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THE SOCIAL CONTEXT OF AGEING IN POLAND¹

The old person from a demographic perspective

The ageing of societies is one of the most serious economic and political challenges for modern states. Poland cannot avoid this progressive process either. The degree of the problems stemming from demographic changes is even bigger and requires that complex steps be taken. The ageing of the population is traditionally treated as troublesome and overwhelming for the economy, particularly for the stability of the state's public finances. Along with an ageing population, there is also an increase in spending on benefits and services financed by public resources. Such an approach poses a serious threat to older people and often leads to their marginalization. The potential of seniors, however, remains unnoticed. In the European Union, the key strategy "*Europe 2020. Strategy for smart, sustainable and inclusive growth*" (KOM) 2010, describes the ageing of society as a challenge but also as an opportunity for sustainable economic and social growth by using the potential of older people. There is a need to focus more attention on the various consequences of the population's ageing, as well as on the necessity to take action on the national, regional, and local level: action that would enable the longer professional activity of seniors, their active participation in social life, and the creation of conditions for a healthy, independent, and satisfactory life.

According to the UN classification, in 1980 Poland exceeded by twofold "the demographic advanced old age threshold", which means that the percentage of people aged 65 and over constitutes 10% of the general population. The population prognosis for 2008–2035 made by the Central Statistical Office (GUS, 2009) points to a significant increase in the number of old people (aged over 65) – from 13.5% in 2007 to 23.2% in 2035 (tab. 1)

¹ This part of the journal is an updated and extended version of the chapter Wider Social Contexts of the Education of Older Adults in Poland of the book edited by R. Kocianova (2013, pp. 8–90).

Table 1. The percentage of people aged 65 and over in the general population – prognosis

Age	2007	2008	2009	2010	2015	2020	2025	2030	2035
65 and more	13.5	13.5	13.5	13.5	15.6	18.4	21.0	22.3	23.2
80 and more	3.0	3.1	3.3	3.5	3.9	4.1	4.1	5.5	7.2

Source: *Population prognosis for 2008–2035* (2009), Warszawa, GUS, p. 219.

The 2012 Ageing Report Economic and budgetary projections for the 27 EU Member States (2010–2060) predicts an increasing share of the population aged 65 and over. According to the prognosis, the number of people in Poland in 2060 will decrease to 32.7 million with a simultaneous growth in the share of people aged 65 and over – from 13.5% to 34.5%. The latest demographic predictions by Eurostat from the so-called base variant calculations conducted for the Working Group on Ageing Populations and Sustainability, which was used by ZUS for its prognosis of income from the retirement budget, indicates a very advanced ageing of the Polish society. According to the calculation, and considering the raised retirement age, the number of people at post-productive age in 2040 will be 7% higher than in 2013 and 29% higher in 2060. The share of the population of a productive age will decrease from 6.3% in 2013 to 53.1% in 2060 (ZUS, 2013, p. 11).

Poland will have one of the least favorable age structures in Europe. These disadvantageous demographic changes are the consequence of a low birth rate with a concurrently increasing life expectancy. The average life expectancy of a newborn male child increased in 1991–2010 from 66.23 to 72.10 years and for a female from 75.24 to 80.59 years. Poland is characterized by the biggest difference in the life expectancy of men and women in Europe – in 2009 it was 8.6 years (in the EU 5.4 years). A further increase in the average life span is anticipated. In 2035 it would be 82.9 years for women and 77.1 for men (table 2).

Table 2. Anticipated life expectancy for males and females in 2007–2035

Age	2007	2010	2015	2020	2025	2030	2035
Females	79.7	79.8	80.2	80.8	81.5	82.2	82a.9
Males	71.0	71.4	72.3	73.4	74.6	75.8	77.1

Source: GUS, 2009, p. 183.

One of the more difficult questions in evaluating the population's ageing process is to determine the moment when individual old age begins since there is neither agreement nor one standard for setting the limits of old age. Various contexts of research refer

to various approaches to old age. The most commonly used criteria are: *biological* – defining the changes in body function; *economical* – determining the actual limit for the end of professional activity; *legal* – setting the limit of post-productive age; *calendar* – setting the number of years that a person actually lives (Frąckiewicz i Wachelko, 1987). Identifying old age on the basis of the calendar age is most often used in the scientific works. According to E. Rosset: “only by strictly setting the old age limit can we open the door to statistical research on the population of people in old age” (Rosset 1967, p. 14). The lack of a standardized old age limit is also visible in the literature of the subject. Usually, it is considered to be reached at the age of 60 or 65. The review of the different divisions is depicted table 3.

According to research on public opinion, old age begins after the age of 63 years and 3 months is reached. Between 1998 and 2012 the old age limit shifted by 2.42 years in social perception and varies depending on the age of the respondents. For older people, this stage of life begins later than according to young people. The Eurobarometr studies (*Eurobarometr 76.2*, 2011) brought similar results – the beginning of old age is set at 63 years (the EU average is 64). Thus, determining the old age limit is differentiated.

Table 3. Old Age phases

D.B. Bromley	S. Klonowicz	J. Kocemba	WHO
<ul style="list-style-type: none"> • Up to 65: time before leaving work • Over 65: retirement • Over 80: old age • Max. 100 years of age: late old age 	<ul style="list-style-type: none"> • Old age – 60–79 for women; 65–79 for men • Aged old age: over 80 for men and women. 	<ul style="list-style-type: none"> • Early old age – also called third age, young old 60–75 years of age • Old old – 75–90 years of age • Oldest old long life – 90-110-120 years of age 	<ul style="list-style-type: none"> • 60 years of age – the beginning of old age • 70 years of age – advanced old age • 80 years of age – old old • 90 years of age – longevity

Source: Szarota 2004, p. 27.

Determining what constitutes old age as a legal criterion is important in terms of retirement pensions. The issue of retirement benefits (determining the age at which people are to be given a pension, the valuation of services, the operation of Open Retirement Funds etc.) is one of the most serious problems that Poland currently faces. In 2000–2010 the number of pensioners increased from 3.67 million to 5.26 million. This is a significant load for the state to bear due to the changing population age structure. It became necessary to introduce the pension system reforms of 1999 when the distribution method was replaced by the capital method. **The statutory retirement age is 60 for women and 65 for men (Dz. U. 2009 no 153). Since 1 January 2013 the retirement age is being systematically increased to 67 for men and for women. For women this**

process will have been completed in 2040, while for men in 2020. The right to early retirement has been removed and the state has introduced so-called “bridge” pensions which allow people who worked in special conditions or in a special character to retire earlier (Dz. U. 2008 no 237).

Table 4. Life stages of seniors according to *Senior agency*

Criterion	Masters of the situation – 50–59 years of age	The liberated – 60–74 years of age	Peaceful – 75–84 years of age	The oldest – 85 years of age and more
Money	High income	Max. income, the golden age of consumption	Purchasing power and the will to buy lessens	Many are in an uncertain financial situation, especially widows
Health	Vast majority enjoy good health, decrease in sight, menopause in the case of women	Still good health; sight and hearing continue to deteriorate	Health becomes the most crucial factor, the problems mentioned earlier escalate, gesture precision deteriorates	High percentage of dependent people

Source: Senioragency 2007, p. 110.

Old age is heterogeneous. In the subject’s literature, it is divided into a number of phases connected with various needs. The needs are different for people in early old age, and different in old old age, although they are determined individually. However, three factors fulfil a crucial role in each stage of senior life. According to *Senioragency*, these are: health, money, and free time (Bombol, Słaby 2011, p. 110–111). On a different level, they indicate certain behaviors and a set of directions for actions addressed to this category of people. These are presented in Table 4.

The material situation of seniors in Poland

The material situation of seniors is determined largely by the amount of pension received. Pensions are basic, and most often the only source of income in a senior household. In Poland, pensions are paid into a non-agrarian social security system, which includes the Social Insurance Institution (ZUS) and the so-called uniform departments: Ministry of National Defense (MON), Department of Justice (MS), Ministry of Internal Affairs (MSW) and in the agricultural system – Farmers Social Security Fund (KRUS). The value of any pension varies. The average pension granted by MS, MON, and MSW is significantly higher than pensions granted by ZUS and KRUS.

Table 5. The number of pensioners and the average value of benefits in 2011

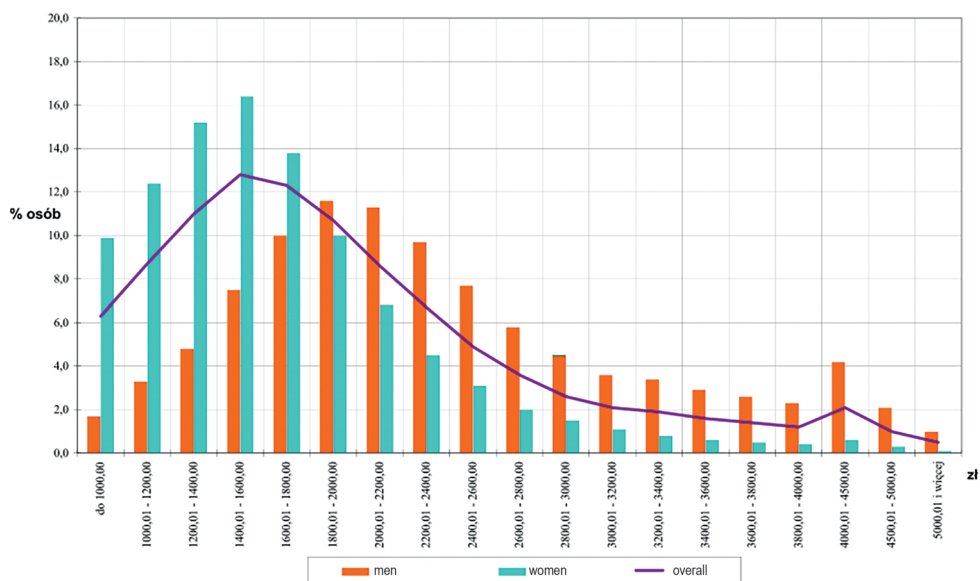
Institution	Beneficiaries	Number of pensioners (in thousands)	Average pension
Social Security Fund	Workers included in the common social security	4 979.1	1 783.06
Ministry of National Defense	Professional soldiers, counter-intelligence service and Military Intelligence	106.2	2 986.60
Ministry of Internal Affairs	Public security officers (Police, State Protection Office, Intelligence Agency, Internal Security Agency), Central Anti-corruption, border guards, Public Fire Department)	136.6	2 994.70
Ministry of Justice	Prison Service Officers	21.3	3 160.10
Farmers Social Security Fund	Farmers	1 056.3	1 028.51

Source: GUS 2012g, p. 39, 45, 47, 65, 71, 73.

The main source of current income for seniors is the pension granted by the common social security system (79% of pensioners receive benefits from ZUS). Pensions in Poland are relatively high compared to the average wage. In 2000 this relation was 63.7% but in the following years it became less favorable – in 2012 it was 62.9%.

The value of pensions varies greatly. This value is determined by gender, salary, practice, and place of work. In 2012, among all pensioners (GUS 2013a, p. 284) the largest percentage of pensioners (13.8%) received pensions equal to 1400–1600 PLN. The percentage of pensioners who received pensions equal to 1600 PLN, was 44,3%. More than two thirds of pensioners (67.0%) received a pension lower than 2000 PLN. Only 2.4% of pensioners received more than 4000 PLN. The biggest division in the value of pensions is according to gender. Women received much smaller pensions than men. The percentage of women who received pensions up to 1600 PLN was 51.9% overall, whereas this was the case for only 17.3% of men. Also, of those pensioners who received up to 2000 PLN, the vast majority were women: 75.7% against 38.9% for men. What is more, of the richest pensioners (more than 4000) only 1% were women and 7.3% were men (ZUS 2013, p.13). Differences in the value of pensions according to gender are illustrated in Graph 1.

At the end of 2012 (GUS 2013a, p. 298), the average available monthly income of a senior household equaled to 1361.1 PLN per person, whereas in Poland it was 1278.43.



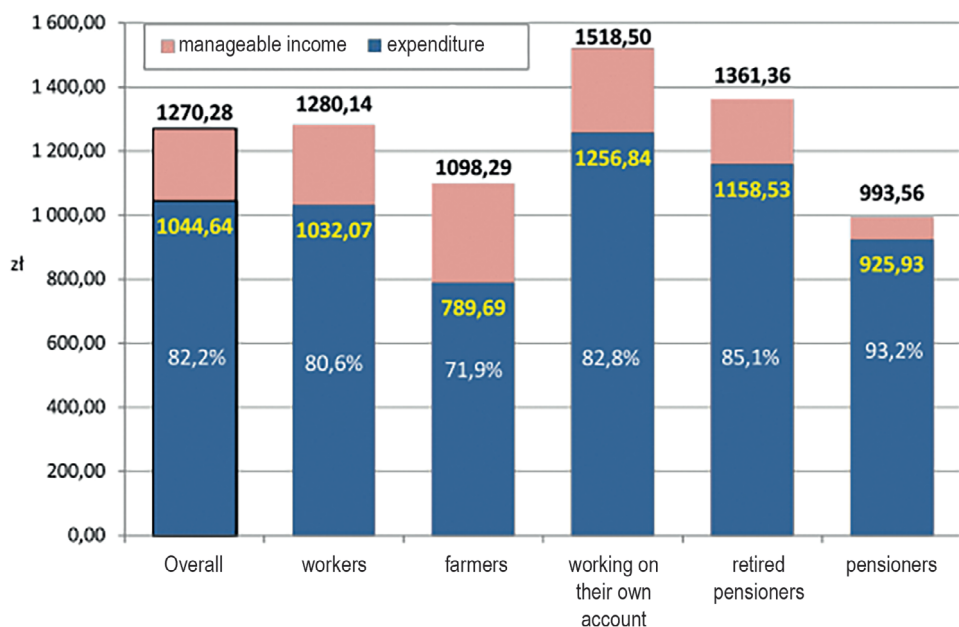
Graph 1. Pensioners who receive benefits from ZUS according to the value of the pension and the gender of the pensioners in March 2013

Source: ZUS 2013, p. 13.

At the same time, senior households (except households who work on their own account) have the biggest overall monthly expenses – 1164.03 PLN (the approximate average in Poland is 1050.78 PLN). The correlation of income and expenses in senior households amounts to 85.1%. This means that senior households which live off pensions are characterized by low flexibility when it comes to the disposition of income. A comparison of income and expenditure within senior households and typical households is illustrated in Graph 2.

The unfavorable material situation of seniors is a result of a number of factors. One of the most crucial factors is the fact that senior households are very often one-person households, which makes it impossible to divide costs and expenditure among other members of the household. Moreover, seniors have very limited (or no) possibility to improve their financial situation by getting an extra job. This derives from the state of health of seniors and the overall situation in the labor market. High unemployment among the younger generation means that very often a pension is the only regular source of family income.

This low standard of living is also a result of the specific structure of expenses in senior households. The significant share of expenditure of senior households are, apart from health expenses (7.8% of expenses of seniors compared to 4.8% for people overall) and food expenses (27.7% and 24.8%), are expenses connected with mortgage and



Graph 2. Income and expenses and share of the average monthly expenses in the manageable income (per person in the household in March) according to social-economic groups
Source: GUS 2013b, p. 3.

energy sources (24.07% compared with 20.16% overall). The share of expenses for food, health, and household maintenance is 49.8% overall, whereas the share of these kinds of expenses in senior households equals 59.6% (GUS, 2012d, tab.3).

The material situation, apart from the amount and ability to dispose of the income, is determined by family possessions, which in turn is determined by whether the household is equipped with devices, equipment and other goods in constant use. In some cases, the wealth of households is improved by their non-material worth – education, health, free time etc. (Maciejewski 2003, p.69). If only the material resources of senior households are considered, it may be suggested that in the matter of basic goods, they do not differ much from other types of households, whereas in the matter of modern devices the differences are considerable. As far as senior households are concerned, there has been an increase in the percentage of people in possession of a radio and a decrease in the number of people in possession of TV sets or cable TV. Pensioners more often use stationary phones but they less often have mobile phones. Also, the share of households with automatic washing machines, microwave ovens or dishwashers is smaller, and this is a significant inconvenience for seniors. The biggest difference between a senior household and a regular household can be seen in the relative ownership of two objects: the personal computer and the car. In both cases, the difference is nearly double.

Table 6. Division of households provided with chosen devices of constant use according to socio-economic groups in 2012

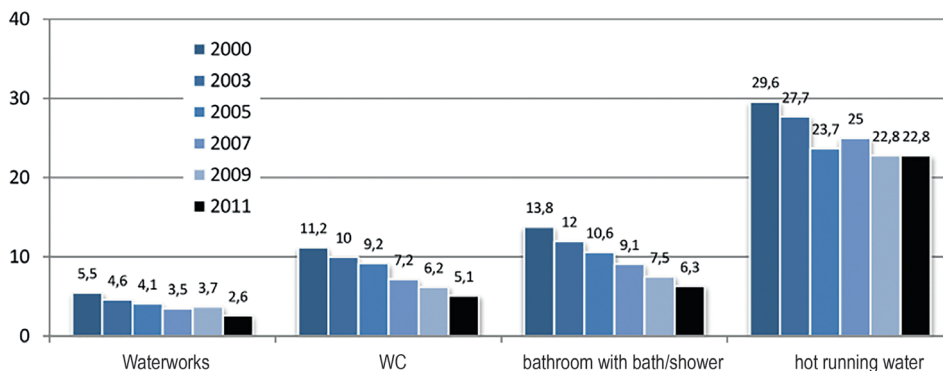
Objects of constant use	Households					
	Overall	Including		Retired and pensioners		
		Employers	farmers	Overall	Retired	pensioners
	Percentage of households in possession of goods					
TV set	98.4	98.6	99.0	98.4	98.4	98.2
Satellite or cable TV device	69.4	76.5	59.7	60.9	61.8	57.0
Digital camera	49.4	65.5	54.5	22.9	24.2	17.6
CD player	7.7	10.0	7.6	4.1	4.3	3.2
DVD player	48.1	58.7	58.7	31.8	32.7	28.0
Personal computer	68.3	88.2	76.9	35.3	35.4	34.6
Mobile phone	92.0	99.3	96.8	80.0	80.0	79.9
Printer	37.2	49.0	47.2	15.6	16.4	12.3
Washing machine or centrifuge	11.6	7.9	26.3	16.0	15.4	18.6
Including automatic washing machine	92.3	96.1	91.1	87.5	88.2	85.0
Refrigerator and freezer	98.4	98.6	99.0	98.4	98.4	98.2
Microwave oven	54.3	64.5	60.5	37.8	37.9	37.0
Dishwasher	19.5	24.6	19.8	8.7	9.5	5.8
Personal automobile vehicle	60.1	74.0	91.1	36.1	39.2	23.6

Source: Prepared on the basis of the state at the end of each quarter 2012, GUS 2013a, p. 316.

Any analysis of the level of equipment possessed by senior households should include the fact that very often the equipment was bought many years ago and shows signs of wear. There is no possibility to evaluate the quality (and value) of such devices. The research on household budgets concentrates only on the quantity aspect.

One of the factors that determine the material situation of seniors is housing conditions. This evaluation is more difficult nowadays, since data from the 2011 National Census do not include the housing situation of many citizens. However, it can be indirectly shown that it is certain that the housing conditions of seniors have improved. The *Diagnoza Społeczna* research from 2011 (Czapiński, Panek, 2011) indicate that there has

been a decrease in the share of apartments that are not equipped with devices and installations in 2000–2011. Thus, senior apartments are not different from apartments within the remaining socio-economical groups as far as equipment and technical-sanitary installations are concerned. The data is presented in Graph 3.



Graph 3. Percentage of households which did not possess the selected devices and installations in 2000–2011

Source: Czapiński 1., Panek T. (edit.) 2011, p. 93.

A very important factor in the evaluation of senior housing conditions is subjective feeling of the inhabitants, since they determine the quality of life. According to research by CBOS (CBOS, 2010, p.3), the level of satisfaction of older people with their accommodation conditions in Poland is relatively high. The “satisfied” group includes almost three quarters of respondents (71%), of which almost one-fourth (23%) are even very satisfied. Only 8% were dissatisfied with the current state of matters (Table 7).

Table 7. Satisfaction with housing conditions and a subjective evaluation

How would you evaluate your housing conditions	Satisfaction with housing conditions in %				
	Very satisfied	Rather satisfied	Average	Rather dissatisfied	Very dissatisfied
Very good	58	38	3	1	0
Rather good	25	60	13	1	1
Average	11	45	35	8	1
Rather bad	2	17	35	30	16
Very bad	1	4	17	25	53
Overall	23	48	21	6	2

Source: Message from research by CBOS, 2012, p. 3.

The level of poverty in a household that lives off pensions was lower than the overall average of households. Extreme poverty – the minimum of existence² – in 2012 was the case for 4.3% of seniors in households in comparison with 6.2% of overall households; relative³ poverty – 11.9% and 16.3%; and statutory poverty⁴ 3.6% and 6.9% (the situation of households in 2012, dok. electronic). The data is presented in table 8.

Table 8. Indicators of the threat of poverty according to selected socio-economic features of households in 2010–2012

Specification	Percentage of people in households of the income lower than:					
	Edge of extreme poverty (min. Existence)		Relative poverty		Statutory edge of poverty	
	2010	2012	2010	2012	2010	2012
Overall	5.7	6.8	17.1	16.3	7.3	7.2
Socio-economic groups of households						
Employees	5.1	6.2	16.3	15.3	6.9	6.9
Farmers	8.9	11.1	25.9	26.4	12.1	12.2
Working on their own account	2.2	2.6	9.3	7.9	3.3	2.6
Retired	3.9	4.3	13.3	11.9	4.1	3.6
Pensioners	9.6	12.1	25.4	25.8	10.1	10.7
Those who make a living from non-paid sources	22.4	–	41.9	–	27.0	–

Source: GUS 2010a, p. 315.

Seniors are the only social group whose benefits undergo an annual valuation. Thus the results of inflation are alleviated. In Poland, there are no formal circumstances that

² **Minimum existence** – defined as extreme poverty, determines the level of fulfilling needs, below which there is a biological life threat and psychophysical human development. The limit of extreme poverty is the minimum level required to live at, as prepared by Instytut Pracy i Spraw Socjalnych for a one-person working household. The limits of poverty are estimated for particular quarters (Rocznik Statystyczny Rzeczypospolitej Polskiej 2012, pp. 281–282).

³ **Relative poverty** – 50% of the average monthly expenses set at the level of all the households with the consideration of the so-called original equivalence scale OECD. Poverty limits are estimated for particular quarters (ibidem, pp. 281–282).

⁴ **Statutory poverty** – is the level at which, according to the current *Social Assistance Act* (consolidated Dz. U. 2008, no. 115, sec. 728, with further changes), people are able to apply for financial benefits from the social assistance system (ibidem, pp. 281–282).

should lead to ageism. Nevertheless, there are areas, in which seniors may be discriminated against as far as age is concerned. The respondents to Eurobarometr (Eurobarometr 76.2,2011) have indicated such areas. Most often, this is the case with the workplace or during the search for work – 18% of indications (15% in EU); concerning healthcare – 15% (11% in EU); concerning access to financial products and services – 10% (10% in EU). In this case, Polish seniors are in a worse situation than their peers in the EU. Senior discrimination in the labor market appears in various forms and may include the refusal to give employment due to age and not qualifications, refusal to promote senior workers, refusal to invest in training, discrediting competences, or firing workers right after they reach retirement age. In the sphere of healthcare, discrimination is felt by seniors especially strongly. According to P. Szukalski (2012, pp. 162–165), ageism in healthcare takes the form of “actions” and “neglects”. “Actions” are a problem of the low financing of healthcare services for seniors, who due to sickness demand longer, more complex and more expensive treatment. The category of wrong “actions” includes the existence of the non-formal age border which prevents seniors from accessing innovative therapies and pharmacological treatments, and also by making access to prostheses and physiotherapeutic treatment and equipment more difficult. Among the “neglects”, the most harmful seems to be the lack of a geriatric healthcare system. Poland is one of the countries with the lowest access to geriatric care; it is estimated that there are only 150–200 geriatricians (Bień 2013, p. 126). Ageist behavior in the area of financial products and services include the refusal to grant a loan or other product offered by banks (e.g. credit cards), and dishonest, unfavorable sales strategies directed towards seniors (Osoby starsze na rynku usług finansowych, 2013).

The health situation of seniors in Poland

One of the most important factors that determine good ageing is the state of health. Old age is not treated as an illness, but ageing brings with it an increased probability of attack by disease and a loss of overall efficiency. The natural process, as far as prolonging life is concerned, is a decrease in mental and physical health, although the dynamics of the process of the decrease in body function vary and depend on many factors. There is no doubt that the increase in survivability is a result of an improvement in living conditions, the progress of civilization, the use of better medical technologies, and better diagnosis of disease; however, this does not equate to the maintenance of good health in advanced old age.

An objective determination of senior healthcare is very difficult because of the natural process of limitation of body functions, which overlaps with the results of disability and sickness. Thus, in research on health care, a subjective evaluation of health is expressed by those concerned. Most often, the health evaluation declared by those examined, is described in categories from very good to very bad. This categorization was applied in the research on people’s health conducted by GUS in 2009 (GUS 2011), according to which age is a significant factor of how seniors evaluate their health (60 years

of age and more). Only a small percentage of seniors were satisfied with the state of their health (in the categories of very good and good) and this decreased significantly in further age groups. The subjective evaluation of health status is presented in Table 9.

Table 9. Subjective evaluation of health status

Age	State of health evaluation				
	Very good	Good	Average, could be better, could be worse	Bad	Very bad
	percentage				
Overall	23.6	42.1	23.4	8.82	2.0
15–19	48.9	42.0	7.9	1.0	0.1
20–29	41.1	49.3	7.9	1.4	0.1
30–39	26.3	57.6	13.6	2.3	0.3
40–49	11.9	52.5	28.5	6.1	0.9
50–59	5.7	39.2	39.6	12.9	2.4
60–69	3.1	25.2	47.5	19.5	4.8
70–79	1.2	13.8	45.6	31.1	8.2
80 and more	0.5	13.1	36.6	36.9	13.0

Source: GUS 2011, p. 108.

The data gathered in this research document the occurrence of the phenomenon of sickness. As people age, the number of diseases that they face increases – which, along with the biological results of ageing and the consequences of illnesses – cause the quality of life to decrease significantly. The data is presented in Table 10.

Table 10. Average number of chronic diseases per 1 person according to age

Age	Overall	Men	Women
	Per 1 person		
Overall	1.5	1.2	1.7
15–19	0.4	0.3	0.4
20–29	0.4	0.4	0.4
30–39	0.7	0.6	0.7
40–49	1.2	1.0	1.3

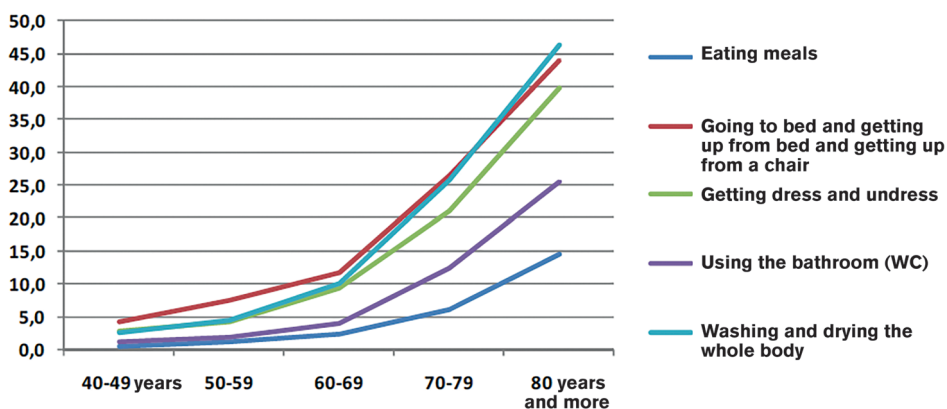
Age	Overall	Men	Women
	Per 1 person		
50–59	2.0	1.7	2.2
60–69	2.8	2.4	3.1
70–79	3.5	3.2	3.7
80 and over	3.7	3.4	3.8

Source: GUS 2011, p. 48.

Research by GUS also indicates that difficulties in performing house work deriving from the state of one's health are declared by every third 60-year old, over 60% of the 70-year-old population, and nearly 85% of the oldest people.

The health deficit in the subjective evaluation of seniors occurs in many pieces of research, both at a national and local level (GUS 2012c), where among many aspects of life the worst evaluation was given to the satisfaction with one's own state of health. The decrease in the level of health among seniors is a serious threat to their autonomy, since it is harder for them to take part in their family, social, and religious life and in the local community. Seniors become more and more dependent on help from others. One way to improve their physical condition is to include seniors in the trends of various activities, which will allow them to prolong their good health until late old age.

The increasing number of older people and the ever extending average life expectancy have caused an inevitable increase in the number of disabled people. According to the National Census from 2011 (GUS 2012h, p. 63), the number of disabled people equaled 4697.5 thousand, which was 12.2% of population. This number is considered to



Graph 4. Frequency of the occurrence of difficulties in self-service (percentage)

Source: GUS 2011, p. 52.

be an underestimate, since according to NSP 2002 (GUS 2003, p.36) it equaled 5456.7 thousand disabled people, which was 14.3% of the population.

Therefore, the available data vary in the case of the population of disabled people according to age. Thus the most up-to-date data belong to GUS which performed a survey regarding the state of health of Poland's population in 2009, and which they published in 2011 (GUS 2011, p. 154). In order to evaluate the level of disability among the population, the criteria were used of having a legal disability certificate and/or having a severely limited ability to perform actions. The results are shown in Table 11.

Table 11. Disabled people according to age

Age	Disabled in %				Healthy
	Overall	Legally and biologically	Only legally	Only biologically	
Overall	13.9	4.1	8.9	2.9	86.1
60–69	31.0	8.5	16.1	6.4	69.0
70–79	41.6	13.7	16.1	11.8	58.4
80 and more	52.3	16.5	12.3	23.5	47.7

Source: GUS 2011, p. 248.

Diseases and disabilities, apart from leading to a limitation in function, are also connected with economic issues. It should be remembered that health expenditure (the purchase of medication, diet supplementation, devices, rehabilitation equipment, and doctor's visits) for seniors are the highest of all socio-economic groups. Moreover, the efficiency and independence that decrease with age force seniors to use paid help.

Helping disabled seniors

The ageing of societies and changes to the modern family have led to a growing risk of dependency and the multiplication of problems connected with caring for disabled people in their senior age (*long term care*). Dependency should be treated as the inability to lead an independent existence, resulting in the necessity of steady and long-term care and help from other people in handling every-day activities: nutrition, moving, and supplying the household. Dependency may derive from senior disability (physiological dependency) and diseases or organism damage (pathological dependency). Longer life is inevitably connected with deteriorating physical and mental health. The European Committee states that among people over 65 years of age, 5% is fully dependent and 15% is partially dependent on long-term care. At the age of 75 and over, a higher level of care is required by 10% , and partial long-term care by 25%. In most countries, the ratio of seniors in long-term care to

people from other social groups is 80:20 (Beck, Kędziora-Kornatowska 2013, pp.56–60). According to the World Health Organization, long term care is a system of actions taken by non-formal care takers (family, friends, neighbors) and/or professionals (medical, social, other), in order to provide a person that is unable to handle every-day tasks with the highest possible quality of life in accordance with personal preferences, requirements, and personal dignity (Father, after: Jurek, 2007). Looking at PolSenior, it may be stated that the tendency of needing help increases with age, which is documented in Table 12.

Table 12. Respondents according to age and frequency of need for help

Age	Constantly	A few times a day	Once a day	A few times a week	Once a week	Less than once a week
55–59	27.7	12.8	4.3	17.0	17.0	21.3
65–69	37.4	15.2	9.1	10.1	8.1	20.2
70–74	29.4	22.1	6.7	19.6	11.7	10.4
75–79	43.7	16.2	7.4	14.8	8.7	9.2
80–84	41.2	18.7	10.4	16.3	8.6	4.7
85–89	51.0	18.2	11.6	11.6	4.7	3.0
90 and more	59.4	22.6	5.7	8.4	2.5	1.3
Overall	47.7	19.4	8.5	12.7	6.3	5.5

Source: Błędowski, electronic doc. doc.

According to international suggestions (ONZ, Council of Europe), the senior support system should be based on the fundamental principle of keeping these people for as long as possible in their particular local environment with a simultaneous gradual increase of services and help with all due respect to the choices of the people concerned. This is about keeping the same environment in terms both of space and of the social aspect. The transfer of seniors to an institutional care causes a break with relationships with neighbors and friends and damages social cohesion – so important in every phase of life and especially important in old age. The disintegration of the family, the way in which young people chase their careers, and the need for constant education have all led to the fact that less time is devoted to the oldest members of the family. The solitude experienced by seniors which then results comes from this large intergenerational cultural difference, and forces them to establish and maintain a close relationship with their dwelling place, in which relationships that last tens of years have led to friendship – and what is more important – mutual support. It is problematic that care givers are often not able to provide proper care to senior members of the house. The factors that determine the difficulties in giving such care may

include: the high level of helplessness of the older person, the advanced age of the care giver who is also often sick, the professional work of the care giver, the quality of family relationships, the financial resources of the care giver and the senior, the limited ability to guarantee proper medication, rehabilitation equipment and the purchase of services performed by professionals at home, a lack of a web of support. Thus, this important role is fulfilled by social services addressed to seniors. They should include help in handling every-day activities (grocery shopping, cleaning, cooking or providing meals, co-financing caring for the sick person at home in accordance with a doctor's recommendations), and improvement treatments (gymnastics, courses in use of orthopedic equipment). In terms of helping helpless seniors in Poland, the tasks and activities are divided among the social care and social medical care systems and they are connected with services performed both at the home of the senior and at an institution, as illustrated in Table 13.

Table 13. Tasks for health care and social assistance in the area of care of seniors

	Health care system	Social assistance system
Legal Act	Regulation by the Minister of Health concerning guaranteed benefits in the matter of nursing in the matter of long-term care Dz. U. (Journal of Laws) 2013, sec. 1480	Social Assistance Dz.U (Journal of Laws). (Journal of Laws) 2013, sec. 182 with further changes (UoPS)
Type of benefits	Home care Work care	Home care Work care Financial aid
Criterion of accessibility	0–40 points on Barthel scale	Subject criterion (art. 5 UoPS) Criterion of difficult situation (art. 2, sec. 2, art 7 UoPS) Financial criterion in case of financial benefits (art. 8 sec. 1)
Stationary care	Health Care Center (ZOL), Health Care Center (ZPO)	Nurturing home (DPS) for: <ul style="list-style-type: none"> • people of old age • People chronically sick • People with chronic mental disease • Disabled adults • Intellectually-challenged children and youth • People physically disabled
Fee for stay at the stationary facilities	Patient up to 70% of income, then the facility	Resident up to 70% of income, then family, or county

Source: Błędowski, Maciejasz 2013, p. 65.

The increasing number of seniors, especially the oldest group, has generated a growing need for long-term care. The costs of such care have accelerated drastically. Public expenses for long-term care in 2005–2012, according to National Health Fund, equaled 515,950 PLN, whereas in 2012 they grew threefold and equaled 1,636,626 PLN (the Ministry of Health 2012, p. 5).

Senior free time

Seniors that are professionally inactive have a lot of free time to dispose of. The problem of free time management is a subject of interest for both seniors themselves and the surrounding community. Free time may be treated as a space to develop hobbies, searching for new forms of activity, but also as forced inactivity. A significant obstacle in the rational spending of free time is the low mobility of seniors. According to research by PolSenior (Niezabitowska 2013, p. 110), seniors are not very mobile and the main place where they spend their lives is their apartment and its immediate surroundings. Only about 30% of people declared that they spend over 4 years outside the home. This was the case for people who were either professionally active or had other family obligations. Almost 5% did not leave home, and 8% did so for around 30 minutes per day. The remainder, namely over 50% of the surveyed, left their apartments for about 1–3 hours per day. Although the Opinion of The European Economic and Social Committee concerning the contribution of seniors to social life, indicates that “statistical data referring to seniors should be interpreted very carefully and statements that the state of health, indicators of participation etc. are the same in case of people who are 65–100 should be avoided, since there are various needs and possibilities” (dz. U. E. [Journal of Laws] 2013/C 11/04). Free time management is also determined by a range of other factors such as health, material status, education level, attractiveness of activities, habits concerning spending free time, and many more.

Senior free time activity may come in various forms. The typology of activities presented by M. Halicka and J. Halicki includes 5 different types of activities:

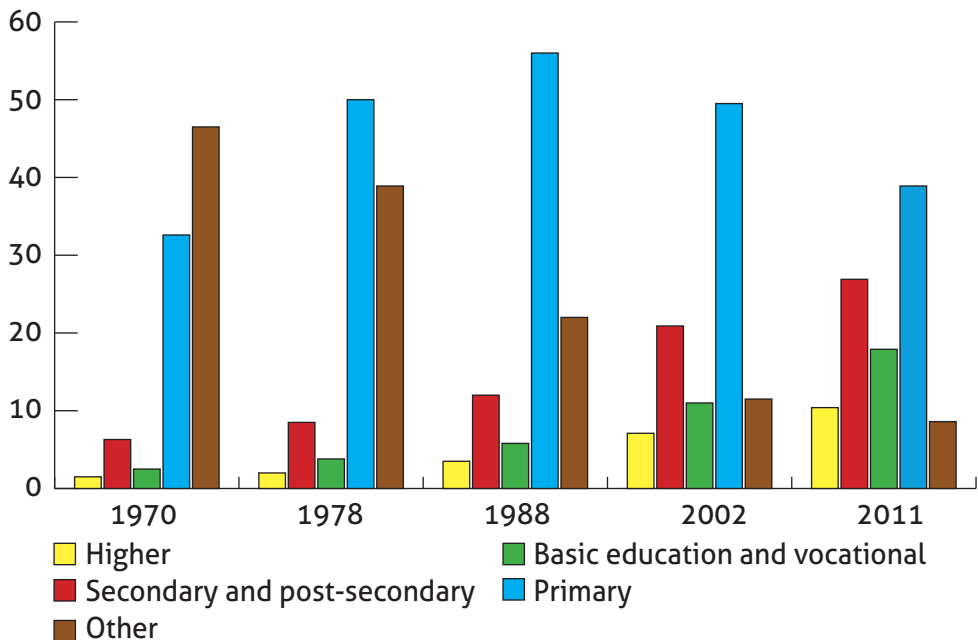
- Recreational-hobby (strolls, sports, gardening, hobby, going to the cinema or to concerts)
- Receptive, characterized by watching TV, listening to the radio, reading books and the press – often connected with staying at home.
- Public-oriented (social, political, and religious work)
- Integration (social and science-training meetings and services, charity)
- Other types of activities, which do not meet the criteria of the previous types (Halicka, Halicki 2002, p. 207).

Many articles of research repeat the same schemata of the ways seniors spend their free time. According to research by CBOS (CBOS, 2012) passive forms of spending free

time dominate: watching TV (98%), listening to the radio (81%), reading books and the press (80%). A very common activity is helping the family e.g. looking after family members (44%), and housekeeping (34%). Social life both at home (87%) and outside (76%), and attending church (81%), are also popular. Seniors are not very involved in educational activity. Only a few seniors educate themselves by developing their knowledge (8%), attending courses (6%) or learning foreign languages (6%). According to research by the EU, the participation of people between 55–74 years of age in formal and non-formal education in Poland is significantly lower than in the EU (In Poland 0.6%, in the EU 3.5%) (Monitor Polski 2012, p. 642). In the context of lifelong learning, the data indicate that encouraging seniors to be active should be a priority among the actions that are targeted at this group of society. Lifelong learning should become available to all.

The various forms of activity undertaken by seniors in order to fill their free time depend greatly on their level of education. An analysis of the senior population concerning their level of education indicates that it is relatively low. However, this situation will change rapidly. The generation of *baby boomers* that is just entering retirement is more educated, and within the next few decades will replace the previous generations that were less educated. The changes in educational level are depicted in Graph 5.

Despite the increasing level of education among seniors, the problem remains of the ability to use modern information communication technologies. Seniors first came



Graph 5. Educational level of people who are 60 and over in 1970–2011

Source: self-study on the basis of GUS year-book.

across these technologies in old age and the vast majority cannot use a computer and does not use the internet.

According to research conducted every two years by Social Monitoring Board (Czapiński, Panek 2007, 2009, 2011), the percentage of seniors who used personal computers within the last four years (in comparison with research from 2007–2011) increased by 6.4%. The oldest part of society is therefore the smallest group in the information space (table 14).

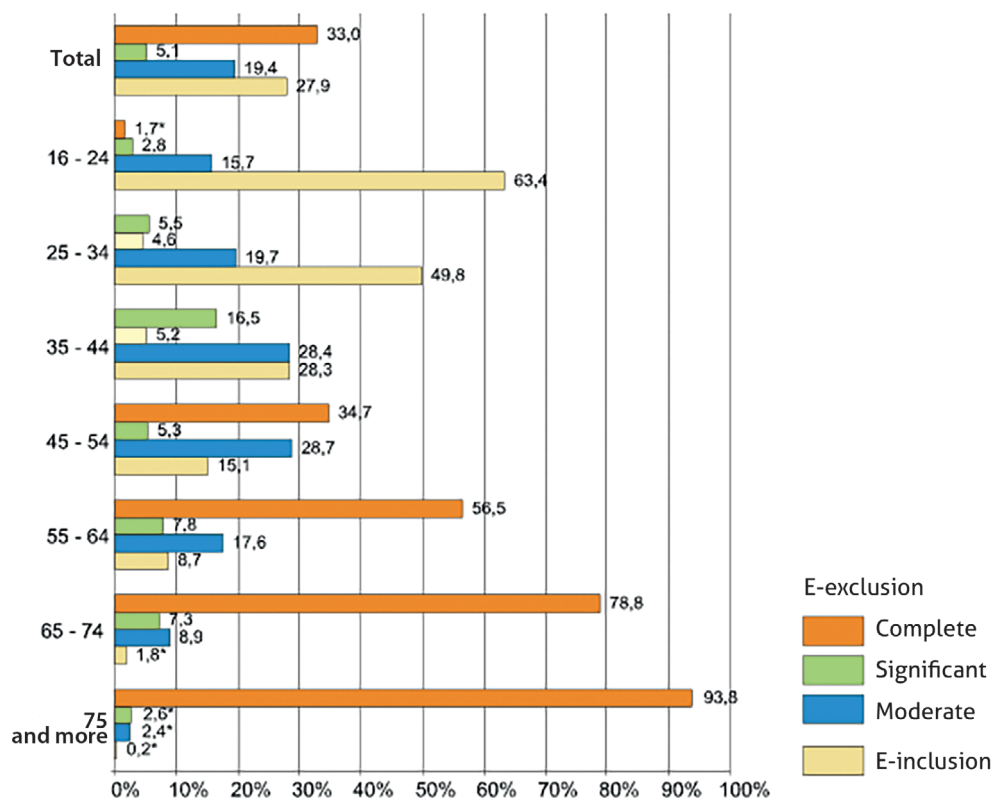
Table 14. Use of digital information communication technologies according to age group (percentage)

Age	Computer			Internet			Mobile phone			Not-using			Using three new technologies		
	2007	2009	2011	2007	2009	2011	2007	2009	2011	2007	2009	2011	2007	2009	2011
16–24	88	90.2	93.2	77	86.8	93.1	94	96.1	97.2	2	1.0	0.5	73	80.8	86.6
25–34	72	79.8	86.4	59	73.7	85.9	93	96.8	97.8	5	1.8	1.4	58	69.2	81.1
35–44	57	67.7	75.8	46	62.1	75.7	82	91.4	96.4	14	5.3	2.5	43	57.2	70.0
54–59	40	43.5	50.8	32	39.5	49.9	64	78.2	86.2	30	19.1	11.1	27	34.6	43.9
60–64	18	23.6	30.3	14	20.6	29.2	47	63.4	76.0	49	35.1	22.2	12	17.8	25.2
65 and over	5	7.5	11.4	4	5.8	10.6	22	35.7	48.7	77	66.2	50.1	3	4.6	8.9

Source: Czapiński, Panek 2007, 2009, 2011.

The cyber-exclusion of seniors is documented in the latest research by GUS (GUS 2013c, p.91). According to this research, this phenomenon increases with age. The complete exclusion affects people who have never used a computer and among seniors who were 65–74 years of age this was the case for nearly 79%, and among seniors who were over 75 the figure stood at 94%. Seniors who live in the country are in a much more difficult situation since their access to the internet is limited. At the same time, e-inclusion, defined not only as access to the internet and a computer, but also a self-evaluation of computer and internet use skills, accounted for only 1.8% of people between 65 and 74 years of age and 0.2% of people over 75 years of age.

The forms of senior free time management depend greatly on their intellectual and physical skills. Thus it is important to present seniors with the right propositions that consider their expectations, motivation, and abilities.



Graph 6. Occurrence of e-exclusion and e-inclusion among people at the age of 16 and over (percentage)

Source: GUS 2013c, p. 91.

The place of old people in society

Research conducted at various times in Poland have proved that the family is still of the most important value for seniors, since it provides support and care. This is confirmed by social survey (CBOS 2010, p.15) which indicates that older people are most satisfied with their family life – especially with their children (91%). Due to societal changes, the family image has undergone significant transformations. The escalation of the phenomenon of the one-person household, the low birth rate, weaker family bonds (mental changes), the relocation of family members (inside and outside migrations) have had the result that older people will be less able to count on their family members. This has raised certain problems, especially with care, which will transfer to institutional forms and non-formal support provided by neighbors and friends. This has been documented by various items of research (Synak 2002; Halik 2002; GUS 2011), according to which the first place is taken by family care, and then support by a small group of people who give

seniors a sense of safety. The small number of people who support seniors are a result of many factors. Without doubt, one is the gradual limitation of mobility which effectively reduces the senior's ability to move beyond their dwelling place. Old friendships from work or other forms of activity present in earlier phases of life become less meaningful. The natural process of peer deaths is also very influential.

A separate problem which affects seniors in society is the appearance of tensions between the young and old generations. The area of conflict is mainly within the labor market (old workers hold places destined for the young) and the issue of pensions. The genesis of the antagonism in the area of employment derives from the delusional belief of the younger generation that the source of their unemployment is the extended employment life of seniors. They think that when a senior steps down from the labor market, it automatically makes room for younger people. Moreover, the younger generation often expresses harmful opinions about the abilities of older workers. Also, controversy concerning the retirement system divides the generations. The distribution system is based on intergenerational solidarity and is seen as unfair for making seniors become rich at the cost of the younger generation. An extreme example of such an attitude is *Raport Instytutu Sobieskiego (Sobieski Institute Report)* (Dobrowolski 2006), although these opinions are not common.

According to a public opinion survey (CBOS 2007), in 2000–2007, there was an improvement in attitude towards older people on the streets and in trade facilities; however, there was still a negative attitude towards seniors in health service facilities and mass communication. Also, the attitude of young people was considered very critical.

Intergenerational relations are influenced by the image of older people in the media. The results of a survey in the framework of the *Wizerunek osób starszych w mediach (Senior image in media)* project (Fundacja na rzecz Kobiet JA KOBIEȒA 2007) indicate the dominantly negative image of old people and the unfavorable choices and ways to present topics connected with seniors (poverty, violence, diseases, pension takers). According to the surveyed, the image of seniors in the media is considered unfair, false and harmful. Poland, which is graying inevitably, requires the acceptance of seniors and the elimination of every form of discrimination. These areas of intergenerational relationships can be improved by changing the way of thinking and perception of old age. The most important thing is to make the young generation realize that the ageing process is an inevitability for each and every human being. In order for old age to be as harmless as possible, the younger generation should take care of their health and should also take care of their financial security for old age.

The chance to improve intra and intergenerational relations may require the greater involvement of seniors in social life. According to the EU, one of the dimensions of active ageing is the matter of participation of seniors in social life. Such activity may have a formalized or non-formalized character, of which the best example is voluntary work. This form of activity is being especially promoted by the EU, which declared 2011 to be the year of voluntary work. In Poland, the principles of voluntary work are regulated by

law (Dz. U.[Journal of Laws] 2010 no 234, pos. 1536); however, this is not a very popular form of senior activity.

More often, older people become more involved in their family/friends environments. Due to the fact that surveys concerning voluntary work and non-formal social involvement are conducted by various institutions (e.g. CBOS, Klon/Jawor Association) and in the framework of programs (e.g. Diagnoza Społeczna, SHARE project) and according to standards, there is no reliable information about the level and specifics of this form of activity. However, regardless of the differences in the surveys, the level of senior activity in this area is low. For instance, a survey conducted by Klon/Jawor Association confirm that people who are under 55 years of age, retired and pensioners, are the groups least willing to do voluntary work (volunteers at the age of 55 and over account for 10% overall, the percentage of retired and pensioners equals 7%, and the overall percentage of adult Polish people involved in voluntary work is 16%) (Przewłocka 2011). According to a survey by Eurobarometr (Eurobarometr 76.2, 2011), respondents declared actively working for charity organizations and others devoted to voluntary work (12%, whereas the EU average is 27%). According to a survey by GUS, 19.6% of seniors were involved in work for organizations, most often (11%) churches, communities, religious organizations or the facilities that manage them (GUS 2012c). However, it is hard to estimate whether it is senior activity for the sake of other seniors or it is of an intergenerational character.

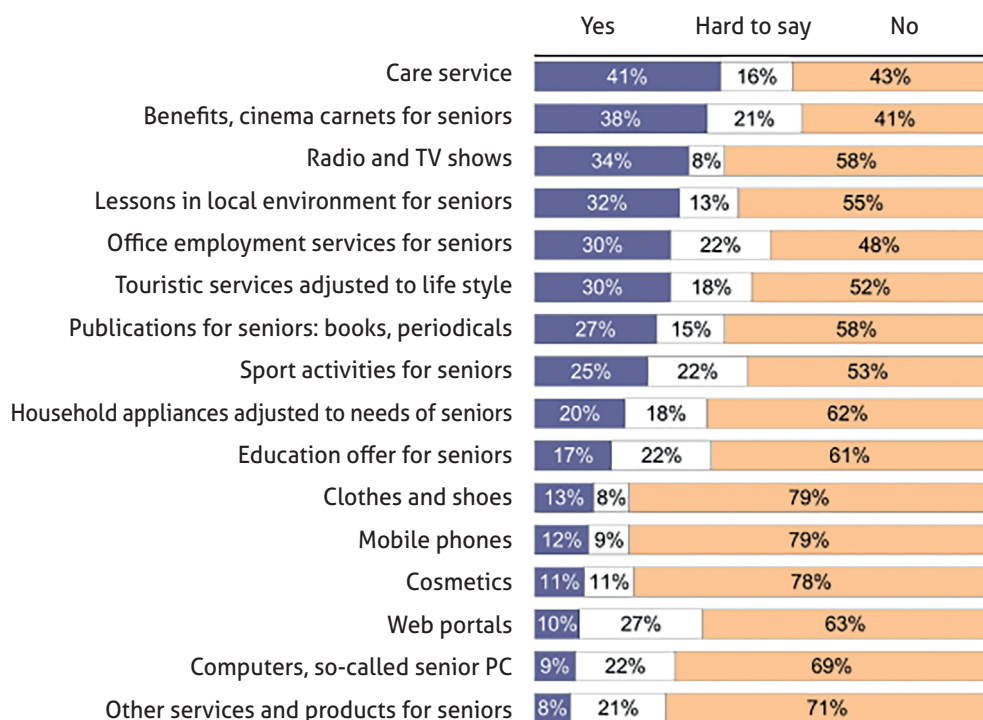
When describing the general living conditions of older people in Poland, it should be highlighted that despite the problems that currently exist, these people do not have high expectations and are satisfied with life. The only areas that are evaluated in a negative way are their state of health and their financial situation, which is documented in Table 15.

Table 15. Opinion of seniors on satisfaction with various aspects of life

Satisfaction	Satisfaction level in % of people at the age of 65 and over	
	Yes	No
With family situation	66.3	14.3
With relation with other people, including friends	77.4	4.8
With financial situation (including income)	31.8	38.5
With material life conditions (except income)	52.5	19.1
With free time amount	82.9	5.0
With ways to spend free time	65.0	10.2
With health	23.5	47.5

Source: GUS 2012c, p. 14.

According to a survey by CBOS concerning the deficiency of services and products dedicated to seniors, the most serious problem is a lack of care services. The most prominent place in the category of shortages is filled by various services and products connected with free time management. A large percentage of negative answers may indicate that seniors limited their needs to the most basic and did not expect anything else from life. The answers are presented in Graph 7.



Graph 7. Lack of services and products dedicated to seniors according to the opinions of the respondents

Source: Message from CBOS research, 2009, p. 15.

Social policy for the benefit of seniors

The tasks concerning the support and improvement of life in old age are determined by the social policy applied by the government. The realization of its directives is a task mainly for various local institutions, although a progressively greater role is being taken by non-government organizations. Their role, however, is limited to supporting public administration organizations (government and self-government).

Currently, pressure is being put on the basic issues concerning the conditions and quality of life of seniors, namely: pension system threats, the position of older people in

the labor market, health aspects and access to health care, the functioning of a senior care system, the prevention of pathologies that affect seniors (violence, harmful treatment in care facilities), and changing the image of seniors in society.

A growing interest in the problem of old age has led to many publications in Poland, edited by science institutions, the government, and parliament, which are a review of the key issues connected with demographic changes⁵

Before joining the European Union, issues connected with seniors were of marginal importance in Poland. Political documents that have been created recently concentrate much more on the problems of old age or refer only to this matter. This is often the result of initiatives undertaken at the EU level. The problem of old age is touched upon in:

1. **National Development Strategy 2007–2015** (The Ministry of Regional Development [MRR], 2006) – which proclaims an increase of access to social services, the development of life-long education, participation in culture and tourism, the idea of belong to a stimulating and integrative local community, and activity within civil society. These postulates apply to all citizens including old people.
2. **Citizen society development strategy 2009–2015** (the Ministry of Labor and Social Policy 2008). Aims at shaping the process of citizen societal development. program Ideas in common with other programs: the creation of infrastructure for local citizen activity, social education, and involving society in public issues. Providing access to social services to the excluded and those in threat of exclusion (including seniors), and providing a system of mechanisms of complex social integration support etc.⁹⁺
3. **Social Policy Strategy 2007–2013** (the Ministry of Social Policy, 2005) – which covers complex issues regarding the function of old people. These areas involve fostering the development of different forms of activity such as life-long education, using the potential of seniors in the local community, volunteering, self-organization and participation in social life, culture and leisure, and self-assistance activities. The document emphasises shaping inter-generational relations, increasing access to care

⁵ The result of the I Demographic Congress in 2002 was publishing 21 volumes concerning the problems of population ageing. Polish Academy of Science (PAN) published two books: *Polska w obliczu starzenia się społeczeństwa* (PAN 2008) i *Konsekwencje starzenia się społeczeństwa* (Kleer 2008). Polish Population Council published a set of research *O sytuacji ludzi w starszym wieku* (Hrynkiewicz 2012), which is an outcome of the II Demographic Congress.

Bureau of Research Chancellery of the Sejm published a volume of BAS Study *Starzenie się społeczeństwa polskiego* (Ciura, Zgliszczyński 2012). RPO inspired two publications: *Stan przestrzegania praw osób starszych w Polsce. Analiza i rekomendacje działań* (Szatur-Jaworska 2008). And *Strategie działania w starzejącym się społeczeństwie* (Szatur-Jaworska 2012). An important position is the presentation of nationwide research by PolSenior *Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce* Mossakowska, Więcek, Błedowski 2012). Significant is also the 2013 White Book *Zdrowe starzenie się* (Raciborski, Samoliński 2013), prepared by a group of experts in the frame of Koalicja na Rzecz Zdrowego Starzenia się (coalition for healthy ageing). A great number of scientific books were also published in various academic institutions concerning various aspects of ageing.

services, and the participation of NGOs in the operation of programs addressed to senior citizens.

4. **Life-long Learning Perspective document** (The Ministry of National Education, 2011) stresses the importance of learning in various forms, places, and periods in life. The most important aspect of this document is the emphasis it places on the necessity of senior education so they can sustain their professional and social activity and remain independent in their personal life. Senior education has not been so far included in educational and social policy priorities.
5. **Solidarity between generations. Activity for the purpose of increasing professional activity of people over 50. Actions for increasing professional activity of people over 50** (Council of Ministers 2008) along with *Implementation Document (2012)* – these are a set of actions that aim at the realization of the main goal, which is to reach the employment indicator for people between 55–64 of 50% by the year 2020. It is directed mainly to a few age groups (over 45, 50, 55 and more). The most important aspect of the program is the intergenerational approach it takes since the actions refer to the promotion of access to unemployment for the whole time of participation in the labor market.
6. **The Foundations of Long-term Senior Policy in Poland 2014–2020 (MPiPS)**, which are a realization of the obligation to prepare a long-term senior policy deriving from the *The Government Program for Senior Citizens Social Activity for the years 2012–2013 (ASOS)*. Currently, *The Foundations of Long-Term Senior Policy in Poland 2014–2020 (ZDPS)* has been presented for social discussion. Senior policy is treated in this document as a range of actions during one's lifetime which lead to the provision of conditions to prolong activity – both professional and social and to the independent, healthy, and safe life of seniors.
7. **The Government Program for Senior Citizens Social Activity for the years 2012–2013 (M.P. 2012 no 0 item 642)** aims at improving the quality of life for older people through social activity and the opportunity to fulfill various social roles in public life. It is emphasized that the limitations resulting from functional barriers should not hinder social activity. The program includes an internal differentiation within the population of seniors and also promotes activities towards people with limited independence.
8. **Foundations of the Polish Population Policy (RRL, 2013)** – so far as a project drafted by the Government Population Council. One of the project's areas is to create conditions to facilitate integration within the ageing society that includes the participation of old people in various disciplines of social life, poverty prevention, access to health and care services, and the elimination of discrimination.
9. **National Senior Social Activity Program for 2012–2013 (M.P. 2012)** – aims at the improvement of the quality of life for seniors through their involvement in social activity and their ability to fulfill various social roles in public life. It is underlined that

the occurrence of many limitations that derive from functional barriers should not confine social involvement. The program includes the internal differences within the senior population and promotes actions dedicated to seniors whose independence is limited. It is also the first national program of such range and is dedicated to seniors and intergenerational co-operation.

The addressees of the postulates included in the above-mentioned documents are organs of national and local administration, social organizations, local communities, the media and institutions which realize tasks and initiatives that shape the conditions for the dignified and healthy ageing of society. Addressees are also seniors, since their involvement in solving their own problems is a very important matter. As J. Starega-Piasek underlines, “seniors should be guardians of their values, which have shaped the surrounding world themselves and should not resign from them under the pressure of youth [...] Seniors should be open to changes in many areas – technological, cultural, educational, aesthetic [...]. The fulfillment of these assumptions is, however, very difficult, since the mechanisms connected with the ageing process such as the apotheosis of the past and adaptation to the new and changes that comes grows harder with age. Nevertheless, without being open to the new, seniors will be condemned to marginalization.” (Starega, Piasek 2006, p. 135).

Conclusion

The ageing of societies is one of the most serious challenges of modern times. This problem is becoming more and more the case in Poland. It is necessary to undertake actions in the social, cultural, economic, and political spheres that will alleviate the negative consequences of the process.

It seems that issues connected with ageing and becoming old are well known; however, the variety of these issues should encourage one to extend one's knowledge, and should also be an inspiration to discover new issues related to the matter. Without doubt, it is also a result of the slow but systematic change in the perception of seniors. Not so long ago, they were considered passive people, who after retirement, stepped down from social life, concentrated on their own issues and withdrew from their social roles. In a wider understanding, seniors are treated as a load for the young generation to bear, since they generate growing expenses for the health and pension services. This attitude has slowly been changing.

The necessity for a new attitude towards the problem of population ageing becomes a challenge for the creation of solutions for Polish society to function better in the future and to be friendlier to all population groups. A condition for the successful development of the changing demographic situation is a holistic approach to seniors, defining the difficulties which they face, but also to use their potential.

Thus, when considering the most important problems and challenges faced by the actors of life, the following issues should be indicated:

1. The pension system is under threat. The replacement of a salary with a pension will be of a lower value than currently, which may lead to the impoverishment of pensioners.
2. The decrease in the material level of seniors will influence the level of consumption of goods and services (including education) by seniors.
3. The extension of human capital is necessary, since by moving the age of retirement to 67, there will be a permanent need to increase and gain new qualifications or to change qualifications in order to remain in the labor market.
4. The exhaustion of the potential of family care will demand the extension of forms of institutional work. Thus, more qualified people should be trained in order to work with this social group.
5. A serious challenge is the need to increase the human capital of seniors in light of their low involvement in social activity.
6. It is necessary to activate seniors in terms of self-help activities, and to prevent their isolation. It is recommended that the ways in which seniors may spend their time be extended, especially in their local environment, and also the promotion of voluntary work. The Announcement by the European Committee that 2011 will be the year of Voluntary Work did not give Poland a noticeable push in the case of any growth in senior activity.
7. In order to eliminate every form of discrimination and reinforce the seniors' position, more attention should be paid to education about old age dedicated to the whole of society.
8. Public administration organs should be obliged to offer equal access to institutional resources, the proper choice of intervention, and the provision of access to long-term care.

Bibliography

- BECKO., KĘDZIORA-KORNATOWSKA K., 2013, *Spoleczne ubezpieczenie pielęgnacyjne jako szansa rozwiązania problemu opieki nad osobami starszymi w Polsce*, „Nowiny Lekarskie”, 82, 1.
- BIEŃ B., 2013, *Geriatrya – jej cele i problemy w Polsce*, [w:] B. Samoliński, F. Raciborski, (red.), *Zdrowe starzenie się: Biała Księga*, Wydawnictwo Naukowe Scholar, Warszawa.
- BŁĘDOWSKI P., MACIEJASZ M., 2013, *Rozwój opieki długoterminowej w Polsce – stan i rekomendacje*, „Nowiny Lekarskie”, 82,1.

- BOMBOL M., SŁABY T., 2011, *Konsument 55+ wyzwaniem dla rynku*, Warszawa Budżety gospodarstw domowych w 2011 r., 2012, Główny Urząd Statystyczny, Warszawa.
- CIURA G. I ZGLISZCZYŃSKI W. (red.), 2012, *Starzenie się społeczeństwa polskiego*, Biuro Analiz Sejmowych Kancelarii Sejmu, Studia BAS nr 2, Warszawa.
- CZAPLIŃSKI J., PANEK T. (red.), 2007, *Diagnoza Społeczna. Warunki i jakość życia Polaków*, Rada Monitoringu Społecznego, Warszawa.
- CZAPLIŃSKI J., PANEK T. (red.), 2009, *Diagnoza Społeczna. Warunki i jakość życia Polaków*, Rada Monitoringu Społecznego, Warszawa.
- CZAPLIŃSKI J., PANEK T. (red.), 2011, *Diagnoza Społeczna. Warunki i jakość życia Polaków*, Rada Monitoringu Społecznego, Warszawa.
- DOBROWOLSKI P., 2006, *Starsi Polacy żyją na koszt młodszych Polaków - zarys zjawiska. Raport Instytutu Sobieskiego „Kto płaci za starzenie się społeczeństwa i marnotrawstwo PRL”*, nr 21.
- Emerytury i renty w 2011 r.*, 2012, Główny Urząd Statystyczny, Warszawa.
- EUROPA 2020. *Strategia na rzecz inteligentnego i zrównoważonego rozwoju sprzyjającego włączeniu społecznemu*.
- FATHER M., 2002, *Cultural change in long-term care facilities: changing facility or changing the system*, [w:] A. S. Weiner, J. L. Ronch (red.), *Cultural change in long-term care*, Haworth Press, New York.
- FRĄCKIEWICZ L., WACHELKO-ŻAKOWSKA B., 1987, *300 wiadomości o starości*, Śląski Instytut Naukowy, Katowice.
- Halicka M., Halicki J. (red.), 2006, *Zostawić ślad na ziemi*, Wydawnictwo Uniwersytetu w Białymstoku, Białystok.
- HALICKA M., HALICKI J., 2002, *Integracja społeczna i aktywność ludzi starszych*, [w:] B. Synak (red.), *Polska starość*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.
- HALIK J. (red.), 2002, *Starzy ludzie w Polsce. Społeczne i zdrowotne skutki starzenia się społeczeństwa*, Instytut Spraw Publicznych, Warszawa.
- HRYNKIEWICZ J. (red.), 2012, *O sytuacji ludzi w starszym wieku*, Rządowa Rada Ludnościowa, Warszawa.
- Jak się żyje osobom starszym w Polsce*, 2013, Główny Urząd Statystyczny, Warszawa.
- Jakość życia, kapitał społeczny, ubóstwo i wykluczenie społeczne w Polsce*, 2013, Główny Urząd Statystyczny, Warszawa.
- KLEER J. (red.), *Konsekwencje starzenia się społeczeństwa*, PAN, Warszawa.
- KOMUNIKAT KOMISJI, KOM(2010) 2020, wersja ostateczna.
- KOMUNIKAT Z BADAŃ CBOS, 2012, *Sposoby spędzania czasu na emeryturze*, „BS”, nr 106, Warszawa.
- KOMUNIKAT Z BADAŃ CBOS, 2009, *Sytuacja ludzi starszych w społeczeństwie –plany a rzeczywistość*, „BS”, nr 160, Warszawa.
- KOMUNIKAT Z BADAŃ CBOS, 2010, *Obraz typowego Polaka w starszym wieku*, „BS”, nr 2, Warszawa.

- KOMUNIKAT Z BADAŃ CBOS, 2012, *Polacy wobec własnej starości*, „BS”, nr 94 Warszawa.
- KOMUNIKAT Z BADAŃ CBOS, 2007, *Czy zmienia się stosunek Polaków do starości*, „BS”, nr 33, Warszawa.
- MACIEJEWSKI G., 2003, *Zamożność gospodarstw domowych jako element jakości życia*, [w:] J. Karwowski (red.), *Jakość życia w regionie*, Wydawnictwo Naukowe Uniwersytetu Szczecińskiego, Szczecin.
- NIEZABITOWSKA E., 2012, *Mieszkania dla ludzi starych i młodych w kontekście potrzeb i cyklu życia budynku mieszkalnego*, [w:] M. Zralek (red.), *Przestrzenie starości*, Oficyna Wydawnicza Humanitas, Sosnowiec.
- Osoby starsze na rynku usług finansowych. Analiza i zalecenia*, 2013, Biuletyn RPO. Źródła nr 4, Warszawa.
- POLSENIOR, 2012, *Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce*, [w:] M. Mossakowska, A. Więcek, P. Błędowski (red.), terMedia, Poznań.
- Polska w obliczu starzenia się społeczeństwa. Diagnoza i program działania*, 2008, Polska Akademia Nauk, Warszawa.
- Prognoza ludności na lata 2008-2035*, 2009, Główny Urząd Statystyczny, Warszawa.
- Program solidarności pokoleń. Działalność dla zwiększenia aktywności zawodowej osób w wieku 50+*. *Działania dla zwiększenia aktywności zawodowej osób w wieku 50+*”, 2012, Ministerstwo Pracy i Polityki Społecznej, Warszawa.
- PRZEWŁOCKA J., 2011, *Zaangażowanie społeczne Polaków w roku 2010: Wolontariat, Filantropia, 1%*, Raport z badań, Stowarzyszenie Klon/Jawor, Warszawa.
- Raport z wyników. Narodowy Spis Powszechny Ludności i Mieszkań 2011*, 2012, Główny Urząd Statystyczny, Warszawa.
- Rocznik Statystyczny RP 2013*, 2013, Główny Urząd Statystyczny, Warszawa.
- Rocznik Statystyczny RP*, 2012a, Główny Urząd Statystyczny, Warszawa.
- ROSSET E., 1967, *Ludzie starzy. Studium demograficzne*, PWE, Warszawa.
- SAMOLIŃSKI B., RACIBORSKI F. (red.), 2013, *Zdrowe starzenie się: Biała Księga*, Wydawnictwo Naukowe Scholar, Warszawa.
- Stan faktyczny i perspektywy rozwoju opieki długoterminowej w Polsce*, 2012, Ministerstwo Zdrowia, Warszawa.
- Stan zdrowia ludności Polski w 2009 r.*, 2011, Główny Urząd Statystyczny, Warszawa.
- Strategia Wspierania Rozwoju Społeczeństwa Obywatelskiego na lata 2009–2015*, 2008, Rada Ministrów, Warszawa.
- SYNAK B. (red.), 2002, *Polska starość*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.
- Sytuacja gospodarstw domowych w 2012 r. w świetle wyników badań budżetów gospodarstw domowych*, 2013, Główny Urząd Statystyczny, Warszawa.
- SZAROTA Z., 2004, *Gerontologia społeczna i oświatowa. Zarys problematyki*, Akademia Pedagogiczna, Kraków.

- SZATUR-JAWORSKA B. (red.), 2008, *Stan przestrzegania praw osób starszych w Polsce. Analiza i rekomendacje działań*, „Biuletyn RPO – Materiały”, Zeszyt 65, Warszawa.
- SZATUR-JAWORSKA B. (red.), 2012, *Strategie działania w starzejącym się społeczeństwie. Tezy i rekomendacje*, „Biuletyn RPO – Źródła”, nr 9, Warszawa.
- SZATUR-JAWORSKA B., BŁĘDOWSKI P., DZIĘGIELEWSKA M. (red.), 2006, *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa.
- SZUKALSKI P., 2012, *Solidarność pokoleń. Dylematy relacji międzypokoleniowych*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź.
- Ubóstwo w Polsce w 2011 r.*, 2012b, Główny Urząd Statystyczny, 2012b, Warszawa.
- Założenia polityki ludnościowej Polski*, 2013, Rządowa Rada Ludnościowa, Warszawa.

Legal acts

- Dz. U. 2008 nr 237, poz. 1656 z późniejszymi zmianami, *Ustawa z dnia 19 grudnia 2008 r. o emeryturach pomostowych*
- Dz. U. 2009 nr 153, poz. 1227 z późniejszymi zmianami, *Obwieszczenie Marszałka Sejmu Rzeczypospolitej Polskiej z dnia 26 sierpnia 2009 r. w sprawie ogłoszenia jednolitego tekstu ustawy o emeryturach i rentach z Funduszu Ubezpieczeń Społecznych*
- Dz. U. 2010 r. nr 234, poz. 1536 z późniejszymi zmianami, *Obwieszczenie Marszałka Sejmu Rzeczypospolitej Polskiej z dnia 27 października 2010 r. w sprawie ogłoszenia jednolitego tekstu ustawy o działalności pożytku publicznego i o wolontariacie*
- Dz. U. 2013, poz. 182 z późniejszymi zmianami, *Obwieszczenie Marszałka Sejmu Rzeczypospolitej Polskiej z dnia 14 listopada 2012 r. w sprawie ogłoszenia jednolitego tekstu ustawy o pomocy społecznej*
- Dz. U. E. 2013/C 11/04, *Opinia Europejskiego Komitetu Ekonomiczno-Społecznego w sprawie wkładu osób starszych w życie społeczne i ich udziału w nim*,
- Dz. U., 2013, poz. 1480, *Rozporządzenie Ministra Zdrowia w sprawie świadczeń gwarantowanych z zakresu świadczeń pielęgnacyjnych i opiekuńczych w ramach opieki długoterminowej*,
- M.P. 2012, poz. 642, *Uchwała Nr 137 Rady Ministrów z dnia 24 sierpnia 2012 r. w sprawie ustanowienia Rządowego Programu na rzecz Aktywności Społecznej Osób Starszych na lata 2012–2013.*

Web pages

- BŁĘDOWSKI P., *Opieka długoterminowa w Polsce w świetle najnowszych badań*, pozyskano z: www.senat.gov.pl/gfx/senat/userfiles/_public/k8/agenda/seminaria/2013/130514/prof_p-bledowski.pdf
- Eurobarometr 76.2. Aktywne starzenie się. Wyniki dla Polski*, pozyskano z: ec.europa.eu/public_opinion/archives/ebs/ebs_378_fact_pl_pl.pdf
- Ministerstwo Edukacji Narodowej, 2011, *Perspektywa uczenia się przez całe życie*, pozyskano z: bip.men.gov.pl/images/stories/Karolina/plll2011_02_04.pdf

- Prognoza wpływów i wydatków funduszu emerytalnego do 2060 roku*, ZUS, Warszawa maj 2013, pozyskano z: www.zus.pl/bip/pliki/Prognoza_fundusz_emerytalny_2015_2060.pdf
- Rządowy program na rzecz aktywności społecznej osób starszych na lata 2014-2020*, pozyskano z: www.mpips.gov.pl/bip/projekty-aktow-prawnych/projekty-programow-i-inne/rzadowy-program-na-rzecz-aktywnosci-spoolecznej-osob-starszych-na-lata-2014-2020/
- Strategia Polityki Społecznej na lata 2007-2013*, .Ministerstwo Polityki Społecznej, 2005, pozyskano z: www.mpips.gov.pl/gfx/mpips/userfiles/File/nowe/strategiaps.pdf
- Strategia Rozwoju Kraju 2007 – 2015*, Ministerstwo Rozwoju Regionalnego, 2006, pozyskano z: www.mrr.gov.pl/rozwoj_regionalny/polityka_rozwoju/srk/strony/strategia_rozwoju_kraju_2007_2015.aspx
- Struktura wysokości emerytur i rent wypłacanych przez ZUS po waloryzacji w marcu 2013 roku*, ZUS Warszawa 2013, pozyskano z: www.zus.pl/files/Struktura%20wysoko%20emerytur%20i%20rent%20wyp%20acanych%20przez%20ZUS%20po%20waloryzacji%20w%20marcu%202013%20r.pdf