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Senior policy in Poland: compensation of needs and active ageing

Keywords: old age, senior policy, *age management policy*, social assistance, long-term care

Abstract

Poland has been experiencing a number of problems related to social and demographic changes – ageing of the society in particular. However, the national social policy for older people has just begun to form. This study presents the main trends in the said policy. It presents forms of social support aimed at older and old people, having the form of benefits and social assistance services.

Negative (?) value of pensioners, i.e. the “burden” of the old age carried by Poles

Ageing of the society is a challenge for national policies, especially for the pension system, health care, social assistance and public finance. In 2014, each Pole contributed almost PLN 19 400 (around EUR 4 600²) for statutory liabilities. Expenses on retirement and disability pensions, care allowances etc. amounted to nearly 1/3 of the above amount – ca. PLN 6 800 (i.e. ca. EUR 1 600) and were the largest figure in the national budget (Łaszek 2015, work). Those expenses will be growing together with progressing depopulation.

Demographic forecasts show that in 2050, the percentage of Poles aged 65 or more will exceed 23% and in 2050 it will be close to 33% which means that seniors will make up one third of the nation. As a result of double ageing, people above 80 years of age

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² According to the exchange rate as of September 2015

will make up almost 32% of this sub-population (*Demographic Situation...*, 2014, p. 35, 37). Relations showing the economic burden ratio will change to the detriment of the economy. In 2030, there will be ca. 40 persons in post-productive age per 100 persons in productive age (*Social Policy Strategy for the years 2007–2013*).

The care-giving (nursing) potential of Polish families, measured as the proportion of the number of caregivers (usually women aged 46-64) to the number of persons in old age (80 or more), has been decreasing (see Szukalski 2012, p. 27, 37). Due to migration of young people, seniors are left alone, family bonds are weakening as the number of people in need of care is on the rise and the new models of “remote” care-giving appear at the same time (see Krzyżowski 2013, p. 36, 44-52).

Over 96% of persons aged 65 or more were administrators of their pension benefits in 2013. This is the only social group with steady and countable income and wealth gathered during their lifetime (e.g. real estates – houses, flats). The value of net income per person among seniors is statistically higher than in other households – the average monthly income for disposal in pensioners’ households was almost by PLN 100 higher than the average income of all Polish households (*Retirement and Disability Pensions in 2013 ...*, p. 31). Relative poverty affects 12.6% of pensioners, statutory poverty – 3,7% and very low quality of life determined by the living wage affects 4.6% of them, whereas for the people in Poland in general the figures are as follows: 16.7%, 6.5%, 6.7%, respectively (Kalinowski 2014, p. 31-38). However, if we take into consideration such variables as the living environment (city, town, village, region), level of education or health condition, there is a huge differentiation in the subjective perception of one’s financial situation.

In 2011, persons aged 65 or more were members of 30.5% of the total number of Polish households (*Ludność w starszym wieku*, p. 13). According to studies, intergenerational flow of benefits in Polish families from the oldest to the youngest generations concerns mainly looking after small grandchildren, financial support and material resources (including legates) (Tomczyk 2011, p. 123-140). This thesis, illustrated in table 1 and in figure 1 has been confirmed by the studies carried out by the Polish Gerontological Society (Czekanowski 2012).

Table 1. Forms and targets of family support (in %)

Forms of assistance	Elderly parents	Help direction	Their adult children
grandchildren-minding / home care	46.4	→	40.9
financial assistance	44.3		24.8
sharing an apartment	39.3		24.0
providing food	26.9		23.4
material assistance	25.0		22.2

Forms of assistance	Elderly parents	Help direction	Their adult children
help whit domestic works	26.0	←	60.1
assistance in shopping	17.0		48.3
errands in offices	8.5		48.4
help on the farm	7.4		10.9
other help	7.1		12.8

Source: work based on Czekanowski 2012, p. 248–256.

Figure 1. Scope and transfer of intergenerational benefits within a family



Source: own work on the basis of data from table 1.

Older parents receive support in the form of help in doing house chores, shopping and visits in offices. However, the percentage of pensioners' households using external help (financial support and services) in the perspective of 4 years has increased by 3 percentage points – from 6.8% in 2009 to 9.8% in 2011. This is a symptomatic change, pointing indirectly to the weakening of the social and economic position of this group in relation to other social and economic groups (*Social Diagnosis* 2013, 2014, p. 68). Those

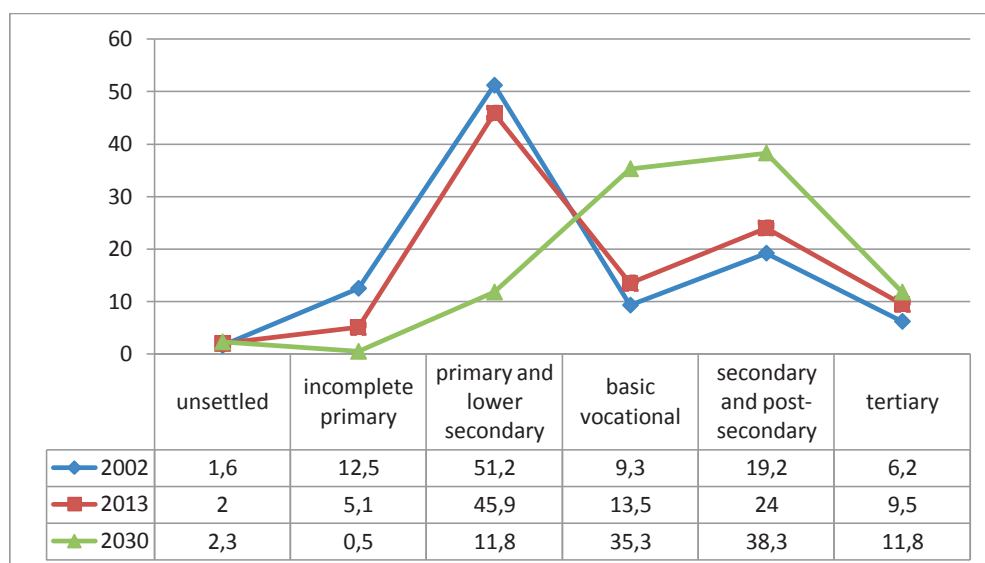
figures will surely be growing together with the progress of demographic ageing and growing consequences of increased migration.

Poland has still a rather low human capital index. Analyses conducted by the authors of *Social Diagnosis* (p. 109) show that it has been growing steadily since 2007. However, for the generation of pensioners, this index is very low and equals 31.20 (ibidem, p. 112). In the comparative studies of 2008, Polish pensioners were in the last, 16th place in the group of the European countries taken into consideration in the comparison (*Poland's Intellectual Capital*, 2008, p. 124 and subsequent). It is determined by such factors as the low level of professional activity, poor access to medical care and the feeling of alienation among older people.

Education is an important constituent of human capital. In 2013, in the group aged 65+, 9.5% had tertiary education, 24% had secondary and post-secondary education, 13.5% had basic vocational education, 45.9% had primary and lower secondary education and further 5.1% had incomplete primary education. The level of education was not established for 2.1% (*Demographic Situation of Older People* 2014, p. 9). In the decades to come, the number of seniors with higher education will be larger. In 2030, for people aged 68-72, the respective figures will be as follows (from tertiary to incomplete primary education): 11.8%, 38.3%, 35.3%, 11.8% and 0.5% (see Szukalski 2008, p. 47).

The growing level of education will have consequences in the form of new higher-order needs of older people in terms of quality. *Silver economy* services will thrive, *leisure industry* will be more and more important and the education market will be wide open to

Figure 2. Change in the level of education among persons aged 65 or more – forecasts



Source: own work on the basis of: National Census 2002; Szukalski 2008, p. 47; Demographic Situation of Older People 2014, p. 9.

education of people in non-mobile professional age and pensioners and, in particular, to education in and for the old age (for example, University of the Third Age – U3A, as well as health care and social welfare staff, social services, NGOs' leaders etc.).

Data of the Central Statistical Office show that in 2013, the number of pensioners and retirees in Poland amounted to almost 9 million, constituting over 23% of the general population. Almost 70% of that group were retirees (6.3 million). The largest age group among retirees were persons above 75 years of age (30%) (*Retirement and Disability Pensions in 2013*, p. 17, 20). The above figures should be referred to the *double ageing* process. The increased number of the “oldest of the old” is the cause of increased pressure on public spending related to retirement pensions and benefits, as well as treatment and care. So, do the retirees in Poland lead a high quality life? In the *Global AgeWatch Index 2014*, Poland was ranked 32nd among from 96 countries of the world. So, Poland's place is in 1/3 of the ranking. This is caused by the quality of factors presented in table 2.

Table 2. Quality of life of retirees in selected European countries (indices according to HelpAge 2014)

Descriptor		Country			
		NORWAY	POLAND	RUSSIA	UKRAINE
Rank AgeWatch 2014		1	32	65	82
Rank HDI 2014		1	35	57	83
People over 60 years in 2014		1,023 mln (21%)	8,3 mln (21,8%)	25,4 mln (19,4%)	9,8 mln (21,7%)
People over 60 years in 2050		29,5%	39,3%	28,8%	31,5%
The basic monthly pension in USD		~ 1012	~ 570	~ 302	~ 150
Income security	Max 100 p.	89,1	77,8	72,9	70,2
Health status		73,5	55,3	27,1	27,3
Capability		76,2	27,3	45,1	15,2
Enabling societies and environment		80,1	69,2	55,5	54,8
Retriment age		67	60-67 W 65-67 M	55 W 60 M	59 W 63 M

Source: data HelpAge International 2014

The weakest points of the national senior support system are still the insufficient number of geriatricians and badly functioning health care system. The Euro Health Consumer Index of 2014 (EHCI 2015) shows that the situation of the health care system is really bad. Polish health care system scored only 511 points out of 1000.

Other shortcomings include low level of human capital of seniors and poor representation of older people on the labour market.

Our daily old age, i.e. the role of social policy in the shaping of senior-friendly environment

In the face of ageing of humanity, actions aimed at setting priorities and policy trends with regard to old age and seniors are important. According to Adam A. Zych: *The first concept of integrated and long-term "old age policy" appeared in France in the beginning of 1960s. when the Commission for the Study of Old Age Problems prepared a report entitled: „Politique de la vieillesse” (1962), acknowledging the decisive role of the state as the creator of the old age policy* (Zych 2010, p. 124–125).

Social and demographic trends set new trends in the broad concept of senior social policy. This is a new dimension of social life in Poland.

The primary goals of current national senior policy are aimed at providing older people with an opportunity to lead a healthy, independent, active, safe and satisfying life and enable them to participate in public life fully and independently.

This policy is based on three pillars: governmental initiatives, activities of self-governments and non-governmental organisations.

The analysis of initiatives and programmes taken up under the national senior policy and implemented in the years 2007–15 requires a reference to the establishment of the Department of Senior Policy at the Ministry of Labour and Social Policy in 2012. In 2013, the social Senior Policy Council was appointed. The Parliamentary Team for U3A and the Parliamentary Commission for Senior Policy were established. The goals of the Governmental Programme for Social Activity of Older People (ASOS) for the years 2014–2020 were set (*Resolution No. 237 of the Council of Ministers*, 2014). ASOS has been financially supporting projects aimed at building solidarity between generations and promoting activity among older people. Also in 2013, the goals of the Long-term Senior Policy in Poland for the years 2014–2020 were adopted (*Resolution No. 238 of the Council of Ministers*, 2013). Its goals are expressed in postulates concerning the promotion of health and disease prevention, development of care-giving services, support for non-formal care-givers, development of alternative forms of care for seniors. The postulates also concern investments in equipment and devices used to satisfy the needs of older people as this is what is needed most. The goals also relate to the support of people aged 50+ on the labour market. They are expressed in the efforts to support and ensure healthy and active ageing, as well as to ensure independent, satisfying life, even despite some functional limitations.

While considering Polish social policy, the implemented retirement pension reforms, which introduced bridging retirement and which limited early retirement opportunities, must be taken into consideration. Despite high resistance on the part of the

parliamentary opposition and labour unions, gradual increase of the retirement age to 67 for both men and women was introduced.

Other programmes that make up the social policy reforms in the area of labour market open to people in non-mobile professional age were expressed in the establishment of the National Training Fund. Its goal is to provide funds for various forms of education and training of employees aged 45 and more. What is also worth mentioning is the programme entitled “Solidarity between Generations”, i.e. a set of governmental activities aimed at increasing employment rate among people aged 50+. The government also offers support for employers employing older people by allowing various tax credits and exemptions from payment of contributions for the Social Security Fund. Those specific programmes should be treated skeptically as it does not seem that they can contribute to economic activation of seniors in any way.

Of utmost importance, yet very neglected, are actions taken up in the area of health protection. Optimization of the *status quo* consists in modernization and upgrade of infrastructure of the health care system, increasing financial expenditures on oncology, as well as facilitating access to medical geriatric specialisation. Apart from hospital care (the so called geriatric wards), in 2013, there were 379 chronic medical care homes in 2013 for 22,000 patients, 152 nursing homes for 6,400 patients and 73 hospices for 1,307 patients (*Cocncise Statistical Yearbook of Poland 2015*, p. 223). The scale of social needs is much larger. In 2015, the National Geriatrics Institute was established. It was meant to be a special centre for treatment and care for older people, as well a place of education in geriatric specialisation.

The policy pursued by local self-governments (provinces, districts and communes) can be seen, for example, in the work of provincial councils for senior policy appointed at marshals’ offices. There are efforts to establish representations of older residents – commune senior councils – in every local environment. Such councils would provide consultations, advice and propose initiatives (more about local senior policy in Poland: Szarota 2014).

The civil movement is seen in the activity of non-governmental organisations. Therefore, it is necessary to point to the Polish phenomenon, a unique example of good-hearted charity, i.e. the ongoing activity of the Great Orchestra of Christmas Charity which – while helping sick children for over 20 years – has also been raising funds for geriatric purposes since 2013, in particular, funds for equipment in hospitals, care-giving facilities and devices for chronically ill persons in late and old age³ (www.wosp.org.pl). The Fund gathers millions of zloty each year donated by ordinary people. In this way, the society, “replaces” or “helps out” the public policy of the state.

³ Almost PLN 21 million was used to purchase equipment for 67 facilities. 2270 pieces of various equipment were bought, including 1109 electronically controlled beds, medical equipment, such as cardiac monitors, ultrasound devices and rehabilitation equipment [www.wosp.org.pl].

One of the important elements of the emerging senior policy is the cooperation with non-governmental organizations for the benefit of seniors, e.g. with the largest representation of seniors – The Polish Association of Pensioners and Disabled Persons (www.pzerii.org), whose traditions date back to the years before the outbreak of World War II, i.e. before 1939. This association is a strong social force. For decades, it has been carrying out activities for the benefit of pensioners and disabled persons. Gathering over half a million members, it cooperates with the most important state authorities and organises cultural and artistic activities for its members. It cooperates with local self-governments, supports old and disabled people in solving their everyday problems and gives advice on overcoming difficulties.

In the last decade, in the dynamic surge of intense cultural and educational movement of Polish Universities of the Third Age⁴, two non-governmental organisations appeared: Polish Federation of Universities of the Third Age (2007) and Polish Agreement of Universities of the Third Age Foundation (2008). Those organisations organised the meeting of the first Polish U3A Congress in 2012. The result of their efforts is also the previously presented Governmental Programme for Activation of Older People (ASOS) for the years 2012-2013 and 2014-2020 with a separate substantial fund for non-governmental initiatives and pro-senior programmes. The issues and problems of senior policy are considered at September forums of the third age and U3A congresses, during “senioriadas” (senior picnics and meetings) organised each year in various cities. On the International Senior Day, 1 October 2015, the Polish Parliament held the first meeting of the Civil Senior Parliament, i.e. a non-political, ideologically and religiously neutral Polish representation of older people. The Civil Senior Parliament, being a representation of older people, in agreement and through cooperation with state authorities and local self-government on creating and controlling senior policy, will be representing the interest of the oldest citizens.

The activity of many other traditional and new formations, associations and social organisations for activation and social integration of other people is very dynamic (Halicka, Halicki 2002, p. 189–217)⁵. The voice of a Polish senior can become stronger, not

⁴ Polish Universities of the Third Age (U3A) have over 40 years of history. The first one was established in Warsaw in 1975. In 2003, there were around 30 of them and in the academic year 2007/08 – as many as 125. After years of elite, academic work, only 9 centres took the form of open education associations in local environments. In their promotion work, they use resources and elites of local communities. According to the data of the Polish Association of Universities of the Third Age as of October 2015, there were 555 of them in Poland with over 160 thousand participants. This social force cannot be taken lightly.

⁵ Among many other entities, there is the Polish Institute of Silver Economy (www.kigs.org.pl), which has been supporting cross-sectoral activities for silver economy. Its partners include governmental and self-governmental administration, entrepreneurs, social research centres and senior organisations. Goals related to social and professional activity of older people are also pursued by the Foundation for Healthy Ageing (www.zdrowestarzenie.org).

only immediately before parliamentary or self-governmental elections. This is a good start to the building of an environment which is friendly to ageing and old people.

In the Act dated 11 September 2015 on older people – i.e., according to the governmental definition, people aged 60 or more – senior policy is defined as the “activities of public administration authorities, as well as other organisations and institutions that fulfill tasks and initiatives that shape the conditions for dignified and healthy ageing” (Dz. U. of 26 October 2015, item 1705, Art. 4.). Poland must conduct a systematic and thorough analysis of the situation of older people – from demographic situation, through social and living conditions, family situation, professional, social, educational, cultural, recreational and sport activity to health condition, situation of disabled persons and their care-givers, availability of social services and prevention of ageism. Time will tell if those plans will be put into practice.

Social assistance for older and old people as an instrument of senior social policy of the state

Social assistance pursuant to the first Polish Act on social assistance of 1923 was the responsibility of the Ministry of Health and Social Welfare (Dz. U. of 1923 No. 92 item 726). Legislative solutions contained in the Act on social assistance of 1990 adapted to the new social and political conditions moved this domain of social and assistance activities to the Ministry of Labour and Social Policy. The Act provides for procedures for practical implementation of the goals of the national social policy. Together with the administrative reform, they were radicalized in 1999 and later put forward in another Act on social assistance of 2004 (Dz. U. of 2013, item 182 as amended) and amended in 2015 (Dz. U. of 2015, item 163). Those documents do not consider old age as the social issue. On the one hand, this is justified as older people is a group of millions of people with various needs and demographic qualities. One cannot treat the natural stage of human life as a dysfunctional or pathological situation. On the other hand, however, references to specific situations and problems of individuals who are victims of diseases or critical events are necessary. Therefore, the proposed solutions will serve a good purpose for this age group.

Among from the existing forms of social assistance, activities taken up in the area of compensatory and preventive actions should be pointed out.

Compensation means monetary and non-monetary benefits, rescue work and intervention in the form of – for example – organisation and provision of care-giving or nursing services at the place of residence of an old person, creation and operation – at the level determined by the standard of the Ministry of Labour and Social Policy – of social assistance institutions and centres, such as day assistance centres and day care homes, family support homes and social welfare homes. This also means extension of hospitals and geriatric centres, care-giving and medical facilities and palliative care centres, as well as the care for a high standard of geriatric services provided by community nurses. Com-

pensation is of conscious and purposeful nature, planned as a result of the conducted social diagnosis. In the area of compensatory function, one of the important gerontological issue is the development of forms and methods, as well as building resources and tools used to provide care for seniors who lost their functional skills, are alone or alienated and cannot cope with difficulties, they and their families are hopeless in the face of a chronic disease, poverty or unfortunate events.

Prevention has the form of activity (such as preventive and educative activity) of the state government and its authorities, self-government units, education facilities and counselling centres, social organisations and health service, community care-givers, senior's assistants etc. The purpose of prevention is to keep the persons under care in their natural environment for as long as possible, to create conditions for independent, active life in dignified conditions and at a decent level, as well as to help them in building their own positive image as older and old persons.

The existing activities have been aimed at compensation of needs, equalisation of deficits of the weakest older people through benefits from two poorly cooperating and task-duplicating ministries: health protection and social assistance. The hard and strenuous work initiated in the 1990s, aimed at the development and implementation of specific standards of social services in day care centres seems endless. Moving to a care centre or social welfare centre is the last resort chosen after exhausting every other form of social service. However, it should be noted that older people are provided with decent living conditions in day care centres, family support centres, social welfare centres and similar facilities. The problem is the low availability of nursing and care services, especially in rural areas. There is still a lack of offers for persons in need of assistance in the Polish social policy. There is a shortage of activities targeted to the social environment of such persons, especially their families. Long-term community nursing for dependent people does not work well, the problem is the lack of staff. Moreover, there is no universal care insurance or legal solutions stabilising pension funds. In the nearest future, this will result in a very bad financial and social condition of seniors.

The main goal of social assistance as an institution of the state social policy is to develop and provide benefits aimed at social and professional activation, integration and reintegration of persons and families experiencing difficulties in their lives, individuals and groups at risk of social exclusion. Social assistance understood in the above way uses various forms. The basic forms include (selected according to the needs of older persons):

- 1) social intervention, mainly in the form of monetary benefits (various types of allowances) and subsidies for meals in small dairy restaurants, payment of remuneration for care-giving, as well as crisis intervention, provision of shelter, food and clothing
- 2) social work
- 3) provision of specialist counseling (psychological, family and legal counseling), provision of information on rights and entitlements

- 4) creation and implementation of protection schemes, scheme effectiveness control
- 5) (specialist) care-giving services at the place of residence, in support centres and family support homes
- 6) sheltered (supported) apartments
- 7) day assistance centres, including day care homes creating conditions for active recreation, social meetings and social activation
- 8) social assistance centre services (living, care-giving, support and education assistance services)
- 9) services of centres providing 24h/day care for disabled persons, chronically ill patients or older people (care-giving services, including organisation of leisure time and living services) under their business activity

The reform of the social assistance provides for an intensive development of prevention and intervention (rescue) forms of services for old and disabled people. Those include both existing and new offers (selection):

- 1) introduction of preventive services, including social work, education activities (economic training, methods and forms of organisation of leisure time, education in replacing the family in their duty of care for older, sick and disabled persons), counseling, animation (activation) of local community, support for self-help, social project, social contract etc.
- 2) new quality of intervention services: optimization of the standard of care services at supported apartments, day support centres, family support homes and social assistance homes, introduction of neighbor care services provided at the place of residence (more: *National Report...* 2011), social subsidy for intervention services, care cheques for expenses on care-giving services and compensation of costs of qualified care provided by assistants of dependent persons; leave of relief for family care-givers with guaranteed replacement at home or care centre – used for regeneration of one's strength.

Another effect of the state senior policy is the initiative Program Senior – WIGOR⁶ providing for subsidies and launching, by 2020, day care centres in every Polish commune – WIGOR day homes and WIGOR senior clubs, each for ca. 20 older people. The purpose of the new centres is to provide day care and to activate the recipients of services. The services include: a hot meal, recreation, sports and educational activities, access to a library and reading room, audio and video equipment, computers and Internet. Homes are open on working days for at least 8 hours a day. The form of their work is based on the model combining the goals of a senior club, a library and a rehabilitation office (Szarota 2015, p. 232).

⁶ WIGOR (Vigor) – an acronym of the following Polish terms: Wiedza (Knowledge), Integracja (Integration), Godność (Dignity), Opieka (Care), Rehabilitacja (Rehabilitation). (See: *Long-term „Senior – WIGOR” programme for the years 2015–2020*, Draft dated 31 December 2014 r.).

Summary

It is impossible to list and discuss all the projects that make up the recent Polish senior social policy. This trend in the public policy is characterized by strong dynamics and is based on social dialogue with representations of seniors, as well as flexible response to demographic changes under the influence of representatives of older people. The activities are aimed at active ageing. The problem of alone, dependent persons in late old age maintaining single-generation or individual households has been neglected. The weakest link is the geriatric medical care. There are few physicians who specialise in geriatrics, there is a lack of nurses, assistants and care-givers of old people (both formal and, in particular, non-formal, family care-givers).

The neglect caused by the lack of solutions for optimisation of life space can increase isolation or even social exclusion of older people. Therefore, it is worth to promote initiatives that include older people in the social and cultural space. The so called good practice includes various projects and social campaigns, such as “senior-friendly places”⁷, including those, whose goal is cultural activation (openness of cultural institutions manifesting e.g. in free participation of seniors in general rehearsals of various performances), as well as intellectual activation, spreading through the activity of universities of the third age or participation in senior clubs.

It should be noted that there is a strong consumer trend in Poland related to the silver economy. It has become obvious that if the humanitarian aspect of the problem of ageing society is not recognised, then the pressure of older consumers and social service recipients will force the development of senior policy. Whether we want it or not – the future belongs to old people.

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⁷ Global Age-finedly Cities – a global initiative that has been creating a network of senior-friendly cities since 2011. Its initiatives include timetables printed in large fonts, extended green light cycle on pedestrian crossings, more benches in public places, availability of public toilets. See: Żakowski 2013.

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