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Senioral social projects in the perspective of selected European countries

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Abstract

What could a happy old age look like and is it possible at all? According to Zofia Szarota (2012, s. 15–22) the fulfillment of a happy old age is possible, however, appropriate action should be taken early enough to achieve this goal. Education for old age should contain “five criteria, areas of human activity: biological criterion (healthy eating habits, looking after one’s health, hygienic lifestyle, physical activity), mental criterion (self-knowledge, healthy egoism, self-acceptance, realistic optimism, positive thinking of one’s future, avoidance of stress), social criterion (not succumbing to negative old age stereotypes, maintaining social activity, bonds with family and friends, engaging in the activity of various organizations and associations, assuming new social roles, sharing oneself with others), intellectual criterion (shaping cognitive curiosity, evoking and fostering interests, pursuing one’s passion, creative spending of leisure time, maintaining intellectual prowess through cognitive and educational activity, being open to ongoing changes), as well as economic criterion (“sensible” life – saving money for a decent retirement, ensuring one’s reasonable financial status and decent living conditions)”. Unfortunately, fulfilling all of the above criteria depends on the social policy of a given country, its economic factors, as well as increase in the awareness of both younger and older social generations. Some societies have model examples of old age while others need radical changes. However, it is worth looking for best solutions and follow international leaders setting social standards with regard to care and support for the older generation.

This paper is an attempt to present some interesting initiatives and solutions concerning social support for older people. The examples have been drawn from the experience of West-

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ern European countries which, being richer and having better institutional systems, have developed interesting support models that can be currently implemented in Poland. Some of those solutions, in a limited form, had already been functioning in our country in the past and now we should return to them and give them a new, better quality. Other solutions require adaptive changes reconciling the needs of beneficiaries with market, legal and institutional capabilities.

Introduction

This paper is an attempt to look for some interesting initiatives and solutions concerning social support for older people. The examples have been drawn from the experience of Western European countries which, being richer and having better institutional systems, have developed interesting support models that can be currently implemented in Poland. Some of those solutions, in a limited form, had already been functioning in our country in the past and now we should return to them and give them a new, better quality. Other solutions require adaptive changes reconciling the needs of beneficiaries with market, legal and institutional capabilities.

To combat the common view that the population of older people is a heavy, multi-dimensional burden for the state and the society is a challenge for the European social policy. The perspective of demographic ageing of Europe² has been forcing politicians to undertake measures that will reduce negative consequences of ageing of the society in advance. According to Piotr Szukalski (2012, p. 6–7), the most commonly listed threats related to the quantitative predominance of older people over younger generations, is the increase of public expenses on social and medical benefits, nursing and care services, as well as institutional support. Apart from growing expenses, there is a risk of decrease of the size of the group of people in productive age with simultaneous tendency for ageing of work resources. Financial budget revenues are lower while expenses are becoming higher and higher. In the public opinion there is a myth that older employees represent a low level of innovation, they are reluctant to introduce changes, they learn slowly and it is difficult for them to acquire new skills, they often fall ill, become disabled and therefore cease to be attractive on the labour market. Those unfavourable opinions do not help strengthen the position of older people in the social or professional environment. For the public opinion, old age is more about costs than profits and the society is rather reluctant to invest in this social group³.

² E. Trafialek (2012, p. 9) writes that (...) the decrease of the number of people in productive age which began in 2012 will result in the increase of the number of people aged above 60 in future years at the rate of 2 million per year. As a consequence, in 2060 there will be only 2 persons in productive age per 1 person aged 65 or more in the EU. The current proportions are 1:4”.

³ For example, it is easier to receive financial support for fund-raising charity events for sick children and orphanages than for older people and day care facilities for older and disabled people.

In order to minimize the above risks, the activity of older people should be strengthened at each stage of human development. This requires popularization of the concept of ageing and old age, strengthening of senior's activation so that they could remain professionally active, fit and independent for as long as possible, so that their guardians could receive public support and so that corporations could recognize positive values in older people and their professional experience for their own business development.

Participation of seniors in economic development

Many economists see in older people many opportunities for maintaining high economic growth in Europe, creation of jobs and an economic chance for prosperity. They recognize the opportunity of economic growth in promoting the concept of four branches of economy: green, white, blue and silver. The *green economy* means a conscious prevention of negative impact of human civilization on natural environment, responsible use of its resources, searching for renewable energy sources, as well as aware and sustainable consumption. This also encompasses the development of tourist amenities and services, as well as creation of recreational business with environmental safety in mind. According to forecasts, seniors will have much share in this branch of economy. Their free time will be animated by a number of institutions aimed at relaxation activities, promoting various forms of activity, including health and well being, activities for the benefit of community integration, helping people to break out of their isolation and loneliness. Those initiatives will also compensate for senior's lack of basic skills, for example in the area of new information technologies used in everyday life.

The *white economy* is connected with health care services. In the future, its activity will require high specialisation of services for older people.

The *blue economy* is based on innovative solutions promoting generation of new jobs, multiplication of social capital, development of entrepreneurship, introduction of new technologies and business models serving the general good – the social good, including older employees. In this area, the goal is to protect employee's rights, to modify organizational structures of companies in order to take into consideration senior, professionally experienced personnel, to make the working time of employees more flexible, to change the values and principles preferred by employers with regard to their employees, to effectively manage professional potential of older employees as masters and experts.

The area of *silver economy*, aimed at satisfying the needs of older people, is crucial to economic development. According to forecasts, this area will be developing dynamically in the future. Today, for many business entities, the key customer is the young and middle-aged generation. In many cases – except the so called luxurious, medical and recreational commodities – the potential and consumer capabilities of the older generation are underestimated. Today, for many branches of marketing, this generation is not as attractive as the dynamic and rapidly changing young generation. In the opinion of traders, the older

generation does not use as much goods and services as the younger generation. With time, this approach will surely change. In the future, the target group for many companies will not only be older people, but also people entering their senior age. In market goods and services they will find practical and usable value, suitable for their age, mental and physical capabilities. The group of silver economy customers, according to Piotr Szukalski (2012, p. 7), will additionally encompass institutional structures for seniors and such structures will be interested in the implementation of innovative technologies creating new consumers' demands. The development of silver economy means the development of its branches. Szukalski (ibidem, p. 8) expects that those branches will refer to: *professional activity of older generation*, their independence and self-reliance in everyday life by using "civilizational prostheses", as well as innovative solutions for intelligent buildings, *leisure time industry* combining education, entertainment, tourism, recreation, house pet care, as well as the area of *well-being and grooming, self-esteem*, the area of *intragenerational and intergenerational integration and the area of financial services* related to personal consultancy enabling efficient use of capital gathered during old age. The activities in the area of silver economy are intertwined with other areas: white, green and blue. In the above economies, older people are becoming more and more important customers. This potential has been recognized by companies, politicians, public administration, industrial and social organizations, however, it has been little recognized by seniors themselves. This tendency results from the views, stereotypes and approach of the older people themselves. One of them is to put responsibility for health on doctors and specialist while not being aware of one's own contribution to their well-being. Seniors are also reluctant to participate in care costs despite the wealth gathered for many years. They are more eager to give all their wealth to their children and families instead of using it to improve their quality of their life (reverse mortgage). Demographic changes also force the employers to adjust their work conditions and workplaces to the needs of senior employees. In the future, senior employees will be the predominant group of employees. In this regard, the concept of age management will be justified (more broadly: Kijak, Szarota 2013, p. 30–33; Podkański 2012, p. 11–19).

The concept of lifelong learning is also becoming of utmost importance. In order to maintain independence and self-reliance in everyday life, seniors must update their knowledge and develop new skills (more broadly: Szarota 2012, p. 7–18). Despite their apparent reluctance to use contemporary digital equipment, they must know that those technologies will be developed even further and enter into our everyday life more and more aggressively. Computer and mobile phone skills acquired once may be insufficient in further family, social and professional life. Similarly, a passive lifestyle preferred by contemporary seniors will not work in the future. The society will require older people to participate and engage in self-organization, self-care and participation in community activities. With the expected functioning of single-person households and disappearance of family bonds and change of the family model in the future, seniors will be obliged to create decent conditions for their old age on their own.

Good social practice in the European Union countries with regard to senior support

Today, the term “dignified old age” is defined differently in individual European countries. This is determined by social conditions in each of the countries. Some European politicians call the economic differences between individual countries as two-speed Europe. There is Western Europe with its well-developed economy and social benefits and there is East-Central Europe, the second speed Europe which, due to its past experience and poorer economy has significantly lower social standards. The role of the European Union is to achieve uniform standards in the social policy of member states, especially with regard to the older population. It will require a lot of legal regulations at both EU, national, sub-national and local level. Probably, those decision will be intertwining with the four types of economy discussed earlier and will be related to: environmental protection, health care, education, employment, retirement age, social package, coordination of social security systems, combating energy poverty and searching for renewable energy sources used to increase the quality of life of citizens, immigration policy of member states etc. Those regulations must also take into consideration the community tendencies for economic migration and free flow of employees within the EU and thus ensure continuous social security of employees and payment of retirement and pension benefits in any country of their residence. This regulation also provides for a free choice of medical services provided by member states, as well as a broad access to social benefits, which to some extent could be abused by citizens of poorer member states (Anioł 2011, p. 1-8).

An integrated transfer of proven social solutions for seniors in the European Union will not be possible for some time yet. Social Europe will maintain its economic gap for a long time. This is affected by internal social policy of individual countries depending on their economic growth, as well as domestic social and economic problems together with supranational difficulties

Before the harmonization of social policies with regard to older people in the European Union is put into practice, it is worth to analyze the experience of individual selected countries relating to care and support for older people that are worth mentioning.

The Great Britain experience

One of the interesting solutions in the British system of care for chronically ill seniors, which is not present in the Polish health care system, is the consolidation of social services. Those include medical, nursing, rehabilitation, therapeutic, transport and catering services that can be used by patients. The majority of patients referred to hospitals are patients with paresis following brain stroke in order to regain motor skills enabling them to function in everyday life. With time, the burden of medical consultations is assumed by local geriatric care represented by an interdisciplinary medical and therapeutic team. This solution helps home caregivers of dependent persons, lifts the burden of eve-

ryday nursing and care from their shoulders during the period of the patient's stay at the centre and, what is most important, strengthens patients physically and mentally in the period of recovery (see: Dziubińska-Michalewicz 2004, p. 2; Szulc 2012, p.108). Another good senior support practice in the British social and medical system is the close cooperation between the medical staff and social workers. Quick flow of information, in-depth diagnosis, cooperative medical and social intervention ensure better, more efficient help for those who need it. In the Polish system, there are no such close relations between medical personnel and social workers. However, such relations had appeared in the Polish tradition of social work in the past. At the moment of passing the Act on Social Welfare in 1990 (Dz. U. 1990, No. 87, item 506), social workers left the health ministry and became employees of the new ministry, the Ministry of Labour and Social Policy. Until then, they had been working as the health service system staff. Many of them worked in medical outpatient clinics and had everyday, direct contact with community nurses and attending physicians.

In the British social support system, the local actions supporting older people in their own place of residence are also worth mentioning. Those include, for example: occupational therapy in private homes conducted by professionals, laundering services, help in everyday activities, such as shopping, cleaning, dealing with official matters, preparing meals, assisting in transport, providing legal and social consultations. In Polish support systems, there are similar forms of help provided by community caregivers or older people's caregivers hired by social welfare centres. Some of the services are treated as specialist care services, such as work with a speech therapist or psychiatric care. To a very small extent in Poland, the work of professionals is supported by volunteer work. In the British system, there is a broad network of volunteers organized "by associations of people before their retirement age. Care-giving services are provided as part of self-help groups in exchange for a guarantee of receiving the same help in the future. On the basis of the Act on non-formal home caregivers of 1996, local authorities are obliged to take into consideration the work of non-formal caregivers in their actions and decisions and to support them in providing assistance. Those non-formal caregivers are usually family members (Dziubińska-Michalewicz 2004, p. 3; see also: Szulc 2012, p. 108).

Swedish practice

Care services for chronically ill people in Sweden are professional and very well-developed. Apart from medical and nursing care, patients at home receive rehabilitation and physical therapy. Medical services are employed by self-government authorities and are at the patient's everyday disposal. Home assistance is very well developed and, like in Poland, encompasses care-giving and specialist services together with broad support for sick and disabled people in to improve their living conditions, including e.g. elimination of architectural and transportation obstacles and barriers. Care-giving services are also provided to animals in one's household. At the moment of placing a patient in

a hospital, social services, neighbours, friends or social organizations start to look after the property. Worth mentioning is the obligatory procedure of maintaining frequent, regular contacts between social workers and their patients. Usually, it has the form of a telephone contact. Home assistance services are paid. They are partially funded by patients and partially by the commune. If family or help provide home assistance, this scope of work can be funded by the commune authorities. In Poland, such a solution appears only in the senior policy principles as a tool for supporting non-formal care givers and is to be introduced as a systemic solution in the nearest future. In Sweden, if seniors are non-formal care givers, they receive a formal, legal assurance that in exchange for their commitment, they will be covered by a free home support system in the future if need be. In the Swedish system, there is also a home assistance benefit in place. It is given to the caregiver: a family member or a friend. In Sweden, there is also a social acceptance of various forms of collective housing of older people (see: Szulc 2012, p. 103–110; see also: <http://dps.pl/domy/index.php?rob=swiat&id=48>). For example, there are care homes (blocks of flats) consisting of small, single or double-person apartments managed by the commune. Apart from the residential section, there are also common areas. Such homes also provide medical help. A similar solution is in place in the German community support system⁴. Also, this system resembles the long forgotten specialised housing offer in Poland, targeted to physically and mentally able seniors (pensioners), operated by housing co-operatives, called Happy Senior Homes, colloquially referred to as pensioners' houses (Piłat 2010). Apart from a single or double-room apartment, the tenants – members of the co-operative, could receive specialised services, such as medical and nursing care, paid meals in a co-operative canteen or leisure time activities in a common room. Apartments in such a co-operative were intended only for older people with steady income, after prior payment of a partial financial contribution. The apartments operated a rotating system. It meant that when one of the tenant died or was moved to a social care home, the apartment became the property of the co-operative, who assigned it to another person from the waiting list. During the period of transformation into market-oriented economy and general economic chaos, some of the cooperatives had to sell their assets in order to survive and so the tenants were able to buy ownership title to their apartments. In such a situation, the apartments became the property of the family. The apartments became occupied by seniors' grandchildren, the tenants were becoming younger and more independent so they gave up on community services, such as common rooms or canteens which were an additional burden of the tenant's financial account. In today's perspective, this solution from 1970s–1980s is not very popular, the developers are now more eager to build apartments for young families than for older

⁴ Those are special residential houses for older people with separate apartments supervised by medical personnel on duty at a reception desk / porter's lodge or houses with apartments for people with limited mobility who are unable to maintain a household on their own. Therefore, they often use additional services, such as meals, organisation of leisure time or nursing care.

people. It is a shame that this model of housing is not coming back. It has a lot of potential for the development of senior volunteering, self-help and self-organisation of older people, which could relieve the system of institutionalised social support.

German solutions

Many European politicians support German solutions that are aimed at ensuring dignified old age for persons requiring long-term care. The purpose of the statutory obligation to pay care and nursing insurance introduced in 1990s is to ensure that older people with low and moderate income can pay the costs of home and institutional care. In the case of home care, the interested person can receive services provided by a competent entity or accept a financial equivalent of such a service with the intention to use it for the benefit of the closest persons who give up work in order to provide direct care for sick persons at home. It is worth mentioning that in the German system, non-formal caregivers (family members, closest friends of the dependent person) are covered by a free system of training and psychological support aimed at combating everyday nuisance and tiredness. (see: Szulc 2012, p. 103–110). This solution will probably be introduced in the Polish system and employees will have to pay an additional insurance premium. Financial and non-financial support for non-formal care givers has already been referred to in governmental documents setting the goals of national senior policy contained in the Principles of Long-Term Senior Policy in Poland for the years 2014–2020.

Austrian model

The system of care for older people in the Austrian system is not much different from typical European trends. However, one of the most valuable solutions is the coverage allowance for long-term care. This benefit is of universal nature. It is paid to anyone in need of long-term care. It does not depend on the income of the person in need. The purpose of introducing this benefit by Austrian authorities was to:

- “Promote independence of persons with regular care needs
- Allowing people to choose the type of care they need
- Support family caregivers
- Create new jobs and types of service
- Encourage people to choose home care instead of institutional care” (Ruppe 2013, p. 66)

Other solutions, such as the “Care Phone” (Pflegetelefon) and the website: www.pflegedaheim.at are also aimed at facilitating care of older people. Those are the instruments of the Austrian Ministry of Social Affairs whose purpose is to publish comprehensive information on home care management, the functioning of the care service centre, organization of advisory visits, as well as preventive measures (ibidem, p. 66). In Poland, similar role is played by regional divisions of the National Health Fund. Their websites contain information on long-term care institutions and support requirements. Unfor-

tunately, information on support in case of: illness, disability, age-related physical and mental impairments, low income, accidents etc. is not coherent. Such information is dispersed in many other ministerial institutions (social support system, Social Insurance Institution [ZUS], State Fund for the Rehabilitation of Handicapped People [PFRON], Farmers' Social Security Fund [KRUS] and programmes operated by public and non-public institutions. This distribution does not facilitate the quality or comprehensiveness of activities.

Another Austrian example that is worth following is the concept of the functioning of day clinics dealing with "geriatric remobilisation and (...) institutions dealing with (author's note) continuation of hospital therapies (...) or initiatives aimed at introduction of rules of management of hospital discharge" (more broadly: Ruppe 2013, p. 71). The initiative of dynamically developing structures of mobile geriatric teams aimed at: in-depth diagnostics, multi-dimensional therapy and social reintegration has also been working well. Alternative housing forms, such as "combined flats" for older people in need have been developed as well.

All of the above solutions appear in the Polish system, however, those models work best in the area of community psychiatric care. However, in other areas of institutional and non-institutional support, they require further reorganisation and clarification.

French inspirations

In France, social services for older people are more integrated. It results from the Care Service Strategy (SAP) developed and implemented in 2004. The strategy refers to the concept of social coherence. Under the strategy, the market of care services was established and new, permanent jobs were created. The achievement of the goals of the above strategy has been planned on three levels: client's level, professional caregiver's level and entrepreneur's level. *The client* – the beneficiary is given the so called CESU Voucher. There are two types of such vouchers. One of them is purchased by the interested person at the bank, at which they have an account. It is used to cover the costs of care services. "For households using intermittent help of external caregivers, using vouchers is beneficial as it limits administrative formalities connected with the engagement of an employee. Moreover, the services paid for are recorded by the client's bank, which allows the client to use a tax credit at the end of each fiscal year." (see: Surdej, Brzozowski 2012, p. 11). The second type of the voucher is available only at licenced entrepreneurs approved by the central state institution responsible for the development of ANSP care services. CESU Vouchers can be issued to employees by private companies, being an additional, non-monetary form of remuneration. (...) they can also be issued by private and public institutions: insurance companies, pension funds, as well as local and regional authorities (see: Surdej, Brzozowski 2012, p. 11 and subs.). The second level is the *person providing care services*. The caregiver receives a governmental support under the adopted strategy. Its goal is to give the caregiver the opportunity of acquiring

and improving qualifications faster (a system of easier validation of knowledge and skills has been introduced), better access to specialist trainings, guaranteed improvement of working conditions and, what is most important, ensure salary increase. An additional instrument is used to ensure salary increase – a subsidised allowance paid in addition to the salary. Unemployed persons have the possibility to combine unemployment benefit with casual jobs in the care sector.

The third level is the *entrepreneurs'* level. Activities in this area are related to the promotion of professionalisation of SAP services and support for private companies operating in this sector by allowing organisational amenities and tax credits (e.g. minimisation of administrative formalities through the development of voucher system, introduction of low VAT rate, increase of the scope of the support offer etc.). The whole care service system is strictly supervised. The supervision is carried out by ANSP agency, which also sets standards in this regard (ibidem, p. 11).

French solutions are comprehensive in nature, they create mechanisms for the development of the care service market. They are available to all the citizens in need. In the Polish perspective, the market of care services is in the phase of pilot activities. (care service standards are currently being implemented by Social Welfare Centres). Time will tell whether such services are universal and enter into the market, becoming subject to competition law. It is important whether the services are targeted to other groups in need apart from the clients of the social welfare system.

Italian examples

The Italian model of senior support gives preference to a solution, in which one of the children lives with his/her older parents and looks after them or visits them, organizing and supervising the care that is being provided. The Italian system, just like the Swedish and German one, guarantees financial allowance for families providing home care. If the family is unable to provide direct care, the financial support can be used for hiring a caregiver. Currently, care services for older people are usually provided by immigrants from Poland, Romania, Ukraine and Moldova (see: Perek-Białas 2012, p. 114). An additional help for families is the statutory employee's right to three days of holiday in each month in order to provide direct home care for older people. To some extent, it allows employees to reconcile employment duties with the duty of care and private life of professionally active members of the family. There are works pending on this solution in the Polish system as well (principles of the pro-senior policy), however, it will require a number of agreements between the decision makers and employers, who must find replacement workers for the time of employee's absence and incur related costs.

It is also worth to refer to Italian experience concerning the operation of social economy enterprises. Social co-operatives employing people from socially disadvantaged groups are typical for the Italian system. (<http://www.owes.fundacja-proeuropa>).

org.pl/sites/default/files/2007.10.pdf) Such co-operatives could create new jobs in Poland and employ older employees in the future. Senior employees could search for economic niches for their activity, for example in the area of care services or manufacture of goods targeted to older and disabled clients only.

International activation of seniors

Support for older people is not only about care and nursing services, but also about activities aimed at triggering civil activity of seniors, encourage them to participate in the creation of public policies and inspiring them to take part in various local projects. There are many examples of activation of seniors in the communities of the old Europe and some of them can become a source of inspiration for other local communities. In Hollingdean (UK), an initiative for the analysis of issues of poverty and marginalisation was established. In this aspect, the focus of interest was on nutrition methods, problems with access to stores, their topographic locations, quality of nutrition plants, register of local entrepreneurs producing and supplying food, eating habits and preferences of local residents, forms, methods and techniques of nutrition education etc. The authors of the project engaged not only representatives of local authorities and city councils (Department of Health Promotion, Department of Social Policy) or leaders of non-governmental organisations, but also the residents themselves. They established contacts with various social groups – children, adults and older people. They were also interested in religious and ethnic groups etc. The purpose was to obtain various points of view on issues related to food and eating. The authors used every opportunity to gather information and ideas (local festivities, school meetings, senior club events, meetings of hobbyists, they also created focus groups and conducted open workshops). At the same time, residents were given an opportunity to freely analyse their situation and seek for possible solutions. The material gathered became the basis for creating an outline of a local strategy for increasing citizen's access to healthy food (more: The Foundation for Social and Economic Initiatives (FISE) 2010, p. 52–55).

In Spain, with the help of the residents, a “Municipal plan for elimination of barriers” was developed. The founder of this project was a non-governmental organisation – ONCE Foundation acting for the disabled people. The challenge was to diagnose all the architectural barriers appearing in the urban area of Valdemoro city. The organisation identified all the parking lots for the disabled, city bus stops, quality of pavements, access platforms, availability of taxi ranks, public utility buildings and typical communication routes in the city. The materials gathered were used to prepare directives and instructions for city authorities to eliminate barriers while maintaining universal rules reconciling the needs of all the disabled persons, older and sick people, as well as mothers with children. (Ibidem, p. 45–46).

Another interesting project that brings generations together is the initiative of the English SynfoniaViVa orchestra (more: *Identity...*, 2011, p. 88–97), which attempted to

increase integration of local community through music workshops. The project initiated by the orchestra was attended by the representatives of local youth and senior groups. During the project, the goal was to change the mutual perception of the two groups, to recognize the contribution of each group to social development, to integrate various age groups through music workshops and joint public performance and, ultimately, to bring generations together.

Another interesting and attractive project is the international project for integration of social groups with fewer development opportunities. The project is entitled „Library for everyone” (more: *Identity...*, 2011, p. 79–87). It is carried out simultaneously in Austria, the Czech Republic, Germany and Sweden. The project is implemented as a local partnership by local public libraries together with institutions dealing with foreigners. The inspiration for the project was the idea that “for some time, we have been witnessing people of various nationalities and from various cultures meet in the European community. Those people have the same desire – to build a new, friendly home. Libraries can answer this need. They are centres of various activities as they bring together people of various generations, people who share the same hobbies or interests.” (Ibidem, p. 79). Libraries participating in the project offer a number of educational and cultural activities for various age groups. In their community work, a lot of emphasis is put on adaptive programmes for minority groups, as well as activities aimed at intergenerational integration. For example: in Austria, national minorities are offered free translation services and language courses, meetings and events encouraging unemployed women to integrate with the local community and there are social consultations concerning matters important to a given group and community. In Sweden, a cafe opened next to one of the public libraries is very popular. Its services are rendered in two languages: Swedish and Kurdish. The library allows foreigners to take part in free computer and language courses, the children can count on help with their homework and adults, including older people, can participate in various fine art workshops. In Germany, the offer of public libraries is aimed at helping students and adults learn German language and includes social support together with various educational and artistic activities for adults, including older people. In the Czech Republic, the municipal library in Prague offers events for foreign children, adults and seniors. Those events include concerts, workshops, meetings, theatre performances, public debates, Czech language courses and information materials presented in two languages, as well as help with translation of texts and proper writing.

Similar engagement of citizens can be found in Poland. Many public libraries operate social projects activating older people. Usually, they include initiatives aimed at combating social and digital exclusion. Those are usually free computer courses, information and education activities, cultural meetings, events, parties, as well as indoor and outdoor events organized with the participation of older people. Seniors also participate in a number of social projects. For example, the Provincial Public Library in Kraków

together with the Foundation for Economy and Public Administration has been implementing the project entitled “Needed – Active – Senior” since September 2015. The authors invited persons after 60 year of age to participate in the program, persons who want to make changes in their life and environment but are not sure how to do it. The participants of the project will acquire knowledge on mechanisms and possibilities of involvement in actions for the benefit of their communities and then they will put such knowledge into practice. The project provides for the following activities: civil coaching workshops, a studio visit, as well as organization of an Active Senior Day. The authors of the project assure that the beneficiaries of the project will have an opportunity to spend some quality time, acquire new skills and information, as well as establish new contacts and relationships (<http://www.rajska.info/o-bibliotece/...>).

Seniors’ activity is apparent in the area of public matters. Many municipalities, including Kraków, have appointed their Senior Councils. Their job is to represent the interests of their local senior communities, initiate new enterprises, providing consultancy and opinions on activities important for the local community. The representatives of the senior environment are recruited from actively functioning formal structures operating in local communities, including: social organizations engaged in various statutory tasks, district and employment-based senior clubs, Universities of the Third Age, day care homes, civil committees, parish clubs and teams. On the domestic market there are also many companies that support various community programmes under their “Socially Responsible Business” (CRS) philosophy. One of the examples is the social programme initiated by the Orange Foundation under the name Orange Workshop. Its goal is to establish and support 50 common multimedia rooms throughout Poland. Common rooms are supposed to be the vital place for local residents of a given town, both children, adults and older people. The aim of the workshops is to bring generations together through common meetings that create passions, hobbies and interests, organisation of special events, training courses, workshops and other activities related to local needs. The workshops are to facilitate access to new technologies, increase digital competences of local residents, build community bonds and intergenerational integration (<https://pracownieorange.pl/o-programie>).

Summary

Probably there are many social programmes in the European public sector aimed at pro-senior activities stimulated by governmental and self-governmental administration and social activists. Sometimes, such activities are reinforced by corporate capital, which helps many projects actively solve problems and issues of local communities. Many of the promoted activities for seniors is worth following and duplicating. However, small budget, lack of systemic and legal solutions and institutional structures is still an obstacle for a number of communities. Not all European countries have a high gross national

product (GNP) index and not all of them can count on financial support under EU's social programmes. Poorer countries have to seek their own solutions based on domestic capabilities, work out their own inspirations aimed at civil cooperation, development of volunteer work and self-help groups in order to ensure better care and support for their seniors.

References

- Anioł W. (2011). *Transnarodowa polityka społeczna w Europie* [Trans-national social policy in Europe], „Polityka Społeczna” [„Social Policy”] No. 8, p. 1–8.
- Biblioteka dla każdego* (2011) [Library for everyone] [in:] Inspirator obywatelski [Citizen's inspirer]. Przewodnik po nieformalnej edukacji obywatelskiej w bibliotekach publicznych i nie tylko [A guide to non-formal civil education in public libraries and more] Instytut Spraw Publicznych, Warsaw, p. 79–87.
- Dziubińska-Michalewicz M. (2004), *Organizacja opieki nad osobami starszymi w wybranych krajach UE* [Organisation of care for older people in selected EU countries]. Kancelaria Sejmu [Polish parliament chancellor's office]. Biuro Studiów i Ekspertyz [Office for Studies and Expertise], August.
- Ruppe G. (2013), *Aktywne starzenie się i profilaktyka w opiece długoterminowej- przykład Austrii* [Active ageing and prevention in long-term care – Austrian example], „Praca socjalna” [„Social Work”] No. 2.
- Identy – projekt międzypokoleniowy sinfonia Viva* (2011), [Identity – Sinfonia Viva's intergenerational project] [in:] Inspirator obywatelski. Przewodnik po nieformalnej edukacji obywatelskiej w bibliotekach publicznych i nie tylko. Instytut Spraw Publicznych, Warsaw.
- Kijak R., Szarota Z. (2013), *Starość: między diagnozą a działaniem* [Old age: between diagnosis and action]. Centrum Rozwoju Zasobów Ludzkich [Human Resources Development Centre], Warsaw [irss.pl/wp-content/uploads/2014/-1/ Starość.pdf].
- Kryńska E. Szukalski P. (2013) *Rozwiązania sprzyjające aktywnemu starzeniu się w wybranych krajach Unii Europejskiej* [Solutions for active ageing in selected EU countries]. Raport końcowy [Final report], The University of Lodz, Łódź.
- Podkański M. (2012), *Aktywizacja zawodowa osób starszych na tle dokumentów UE* [Professional activation of older people in the context of EU's documents], „Polityka Społeczna” [„Social Policy”] No. 5-6/, p. 11-19.
- Perek-Białas J. (2012), *Możliwości opieki nad osobami starszymi – włoskie inspiracje* [Possibilities of care for older people – Italian inspirations], [in:] (Nie) czekając na starość: wyzwania dla polityki społecznej w obliczu demograficznych przemian [(Not) waiting for the old age: challenges for the social policy in the context of demographic changes], Małopolski Kongres Polityki Społecznej [Małopolska Social Policy Congress], 15 and 16 November 2012, (edit.) W. Wilimska,

- ROPS, Kraków, p.111-117. www.rops.krakow.pl/publikacje/inne-wydawnictwa/nie-czekajac-na-starosc-wyzwania-dla-polityki-spoecznej-w-obliczu-demograficznych-przemian-145.html
- Surdej A., Brzozowski J. (2012), *Rozwój systemu usług opiekuńczych dla osób niesamodzielnych we Francji: Implikacje dla Polski* [Development of care service system for dependent persons in France: Implications for Poland], „Polityka Społeczna” No. 1, p. 8-13.
- Szarota Z. (2012), *Recz o udanej starości: wokół wartości służących pomyślnemu starzeniu się*. [About happy old age: around values for happy ageing] [in:] (Nie) czekając na starość: wyzwania dla polityki społecznej w obliczu demograficznych przemian, Małopolski Kongres Polityki Społecznej, 15 and 16 November 2012, (edit.) W. Wilimska, ROPS, Kraków, p. 15-22. www.rops.krakow.pl/publikacje/inne-wydawnictwa/nie-czekajac-na-starosc-wyzwania-dla-polityki-spoecznej-w-obliczu-demograficznych-przemian-145.html
- Szarota Z. (2014), *Era trzeciego wieku – implikacje edukacyjne*, „Edukacja ustawiczna Dorosłych” [The era of the third age – educational implications, “Polish Journal of Continuing Education”], No. 1(84) p. 7-18. www.edukacjaustawicznadoroslych.eu
- Szukalski P. (2012), *Trzy kolory: Srebrny*. [Three colours: Silver] Co to takiego silver economy [What is silver economy], „Polityka Społeczna” [Social Policy] No. 5-6, p. 6-11.
- Szulc B. (2012), *„Domność i bezdomność”. Instytucjonalne wsparcie jednostki i rodziny na przykładzie wybranych państw* [“Homeness and homelessness”. Institutional support for individuals and families in the example of selected countries, [in:] (Nie)czekając na starość: wyzwania dla polityki społecznej w obliczu demograficznych przemian, Małopolski Kongres Polityki Społecznej, 15 and 16 November 2012 (edit.) W. Wilimska, ROPS, Kraków p. 103-110. www.rops.krakow.pl/publikacje/inne-wydawnictwa/nie-czekajac-na-starosc-wyzwania-dla-polityki-spoecznej-w-obliczu-demograficznych-przemian-145.html
- Trafiałek E.(2012) *Solidaryzm międzypokoleniowy a dyskryminacja ze względu na wiek* [Intergenerational solidarity and age-related discrimination] „Praca socjalna” No. 2, p. 3–16.
- Udział obywateli w tworzeniu polityk publicznych. Wybór praktyk zagranicznych (2010) [Citizen's participation in the creation of public policies. Selection of foreign examples] Edit. FISE, Warszawa, p. 52-55.
- Principles of Long-Term Senior Policy in Poland for the years 2014–2020 Resolution No. 238 Monitor Polski 4 February 2013 r. (item 118)
- Law dated November 29, 1990 on social welfare Dz.U. 1990 No. 87 item 506

Internet sources:

- <https://pracownieorange.pl/o-programie> [accessed on 31/07.2015].
- <http://www.rajaska.info/o-bibliotece/dzia-edukacji-nauki-i-bada/szkola-aktywnego-seniora.html> [accessed on 17/09.2015]
- www.polsenior.pl [accessed on 17/09.2015]