

# Ageing policies – access to services in different Member States

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## Annex VII - Country study on Poland





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### **Abstract**

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Poland. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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## LIST OF ABBREVIATIONS

<b>AAI</b>	Active Ageing Index
<b>ALMP</b>	Active labour market programmes
<b>DB</b>	Defined benefit
<b>DC</b>	Defined contribution
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>ICT</b>	Information and Communication Technologies
<b>LLL</b>	Life-long learning
<b>LTC</b>	Long-term care
<b>MRiPS</b>	Ministry of Family and Social Policy
<b>NGO</b>	Non-governmental organisation
<b>RRF</b>	The Resilience and Recovery Facility
<b>RRP</b>	The Resilience and Recovery Plan
<b>SHARE</b>	Survey of Health, Ageing and Retirement in Europe
<b>UNECE</b>	United Nations Economic Commission for Europe
<b>UTA</b>	Universities of the Third Age

## EXECUTIVE SUMMARY

The following report presents ageing policies and access to services in Poland. It describes the evolution and recent developments in social policy towards older people, their economic and social participation, health care, long-term care, and supportive environments. Additionally, the report presents best practice examples in each of the areas described.

**Active ageing policy** (or **senior policy**) mainly developed since 2012, has gradually shifted its focus from increasing labour force participation of older people and extension of their economic activity to supporting the activity of older groups in a broader sense. Older people are defined by law as those aged 60 and above, however, most of the health care and long-term care (LTC) measures primarily consider those aged 75+. Specific policies – supported by the state programmes – are mainly carried out at the regional levels with a large disparity between the approaches adopted by districts and municipalities.

As for **economic participation**, the relatively good economic situation, pension system reforms and active labour market policy (ALMP) implemented in the last two decades increased labour market participation rate of those aged 50+. In 2013, the retirement age was raised, albeit the legislation was reversed 4 years later. As of 2021, the retirement age stood at 60 years and 65 years for women and men, respectively. The gender-specific retirement age, especially low for women, is rare in the EU. Additionally, the problem of low participation in life-long learning is still to be solved and firms have to prepare to properly manage the ageing workforce.

**Social participation** measured in the Active Ageing Index is relatively low in Poland, albeit several initiatives that have been implemented since 2014. NGOs, supported by local governments, play the main role in the implementation of the activation programmes<sup>1</sup> for older people. However, the area of social services for older people is not very popular among those applying for public co-funding. Furthermore, only a small part of the older populations benefited from programmes and their participation varies from region to region.

Improvement of access and quality of **health care** represents a challenge in Poland due to limited financial and human resources in the health system, especially with the growing demand caused by demography. Additionally, the COVID-19 pandemic created a 'health debt' in the population due to the postponed testing, diagnosis, and treatment of other diseases.

The public **long-term care** system in Poland is underdeveloped, fragmented and uncoordinated; hence, care is mainly provided by relatives. The future changes should include more support for home care, semi-permanent (daily) care in the local environment, and 24-hour care in institutions for people that need it.

As regards the **supportive environment**, there are still architectural barriers in older people's homes and their community areas. Another important challenge is the provision of accessible public transport for older inhabitants. Financial independence of older people in Poland strongly depends on the level of pension benefits. The regulations of the defined contribution pension system, low retirement age, and employment breaks (experienced mainly by women) are likely to translate into lower benefits from the pension system in the future. The country needs a long-term policy that will ensure the adequacy of incomes in old age for future generations.

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<sup>1</sup> I. e. various programmes with the aim to increase activity of older people.

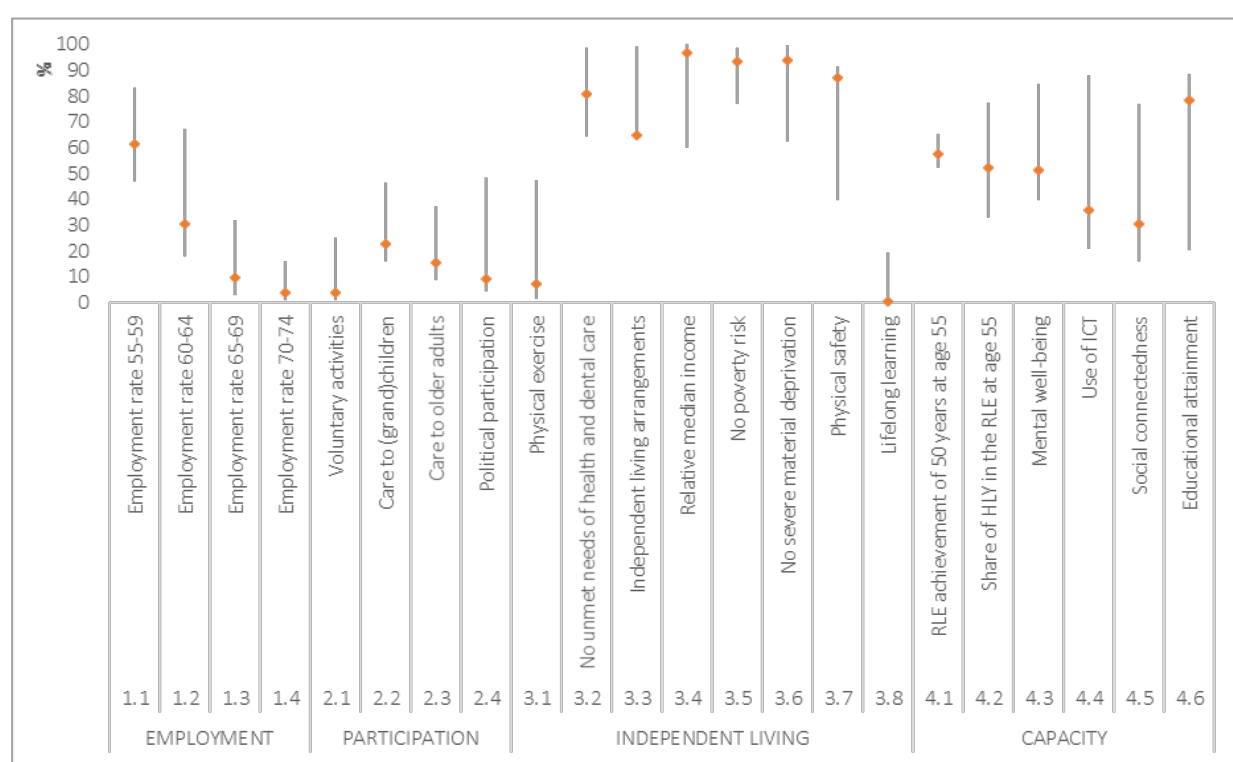


## 1. INTRODUCTION

The country study presents ageing policies and access to services for older people in Poland in the following areas: economic and social participation, health and long-term care, housing, transportation and financial independence. A cross-country comparison in some of these areas can be presented using a multidimensional composite Active Ageing Index (AAI) that measures to what extent the potential of older people is realised. The index consists of 22 indicators grouped into four domains: employment; participation in society; independent, healthy and secure living; capacity and enabling environment for active ageing (UNECE/European Commission, 2019).

As measured by the AAI, Poland is below average for the EU-27 countries in the areas of paid employment, participation in society, and capacity and enabling environment to age actively, but above average in the majority of indicators in the independent, healthy and secure living domain (Figure 1).

Figure 1: AAI 2018 for Poland – selected indicators in four domains



Source: Buchholtz (2019), p. 127.

Note: lines denote the distribution of indicators in EU-27, while dots – values for Poland; HLY – healthy life years, RLE – remaining life expectancy.

The overall AAI for Poland increased from 27 points in 2010 to 31 points in 2018, and compared to the range for all countries in 2018 it varied between 27.7-47.2 points with persisting differences across the regions (Perek-Białas et al 2017). People with low income and primary or below primary education had the lowest AAI values in 2018, while the highly educated and high-income group scored the highest across all domains.

The analyses presented in the report and the following conclusions are based on:

- The review of literature and policy documents, including transcripts of the debate of experts in social policy, gerontology, economics, sociology, architecture, and representatives of non-governmental organisations (NGOs) and the private sector (Klimczuk et al., 2018).
- Additional country-specific data provided by the Central Statistical Office, Social Insurance Agency, public opinion polls, etc.
- Contents of the Polish National Resilience and Recovery Plan (RRP, *Krajowy Plan Odbudowy*) and the European Social Fund (ESF) programmes.
- Consultation with experts in different areas of active ageing policies in form of in-depth interviews by phone or online.

The experts consulted included:

- Piotr Błędowski, Professor of economics, gerontologist, member of the Senior Policy Council at the Ministry of Family and Social Policy, advisor to the Parliamentary Committee for Policy towards Seniors, member of the Older Persons Rights Group at the Commissioner for Human Rights of Poland.
- Adrian Burdziak, Director at the private company providing telecare systems implemented in many municipalities (gminas) in Poland.
- Jolanta Perek-Białas, Professor of economics, social gerontologist and experienced researcher in the area of active ageing and quality of life of older people, Jagiellonian University in Cracow and Warsaw School of Economics, and member of the Polish Active Ageing Index team.

## 2. ACTIVE AGEING IN NATIONAL POLICY

The economic transformation launched in 1989 and the 2004 accession to the European Union (EU) influenced thinking on ageing policy in Poland. In the early 1990s, demographic changes were perceived as less important than economic problems, so older people were rather encouraged to retire early in order to decrease unemployment caused by restructuring and privatisation of state-owned companies. The later problems with the financing of the pension system forced measures for greater labour force participation of people aged 50+, while the EU membership has resulted in a more coherent national policy towards older people (Ruzik-Sierdzińska, Perek-Białas and Turek, 2013).

Until 2010-2012, ageing was primarily discussed in the context of care services, bad health, and low employment rate, while the broader activation discourse became much more pronounced in the last decade.

The programme adopted in 2008 by the Council of Ministers – "Solidarity across generations. Measures aiming at increasing the economic activity of people 50+" – focused on the concept of productive ageing and extension of economic activity. This narrow approach to the concept of active (productive) ageing could be ascribed to a particularly low employment rate of people aged 50+ in Poland at that time.

Senior policy in the broad sense was launched in Poland in 2012, together with the European Year for Active Ageing and Solidarity between Generations (*Europejski Rok Aktywności Osób Starszych i Solidarności Międzypokoleniowej*). Interestingly, the Polish version was translated as "older people activity", therefore, without a direct reference to the concept of "active ageing". This was evident in the programmes implemented in the subsequent years as the activities targeted groups of people according to their age, rather than different phases of life (Klimczuk et al., 2018). At that time, the Senior Policy Department was established in the Ministry of Labour and Social Policy, which was followed by the establishment of the Senior Policy Council in 2013 and the creation of the "Assumptions of the Long-term Senior Policy in Poland for the years 2014-2020" (*Założenia Długofalowej Polityki Senioralnej w Polsce na lata 2014-2020*). The latter formulated the definition of senior policy – with reference to active ageing – as follows:

"A set of purposeful activities of public administration at all levels as well as other organisations and institutions that carry out tasks and initiatives shaping the conditions for dignified and healthy ageing. The goal of the senior policy is to support and ensure the possibility of active ageing in health and the ability to continue to lead an independent and satisfying life, even with some functional limitations."

In 2015, the Law on Older Persons (Journal of Laws of 2015, item 1705) defined anyone over 60 years of age as being considered an older person<sup>2</sup>. This Law obliged the Ministry of Family and Social Policy to provide annual information on the situation of older persons, progress in the implementation of the policy, and good practices (see Ministry of Family and Social Policy [Ministerstwo Rodziny i Polityki Społecznej], 2020).

In the past, old age was equated with disability. Nowadays, the image of the older generation is more nuanced and its potential is recognised. In the document "Social Policy for Older Persons 2030 - Safety - Participation – Solidarity" adopted in 2018, actions towards "all older persons" were separated from action towards "dependent persons". People of different ages are also treated differently by the new policy. For instance, separate care or health care measures are applied for different age groups - e.g.

<sup>2</sup> The current discussion is that by 2030, the legal age limit should be raised to 70, and not 60 as stipulated in the aforementioned law on older people.

60-74 and 75+.

To conclude, the current ageing policy implemented in Poland is focused on older people. Paying attention to the situation of people only in old age does not counteract the accumulation of various backlogs from earlier life. Therefore, some experts believe that policy towards population ageing should include activities aimed at younger people as well (see e.g. Klimczuk et al., 2018).

Finally, the COVID-19 pandemic had a significant impact on older people and created new challenges for social policy in 2020 and 2021. The consequences, and the subsequent problems, will be further explained in the next sections.

### 3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE

#### 3.1. Economic participation

The economic participation of older people has become a widely discussed topic in Poland since the end of the 1990s. It covers, among others, the change of institutions that influence labour supply of people aged 50+ (old-age and disability system reforms) or ALMP. The reasons for the early exit from the labour market in Poland may be attributed to the regulations of the pension system, but also to the preferences of older people who want to retire as early as possible. According to the SHARE survey for Poland, before 2020, self-employed aged 50+ declared quick retirement less often than employees, while people with primary or secondary education wanted to retire earlier than those with higher education. Economic activity is also negatively affected by health and working conditions as people who often work in a cramped position or under low temperatures exposure were more likely to prefer early retirement (Kotowska et al., 2019).

The 1999 pension reform aimed, among other things, at increasing the labour force participation of older people. It resulted in the gradual elimination of most early retirement possibilities (since 2009) and the gradual rise of the retirement age starting from 2013. The aim was to increase the retirement age to 67 years by 2040 for both men and women. However, in 2017, the new government lowered the retirement age to 60 years and 65 years for women and men, respectively. This has slowed down an increase in labour force participation of women older than 60 and contributed to higher expenditures of the pension system. In recent years, efforts have been made to encourage older people to stay in the labour market longer, including through ALMP.

The programme "Solidarity across generations. Measures for increasing the economic activity of people aged 50+" introduced in 2008, envisaged measures aimed at increasing the employment rate of older groups. The addressees of the programme were: entrepreneurs, trade unions, NGOs, public and non-public labour market institutions, local governments and government administration institutions, etc. Its main aim of achieving a 50 % employment rate of people aged 55-64 by 2020 was successfully reached. The employment rate of this group increased from 41 % in 2013 to 52 % in 2020 mainly due to an increase in the employment of men (64 % in 2020) and to a lesser extent of women (41 % in 2020). There is still a relatively large group of inactive people of pre-retirement age, especially rural residents and those with lower levels of education, while the employment rate of people with higher education is similar to the EU average. The average employment rate in 2020 for men aged 55-64 with tertiary education in Poland stood at 80.2 % compared to 79.2 % in the EU-27. Employment rates for women of the same age and with tertiary education was 67.2 % in Poland and 72.0 % in the EU-27 (Eurostat lfsa\_emprt).

An additional factor pushing older people out of the labour market is the low participation of Poles in life-long learning (LLL). Not improving competencies after entering the labour market translates into difficulties in finding a job by unemployed older people. There are several possibilities to obtain support for training for people aged 50+ (Polish Agency for Enterprise Development [Polska Agencja Rozwoju Przedsiębiorczości – PARP] 2021). A very wide range of training is financed under the EU projects, often intended exclusively for people aged 50+<sup>3</sup>. The problem lies in encouraging people, especially those with the lowest education, to participate in LLL. In Poland, over 50 % of people aged 15-65 do not see the need to improve their qualifications after completing formal education, and about 30 % indicate lack of time as a barrier to improving skills. Interestingly, costs were indicated as an

<sup>3</sup> An example of the page with information about trainings for people 50+ financed among others from the European Social Fund is: <http://50plus.gov.pl/-/szkolenia-i-staze-dla-osob-plus-59570>.

obstacle by less than 10 % of respondents (Chłoń-Domińczak and Kotowska, 2015).

In Poland, the changes in the labour market caused by the COVID-19 pandemic primarily affected young workers. Among employees over 50 years old, a positive employment growth trend continued and a relatively low risk of job loss could be observed for most of 2020. The economic activity of people aged 50+ grew both among women and men, which means that the economic slowdown did not result in "pushing" employees into early retirement, at least in 2020. More disadvantaged groups with respect to economic activity are the older unemployed and inactive as older job seekers were looking for a job longer than before. The number of unemployed over 50 years old in the unemployment registers increased at the end of 2020 and in 2021.

According to the Consumer Federation's report (Federacja Konsumentów, 2021), lockdown and other restrictions, have exacerbated digital exclusion as people could not go to local libraries, labour offices, or other places that previously provided free internet access. People reported the lack of appropriate equipment or internet access at home and insufficient digital skills as the main drivers of digital exclusion. In the case of those aged 60+, the "digitalisation" of that group could help in their labour market inclusion and access to services but it requires greater cooperation of many entities and environments: the central and local governments, NGOs, and the private sector.

### 3.1.1. Innovative solutions and good practices

An example of an activation programme is a project run between 2013-2015 in Małopolskie voivodship<sup>4</sup>. Two hundred unemployed people (120 women and 80 men) aged 50-64 years old who were at risk of social exclusion and lived in the Małopolska region received support through the project. The aim was to test a model of volunteers aged 45+ working with inactive people aged 50+ in order to make them more active in the labour market. The main stages included trainings for volunteers/tutors, matching/assigning one volunteer to each person over 50 years old, group meetings and individual tutoring, 4-month professional traineeship for people aged 50+. As a result, 40 % of participants found work.

Another example of good practice is proper age management. In order to achieve effective intergenerational cooperation, it is necessary to implement management solutions that lead to the best use of an ageing workforce. The answer to these needs is a management model, known in the literature as age management. An example of a Polish company applying age management is PW KAMPOL from Legnica operating in the bakery and confectionery industry. In this sector, experience is gained over the years, therefore keeping in the team people with longer experience allows to maintain high quality of the final product. It is important that the experience and knowledge are properly passed on to the younger employees alongside the maintenance of the stability and loyalty of older workers. It turned out that the intergenerational combination of employees increased productivity and quality of work. Such teams take advantage of the experience and knowledge of older workers and the dynamism and willingness to take risks of younger ones (PARP, 2021).

### 3.1.2. Resilience and Recovery Plan

The Polish National Recovery and Resilience Plan in the area of economic participation anticipates funding to support the development of modern education and lifelong learning, in that digital

<sup>4</sup> Description of the project (in Polish). Available at: [https://wupkrakow.praca.gov.pl/be/rynek-pracy/programy-aktywizacyjne-i-projekty/projekt/?p\\_auth=sin8IKil&p\\_p\\_id=101\\_INSTANCE\\_pSvM167eWfk0&p\\_p\\_lifecycle=1&p\\_p\\_state=exclusive&p\\_p\\_mode=view&p\\_p\\_col\\_id=column-1&p\\_p\\_col\\_count=1&101\\_INSTANCE\\_pSvM167eWfk0\\_struts\\_action=%2Fasset\\_publisher%2Fexport\\_journal\\_article&101\\_INSTANCE\\_pSvM167eWfk0\\_groupId=67976&101\\_INSTANCE\\_pSvM167eWfk0\\_articleId=850104&101\\_INSTANCE\\_pSvM167eWfk0\\_targetExtension=pdf](https://wupkrakow.praca.gov.pl/be/rynek-pracy/programy-aktywizacyjne-i-projekty/projekt/?p_auth=sin8IKil&p_p_id=101_INSTANCE_pSvM167eWfk0&p_p_lifecycle=1&p_p_state=exclusive&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&101_INSTANCE_pSvM167eWfk0_struts_action=%2Fasset_publisher%2Fexport_journal_article&101_INSTANCE_pSvM167eWfk0_groupId=67976&101_INSTANCE_pSvM167eWfk0_articleId=850104&101_INSTANCE_pSvM167eWfk0_targetExtension=pdf).

upskilling, as well as solutions for staying longer in the labour market by people at middle age and older (45+).

The RRP covers, among others, the reform of labour market institutions, in particular the public employment services, expansion and modification of support instruments for the unemployed, focus on inactive people, and support for lifelong learning.

The target employment rate in the 15-64 age group was set to achieve 77.3 % in 2030 (an increase from 68.2 % in 2019). No separate employment target was set for the 55-64 age group.

As regards the topic of digital skills, the RRP envisages training of up to 376 thousand people by 2026.

### 3.2. Social participation

Social participation measured by the AAI is low in Poland. Since 2007 it has been slowly rising, mainly due to an increase in participation in voluntary activities, with stagnation or a slight decrease in other activities (i.e. care for grandchildren/children, care for older adults, political participation). The participation in society measured by the AAI increased mainly among adults with tertiary education and high income and those living in cities with 100,000 and more inhabitants (Perek-Białas et al., 2017). Some experts suggest that the indicators do not show the full picture. Historically, volunteering and NGO-based activities were not popular in Poland, albeit informal and family activity was high. Qualitative research indicates that some seniors are very active, but this activity is mainly for the benefit of their own families, friends, or in the parish (Klimiuk et al., 2018). Results of the 2018 Social Cohesion Survey (see: GUS, 2020) confirmed that the strongest element of the social participation of older people (65+) in Poland was family ties. These were also stronger in rural areas than in cities.

Government Programmes for Social Activation of Older Persons (*Rządowy Program na rzecz Aktywności Osób Starszych*) for the years 2012-2013 and 2014-2020 and Multiannual programme for Older People – Active+ for the years 2021-2025 (*Program wieloletni na rzecz Osób Starszych "Aktywni+" na lata 2021-2025*) are the main programmes implemented in Poland to increase social participation and to activate older people. NGOs and other eligible bodies working for the benefit of older people could and will be able to apply for co-funding for their projects financed from money allocated to the programmes.

The programmes covering the first and the second funding periods supported the implementation of projects and activities that focus on four priorities, namely: education and training of older people, social activities promoting intra- and inter-generational integration, social participation (increased participation of older people in public, social, economic, cultural and political life), social services for older people.

Funding for the Multiannual Programme for Older Persons "Active+" for 2021-2025 will be awarded across slightly different priority areas, including social activity, social participation, digital inclusion, and preparation for old age.

The evaluation of the programme implementation in the years 2016-2019 (Instytut Pracy i Spraw Socjalnych 2020), showed that it was an important factor in stimulating local activities for older people, who would not otherwise have a chance to participate in social life in its various forms. The projects were also very well received by the beneficiaries.

The important problem is the large differences in the number of implemented projects across regions. The more active entities are the ones operating in areas with a high number of NGOs per number of inhabitants. It, however, remains challenging to stimulate policies and activities aimed at activating older people in the regions with lower organisational potential (fewer NGOs or local government



workers without knowledge on how to prepare proposals) and a high share of older people in the total population. To reduce the gaps in the number of projects proposed regionally, the 2020 project evaluation put forward greater support to local leaders and NGOs (Instytut Pracy i Spraw Socjalnych 2020).

Table 1 presents details of projects financed in the years 2014-2019.

Table 1: Government Programmes for Social Activation of Older Persons in years 2014-2019

Year	Number of projects financed	Value of all projects (mIn PLN)	Number of beneficiaries aged 60+
2014	490	38.2	333,849
2015	460	38.0	365,941
2016	432	37.9	128,560
2017	370	38.0	179,338
2018	324	38.0	106,008
2019	310	38.0	156,152

Source: Ministry of Family and Social Policy [Ministerstwo Rodziny i Polityki Społecznej], 2020.

The financial resources allocated annually for the implementation of the programmes and envisaged for the following years are moderate. Expenditure of PLN 40 million a year (approx. EUR 10 million) amounts to EUR 1 per senior citizen, and in recent years has translated into a rise of economic activity of approx. 1-2 % of people aged 60+. The priority "Social services for older people" was the least popular among entities preparing proposals. Although it is difficult to assess the extent of actual impact across the individual areas of this programme, the analyses presented in the report by Instytut Pracy i Spraw Socjalnych (2020) confirmed a variety of interests among the potential applicants.

The multiannual programmes – "Senior+" for 2015-2020 and "Senior+" for 2021-2025 – are addressed to local government units in line with a growing need to ensure the provision of social services in the local community to support seniors. They provide financial support to local government to implement their own care sector activities, i.e. running and providing places in support centres for economically inactive people aged 60+ through "Senior+" Day Care Centres and "Senior+" Clubs. The programmes support the establishment of senior-friendly infrastructure to activate and involve seniors in self-help activities and activities for the local environment. Each of the "Senior+" Day Care Centres should thus provide at least 8 hours of services from Monday to Friday (40 hours a week). The services of the "Senior+" Club focus on motivating seniors to self-help and to do volunteer activities for the benefit of others and are provided for at least 20 hours per week.

### 3.2.1. Innovative solutions and good practices

From 2019 to 2022, the Municipal Social Assistance Centre in Puławy runs the neighbourhood services project that is co-financed with the EU support. The aim is to support a dependent person in everyday life activities. The detailed arrangements are included in the contracts between project participants - persons providing neighbourhood services and those that need care services – and the applicant (municipality that applied for funds). Neighbourhood services are provided in the place of residence of a dependent person every day for 2 hours.

The Universities of the Third Age (UTA) are some examples of institutions that increase the activity of elderly Poles. They are educational institutions, which aim to promote educational activity, but also to integrate and activate older people in a wider sense. Their development dates back to 1975 when



Professor Halina Szwarc founded the first in Poland and one of the first in Europe – the University of the Third Age in Warsaw.

In 2020, there were around 700 UTAs, most of them established between 2006-2010. They support the educational and social activity of elderly people, mainly those with secondary or higher education, and who are no longer formally active in the labour market. UTA is often organised within the framework of an agreement concluded with the university, patronage or cooperation with it. Additionally, they should be located in a place with convenient access – preferably by public transport. The lecturers are either university lecturers, teachers of foreign languages, people running physical activity classes or experts in various areas (e.g. dieticians).

This activity - after a brief slump at the beginning of the COVID-19 pandemics - has benefited from the opportunities of information and communications technology. In 2020, some UTA classes were suspended, but many activities were successfully transferred to an online format (via internet or local television) (Dobre praktyki, 2020). Additionally, in the warmer periods, outdoor activities replaced indoor meetings.

### 3.2.2. Resilience and Recovery Plan

Older people are mentioned as one of the groups whose digital competencies are to be improved as a result of activities financed by the RRF. Digital upskilling of this age group may foster greater social activity of people who, for various reasons, will not be able to leave home.

## 3.3. Health and well-being

The health status of Poles has been improving since the mid-1990s, albeit the trend has slowed down in recent years. As of 2020, the most common causes of death are cardiovascular diseases and malignant tumours (Wojtyniak and Goryński 2020). In 2019 the life expectancy of men was 74.1 years (much lower than the EU average), and that of women was 81.8 years. The main risk factors influencing the health status of the population are lifestyle (tobacco and alcohol consumption), diet, physical activity, living and working environment, and the quality of health care.

When it comes to physical activity, walking and outdoor recreation were the most popular leisure activities (GUS 2020). However, every fifth elderly person (about 20 %) never or rarely engaged in such activities, while the share of elderly who did not practice any additional sport stands at over 78 %. Those living in cities and aged up to 74 years old, however, tend to be more physically active.

Already before the pandemic, Polish people rated the quality of accessible health care in Poland as low<sup>5</sup>, public expenditures in relation to GDP were below the EU average, and the share of private households expenditures was relatively high in Poland. Overall, treatment in hospitals stands for a high share of public health expenditures<sup>6</sup>, while outpatient care and prevention play an insufficient role in the treatment process. At the same time, the measures in the area of public health remain poorly developed (Wojtyniak and Goryński, 2020) and the resources of the Polish health system are not sufficient to provide health care services at a good level, especially against the growing demand due to the demographic shift.

As regards the older population, there is no adequate organisation of health care for the population that needs it most, i.e. people aged 80+. The elderly need a different approach, coordinated health and

<sup>5</sup> Detailed answers for the question: 'How would you rate the quality of healthcare that you and your family have access to in your country?': <https://www.statista.com/statistics/888735/quality-of-accessible-healthcare-in-europe-by-country/>.

<sup>6</sup> Based on the Polish health care audits by the Supreme Audit Office. Available at: <https://www.nik.gov.pl/aktualnosci/quo-vadis-sluzbo-zdrowia.html>.

social care, and the help of geriatricians. Meanwhile, geriatric care in Poland is not sufficient (Imiołczyk et al., 2021). Another characteristic feature of the Polish health care system is the fragmentation of therapeutic processes. Patients are often referred to various health services providers due to a lack of comprehensive treatment or low availability of medical staff as Poland is one of the EU countries with the lowest number of doctors and nurses per 100,000 inhabitants.

The pandemic has further highlighted the problems of the country's health care system and multiplied health concerns of the elderly Poles. The limited access to health care and forced isolation have had adverse effects on the somatic and mental health of seniors. Looking at the mortality data, 16 % more females and 23 % more males aged 65+ died in 2020 compared to 2019, despite strict lockdown implemented in March 2020. The situation differed regionally with the increase in death rate ranging from 14 % to 18 % for women and from 21 % to 29 % for men across the 16 regions (voivodships)<sup>7</sup>. The excess deaths in 2020 and 2021 were the result of the new virus but also of health care inefficiencies exposed by COVID-19 that also affected the life expectancy in Poland. Unisex life tables (announced by the Central Statistical Office annually in March) show that in 2021, life expectancy at the age of 60 was 14 months shorter than in 2020.

Patients themselves also confirm worse access to healthcare during the pandemic. SENIOR.HUB Instytut Polityki Senioralnej (2021) conducted a survey in 2020-2021 on people aged 60+ regarding their well-being, physical and mental condition, as well as evaluation of public policies and activities of state institutions. Thus, 60 % of respondents declared that their mental condition is worse than before the pandemic, their physical activity decreases and they have difficulties in using medical or rehabilitation services. Almost 2/3 have problems with access to GP or a specialist. Similar findings emerged from presentations at the 15th Patient Organisation Forum, taking place in February 2021 online<sup>8</sup>. The problems reported by older patients included denial of in-person visits, the need to make a telemedical appointment, concern about the effectiveness of telemedical (remote) diagnostics, and refusal to provide home visits.

That means that the COVID-19 pandemic created a 'health debt' due to postponed testing, diagnosis and treatment of other diseases and urgent action must be taken to reduce it.

### 3.3.1. Innovative solutions and good practices – Prevention 40+

In July 2021, the government introduced a pilot programme *Prevention 40+*. The programme covers people aged 40+ who can register for preventive medical check-up financed by the National Health Insurance. Under the programmes, the GP will assess individual risk factors for the most common diseases and perform basic blood tests. If risk factors are identified or test results are not proper, more detailed laboratory tests, ECG, and ultrasound will be performed or an individual will be referred to a consultation with a cardiologist, diabetologist, or oncologist. The programme is planned to run until the end of 2021.

### 3.3.2. Resilience and Recovery Plan

Better access to and strengthening of the quality of the health care system and improvement of the health status of the population have been important issues in Poland even before the pandemic. The National Recovery and Resilience Plan recognises several problems and actions to be taken in this area, namely reorganisation of the health care system, in that introduction of coordinated patient care; wider use of IT solutions and development of telemedicine; increase in the number of medical school

<sup>7</sup> Data on deaths by regions available at: <https://dane.gov.pl>.

<sup>8</sup> Conclusions from the meeting available at: <https://pulsmedycyny.pl/pandemia-weryfikuje-polityke-senioralna-1111212>.

students; improvement in the access to highly specialised and modern medical procedures.

The RRF funds will complement the costs of the planned reforms.

### 3.4. Long-term care

The Polish LTC system is characterised by the fact that care is mainly provided in families. The inclusion of less than 2 % of the older people in residential care and the increasing demand result in a waiting list of several months to access the LTC services (Bielska et al., 2021). At the same time, opportunities for families to provide eldercare do not appear to be sustainable as the socio-demographic changes are increasing the demand for non-family long-term care. This means that the projected increase in the number of single elderly and disabled people will rely on care in community settings and 24-hour care institutions.

In an ageing society, there are not enough state-subsidised local government nursing homes. The rate of long-term care beds in Poland is low and their geographical distribution is uneven. In 2019, nearly one-fifth of counties had no access to long-term residential care. Changes in the socio-professional structure of the population living in rural areas result in a reduction in the number of multi-generational families. At the same time, the average number of household and family members is decreasing. As a result, the potential capacity of the family to perform the care function for the elderly is reducing (Błędowski 2012).

The public LTC system in Poland is still underdeveloped, fragmented and uncoordinated. There exists a sectoral division of public institutional care for the elderly and disabled (health and social sectors), with separate access criteria, financing mechanisms, organisation and management. This situation leads to access restrictions and limitations in the choice of care that takes into account the preferences of the elderly and their families. In response to the lack of availability of 24-hour care services in public facilities, a diverse private sector is developing: of different standards, legal and illegal, more expensive and cheaper (Bielska et al., 2021).

Seniors who do not have adequate support at home end up in privately run facilities that offer care of varying quality. In 2016 and 2017, media reported on the mistreatment of residents in such facilities, which led to interventions by, among others, the Commissioner for Human Rights (Imińczuk et al., 2021), and discussion began about amending social welfare legislation. As a result since January 2020, provincial governors have had the right to inspect private care facilities for older and disabled people.

A public programme that aims to increase the availability of services in the LTC area is the "Care 75+" programme (Opieka 75+). Being launched in 2018, it was initially aimed at people aged 75+ and living alone. From 2019, however, it is also aimed at elderly people in families. Funds from the programme are available to subsidising care services or specialised care services in municipalities with up to 60,000 residents (initially, these were municipalities with up to 20,000 residents).

Since 2019, communes can also apply for funds from the Programme "respite care". The main objective of the Programme is to support family members or caregivers of children or adult persons with disabilities through the possibility of temporary assistance in the form of respite care services.

However, not all communes are able or decide to participate in the programmes, among others because of the competence needed to prepare an application, the belief that the commune will not be able to cope financially or organisationally with the provision of services.

Problems in the functioning of long-term care facilities emerged during the COVID-19 pandemic, forcing changes in the infrastructure and organisational arrangements of both the overall long-term care system in Poland and of 24-hour care homes for the elderly and dependent persons (Bielska et al.,

2021). The COVID-19 pandemic further highlighted a number of negative consequences of mass institutional care for the elderly and people with disabilities.

The planned reform objectives include (i) the support to home care and the adaptation of the place of residence to the needs of dependent persons and support for informal carers; (ii) semi-permanent care in the local environment which is still under development and requires further support to increase its accessibility; and (iii) 24-hour care in institutions which is the most demanding and should include the launch of many new activities, including those relevant to the pandemic, e.g. online contacts with relatives.

The social assistance centres are responsible for home care services at the municipality (gmina) level. However, it turns out that the vast majority of them do not have any developed standards in this area. In an audit conducted by the Supreme Audit Office, relevant standards developed in cooperation with NGOs, piloted and adjusted accordingly, have been identified in less than 10 % of the inspected centres (Supreme Audit Office [Najwyższa Izba Kontroli], 2017).

### 3.4.1. Innovative solutions and good practices – telecare

Telemedical solutions in care and rehabilitation services can improve people's wellbeing, especially in ageing societies, ease the problem of scarce medical and care workers, as well as be a solution in times of pandemics. In Poland remotely provided care has been implemented or tested in several municipalities (Sierdziński and Ruzik-Sierdzińska 2019) and the demand for such solutions is expected to rise, depending on the stability of public co-financing.

At the moment - based on the interview with the representative of the company providing telemedical and telecare services in many local governments in Poland – more and more municipalities are interested in implementing this type of service in their area, although rather on a small scale, depending on the amount of funding and the interest of seniors themselves. The data from the wristbands are monitored 24 hours, 365 days a year by professional staff at the medical centre. The wristband monitors the user's vital functions and is equipped with an SOS button, fall detector and location function, among other features. The armband has a connection to the telecentre. The standard band monitors nine health parameters, in Poland, it is possible to monitor up to 15 parameters. During the COVID-19 pandemic, the wristbands were used in several cases also by isolated patients with coronavirus. It is possible to purchase the service by individual customers (e.g. by the person in need of care or his/her family), but it is, for now, a very small segment of the market.

The community-based systems (provided by several companies in Poland) were funded up to now by the European Social Fund, the municipality's own budget for social policy, other public funds for telecare programmes, budget for COVID-19 recovery.

## 3.5. Supportive environments

### 3.5.1. Housing

A supportive environment for persons with disabilities or less able due to ageing means among others reduction of problems concerning access, including easing of architectural barriers within one's home or broader place of living. The problem in Poland is present but not much has improved in these areas until the beginning of the 21<sup>st</sup> century. An important step has been the development and then the implementation of the Governmental programme Accessibility Plus 2018-2025 (*Dostępność plus 2018-2025*) that supports eight areas: architecture, transport, education, health, digitalisation, services, competitiveness, and coordination. An Accessibility Fund has been established to provide financial support for, among other things, the adaptation of buildings of public entities and multi-family

housing. The sources of financing are:

- public funds: European (European Regional Development Fund, ESF, EU Cohesion Fund) – 84 % and Polish (state budget, funds of local self-government units, funds financing services for persons with disabilities) – 10 % of funding;
- private funds - 6 %.

In the area of housing, all new construction projects will meet accessibility conditions (for example, installing barriers, ramps, lifts, self-opening doors or automatic lighting). According to old regulations, there was no need to install elevators in buildings with 4 or 5 storeys built before 1990. As older people sometimes account for more than half of the residents of such buildings, a significant proportion of them requires removing architectural barriers in order to avoid the older or disabled persons "trapped" in their flats.

### 3.5.2. Transportation

The active ageing policy in Poland does not cover the problem of transport exclusion of older people but it is present in expert debates (see: e.g. Komisja Ekspertów, 2018).

Transport exclusion mainly affects residents of rural areas, small towns without public transport and the outskirts of large cities. The percentage of households with a car has been increasing in Poland for years reaching around 70 % in 2017 (over 70 % according to Centrum Badań Opinii Społecznej 2017, or almost 70 % households according to the Central Statistical Office data). This is partly a result of the reduction of public transport options, which have either been reduced or eliminated in some areas (Trammer, 2012). This problem - particularly in rural areas - means that many seniors without a car or with limitations that prevent them from driving are forced to ask neighbours or family for help in order to get to a doctor's appointment or to reach other public services. Local governments are generally not interested in organising public road transport and do not know the needs of their inhabitants in this area (Trammer, 2012). The current situation limits the exercise of rights by older people and people with disabilities.

### 3.5.3. Financial independence

As a result of the 1999 pension reform in Poland, the more redistributive defined benefit system was replaced with a defined contribution scheme. Without an increase in effective retirement age, old-age pensions in the reformed DC system are relatively lower. Under previous regulations and more stable employment histories, the at-risk-of-poverty rate among pensioners was low, in comparison with the elderly in Europe and worldwide, who are facing higher risks of poverty (Antczak and Zaidi, 2016). According to projections (European Commission, 2021), the replacement rate, i.e. ratio of the average pension to the average wage, in Poland will decrease significantly in the future.

The risk of low pensions is particularly high for women, who are more likely to have breaks in employment related to childcare or other dependents, earn on average less than men, can retire earlier, and on average live longer. The age of retirement strongly influences the size of pensions in DC systems, and women in Poland have the lowest retirement age (60 years) in comparison to other European countries and also lower by 5 years than the retirement age of men. All that together means an increasingly gendered risk for old-age poverty in Poland (Motel-Klingebiel et al., 2020).

In order to increase the income of pensioners, attempts are being made to provide incentives for additional savings for old age subsidised from the state budget or to introduce other incentives for postponing retirement like the possibility to combine employment and receiving old-age pension benefits. The right to a minimum pension was also given to women who gave up employment to raise

at least four children. It was introduced in 2019 by The Law on Parental Supplementary Benefit (Journal of Laws of 2019, item 303). A benefit may be received at retirement age by a mother who has given birth to and raised at least 4 children. It is also available to a father who has raised 4 children, but only if the children's mother has died, abandoned them or has not raised them for a long time. The parental supplementary benefit is equal to the minimum pension.

In 2020, the average financial situation of households in Poland improved slightly despite the pandemic. Households had on average higher incomes but spent less compared to the previous year (GUS, 2021). COVID-19 did not influence pension payments. For 90 % of pensioners entitled to an old-age or disability pension incomes remained at the same level. Among pensioners, 70 % did not reduce their spending in 2020, and 20 % reduced it slightly. Only less than 10 % considerably reduced their expenditures, and this was the lowest share among all groups.

It is worth mentioning that the activation policy towards older people in Poland does not directly include pension policy, which is perceived by some experts as a mistake (see: e.g. Klimczuk et al., 2018 or Komisja Ekspertów, 2018). Meanwhile, this is a key issue in terms of ensuring economic security and supportive environment for active ageing.

Last but not least, adequacy of income in old-age and following higher activity can be assured also by other programmes and social services. Some of them can be listed as *good practices*:

- discounts on transport, cultural offers (e.g. seniors' card); interestingly, depending on the municipality, sometimes these discounts are related to age (e.g. reduced transport in Warsaw for people aged 65+ and free for those aged 70+), and sometimes it is necessary to have a pensioner's card, which is usually associated with leaving the labour market and professional inactivity;
- as part of recognising the potential of the silver economy, some stores are introducing discount cards for older people or days/hours when older consumers can benefit from a discount;
- support from social assistance, which should ensure that vulnerable people are not left without help even if they do not apply to the social assistance centre themselves; practically excluded from social assistance are the homeless people. The obligation to support a person in need is assigned to a local government where that person formally lives - people in the crisis of homelessness do not have addresses, and the local governments where such people live do not want to incur costs for "strangers"; and
- availability of good consumer information and knowledge about the world of finance, which allows to prevent fraud and scams.

### 3.5.4. Innovative solutions and good practices

The Senior Apartment Model Project is an example of an apartment in a block of apartments in Warsaw without architectural barriers. It was designed in 2015 and launched in 2016. The goal was to showcase interior design solutions, furnishings, products and services that enable older people to remain independent in their own flats for as long as possible. For two years, the Model Apartment hosted meetings with senior citizens, their careers, representatives of ministries, local governments and offices supporting senior citizens as well as training sessions for interior designers<sup>9</sup>.

Another example of good practice is the organisation of transport to a vaccination point. Some older

<sup>9</sup> Information about the project completed in 2016 available at: <https://budowlaneabc.gov.pl/standardy-projektowania-budynkow-dla-osob-niepelnosprawnych/dobre-praktyki/mieszkanie-seniora/>.



people suffered from lower accessibility to public transport during the mass vaccination in 2021. Many municipalities arranged free transportation for people who could not get to the vaccination centre by themselves or with the help of caregivers. In some places, a statement of an older person about the lack of transportation was sufficient, while in others, the income situation or health of the senior was also taken into account.

#### 3.5.5. Resilience and Recovery Plan

A higher share of low emission public transport in total passenger transport is the assumed result of RRF co-financing. Another direction of changes underlined in Polish RRP is subsidising transport connections in areas where the existing regular bus transport does not meet the needs of passengers, including rural areas. Improvement of the public transportation system should improve access to services also for older passengers.

The development of the broadband network in Poland has thus far been co-financed by the European funds. While all schools have internet access with at least 100 Mb/s speed, the aim of further investments is to increase the percentage of households with internet access of at least 100 Mb/s from 61.3 % in 2019 to 100 % in 2025. Another aim is to increase the share of people using internet to interact with public administration from 42 % in 2020 to at least 60 % in 2026.

## 4. RECOMMENDATIONS FOR THE EU-LEVEL

There are several documents defining policy towards older people in Poland in various areas. The ageing of the society requires to **mainstream ageing** in all public policies in future.

Currently, the implementation of the active ageing policy differs between municipalities (i.e. the smallest local government units). Some municipalities profit better than others from available public and own funds to create good quality social services for older inhabitants. It is, therefore, necessary to **support regions** with lower potential in order to develop such policies for elderly people.

In the area of **economic activity**, lifelong learning and proper age management in companies facing an ageing workforce are two areas to focus on. An increase in retirement age is an important change needed in the long run, given the demographic projections.

Improvement of public transport, mainly in the countryside, small towns and outskirts of large cities is an important part of the **supportive environment**. Availability of transport will improve access to healthcare, services, and various forms of activity for older people. Another area of interest could be the support of 'ageing in place', i.e. remaining living in the community, with some level of independence, rather than in residential care. That can be supported by further assistance in adapting housing to the needs of a household as its members age or become disabled, as well as by telecare solutions which are not yet very popular in Poland.

**Health care services** and **long-term care** are areas that require special attention due to the increased demand for these services in ageing Europe. In Poland, LTC responsibilities rely mainly on families. Therefore, support for innovative solutions (telemedicine, care at home, and telecare) and respite care could improve the wellbeing of people and ease the problem of scarce medical and care workers. They should be widely available and accepted by older people and their careers.



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The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Poland. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

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