Programme. In view of that, in 2019, PAED implemented a number of information and promotional actions carried out under the third edition of Norwegian Funds:</p> <ul style="list-style-type: none"> <li>On 30 October 2019, a conference was organised to inaugurate the programme entitled “Enterprise development and innovation. Inauguration of Norwegian Funds in PAED”, which assumes support for innovative solutions in companies,</li> </ul>

				<p><i>inter alia</i>, in the area of silver economy (Warsaw, 228 participants). A documentary of the conference was made and is available on the online platform: <a href="https://www.youtube.com/watch?v=jGzrDLwmr6A">https://www.youtube.com/watch?v=jGzrDLwmr6A</a></p> <ul style="list-style-type: none"><li>• a webinar dedicated, <i>inter alia</i>, to the silver economy issue entitled “Norwegian Funds – find out what support your company can expect” was carried out and is available on the online platform: <a href="https://youtu.be/N2FUKgOfkYQ">https://youtu.be/N2FUKgOfkYQ</a></li></ul>
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