



Ministerstwo Rodziny,  
Pracy i Polityki Społecznej

**Country report – POLAND**

**Information on Polish action  
on older persons**

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**Implementation of the Madrid Plan of Action on Ageing  
in 2012-2016**

**Warsaw 2017**

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## Part I

### Summary

Social policy on older people meeting their needs is one of the priorities in the current public policy of the Council of Ministers. The minister competent for programming and monitoring social policy in regard to older people in Poland is the minister competent for social security – Minister of Family, Labour and Social Policy. The aim of the policy in regard to older people is to systematically improve their living standard to ensure their security and allow them to remain independent and active as long as possible.

The Polish society is currently facing challenges related to dynamic changes to the demographic structure of the population. The two main phenomena resulting from demographic shifts are, on one hand, low fertility rate, and on the other, growing proportion of the elderly in the society. As of late 2015, the population of Poland amounted to 38.4 million people, 8.8 million of which were people aged 60 or older. According to the result Population Forecast 2014-2050, provided that such trends continue, the society will age more and more. As of the end of the forecast horizon, the population aged 60+ will grow up to 13.7, and it will constitute over 40% of the total Polish population.

European Year for Active Ageing and Solidarity between Generations 2012 was accompanied by the start of preparations for operationalisation of social policy in regard to older people in Poland. In September 2012, the Department of Senior Policy was established at the Ministry of Labour and Social Policy (*Order No. 68 of the President of the Council of Ministers of 16 August 2012*). The Department of Senior Policy is responsible for determining and developing directions of measures addressed to older people and conditions for the improvement in support system for senior citizens, performance of tasks related to active ageing, and other forms of cooperation within and between generations involving older people, and to monitor such tasks. The department also cooperates with organisations and institutions whose measures are addressed to the elderly people, which includes international cooperation in the field of active ageing. What is more, the department is coordinating the implementation of the *Government Programme for Social Participation of Senior Citizens for 2014-2020* (and earlier, it coordinated implementation of the 2012–2013 programme) and the *Multi-Annual Programme Senior+ for 2015–2020*.

The public policy framework for older people in Poland were determined by the document adopted under *Resolution No. 238 of the Council of Ministers of 24 December 2013* titled *Long-Term Senior Policy in Poland for years 2014-2020*. According to the planned *Long-Term Senior Policy in Poland for years 2014-2020* verification and update, the Ministry of Family, Labour and Social Policy is currently carrying work related to preparation of a document defining directions of social policy in regard to older people titled: *Social Policy for Older People 2030. Security. Solidarity. Participation*.

All documents are being prepared in coordination with experts who are members for the Senior Policy council, a consultative and advisory body under the Minister of Family, Labour and Social Policy, and then adopted through public consultation. The Council includes 30 people: representatives of non-government organisation, public entities, and the academic circles. The Council is a body under the Minister of Family, Labour and Social Policy.

On 11 September 2015, the Act on elderly people was adopted (Dz. U. item 1705). The act has obliged public administration bodies, state organisational units and other organisation involved in determining situation of elderly people to monitor their situation in Poland, which resulted in the *Information on the Situation of Elderly People in Poland in 2015*. It has been the first government study in history that was so comprehensive and whose preparation involved all central administration bodies. The document allows further elements of social policy in regard to older people to be put in place effectively.

The Ministry of Family, Labour and Social Policy is implementing a number of measures for the benefit of the older people, including:

1. Decent retirement pension

In March 2017, the minimum ZUS and KRUS retirement pension, disability benefit and survivors benefit was raised by PLN 117.44 – from PLN 882.56 to PLN 1000. For the sake of comparison the minimum gross retirement pension as of March 2012 amounted to PLN 799.17.

2. Establishment of day care centres for older people;

This is e.g. an aim of the Multi-Annual Programme Senior+ for 2015-2020, which is addressed to local government units and consists in expansion of day care centre network for older people: Senior+ Day Care Centres and Senior+ Clubs. Under the programme, authorised entities can apply for financing necessary to establish or furnish a centre or to maintain an existing centre under an open competitive procedure.

3. Support for innovative measures of non-governmental organisations for older people

A programme that improves quality of life and the living standard of older people is the *Government Programme for Social Participation of Senior Citizens for 2014-2020* (ASOS). Measures taken by non-governmental organisations for the benefit of older people are also supported under the *Civic Initiatives Fund Programme* implemented by the Ministry of Family, Labour and Social Policy.

4. Security of older persons

In addition, the Ministry of Family, Labour and Social Policy has been implementing the *Secure and Active Senior* informational campaign, whose objective is to raise public awareness of issues related to security and active life of older people.

5. Standardisation of quality of assistance and care services for older people

Under the pilot programme introducing tele-care to Poland, the Ministry of Family has prepared a tender under the Knowledge Education Development Operational Programme titled *Professionalisation of Assistance and Care Services for Dependent Persons*, which will involve development of assistance and care service quality standards, including standards covering tele-care for older people of varying degrees of dependence.

## General information

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4. **Name, reference and date of adoption or status of a national strategy, action plan or similar document concerning policy on ageing (attachment):**  
*Long-Term Senior Policy in Poland for years 2014-2020.*  
A new document in preparation – *Social Policy for Older People 2030. Security. Solidarity.Participation.*

## 1. National ageing situation

In Poland, there is an ongoing population ageing process, which primarily results from:

- longer life expectancy  
*In 2015, the life expectancy for a man was 73.6 years, while for a woman – 81.6 – 7.7 and 6.5 years longer than in 1991 respectively.*
- low fertility rate:  
*The total fertility rate is below the replacement fertility, and in Poland, it amounted to 1.34 in 2016.*
- human migration  
*According to Central Statistical Office estimates, there were 2,397 thousand Polish citizens temporarily residing abroad as of end of 2015. Most of the emigrants are young people: over 60% were at mobile working age (18-44).*

As of late 2015, the population of Poland amounted to 38.4 million people, 8.8 million of which were people aged 60 or older. According to the result Population Forecast 2014-2050, provided that such trends continue, the society will age more and more. As of the end of the forecast horizon, the population aged 60+ will grow up to 13.7, and it will constitute over 40% of the total Polish population.

In response to this challenge, the main objective is to provide Polish families with conditions encouraging the decision to have children. The instrument of the Polish family policy in this regard is the ***Family 500+ programme***<sup>1</sup>, which has been developed to reduce the child-rearing-related financial burden on families, allow Poles to implement their procreation plans, and encourage their decision to have larger families.

Another phenomenon resulting from the ongoing demographic change is the increase in the percentage of older people in the society. The current ageing of the Polish population is a consequence of a beneficial phenomenon, namely the prolonging life expectancy, combined with the low fertility rate. According to Eurostat data, at the end of 2016, older people constituted over 25.0% of EU-28 population. Similar trends are observed in Poland. The proportion of older people is growing. A systematic increase in the percentage of people aged 60 or older is predicted for the years to come. In 2035, it is supposed to reach 30%, but it will be slightly higher in urban (31%) than in the rural areas (28.6%). The growing population aged 60 or older forces the Polish public policy to develop social policy addressed to this group in order to create present and future conditions for them to meet their needs and shape proper relations between the older and the younger generation.

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<sup>1</sup>Legal basis: Act of 11 February 2016 on State aid in raising children (Dz. U. 2016, item 195).

The Family 500+ programme is an untaxed child benefit of PLN 500 per month per each second and further child in a family regardless of the income. Families are entitled to the child benefit for the first child understood as the only or the older child in the family aged under 18 if their monthly income per person does not exceed PLN 800, or PLN 1200 if the family includes a disabled child. This is even PLN 6.000 of net aid per child. The child benefit is a long-term support measure. The Family 500+ programme is a systemic aid for Polish families.

## 2. Method

As broadly understood social policy with regard to older people is one of the priorities of public action, in 2015, its implementation was operationalised through the adoption of the *Act of 11 September 2015 on elderly people* (Dz. U. item 1705). The document has obliged public administration bodies, state organisational units and other organisations involved in the shaping and monitoring of the situation of older people in Poland. This results in annually issued document titled *Information on the Situation of Elderly People in Poland*, which is prepared by the Council of Ministers..

The 2016 document is a historic study as the first analysis of the situation of older people in Poland and the implementation of senior policy that was prepared by the Council of Ministers. The contents of the document allowed the report on the implementation of the Madrid Plan of Action on Ageing in 2012–2016 in Poland to be drawn up.

The first part of *Information...* presents data concerning socio-economic situation of older people in Poland – in particular, demographic, economic, family and job market situation, availability and level of public services (including care), their social and civic participation, and their participation in education, culture, and sport. This part also contains information on measures in regard to equal treatment and combating age discrimination, and on the situation of disabled older people. The second part includes information on implementation of Polish policy in regard to older people on the central and the regional level. The third part of *Information...* presents the most important conclusions and recommendations concerning the desired updates to social policy in regard to older people.

The preparation of the document involved all ministers, the President of the Central Statistical Office, the President of the Office of Competition and Consumer Protection, Public Opinion Research Centre, voivodes, and representatives of non-governmental organisations active in the field of social policy in regard to older people.

*Information on the Situation of Elderly People in Poland in 2015* was adopted by the Council of Ministers on 4 November 2016 and by the Sejm of the Republic of Poland on 12 July 2017.

## Part II

### 1. National actions and progress in implementation of MIPAA/RIS

#### Goal 1: Longer working life is encouraged and ability to work is maintained

Promotion of and support for healthy lifestyle, guarantee of safe working conditions, including action for proper work-life balance throughout the professional career are the main priorities related to encouraging longer working life and ability to work. The most important measures implemented by the Council of Ministers in this regard include: promoting employment of people aged 50+, facilitating retraining and employment services, combating age discrimination on job market, and developing social security system coordination.

#### Job market policy in regard to people aged 50+

In the reporting period, the unemployment rate in Poland decreased (January 2012 – 13.2%, December 2016 – 8.3%).

In Poland, unemployed aged 50+ may take advantage of a broad range of aid set out in the *Act of 20 April 2004 on promotion of employment and job market institutions* (Dz. U. 2016, item 645, as amended), including e.g.: employment services, career guidance, courses, apprenticeship, professional training for adults, intervention works, public works, works of social utility, grants and subsidies for starting a business and job creation, reimbursement of cost of employing an unemployed person. The *Act on promotion of employment and job market institutions* has qualified the unemployed aged 50 or older as persons in a particular job market situation, which results in them being given a priority when selecting participants in special programmes. In addition, the Act contains solutions exclusively for employers who employ the unemployed aged 50+, namely: subsidy for the employer or entrepreneur to partially cover the remuneration for the unemployed person aged 50 or older who has been employed; exemption for employers from the obligation to pay Labour Fund and Employee Benefits Guarantee Fund contributions for older workers: women over 55 and men over 60, and temporary exemption from social insurance contributions for employing an unemployed person over 50 who was registered as an unemployed person with a poviats employment office for 30 days prior to employment.

Another instrument aimed at preventing job loss among the elderly should also be mentioned – the National Training Fund – KFS. The KFS is an allocated portion (about 2%) of the Labour Fund – a targeted fund allocated to prevention of unemployment and reduction of its effects, which is based on employers' contributions. The KFS is a systemic solution addressed to employers, which supports retraining or updates to workers' knowledge and skills. The KFS was established to prevent job loss due to competence inadequate to requirements of the dynamically changing economy.

Under the Polish job market policy, various stimulating measures taken in 2015 covered 78,600 unemployed people aged 50 or older, who constituted 15.2% of all unemployed reached by such measures. The measure that enjoyed the most interest of the unemployed in the category in question were works of social utility, which were undertaken by 18,200 people over 50, apprenticeships started by 15,600 people, public works undertaken by 15,600 and courses – 7,900 people over 50 in 2015. 2,700 people in this age group started working under the wage



subsidy procedure for employing an unemployed person over 50, 5,600 people were referred to employment agencies under contracting of stimulation measures, and 2,800 started works of social utility under the Activation and Integration Programme (PAI). Apart the above reasons for exclusion from the unemployment register, 14,600 unemployed in the age group in question became entitled to a retirement pension or disability benefit (59.8% of the total outflow of the unemployed), and 36,000 people became entitled to early retirement pensions (99.8%).

### ***Solidarity of Generations Efforts aimed at boosting professional activity of the 50+ group programme***

The *Solidarity of Generations 50+* programme was adopted by the Council of Ministers on 17 October 2008, and then was renewed due to the Resolution of the Council of Ministers No. 239 of 24 December 2013 and published in *Monitor Polski* on 4 February 2014. The programme covers a broad range of initiatives aimed at making better use of human resources in the population group aged 50 or older. Its objective is to reach 50% employment rate among the people aged 55-64 in 2020, and the beneficiaries and target group is population over 50. In 2012, the employment rate in the 55-64 age group amounted to 38.7%, and it grew to 46.2 % in 2016.

### **Combating discrimination and equal treatment requirement on job market**

The equal employee treatment and prohibition of discrimination in employment are among the basic principles of the labour law and the main obligations of an employer. An employer is obliged to make the text of equal employee treatment regulations available to workers in the form of a written piece of information at their establishment or ensure that it is accessible to them according to the custom of a specific employer.

The Polish Labour Code sets out an open list of reasons for discrimination. The Labour Code forbids any discrimination for any reason and requires employers to treat employees equally as regards start and termination of employment, terms and conditions of employment, promotion and access to training aimed at improving qualifications and uses an open list of examples of reasons for discrimination, which includes gender, **age**, disability, race, religion, nationality, political convictions, trade union membership, ethnicity, confession, sexual orientation, employment for a definite or indefinite period, full or part time employment.

The Labour Code guarantees employees the right to equal pay for equal work or work of equal value. Such remuneration includes all components regardless of their name and nature and other benefits related to work provided to workers in the form of money or other form. The term “work of equal value” is defined in the Labour Code. Work of equal value is understood as work that requires employees to have comparable qualifications confirmed by documents set out in separate provisions or practice and professional experience and also comparable responsibilities and effort.

The Labour Code guarantees employees asserting their rights also other, non-financial entitlements. The fact that an employee has taken advantage of rights stemming from a violation of equal employee treatment may not be a reason for unfavourable treatment of an employee and may not result in any negative consequences for that employee, and in particular, it may not be a reason for termination of employment with or without notice.

In the light of the above principles, it has to be explained that the fact that an employee has reached the retirement age is by itself not a valid reason for the termination of employment

by the employer. It could be recognised as age discrimination in breach of the Labour Code. Therefore, an employer who terminates employment is obliged to apply criteria that are not discriminatory in nature. To sum up, the Labour Code secures an older employee's interest by obliging the employers to follow the equal employee treatment principle and prohibiting discrimination, e.g. due to the employee's age. What is more, according to the case law, the fact that an employee has reached the retirement age may not be the sole reason for the termination of employment.

### **Coordination of the social security system**

Social security system coordination regulations are the link between the Polish social security system and other countries' system. These regulations contribute to the mobility of older people as they allow them e.g. to take advantage of retirement pensions and disability benefits abroad, in countries that have regulated their relations with Poland in regard to social security following the coordination principles. These are all the countries of the European Union and the European Economic Area and Switzerland, and also countries that have concluded bilateral agreements with Poland: Australia, USA, Canada, Ukraine, Moldova, FYROM, Bosnia and Herzegovina, Montenegro, Serbia, Republic of Korea, and Israel.

Moreover, the coordination regulation allow such people who are registered as unemployed with the right to unemployment benefit to look for work outside Poland (EU coordination) and take advantage of the unemployment benefit for at least three months, which can contribute to greater economic activity of older people. It is worth adding that the coordination regulations have a positive impact on the availability of benefits to older people outside Poland as in most countries whose social security systems are coordinated with the Polish one (EU coordination and some of the agreements), people who are insured in Poland may take advantage of such benefits abroad within a limited or comparable scope.

## **Goal 2: Participation, non-discrimination and social inclusion of older persons are promoted**

Key elements of older persons' quality of life is the broadly understood social activity – which is very important from the perspective of preventing social exclusion of older people through the possibility to build and maintain relations with other people and the sense of being needed. Therefore, the Council of Ministers is implementing measures aiming at developing social activity of older people, promoting their participation in civil society, allowing them to develop their abilities and talents, associating in various social organisations, and increasing their access to culture, education and sport.

### ***Long-Term Senior Policy in Poland for years 2014-2020.***

In order to take the issue of ageing into account in all policy areas to adjust societies and economies to demographic change and to create a society open to all age groups in Poland, public policy framework with regard to older people have been adopted, which are defined in the document adopted under Resolution No. 238 of the Council of Ministers of 24 December 2013 titled *Long-Term Senior Policy in Poland for years 2014-2020*.

Until 2014, the operationalisation of the *Long-Term Senior Policy in Poland for years 2014-2020* was limited e.g. to the *Government Programme for Social Participation of Senior Citizens for 2014-2020*, and then it was extended by the inclusion of the *Multi-Annual Programme Senior + for 2015–2020*. Due to the revision of the *Long-Term Senior Policy in Poland for years 2014-2020* planned for 2017 and the changing socio-economic situation of Poland, which results from the demographic shift, the Senior Policy Council has recognised verification and update to the goals of social policy in regard to older people and creation of a social policy programme for older people as its priority. In order to make the work efficient, a thematic group – Team on development of social policy directions in regard to older people – was established within the Council.

### **Department of Senior Policy**

Pursuant to *Order No, 68 of the President of the Council of Ministers of 16 August 2012 on the Statute of the Ministry of Labour and Social Policy* (M. P. item 590), the Department of Senior Policy was established in the former Ministry of Labour and Social Policy, and its responsibility is to determine the direction of measures for the benefit of older people, conditions of improvement of the support system for senior citizens, carry out tasks in the field of active ageing and other forms of cooperation within and between generations, and to monitor the implemented solutions. The department also cooperates with organisations and institutions whose measures are addressed to the elderly people, which includes international cooperation in the field of active ageing. What is more, the Department is also responsible for coordinating the implementation of the *Government Programme for Social Participation of Senior Citizens for 2014-2020* and the *Multi-Annual Programme Senior+ for 2015-2020*.

### **Senior Policy Council**

The Senior Policy Council is a body providing opinions and advice to the Minister of Family, Labour and Social Policy, which has been active since 2013 and includes representatives of non-governmental organisations to social policy programming in regard to older people in Poland. Persons invited to work as part of the Council included representatives of ministries and central public administration bodies and also representatives of the local government bodies, NGOs, and experts.

Tasks of the Senior Policy Council include:

- monitoring preparation and implementation of social policy programmes in regard to older people in Poland;
- issuing opinions on draft programmes addressed to older people and other support instruments for older people for 2014-2020;
- issuing opinions on solutions proposed by the Department of Senior Policy aimed at developing the support system for older people.

### **Government Programme for Social Participation of Senior Citizens**

Since 2012, the Ministry of Family, Labour and Social Policy has been implementing the Government Programme for Social Participation of Senior Citizens (ASOS) which aims at improving the quality of older people's lives and make better use of their potential in many social roles. The total of PLN 280 million will be allocated from the state budget until 2020, which amounts to PLN 40 million a year. Non-governmental organisations and other authorised entities carrying out activities for the benefit of older people may count on grants between PLN 20,000 and PLN 200,000. They may apply for co-financing of projects under 4 priorities:

- I. **Education for older people**, which covers measures aimed at developing educational offer addressed to senior citizens, using their mutual learning potential, developing innovative forms of education including informal and non-formal education, promoting voluntary knowledge and experience sharing; developing use of new technologies, and preventing digital exclusion;
- II. **Social activity promoting integration within and between generations**, which aims at developing various forms of older people's activity using the existing social infrastructure (e.g. public libraries, cultural centres) and involving the younger generations in joint action, which will make it possible to build mutual understanding and develop social skills;
- III. **Social participation of older people**, which involves measures aimed at increasing the involvement of older people in the public, social, economic, cultural and political life, thus contributing to the development of civil society. An important role in this regard is played by organisations representing the interests and needs of older people, which facilitate their participation in the life of local communities, e.g. senior citizens' councils at local governments;
- IV. **Social services for older people** – measures aimed at developing various forms of support through increasing the availability and improving the quality of social services for older people. What is crucial here is the creation of local support networks based on voluntary work aimed at creating self-help environment.

### **Civic Initiatives Fund Programme 2014-2020**

In order to increase the involvement of citizens, including older people and non-government organisations, including senior citizens' organisations, in the public life, the Ministry of Family, Labour and Social Policy is implementing the Civic Initiatives Fund Programme 2014-2020, The scope of measures allowed under the Programme includes all measures listed in Article 4 of the Act of 24 April 2003 on public benefit and voluntary work, including measures targeting older people (10<sup>th</sup> public benefit area – action for the benefit of persons in retirement age).

## **Multi-annual Programme Senior+ for 2015-2020**

The Ministry of Family, Labour and Social Policy is implementing *Multi-annual Programme Senior+ for 2015-2020* whose aim is to develop day care centres for older people. The Programme allows local government units to apply for funding for establishing and furnishing centres and to maintaining the existing ones. In the former case, the grant amounts to PLN 300,000 for a Senior+ Day Care Centre and PLN 150,000 for a Senior+ Club. The existing Senior+ Day Care Centres may receive up to PLN 300 and the Senior+ Club may receive up to PLN 200 to maintain a place. At the end of 2017, there will be about 260 Senior+ centres and clubs offering day care to 6758.

Through participation in activities organised at the centres, senior citizens are provided with an opportunity to develop their physical, mental and social potential, meet their peers, encouraged to fully take part in social life according to their needs, wishes and abilities.

## **Communal Senior Citizens' Councils<sup>2</sup>**

Pursuant to Article 5c of the Act of communal government, a communal council may establish a communal senior citizens' council as a consultative, advisory and initiative body due to the council's own initiative or on an initiative by concerned circles. It may include representatives of senior citizens and local entities active for the benefit of older people, including universities of the third age. The communal council may also include a provision in the statutes of an auxiliary body that authorises such unit to establish a senior citizens' council of the auxiliary body. According to the data from the Ministry of the Interior and Administration there were 9 communal senior citizens' councils prior to the 2012 amendment to the act, while there were 197 of them in 2016.

## **Action for cultural activity of older people<sup>3</sup>**

Cultural institutions in Poland implement various measures aimed at ensuring broader range of senior citizens' activity in the field of culture, supporting their participation in the cultural life and making cultural institutions more accessible and open to their needs. They include:

- free admission for senior citizens to permanent exhibitions in all museums on one day in a week, reduced admission fee (30–50%) at musical institutions for people over 65, pensioners, and veterans.
- The Ministry of Culture and National Heritage is also implementing the 60+ Culture initiatives, which involved 300 institutions all around Poland preparing a special cultural programme for elderly people, including e.g. attractive admission fees at cultural events, at the last weekend of September 2015 and 2016.
- The educational offer of cultural institutions targeted at elderly people takes the form of periodic meetings, special classes, workshops, lectures or guided tours around exhibitions (e.g. Museum Tuesdays – weekly meetings at MUZ Cinema at the National Museum in Warsaw, Music Mornings for Senior Citizens at Pomeranian Philharmonic, etc.) or in the form of single initiatives (senior citizen's day, Warsaw Senior Week, Łódzkie Senioralia, etc.).

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<sup>2</sup> Information from the Ministry of the Interior and Administration *Information on the Situation of Elderly People in Poland in 2015*.

<sup>3</sup> Information from the Ministry of Culture and National Heritage *Information on the Situation of Elderly People in Poland in 2015*.

- Such project for the benefit of older people are co-financed under projects of the Minister of Culture such as: the *Education* programme (under the Cultural Education priority), *Accessible Culture* programme, *Promotion of Literature and Reading – Public-Social Partnership*.
- Initiatives for the benefit of senior citizens are undertaken under National Centre for Culture Poland programmes: *Culture Centre+*, *Local Initiatives* and *Culture – Intervention*.
- Cultural institutions are implementing voluntary work programmes targeting older people or allowing them to take part in the current activities carried out by the institution (e.g. Polski Theatre in Wrocław, National Museum in Warsaw, National Maritime Museum in Gdańsk).

### **Lifelong learning<sup>4</sup>**

The Polish higher education system provides conditions for improvement in the situation of older people due to:

- opportunities to start (full-time and extramural programmes) without age limits;
- curricula allowing students to acquire skills and social competence in the course of lifelong learning;
- universities being able to confirm effects of learning outside the formal education framework for adults (older than the traditional student age);
- universities running and launching academic majors preparing personnel to meet the need of the ageing society, such as medical and nursing programmes offering knowledge and skills in the field of geriatric and such academic majors as dietetics, physiotherapy, social assistance, etc.;
- universities allowed to offer postgraduate programmes, courses and training sessions;
- involvement of academics and often universities themselves in universities of the third age;
- universities running so-called open universities.

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<sup>4</sup>Information from the Ministry of Science and Higher Education: *Information on the Situation of Elderly People in Poland in 2015*.

### **Goal 3: Dignity, health and independence in older age are promoted and safeguarded**

Ensuring high quality of life at each age and maintain independence, including health and well-being, are the primary objectives and policies supporting older people, particularly in the field of health care. The efforts to achieve that goal involve measures in the field of disease prevention, development of telemedicine, support for disabled older people, combating of digital exclusion, equal access to public transport and development of physical fitness. The above measure also comply with the purpose of maintaining older people's dignity and independence.

#### **Health<sup>5</sup>**

##### Access to medicines

In 2016, free medicinal products<sup>6</sup> for the beneficiaries (list of free medicinal products available at <http://75plus.mz.gov.pl/>) over 75. The aim is to provide the citizens with due access to effective and safe medicines with simultaneous reduction in the participation in the cost of treatment. This solution is supposed to prevent lack of access to medicines among people over 75 due to economic reasons.

##### Disease prevention programmes

As part of health care policy, the Ministry of Health is implementing disease prevention programmes targeting older people, such as:

- Multi-annual programme 2016-2024 – National Programme for Combating Cancer, including disease prevention measures;
- Multi-annual programme 2011-2020 – National Programme for Development of Transplant Medicine;
- National Programme for Reducing Disparities in Access to Prevention and Treatment of Cardiovascular Disease System 2013–2016 POLKARD;
- Antiretroviral Treatment for Persons Living with HIV in Poland 2012-2016;
- National Treatment Programme for Patients with Haemophilia and Related Bleeding Disorders 2012-2018;
- Programme for Preventing Depression in Poland 2016-2020.

##### Support from European funds

The following measures were supported from European funds in the field of health protection

- Project titled *Support for Medical Personnel Lifelong Learning Programme in regard to Geriatric Care* co-financed under the Human Capital 2007-2013 Operational Programme. The aim of the project was to increase qualifications (train) of medical personnel in regard to geriatric care.
- Project titled *Development of Qualifications and Skills of Nursing Personnel in the Context of Epidemiological Change as a Consequence of Ageing Society* co-financed under the Human Capital 2007-2013 Operational Programme. The aim of the project was to improve the quality of nursing care for the elderly through organisation of a

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<sup>5</sup>Information from the Ministry of Health: *Information on the Situation of Elderly People in Poland in 2015*.

<sup>6</sup>In accordance with the list prepared by the Minister of Health.

specialist course titled *Comprehensive Nursing Care for the Patient with the Most Common Conditions of the Old Age*.

- Competitive procedure titled *Day Medical Care Home* (DDOM) under Knowledge Education Development 2014-2020 Operational Programme. The object of the competition was the pilot implementation and test of day medical care home standard.
- The projects under Regional Operational Programmes (ROP) 2014-2020 aimed at supporting health care entities providing health care services in the field of geriatrics, long-term care and palliative care and hospice care (modernisation and retrofitting of facilities).
- The PL07 Development and Better Adaptation of Health Care to Demographic and Epidemiological Trends programme and PL13 Reducing Social Inequalities in Health programme, co-financed from the Norway grants and EEA grants 2009-2014.

### Telemedical services

In health care, there are also amendments to legal regulations that abolish barriers to telemedical services. The amendments to legal regulations made in 2015 included:

- abolition of the requirement of personal examination of a patient by a doctor and introduction of the possibility to use ICT systems or communications systems;
- abolition – in regard to entities providing exclusively outpatient health care services according to the telemedicine formula – the obligation to meet technical requirements related to rooms and equipment that are required from entities providing classical health care services (i.e. services involving personal contact between the patient and the physician) with the simultaneous introduction of the possibility to define separate requirements for telemedical service providers;
- abolition of the definition of place of health care service provision and indication that in the case of health care service provision through ICT or communications systems, such place is understood as the whereabouts of medical professionals providing such services;
- introduction of general regulations providing for the possibility to work as a physician, dentist, nurse, midwife and provide pharmaceutical services and carry out treatment, including health care services, didactic and research tasks and health promotion, through ICT systems or communication systems.

### **Action for disabled older people**

Older people, if they have a disability degree certificate or an equivalent one, may take advantage of all support instruments provided for in the *Act of 27 August 1997 on vocational and social rehabilitation and employment of persons with disabilities*. Support could be also be provided at poviát government level. For instance, a disabled person, including an older person, may apply for co-financing from the State Fund for the Rehabilitation of the Disabled for the following: rehabilitation equipment, orthopaedic devices and auxiliary means, removal of architectural barriers, communication and technical, or services of a sign language interpreter or interpreter-guide.

In the case of vocational rehabilitation instruments targeting the disabled, including older people, and the employers employing such persons or interested in employing them, the support could be provided via local government units (and poviát employment offices in their structure) or directly by the State Fund. Examples include the reimbursement of the cost of adapting or fitting a workplace for a disabled person, reimbursement of the cost of training of



a disabled employee and the possibility to use the one-time grant to start a business, agricultural activity or contribute to a social cooperative

### **Combating digital exclusion<sup>7</sup>**

Under the financial perspective 2007-2013, Poland implemented measure 8.3 *Counteracting digital exclusion – eInclusion*, which was part of the Innovative Economy Operational Programme. About 200,000 people gained access to the Internet directly at home or under the so-called coordination measures ensuring access to the Internet in communal units, e.g. culture centres, community centres, schools. 739 projects were implemented and their total value amounted to PLN 1.34 billion. The measure targeted the group exposed to the risk of digital exclusion, including the elderly.

The financial perspective 2014-2020 involves implementation of measure 3.1 *Training activities for development of digital competences*, which is part of the Digital Poland Operational Programme. The projects aim at raising qualification and knowledge of the general public in regard to use of information and communication technologies, which involves addressing diagnosed social needs related to increase in activity and improvement in the ability to use the Internet, including public services provided electronically. The target group includes adults who have no digital competence or want to develop their skills in this regard. EUR 85 million has been allocated to this measure.

*Digital Poland of Equal Opportunities* educational project was implemented in 2011-2015. The aim was to introduce adults to the world of digital communications and services and content available on the Internet. 2,900 organisers conducted:

- over 3,700 free of charge classes aimed at conveying basic digital skills to people aged 50 or older,
- over 71,000 hours of classes for people aged 50+.

Since 2011, legal regulation have been amended in order to facilitate use of telecommunications services by end users with special needs, including older people. These amendments involve implementation of EU regulations concerning both older people and the disabled. Due to improved regulations:

- providers of publicly available telephone services have been obliged to introduce a number of facilities for older people, e.g. devices allowing users to enlarge text and present terms and conditions or a price list;
- the Presidents of the Office of Electronic Communications has been granted the right to oblige an entrepreneur to provide a special pricing package – the purpose of this tool is to minimise risk related to low income of part of the older people.

### **Abolition of financial barriers to older people's access to public transport**

Pensioners and their spouses who receive family benefits are entitled to travel twice a year using public railway transport with a 37% fare reduction for passenger, fast and express trains. What is more, the passengers entitled to various public transport fare reductions include veterans, war and military invalids, disabled people, their guides or caretakers accompanying certain categories of entitled persons.

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<sup>7</sup>Information from the Ministry of Digital Affairs: *Information on the Situation of Elderly People in Poland in 2015*.

The issue of city transport fares falls within the competence of local governments, older people take advantage of reduced fares or exemptions. For example, in Warsaw, people over 65 are entitled to receive a card that gives them ride to an unlimited number of trips, so-called “senior ticket”, which costs PLN 50, while people over 75 are exempted from all urban transport fares.

### **Physical fitness<sup>8</sup>**

Provision of conditions and offer for common physical activity at all stages of life is one of the main goals set out in the government document titled *Sport Development Programme 2020*, which was adopted by the Council of Ministers on 31 August 2015. The goals defined in the document include *Supporting measures for social integration of older people through physical activities*. Addressing the emerging phenomena, the Minister of Sport and Tourism decided to strengthen the support for tasks in regard to promoting physical activity and sport targeting older people, which were implemented under previous frameworks:

- “supporting initiatives with regard to promotion of sport among various social groups and circles” and
- “supporting measures promoting sport for all”.

### Orlik sports complexes

Orlik premises are a collection of 2600 sports fields complexes located in all 16 voivodeships, which are used by all regardless of their age and skill. Under the Akademia Animatora project, activity organisers working at Orlik complexes are trained to provide them with knowledge and skills necessary to conduct physical activity classes for people from various age groups, including senior citizens. In 2015, older people visited Orlik complexes 762,539 times (2.5% of all users). In 2015, over 7,000 people were trained under the Akademia Animatora project.

### Physical Activity of Older People (AFOS) project

The nationwide project titled Physical Activity of Older People (AFOS) was launched due to the need to stimulate activity of various social groups and promote physical activity. AFOS is a proposal of a systemic solution aimed at preventing negative effects of ageing processes and keeping social activity through promotion of physical activity and sport among older people. The project provides for organisation of various initiatives stimulating activity of older people:

- recreational activities – various forms of active recreation based on physical activity;
- preventive activities – activities aimed at preventing premature or pathological ageing and related to healthy lifestyle – proper nutrition and social activity;

### Physical recreation for disabled older people

Due to the development of an effective model of integration of able-bodied and disabled people, Poland is implementing Disabled Sports Promotion Programme, which targets all persons regardless of their age, including older people. The programme involves co-financing for the following types of measures addressed to disabled older people:

- organisation of sports section classes for the disabled;
- organisation of sports events for the disabled;

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<sup>8</sup>Information from the Ministry of Sport and Tourism: *Information on the Situation of Elderly People in Poland in 2015*.

- organisation of sports camps for the disabled;
- purchase of sports equipment.

The classes are conducted in sections systematically throughout the year, 2–3 times a week, and they last 2–3 hours. Classes and sports events take place at gyms, swimming pools and in open air, on sports fields and stadiums. The primary aim of the camps is to stimulate interest in sport depending on a participant's needs and abilities and to develop healthy lifestyle habits.

## **Goal 4: Intergenerational solidarity is maintained and enhanced**

Measures promoting and strengthening intergenerational dialogue are one of the most important areas of government programmes targeting older people. Their implementation has not only contributed to the development of voluntary work among the elderly but also to support for families who take care of older people and to promotion of solidarity within and between generations among their members.

### **Measures for the development of voluntary work and development of intergenerational cooperation under the Government Programme for Social Participation of Senior Citizens for 2014-2020**

One of the key instruments that allows solidarity between generations to be maintained and strengthened in voluntary work. Pursuant to the Act of 23 April 2003 on public benefit and voluntary work, a volunteer is understood as a natural person who carries out work on voluntary basis and without remuneration according to principles set out in the act. Older people work for public benefit in senior citizens' clubs at culture centres, district councils or parishes to satisfy their need for contact with society, entertainment and pleasure. Another type of voluntary work done by the elderly is work in pensioners' organisations, which often include senior citizens from specific occupational backgrounds and universities of the third age.

The primary aim of social policy with regard to older people in the field of voluntary work is increasing older people's participation in various forms of voluntary work, which allows their huge potential to be utilised. An excellent means to this end is the Government Programme for Social Participation of Senior Citizens for 2014-2020 (ASOS).

One of the detailed goals under the ASOS programme is the development of diverse forms of social activity, including promotion of voluntary work, participation in decision-making processes, social life, including older people's participation in public policy-making. At the same time, the main directions of measures under

- Priority I – Education for older people include classes preparing for voluntary services;
- Priority II – Social activity promoting integration within and between generations include social participation, including older people's voluntary work;
- Priority IV – Social services for older people (external services) include training for volunteers and caretakers (with regard to care for older people) and support for families in their care for an older adult through development of services based on voluntary work.

Priority IV Social services for older people involves co-financing for measures aimed at developing various forms of support through increasing the availability and improving the quality of social services for older people. What is crucial here is the creation of local support networks based on voluntary work aimed at creating self-help environment. The projects implemented under this priority concern social services for older people, i.e. "planning and organising social services (including health, education, cultural and recreational services) taking account of the needs of older people and their adjustment to needs and abilities of older people; providing older people with opportunity to use help provided by assistants carrying out social services at home and outside home; promoting use of care services, will allow a broader group of older people who need social services that can be provided in the local environment to be reached, and thus they will allow senior citizens to stay with their family and their place of residence as long as possible.

## 2. Conclusions and priorities for the future

Based on the Information on the Situation of Elderly People in Poland in 2015 and information on social policy in regard to older people implemented at the central and regional level, the following conclusions and recommendations have been formulated.

1. Due to the consequences of demographic change, it is necessary to give priority to public policy measures aimed at increasing total fertility rate in Poland and public policy measures targeting older people implemented both at the central and the regional level.
2. Due to the ageing of the population and the dual problem of ageing of the population, it is necessary to take measures related to the redefinition of age boundary of an older person.
3. Due to the financial situation of older people and the predicted demographic situation, it is necessary to take measures aimed at improving financial situation of older people with the lowest income.
4. As regards housing policy, it is necessary to take measures aimed at implementing solutions related to housing for seniors as a resource adjusted spatially, environmentally and technically to the specific needs of older adults.
5. In the field of social assistance, there is a need to take a number of measures aiming at making the social assistance system more efficient, and to be more exact, aiming at socially including older people and combating poverty in that age group through improvement in the potential and efficiency of social assistance institutions.
6. As regards increasing the economic activity of older people, the following solutions are recommended:
  - a. continuing the current and launching new measures and initiatives, both at the central and the regional level, stimulating economic activity of older people,
  - b. undertaking measures aimed at stimulating the spirit of enterprise in older people, who are an unused human capital resource in Polish economy,
  - c. taking measures aimed at developing career guidance for older people,
  - d. supporting the silver economy sector.
7. As regards family and social situation of the elderly, the following solutions are recommended:
  - a. conducting campaigns, programmes and initiatives promoting positive image of the old age, intergenerational cooperation, educating the young generation about the old age and the problems related to that stage of life, implemented in cooperation with local governments, non-governmental organisations, entrepreneurs, and local communities,
  - b. conducting informational and social campaigns about older people and their needs and problems,
  - c. strengthening intergenerational bonds.
8. As regards improvement in older people's health, the following solutions are recommended:
  - a. promoting health and preventing disease, including development of educational offer for older people related to healthy lifestyle, active lifestyle, increasing awareness of effects of risky behaviour and new technological solutions,
  - b. taking measures aimed at increasing the availability of disease prevention programmes and preventive medical examinations, and initiatives promoting health.
9. As regards health care, it is recommended to continue and take measures aimed at:
  - a. developing geriatrics wards and clinics,

- b. improving accessibility of publicly funded health care services also through improvement in funding/pricing of medical services and coordinated health care,
  - c. promoting medical care assistant profession, which would assist a nurse in the course of his or her tasks related to care for older people,
  - d. vocational education for all medical professionals in the field of geriatrics and skill update for medical personnel providing health care services to older adults.
10. Due to the growing number of older people and increasing need for long-term care services, it is recommended to continue and take measures for the benefit of disabled and dependent people and their caretakers.
11. In the field of social, cultural, educational and sport activity, it is recommended to:
- a. continue and take measures, both at the central and the regional level, aimed at increasing older people's participation in social, cultural, educational and sport activity,
  - b. take measures aimed at developing and promoting voluntary work done by older people for older people.
12. As regards equal treatment and age discrimination, it is recommended to continue monitoring and take measures aimed at counteracting age discrimination.
13. As regard the social policy in regard to older people at the central and the regional level, it is recommended to:
- a. prepare a document setting out goals and instruments of social policy in regard to older people in Poland,
  - b. update the current programmes with regard to current problems and needs of older people, which needs to be done by entities managing the programmes,
  - c. create a catalogue of good practices developed under various programmes and prepare a platform for their exchange in order to allow good practices to spread.
  - d. Due to an important role of non-governmental organisations active for the benefit of older people, it is recommended to:
    - promote cooperation (also financial cooperation) between local governments and local organisations aimed at the previous experience and expanding the offer in the field of social policy in regard to older people,
    - stimulate social activity of senior citizens through implementation of good practices,
    - establish cooperation between public entities and the senior citizens and senior citizens' organisation, e.g. by establishing Senior Citizens' Councils as consultative and advisory bodies, in order to create local policy in regard to older people,
    - promote and develop activities carried out by non-governmental organisations as entities stimulating various activities of older people.

## **Annexes**

1. *Long-Term Senior Policy in Poland for years 2014-2020.*
2. Excerpts from the document titled **Information on the Situation of Elderly People in Poland in 2015.**
3. Active ageing indicator according to regions – 2015.



**Long-term Senior Policy  
in Poland**  
for the years 2014-2020  
*in outline*



# **ASOS** 2014-2020

**Rządowy Program na rzecz Aktywności Społecznej  
Osób Starszych na lata 2014-2020**

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Ministerstwo Pracy i Polityki Społecznej

**The publication was based on the Council of Ministers Resolution No. 238  
of 24 December 2013.**

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# MINISTER'S FOREWARD



Long-term Senior Policy in Poland for years 2014-2020 is the first such document that completely relates to seniors and challenge, which is imminent aging population in Poland. The aging of the population in developed countries is an irreversible consequence of great achievements and the progress of civilization - resulting from the significant increase in life expectancy and reduction in mortality. For many people, old age is the fear of becoming a burden to the next or the lack of a separate and independent existence. Others see older people as individuals striving only for their interests and imposing a large burden on the younger generation - especially for the labor market, the health system and the need to provide them with decent living standards after retirement. Often we do not see and do not appreciate the potential capabilities, experience, knowledge and many others values which are transmitted to us by older generations. This is because young people are not thinking about old age even though it is a necessary stage of life.

Contemporary Poland must be prepared for all the consequences, positive and negative changes resulting from the alarming demographic projections, resulting in progressive aging of the population. However, it should accept the current and future state of the population of the country, as inevitable and treat it as a challenge, which is also an opportunity to use in the development of social policy, including the senior policy. The senior policy development, including support actions to support and ensure fair aging in good health and independence would not be possible without adopted by the Council of Ministers in the so-called "Package For Seniors" on December 24th, 2014.\*

The publication presented the objectives, assumptions, priorities and recommendations for the directions of intervention for each key policy areas of the senior. The aim of the publication is to disseminate the Long-term Senior Policy in Poland for the years 2014-2020 in a transparent way for any interested reader - citizen. Key areas for action in the senior policy are: health and independence; economic activity; educational activity, social and cultural activities; silver economy and intergenerational relations.

It is important to adopt simultaneous changes and actions across all these area of life. It is also important to prepare for old age, which should consist of: preparing for the age of each of us - your daily active and healthy way of life and taking care of the development and investment in their own abilities and skills,

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\* 1) Long-term Senior Policy in Poland for 2014-2020  
2) Government Programme for Social Participation of Senior Citizens for 2014-2020  
3) Solidarity of Generations. Programme 50+

employment and providing a sustainable income but also to prepare for old age the whole society - by actions taken by the state authorities, relating directly to adapt the labor market and economic market (goods and services) to the real needs and expectations of older people. This is related to the adoption of the attitude of being responsible for your future, lengthening the period of their abilities and creative activity of life, while maintaining as long as possible - health and ability to work.

Old age affects every human being. Present, the efforts should be designed with care to ensure the future - ours and the next generations to old age was not surprising times in life but by extending the period of activity and human creativity was moved to a later time. In order for us, despite reaching old age people were still fully active in working life and society and people full of health and strength. Use the potential of the people 50+ on the labor market; prevention and promotion of healthy lifestyles and the development of medical-care services for the elderly; offering special educational offer; supporting the development of Universities of the Third Age; engaging older people to be active citizens and participate in volunteering; to promote integration within and between generations, it is only the senior major policy priorities, which are described in detail in the publication.

Implementation of the goals and objectives contained in the document is primarily to help older people to become their sense of being a full-fledged social group and prevent social exclusion. The action in the senior policy are directed to a large audience of social life in the country. An important element to make changes and take concrete action is public cooperation with public authorities at all levels, the private sector and non-government and social partners. The division of tasks and complement each other in the pursuit of building and development of an active and healthy aging is the extraordinary strength of the future success of the senior policy - Improvement of the situation of older people for the dignified aging in good health.

Let's take care commonly about healthy, active, joyful and full of new possibilities old age!

Włodzisław Kosiniak - Kamyż

# DEMOGRAPHIC SITUATION IN POLAND



Contemporary European societies are characterized by dynamic changes in the demographic structure of the population. Because of the two co-morbid phenomena: low fertility rates and lengthening life expectancy increasing proportion of older people (60+) in the population.

**Table 1: Proportion of people in different age groups of the EU-27 and Poland in 2011 (in%) (as of 31.12.2011)**

	0-14	15-64	15-60	60-64	60+	65+
UE -27	15,6	66,6	60,5	6,1	23,9	17,8
Poland	15,1	71,1	64,7	6,4	20,2	13,8

Source: own study based on the Eurostat.

According to the criteria adopted by E. Rosset determinant of demographic aging threshold is exceeded 12% of people over 60 years of age and older in the general population, which means that Poland is among the countries where the process of demographic aging is advanced.

**Table 2. Participation of elderly people (60+) in the population of Poland in 2011**

Indicator	Value of the indicator (%)	The number of people (in mln)
60+	20,2	7,8
Including:		
percentage of persons 80 +:	3,6	1,4

Source: own study based on the Central Statistical Office data.

Eurostat data show that in 2020, people over 60 years of age will constitute nearly 25% of the population of Polish society.

**Table 4: Forecast population in the years 2010-2035 by age groups (in%)**

Age	2010	2015	2020	2025	2030	2035
0-14	15,0	15,2	15,6	15,0	13,7	12,5
15-64	71,4	69,2	66,0	64,1	64,0	64,2
60-64	6,1	7,1	7,0	5,8	5,7	6,8
60+	19,6	22,7	25,4	26,8	28,0	30,0
65+	13,5	15,6	18,4	21,0	22,3	23,2
85+	1,4	1,8	2,0	2,1	2,1	3,1

Source: own study based on Central Statistical Office data, Population forecast for 2008-2035.

The process of population aging is characterized by a number of significant ways. One of them is the high proportion of older people engaged in single-person households. This process is associated with loneliness, increases the risk of social exclusion, such as in the case of limited independence.

The second characteristic is the feminisation of aging. As shown by the Central Statistical Office data (Demographic Yearbook 2012) in the age group 50-54 years, there is a surplus number of women over the number of men (103 women per 100 men). This surplus is steadily increasing in older age groups.





**Senior policy** is generally a package of actions performed by public administration at all levels and other organizations and institutions that perform tasks and initiatives shaping the conditions of a dignified and healthy aging.

**Health promotion** is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (WHO definition)

**Volunteering** according to the definition supplementation in official statistics, volunteering is unpaid, voluntary work done for people outside their own household (including not residing together for family, friends, neighbors, but also for the benefit of strangers), for the environment, society or the local community, taken individually or as part of an organization or institution (Central Statistical Office).

**Silver economy** is an economic system aimed at exploiting the potential of older people and taking into account their needs.





## INTRODUCTION

**Senior policy** is generally fraud of public administration at all levels and other organizations and institutions that perform tasks and initiatives shaping the conditions of a dignified and healthy aging.

Assumptions of Long-Term Senior Policy in Poland for the years 2014-2020 are performing the obligations provided for in the Government Program for the Elderly Social Activity for 2012-2013 (ASOS Program). ASOS Program is the first nationwide program developed on such scale, designed for the elderly and intergenerational cooperation. Implementation of the Program ASOS enable setting up the base for the senior policy (policy on the elderly and for the elderly).

**The aim of the senior policy in Poland is support and provide opportunities for active ageing in health and opportunities for continued self-reliant, independent and fulfilling life, even with some functional limitations**

Senior policy for purposes of this publication is widely understood as the set of activities throughout life, leading to ensure the extension of activity, both occupational and social, and self-reliant, healthy, safe and independent living for the elderly.

Properly designed and developed senioral politics is an essential element of social policy model. Should react to current challenges. The targets and courses of action will be implemented through the involvement of the different actors. Senioral policy should be



designed horizontally, ie, should be consistent with the state policy in the field of social security, employment, health, education (learning throughout life), infrastructure, housing and others. The acquisition by the government UFPJ not entail additional costs for the public sector.

Although, ZDPS have a framework, it also constitute a concrete set of necessary policy actions in the senior policy in Poland, which is addressed to a wide audience. First to society, which due to their competence and potential is a key element in the process of building and development of an active and healthy aging. Secondly, public authorities at all levels, the private sector and non-government and social partners, whose activities will allow proper management of assets resulting from the lengthening of life.

In the work on the senior policy assumptions used in the concept of active aging, which is defined as a process that allows both individuals and social groups with the development of their potential life-course perspective, the behavior of both mental and physical well-being and economic activity, social, independence and self-reliance .

The main challenges identified for the senior policy around which developed the directions of intervention are:



- the increasing proportion of older people in the population and readiness for many social and economic consequences of this phenomenon,
- longer working lives,
- the inclusion of the potential of older people in the area of social and civic participation,
- demand for solutions to those working at the age of 50 + on reconciling work and private life (the need to care giving for their parents or other dependents).

# 1. HEALTH AND INDEPENDENCE



The main objective of the senior policy in the area of health and self-reliance is to create conditions for independent living as long as possible and to maintain good health and autonomy.

## 1.1. CONDITIONS OF MEDICAL SOLUTIONS AND CARE SERVICES FOR OLDER PEOPLE

The area for the health of older people is identified as one of the most important in the senior policy in Poland.

### 1.1.1. Health condition

Both women and men 50 years of age are experiencing all sorts of diseases, but more so for women than men. However, it is worth noting that men in Poland have still a few years shorter life expectancy than women, especially for people at risk of poverty. Poverty remains the most important determinant of life expectancy and healthy life. A healthy lifestyle is not a distinguishing characteristic of persons 50 + in Poland. Poles do not lead active in terms of mobility lifestyle. Low physical activity translates to a weight problem among the elderly, and consequently the progressive development of cardiovascular disease and physical limitation. This translates into the need for integrated care organizations, based on specialized geriatric approach, thus taking into account the difficulty in remembering, spatial and temporal disorientation, hearing loss, blurred vision, and decreased physical performance and circulatory failure. The ability to self-healing process in the elderly is limited and requires institutional support.

In addition to poor health observed the phenomenon of e-exclusion, reduction of family ties, poor interpersonal relationships, seniors lag behind technological development in their everyday life, which in turn predisposes to the sense of alienation and, consequently, leads to an increased proportion of depressive states.

**Objective: Preparation for the period of its own old age in terms of knowledge about the physical and psychological changes during the aging process**

***Directions of interventions - recommendations:***

- educate people about the aging process and its consequences
- sensitize public opinion to the problems of old age and dependency
- restore the neutral character of the concept of „old age” as the last stage of human life
- create mechanisms of psychological support for people in crisis or in need of support

## 1.1.2. Medical staff



A particular problem is the deficit of specialists in the field of geriatrics and other professionals who care in old age. Due to the significant shortage of professionals geriatrics (about 270) and a geriatric hospital beds (approximately 600) is necessary to increase the competence of doctors in other specialties, and above all, specialists in internal medicine and family medicine.

Moreover, determined by experts is the lack of isolated teaching within the subject geriatrics majoring in medicine, resulting in deficits of knowledge and skills in this field among doctors. It should be noted, however, that the observed systematic increase in the number of training places in the organizational units authorized to specialization. Training in the relevant field should be carried out also in the context of postgraduate education of doctors most specialties.

### **Objective: Development geriatric medicine as a specialization**

#### ***Directions of interventions - recommendations:***

- enable the training of doctors, nurses and other medical staff towards holistic and comprehensive health care for the elderly patient
- strengthening the role of the primary health care (PHC) and PHC nurses in the care of elderly
- creating a system of incentives for education in the field of geriatrics by students and graduates of medical faculties
- development of specialist education of doctors, i.a., in the field of geriatrics
- increasing the availability of geriatric beds by adapting infrastructure medicinal entities to the growing number of elderly patients, also using the potential of non-state actors

### 1.1.3. Healthcare infrastructure



For the quality and benefits granted the availability of the health care a state and equipping with the infrastructure are a key element in the health care. The largest reserves are found in a primary health care which is the first stage in getting the patient to the health care system.

Also protecting needs of citizens which became dependent in relation to illness, is insufficient with the injury or the age. There is a significant shortage of units that provide long-term care.

#### **Objective. Support and development clinics and geriatric care in Poland**

##### ***Directions interventions - recommendations:***

- provide medical care to the elderly
- dissemination of such solutions to the elderly patient with previously diagnosed chronic illness and prescribed treatment could obtain basic advice and prescription medications permanently to the doctor the other specialties
- support the development of outpatient geriatric and geriatric consultation (especially in rural areas)
- institutional development and promotion of medicinal entities, realizing benefits in terms of geriatric care
- investment in infrastructure development of transregional teaching hospitals and research institutes
- support for entities implementing the provision of long-term care
- support therapeutic entities pursuing palliative care and hospice
- increase the numbers and improve the care and treatment

## 1.1.4. Organization of benefits system for the elderly



The health and social care for the elderly in Poland is unsuited to the needs of this population - has disintegrated, fragmented and inconsistent benefits. The system does not meet the standards of geriatric approach - universality, quality, availability and comprehensiveness of meeting complex needs. Long-term care of the infirm and seriously disease elderly in Poland rests mainly on the family - under-aided medical services and the welfare system outside medical state. On the other hand, please note the lack of preparation of family physicians to geriatric care and lack of coordination of highly specialized care, which is an important cause of treatment failure or deterioration of the health of a large portion of elderly patients. In addition, discrimination in the field of diagnostic and therapeutic procedures based on age, on the other hand, the eligibility of patients for highly specialized procedures without full analysis of geriatric contraindications (no relation assess the expected benefits and risks) is an important cause of treatment failure or adverse events in a large portion of elderly patients .

**Objective. Development of social services tailored to the needs and capabilities of older people**

***Directions interventions - recommendations:***

- Planning and organizing social services and the needs of the elderly and adapt them to the needs and abilities of older people
- liquidation architectural barriers to mobility and transport and the activity of the elderly
- enable older people to enlist the help of assistants providing social services at home and outside the home
- dissemination of using care services based on new technologies









## 1.1.5. Physical activity



An active, healthy senior is supporting for the economy by lightening system of the health care, social security, involving the family in the help burden for the senior, at simultaneous lightening by senior citizens of persons actively working in the family from the parts of duties associated with the organization of the house and the supervision of children. Therefore promotion associated with correct habits concerning diet, a physical effort, the consumption has a key importance of alcohol and avoiding the tobacco smoke.



## Objective 1. Promoting appropriate lifestyle

### ***Directions interventions - recommendations:***

- promote a healthy lifestyle at any age
- popularization and development of the educational offer in terms of proper nutrition
- popularization and development of the educational offer in the prevention of common diseases of old age
- inclusion in health education mental health issues
- recruiting participants in health education among a wider group of older people, including those with lower income, disabled
- creating group meetings conducive to interpersonal relationships and improving mental health
- extension of the educational offer for working people in contact with the elderly
- taking into account the specific needs of older people in the planning and implementation of health education and recreation
- education of healthcare professionals in the field of physical activity, diet and a healthy lifestyle in old age
- development and implementation of prevention programs in preventing diseases, which are a significant cause of withdrawal from the labor
- development and implement national programs of health education and promotion of healthy lifestyles, to counter the disease constitutes a major cause of withdrawal from the labor
- develop and implement programs aimed at eliminating health risks in the workplace



## Objective 2: Development and promotion of physical activity

### ***Directions interventions - recommendations:***

- increase the availability of existing sports facilities for the elderly
- development of an environment favorable to seniors physical activity, such as place of residence, in the workplace, in public places
- promoting the initiatives concerning the physical activity amongst elderly people
- development and support a system of organized physical activity classes for adults and older



### 1.1.6. Caring for the elderly and the role of informal carers



In 20 years will decrease the number of working-age population estimated at about 2 million people. At the same time it will shift part of care services for the growing population of seniors (from 5 million to over 8 million).

The results clearly indicate that the need for care in older age groups are quite large.

Duty of care to older people in Poland and provide a variety of care services is primarily a family responsibility.

Ensuring the proposed changes must take account of the needs and expectations of informal carers of older people who will need systemic solutions that enable them to take care when they are not employed and can devote themselves to the care, but also when you will have to reconcile care with the work. Informal carers play a key role in providing care for their loved ones - older people in the family and support them is the senior policy challenge.

### **Objective 1: Provide adequate care with limited independence through development of care services**

#### ***Directions interventions - recommendations:***

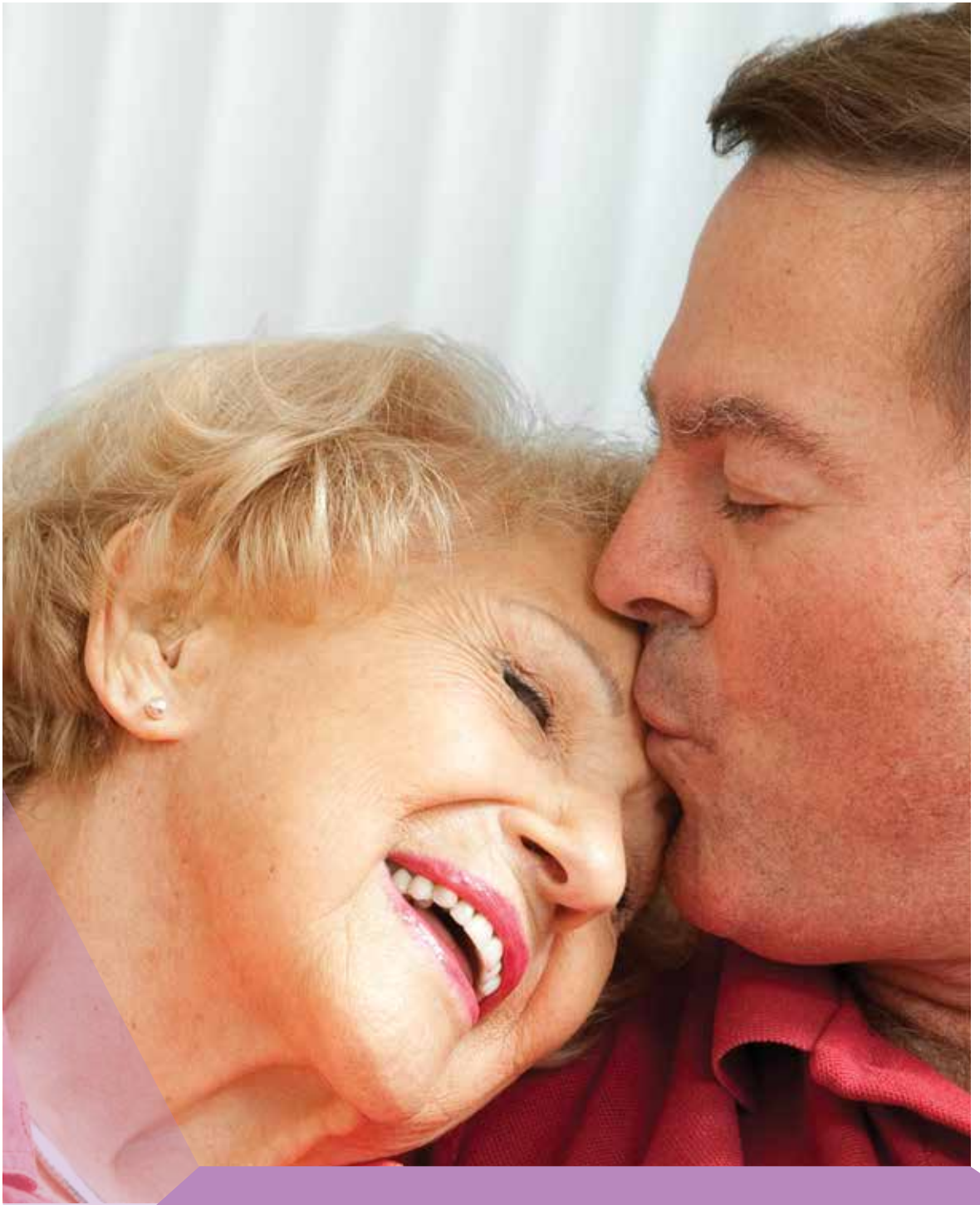
- improvement of access to care services
- development of the system of cash benefits in kind or checks to cover expenses for services and products relating to the the care
- creating conditions to increase the diversity of care for seniors
- elimination of legislative and administrative barriers to employment legislation informal carers
- reducing the share of „grey economy“ in the market of care services
- creating conditions of stable sources of funding of care services
- better adjustment of currently available services to the needs of the elderly, as well as the development of new solutions
- provide support to elderly people living in single households
- improve the quality of care (including nursing) for the elderly

### **Objective 2: Creating support systems for informal carers, particularly at the local level**

#### ***Directions interventions - recommendations:***

- support of family and informal carers
- development system solutions to support caregivers of the elderly
- creating broad access to information on opportunities for carers
- enable the care of long-and short-term over an older person
- development of voluntary welfare (including neighborhood and the local environment)





## 1.1.7. New technologies in the care of elderly



New technologies can be a great support in the care of older people. Allow greatly relieve the health care system, to facilitate the daily functioning of older people and carers to enable reconciliation of the roles that they play in society. In Poland there are currently no commonly available solutions in the area of telecare and telemedicine, which could be used in the support and supervision of the elderly, while reducing caregiver strain and stress and improving the safety of seniors.

It is also necessary to increase the safety and dignity of seniors in the area of social, legal and financial by providing recommendations addressed to them concerning the quality of technology, civil contracts and other issues, the perception of the elderly is difficult.



**Objective: Development and implementation of telecare and the use of innovative technologies in facilitating the organization of care for the elderly**

***Directions interventions - recommendations:***

- developing minimum standards for telecare and other forms of indirect care services using new technologies (ICT)
- identify the sources and principles of financing or co-financing of telecare and other forms of indirect care services
- mobilization of local communities to create social (neighborhood) self-help methods using new technologies (ICT)
- support the implementation of solutions using telecare
- use of new technologies for the development of prevention and health behaviors









## 1.2. SENIOR SAFETY



The risk of increasing aggression against older where caregivers are not adequately equipped to perform this role, which is connected to them with an increased stress. Offenders are often people dependent elderly - in terms of financial resources (due to lack of work), housing, and welfare. In the case of unintentional violence, the risk increases due to the overload protector obligations under the constant attention, hard physical work and stress.

A special type of institutional violence are unfair trade practices against older people, especially in connection with financial services.

**Objective: Ensuring safety of the elderly and prevention of abuses used against them**

***Directions interventions - recommendations:***

- prevention of elder abuse (recognition of and response to cases of violence) within the vocational education and informing persons of the first contact
- increase awareness of older people on the situation of violence and the institutions to which they can turn in the situation of experiencing violence
- increase awareness of violence among persons with ambient
- introduction in institutions and individuals providing care services procedures in the event of violence
- introduction helpline for the elderly (eg, Fall Line)
- creating the conditions for coordination reports of abuse of the elderly, including legal and psychological assistance to victims of violence directed
- counteracting economic violence
- prevention of unfair trade practices against older people

### 1.3. SENIOR SPACE AND PLACE OF RESIDENCE







The objective of design for all is the organization of space, to become friendly and accessible to residents. The rule should be to take into account the needs of different groups of people: the elderly, disabled, families with children, women and men.

You also can not ignore the issue of the senior policy assumptions housing adapted to the situation, opportunities (both financial) and the needs of the elderly. Not only within a single housing, but housing units (settlements) with appropriate infrastructure and services to their residents.

**Objective. Supporting universal design, including the needs of elderly people**

***Directions interventions - recommendations:***

- cooperation with senior citizens and social organizations on the assessment of sites and public buildings in terms of accessibility for old people
- public transport planning, including the needs of older people
- introduce measures shortening the waiting period for service in public places (offices, libraries)
- implementation of inclusive design principles at every level
- promoting the construction of housing units, as well as changes in the existing one

## 2. PROFESSIONAL ACTIVITY OF PEOPLE 50+



The main objective of the senior policy in the area of professional activity is to plan and take actions that will allow the best use of the potential of older workers on the labor market and it will enhance and extend the working life of people 50 + and 60 +.

In Poland, it was noted one of the lowest employment rates of people aged 50 + and one of the lowest average retirement age among European countries. Extending working lives of employees over age 50 is one of the priority actions of all European Union countries.

## 2.1. PREPARING TO WORK - EDUCATION AND TRAINING



Currently in Poland is observed deficit of appropriate training and forms of learning effectively supporting people aged 50 + and 60 + to adapt to improve their functioning on the labor market. What's more, the existing training is not conducted in a manner appropriate to the needs and predispositions of those people. Information about their training are also not widely available. There is also a wide variation of access to the educational offer, depending on local conditions (especially occurring limited of educational services in smaller towns and rural areas).

**Objective: Dissemination of learning, improving its quality and adapting to the needs of people 50 +**

***Directions interventions - recommendations:***

- development of training courses for people 50 +
- implementation of customized organizational solutions enabling participation in training
- development of forms of the type of distance learning, e-learning, blended learning
- development and disseminating solutions to help employers of small and medium-sized enterprises organizing training for their employees
- promoting investment in improving competences of employees
- implementation of the National Qualifications Framework and the development of a network of institutions and institutions validating quality assurance
- dissemination of solutions developed within the framework of the activities financed from the ESF, monitoring of training effectiveness

## 2.2. Age management and ergonomics



Encouraging the growing number of older workers to remain in employment is justified only if the parallel efforts are aimed at maintaining the ability to work through the whole period of activity the employee and lifting his/her qualifications, as well as activities aimed at modifying tasks in order to adapt them to changing employee's ability in a lifetime. Age management is not yet widespread in Poland, as in other countries.



**Objective: Create a friendly working conditions for employees and using solutions in the field of age management**

***Directions interventions - recommendations:***

- adjusting rate of work to the elderly, flexible working time, analyze the possibility of leave for professional development, the abandonment of shift work, increasing the role of initial and periodic testing of employees
- provide the possibility to choose the order of tasks, time, breaks, clearly define the roles and perspectives of professional workers in the older age
- limitation of heavy physical work and work in hot or cold environments
- change in human resource management in order to identify and exploit the strengths of older workers
- initiatives promoting positive attitudes towards older workers
- providing opportunities for professional development and career at any age

## 2.3. Labour market institutions



There is a need to support institutions in activating people 50 +. Activities offered by these institutions have different, often small efficiency. Institutions do not have reliable knowledge on the effectiveness of actions taken, in particular with regard to persons 50 +.

**Objective 1: Increase the efficiency and effectiveness of activities to promote employment and economic activity of people aged 50 + and 60 +**

***Directions interventions - recommendations:***

- profiling unemployed and better matching of Active Labour Market Policies for people aged 50 +
- reliable assessment of the effectiveness of actions for people aged 50 +
- creation of business incubators / centers of active ageing
- using the concept of smart specialization to determine the directions of support people 50+ and their labor market participation
- supporting the program of the vocational activation of persons which lost a job for reasons for the workplace
- building tools to support career counseling programs for persons 50 +
- recruitment and development of a network of guidance counselors aged 50 + as a confidence -inspiring among their own age group
- development agency and work advisory for people 50 + out of non-public institutions
- supporting entrepreneurship 50 +
- developing the model of the support for a long term unemployed persons 50 +
- inclusion of health policy in the context of labor market policy for people 50+

**Objective 2: Development cooperation to stimulate employment of people 50 +**

***Directions interventions - recommendations:***

- promotion solutions supporting public consultations with people 50 +
- creation and implementation of mechanisms for permanent cooperation of employers, public and private actors in shaping the educational offer for people aged 50+
- development of tools to support local governments in the implementation of activities for people 50 +



### 3. EDUCATIONAL, SOCIAL AND CULTURAL ACTIVITY OF ELDERLY PEOPLE



The social activity is one of essential elements of the realization of the idea of the active and healthy ageing. Towards the end or limiting the career associated with achieving the retirement age, devoting the time for the help free of charge other constitutes the essential space for the activity of elderly people. Significant meaning has not only a help to family members, but also action taken for the local communities.

**The overall objective of the senior policy in the area of educational activity, social and cultural activities is to support the idea of learning among the elderly and activating the civic and social activities, including:**

- development of learning opportunities for older people
- developing and supporting social activity of older people (including civic engagement and volunteering)
- increasing the participation of older people in the culture as both its customers and developers

### 3.1. EDUCATIONAL ACTIVITY



Enabling older people to learn is an essential factor in the development of their activities and the preservation of good health and independence in old age, thereby significantly contribute to improve the quality of their lives. Raising the competence necessary for life in the modern world can also counteract the social exclusion of older people. Educational activity of these people also brings benefits in terms of greater involvement in activities for their own and younger generations in the local communities and the full functioning of the civic dimension.

The overall objective of the senior policy in the area of educational activity is to increase the participation of older people in education, and increase the availability and quality of the educational offer.

### 3.1.1. Development of learning opportunities for older people in areas that align with the needs



The most common areas of education offered for older people include health education, citizenship and new technologies.

#### **Objective 1: Dissemination of health education**

Health promotion and prevention are one of the key elements that have a positive impact on life expectancy in good health. An active lifestyle in adulthood increases the number of years lived in good or relatively good health.

Many years of research indicate that physical activity is as part of necessary for the proper functioning of the human body at any age. Regular physical activity is also one of the most important components of health promotion elderly.

Health education is already a regular part of the educational offer for the elderly, especially of Universities of the Third Age (UTA). For health education can also include knowledge and understanding of ageing, including ageing in health. Most are held three types of action: broad preparation for old age, conferences and research and counseling. In some cities at the UTA work points in the field of counseling psychology. Outside of UTA also operate clinics and helplines.

#### ***Directions interventions - recommendations:***

- Development of educational seniors offer in the field of preventive health care
- development of conditions in the various forms of learning seniors to promote healthy lifestyles
- promoting an awareness of the need for physical activity and observance of proper diet in old age
- development of awareness among seniors of the effects of dangerous behavior

## Objective 2: Promoting civic education



A special area of education is to prepare for being aware and informed citizen, including a person who may be involved socially in various activities for their local environment, including for example volunteering.

Generations of seniors usually are more passive in civil dimension of subsequent generations. This is not only settled in the previous system, a sense of lack of real influence on decisions about public affairs in the country, region or local communities, but also from the lack of guidance on the functioning of the state.

### ***Directions interventions - recommendations:***

- Development of the educational aspects concerning the formal legal and practical representation interests of their own community and social groups
- development in older people social and civic competences
- preparation of local leaders / animators civic action as well volunteering
- promotion and development of „innovative forms of education (education and training) in the elderly



### Objective 3: Dissemination of education in new technologies



Possession of digital skills and their development is a necessary condition to fully benefit from the increasing range of services provided electronically. What is particularly important with regard to the elderly, digital services contribute to the phenomenon of social inclusion, and thus prevent marginalization in modern society. Providing seniors access to resources is one of the key factors for improving the functioning of seniors not only in the number of basic activities of daily living, but also of social life. Increasing degree of digitization and use of new technologies in everyday life makes demand for the adaptation of older people to function in the world of new technologies.

#### ***Directions interventions - recommendations:***

- creating system solutions for the learning of older people in the field of digital literacy
- development of the intergenerational education system especially in this thematic area
- dissemination of the benefits of having digital skills and practices in the context of new technologies among seniors
- supporting educational activities in the use of modern technology in the service of the elderly to enable seniors and people with disabilities to live independently and as full as possible social active
- disseminating the results of research on modern technologies for and with the participation of older people and support their implementation

### 3.1.2. Supporting the development of system solutions for organizations of various forms of learning to older people in the movement of Universities of the Third Age



An expression of the effects of environmental civil society seniors movement is a dynamic development of organized forms of learning that meet the growing need in this environment, the extension of formal education and to provide access to non-formal education and informal education. This activity is carried out by a diverse group of stakeholders, non-governmental organizations, institutions and companies with the profile of education and training, and some cultural institutions (libraries, community centers) to the most organized and most widely generalized form, which is the movement of Universities of the Third Age (UTA) . However, the estimated number of all participating in these activities seniors is a very small percentage of the total number of elderly people in Poland. People who use this type of activity are mainly older people with higher or secondary education. Thus, the offer UTA is often not addressed or do not reach to other elderly.

Additionally it is possible to notice the significant feminization amongst participants in educational action and disproportion of the access to educational action on the countryside and in small cities.

***Directions interventions - recommendations:***

- create a model of activities to stimulate the learning process of the elderly
- development and implementing programs to support the efforts of developing educational activity of seniors in rural areas and in small towns
- development and implementing programs to support the efforts of developing educational activity of seniors in large estates of larger cities
- development of the system of financing educational activity (learning throughout life) within the public administration
- development effective educational programs for the elderly tailored to the different needs
- creating conditions for the development of operating standards and learning offer for elderly
- development of conditions for the coordination of learning older people in the region and to stimulate social activity of these persons
- creation of conditions for development cooperation (including international) between different educational and scientific institutions for the effective use of the potential of intergenerational
- support cooperation of platforms for seniors mutual communication in the educational activity including new technologies



### 3.2. ACTIVITY IN THE FIELD OF CULTURE



The main objective of the senior policy in the area of culture is to increase the participation of older people in the culture both as its audience and artists.



Shaping the conditions for the seniors lead active lives, with special emphasis on participation in culture and its dissemination, allows for the use of their intellectual resources as a factor in the development of creative social potential.

Participation in culture as well as its co-promotes release and activating potentials available to the elderly; also promotes the development of subsequent activity not only at the level of artistic or cultural, but also in other areas as active citizenship, social, voluntary, economic, physical. You should also pay attention to differences in access to culture for urban residents and small towns and villages.

### **Objective 1: Raising the cultural competence**

#### ***Directions interventions - recommendations:***

- facilitating equipping elderly people with tools for involvement in the culture and to assist them in activities aimed at intergenerational transmission of values
- supporting informal cultural and artistic education, talent development serving the elderly

### **Objective 2: Integrating the activities of institutions and organizations**

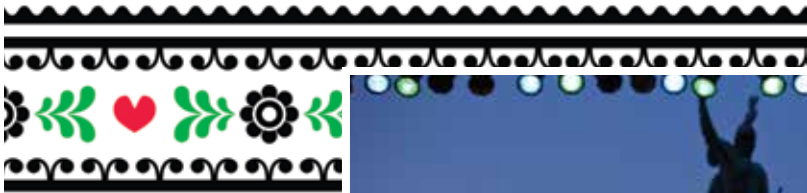
#### ***Directions interventions - recommendations:***

- promoting business cooperation sectors of culture, education and science with non-governmental organizations, and private entities to implement projects aimed at participation in the culture
- adapting offer and local infrastructure to perform the function centers of culture and dialogue with the participation of older people

### **Objective 3: Promoting cultural animation**

#### ***Directions interventions - recommendations:***

- strengthening position of older people as active leaders for participation in the culture of local communities and the activities of older people in the public space
- support creation of conditions for the promotion of cultural heritage produced in intergenerational partnership
- promote dissemination of cultural products through the exchange of creative environments of older people from Poland and abroad



### 3.3. SOCIAL PARTICIPATION



The concepts of „civic engagement“ or „active citizenship“ are defined differently. It is assumed that the social activity of the elderly is a broad concept and is divided into active citizenship (civic participation, civic engagement) and for activities for the needy people, the environment and the organizations and institutions, or volunteering.

#### 3.3.1. Development active citizenship of older people

It is possible to understand the active citizenship as the individual local and domestic commitment to matters, as well as the belief in the ability to exert direct influence on them.

The main objective of the senior policy in the area of civic activity is to increase the involvement of older people in the local community life and public issues and increase the role of senior citizens in solving social problems.



**Directions interventions - recommendations:**

- dissemination rules for the participation of senior citizens in civic activity
- creating conditions at the local level for the development of dialogue and civic engagement among seniors
- increase the involvement of local government units in activation programs seniors
- provide senior citizens equal access to use the full voting rights
- reducing social withdrawal from the elderly, to initiate and support the active involvement of seniors in the life of local communities
- creation at the local level database of good practices and organizations for active citizenship seniors

### 3.3.2. Development active citizenship of older people



Development of valuable potential of older people - knowledge, skills, work experience and life and the desire to work for others, is one of the key challenges of the senior policy.

According to the definition accepted in public statistics, volunteering is unpaid, voluntary work done for people outside their own household (including not residing together for family, friends, neighbors, but also for the benefit of strangers), for the environment, society, or the local community, taken individually or as part of an organization or institution (GUS).

It seems that a large number of organizations in the third sector has not yet discovered the potential of older volunteers. The main concern, which is associated with the involvement of older people is their health and physical condition weaker. In addition, there are big concerns about the ability of older people, particularly in the field of modern technology, and their openness to new experiences and working methods.

The main objective of the senior policy in the area of volunteering is to increase the participation of older people in various forms of voluntary activities to allow for the development of the potential of these people and the development of new competencies.

***Directions interventions - recommendations:***

- creation conditions for development of older people volunteering in Poland
- build public confidence in elderly volunteers and promote the benefits of volunteering seniors and the development of international cooperation in this field
- development staff preparing for the specifics of cooperation with the elderly
- institutional development of volunteering
- encouraging public institutions to initiate voluntary activities of older people in its operations
- strengthen the cooperation and communication between organizers of voluntary activities of older people with the organizers of youth volunteering
- promote volunteering as part of learning throughout life, especially in the area of informal learning

## 4. SILVER ECONOMY



Ageing population makes it emerge from a large group of people with diverse, although specific needs. This change is an opportunity for the emergence of new products and services for this group of consumers. They are of the one part related products, arts and entertainment, but also to facilitate daily life, care and rehabilitation and recreation.

**Silver Economy is an economic system aimed at using the potential of older people and taking into account their needs.**

Implementation silver economy in the economic system is only possible if old age is treated not as a burden but as a natural, inevitable and irreversible process, and it is assumed that the ongoing demographic processes, especially the decreasing birth rate, decrease mortality and longer the average life carries certain consequences, which must be dealt with.

### **„White jobs“**

One of the key elements in silver economy are white jobs - the sector of health care services and services primarily for the elderly, whose importance increases with the increasing number of elderly people in the population.

In Poland, a large part of care sector is providing by informal carers. Palliative privately care or outside the formal labor market is not currently monitored. Carers are usually not trained to be the caregiver to an elderly person or in terms of ergonomic working conditions.

Inclusion of these people in the labor market is an opportunity to reduce unemployment, poverty and future burden of the social security system. This would increase the demand for training services in the field.

The main objective of the senior policy in the field of silver economy is to support the development of effective solutions tailored to the needs and expectations of older people.

#### ***Directions interventions - recommendations:***

- development of alternative forms of care for the elderly
- promotion working in the caring profession
- promotion of economic activity in the field of elderly care
- improving the qualifications of caregivers (including informal carers)
- promoting the development of service offer, hardware and software tailored to the capabilities and needs of the elderly persons living in need of care



## 5. INTERGENERATIONAL RELATIONS



From the observation and research shows that in Poland the elderly are treated differently. Actions are needed for a positive image of older people and their role in the society.

**Positive image of older people** is one that involves looking at old age as a natural stage of human life. It is also important to the public debate represent older people as a group of diverse, creative, who has brought a significant contribution to the social and economic life. Create a positive image of older people is a long-term process of social change, which requires the involvement and cooperation of many actors m.in .: media, senior organizations, local governments, schools and universities, employers.

**The main objective of the senior policy in the area of intergenerational relations is solidarity between generations as a pattern for society, social policy, culture and the labor market.**



***Directions interventions - recommendations:***

- promoting cooperation and exchange of experiences between local government committees / councils, non-governmental organizations for young people and older people
- use of existing social infrastructure for creation and development of friendly, easily accessible space for intergenerational meetings and exchange of experience for young and old people
- introduction to the system formal and informal education issues related to old age, ageing populations and the communication and cooperation between generations
- opening schools and colleges to cooperate with senior citizens organizations
- development and dissemination tools to support the collaboration of different age groups, taking into account methods of mentoring and age management
- cooperation of NGOs, governments, journalists and entrepreneurs in preparing the campaign, programs and other action to promote a positive image of older people
- changing speaking and writing language about old age and the elderly
- entering topics of promoting cooperation generations and positive image of old age as a part of mission of the public media





# FROM EXPERT

## 1. Introduction

The dynamics of economic and technological development seen recently in European societies, Western especially, unfortunately do not correspond to the demographics, what has become one of the key challenges Europe is currently facing. Recent analysis of the statistical data can be considered as more and more worrying. According to the statistics in recent years we can expect a significant increase in the number of European citizens over 65 years old. The latest forecasts predict that the number of senior Europeans in coming 50 years will double - from 87 million in 2010 to 148 million in 2060.<sup>1</sup> It should be underlined here how this unfortunate demographic decline is to be seen in Poland. According to the Central Statistical Office (GUS) the percentage of elderly citizens, in their post-productive years, will increase by 11% from 16% in 2007 to 26,7% in 2035. What is more, 2010-2020 will be a decade with an yearly increase of 200 000 people aged 60 or more.<sup>2</sup>

This omnipresent tendency will become a significant challenge to the public administration, especially at the time when the strain on the budget increases and so does the demand for medical products and services.

We are facing a breakthrough in our demographic reality, that will consequently undermine the financial stability of the healthcare and social care systems. This will force the EU as a whole, as well as the members states individually, to find solutions addressing the needs of seniors - the fast-growing part of the European society. Even now the costs of public healthcare in the EU make around 7.8% of the GDP. Due to the ageing of Europe's population these figures are foreseen to increase with 3% of the GDP until 2060.<sup>3</sup>

The EU seems to understand the importance of this issue, which may be proven inter alia by the European Parliament resolution of 11 November 2010 on the demographic challenge and solidarity between generations.

In the current situation European officials underline the need to introduce common measures, as much on the institutional level as within the member states. Only through a common, well-coordinated European action, based on the efficient implementation of a well-thought-through legislation, we can

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<sup>1</sup> <http://ec.europa.eu/eurostat>

<sup>2</sup> Population projection (Prognoza ludności na lata 2008 - 2035), <http://stat.gov.pl>

<sup>3</sup> Ageing Report 2009, [http://ec.europa.eu/economy\\_finance/publications/publication14992\\_en.pdf](http://ec.europa.eu/economy_finance/publications/publication14992_en.pdf)

try to create conditions adapted to the needs of the new society. A society which in a few years may not resemble the one we know today.

## **2. European ageing policy**

### *A. Promoting active ageing and solidarity between generations*

Through announcing the year 2012 as European Year for Active Ageing and Solidarity between Generations (EY2012) Europe has emphasised the importance of demographic decline. Year 2012 was chosen intentionally, as it is the 10th anniversary of implementing the UN Action Plan on Ageing.<sup>4</sup>

It was decided that the main objectives of EY2012 will be to promote active ageing in the economic and social areas, emphasising the healthy ageing as a condition to independent living, as well as to enhance solidarity between generations in order to create an open and friendly society for all ages.<sup>5</sup>

EY2012 emphasised the need to address the requirements of the aging population on numerous levels, in a short as well as long-term perspective. The events accompanying the EY2012 initiative may be seen as its greatest achievements. They were the starting point to raise awareness in order to change people's perception of elderly citizens and their role in the society. Numerous conferences and debates were the tool to promote the idea of active aging, presenting it as an attractive and, what is more important, possible alternative to the current passive indifferent attitude.

The most valuable achievement of the EY2012 may be the fact that numerous member states were inspired to work on a new conception of the policy. Poland was among these countries implementing the National Programme of Social Activity for the Elderly for 2012-2013 (translation from: Rządowy Program na rzecz Aktywności Społecznej Osób Starszych na lata 2012 - 2013) and creating the Advisory Council for Seniority Policy (translation from Rada ds. Polityki Senioralnej).

### *B. Towards an age-friendly society*

The future challenges deriving from the need of the EU member states to address the growing phenomenon of the aging society are the key components of the EU's social and economic strategy, Europe 2020: A European Strategy for Smart, Sustainable and Inclusive Growth. Its two main goals are directly referring to

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<sup>4</sup> Decision No 940/2011/EU of the European Parliament and of the Council of 14 September 2011 on the European Year for Active Ageing and Solidarity between Generations (2012)

<sup>5</sup> [http://ec.europa.eu/health/ageing/policy/index\\_en.htm](http://ec.europa.eu/health/ageing/policy/index_en.htm)



the aging policy. As one of them suggests there is a need of raising the employment rate for women and men aged 20-64 to 75%, including the greater participation of older workers. Another goal is set to promote social inclusion, in particular through reduction of poverty, by aiming to lift at least 20 million people out of the risk of poverty and exclusion.<sup>6</sup> As we can see the EU, facing demographic decline, sets specific goals, which should be however consequently followed by actions.

Nevertheless, while speaking of the EU's priorities with regard to the ageing policy one should above all mention the Pilot European Innovation Partnership on Active and Healthy Ageing (the Partnership). On 29 February 2012 European Commission released a Communication with regard to the Partnership, which is to support the strategic implementation plan. In this document the Commission states that the Partnership *has been selected as a pilot to tackle the challenge of an ageing population.*<sup>7</sup>

The central objective of the project is to increase the average healthy lifespan by two years by 2020. While meeting this goal it will be possible to achieve beneficial outcomes in three areas: improving health and standard of living, increasing the sustainability and efficiency of social and health care systems, and finally creating the possibility for the economic growth while generating new opportunities for business.<sup>8</sup>

The Partnership has become an opportunity for the public and private stakeholders, business ventures and NGOs to cooperate in order to establish a new environment for citizens to age in dignity and better health. In its Communication the Commission underlines that the Partnership *is neither a new funding programme or instrument nor a new legal entity, and does not replace existing decision-making processes*<sup>9</sup>. Its role is seen more as a flagship over already existing initiatives within the ageing policy. It is set to meet the political goals of Europe 2020 such as: Innovation Union, A digital agenda for Europe, An agenda for new skills and jobs, European platform against poverty. The Partnership is seen to have a significant role in reaching goals of the previously mentioned EY2012. A set of operational priority actions within the Partnership is specified in the Strategic Implementation Plan (SIP), adopted by the high level Steering Group in November 2011. The priorities specified are divided into three categories: prevention and early diagnosis, care and cure; active ageing and independent living.

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<sup>6</sup> [http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing)

<sup>7</sup> COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL COM/2012/083 Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing

<sup>8</sup> Ibidem

<sup>9</sup> Ibidem

The European Commission underlines however, that success of the programme may only be achieved through a close cooperation between all the stakeholders, as much on a European level as national, regional and local. The EU is meant to support this process by creating favourable legislation (while amending the specific legislative acts the Commission is planning to incorporate targets and priorities as set by the Partnership)<sup>10</sup> and introducing efficient financial mechanisms (inter alia 220 million Euro has been assigned to health research which may influence the success of the Partnership, a sum of 25 million is allocated to finance the activities within the scope of the Ageing well in the information society: The Ambient Assisted Living (AAL) Programme, which corresponds to the range of priorities of the Partnership). Furthermore, in order to facilitate exchange of ideas between the partners, a digital based platform - 'a marketplace' has been created. This tool will not only enable the stakeholders to share their ideas, good practices and data, but will be useful in finding new partners. The Partnership programme is meant to be supported on the national, regional and local level through initiatives that already exist, mainly within the scope of the structural funds, giving the opportunity to support innovation, research and other practices creating the conditions to age in good health. Particularly important are the initiatives focusing on the idea of e-health as well as an investment in the reform of the healthcare system, infrastructure and the human capital to improve health prevention, diagnosis and care.

The first positive effects of the Partnership were seen in 2013, when 32 European cities and regions had been awarded for the introduced measures supporting senior citizens. The innovative solutions both technological, social and organisational are being implemented in order to increase the efficiency of health care and social care systems. A perfect example of such developments may be found in the region of Andalusia, where the efficiency of the social care addressing over 1,3 million citizens over 65 years old was successfully improved. Another example that should be mentioned is Scotland, where a new risk assessment tool was implemented in order to support the preventive care initiative and ensure a longer life in better health in home environment. As a result a number of hospitalisation cases decreased and the time spent in hospitals shortened, showing cost efficiency of 190 GBP net per patient.<sup>11</sup>

### *C. More chances and possibilities*

Europe without borders, freedom to move, and an open job

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<sup>10</sup> Ibidem

<sup>11</sup> <http://www.pi.gov.pl>



market brought new opportunities to Europeans of all generations. The pensioners are free to move abroad and enjoy the same rights, benefits and health care services as the national citizens of the member state. Europeans should be free to make such choice, therefore legislation guarantees retaining the public retirement benefit (in Poland 1<sup>st</sup> pillar), employment-based pension (2<sup>nd</sup> pillar) as well as private savings (3<sup>rd</sup> pillar) as an additional income.<sup>12</sup> Moreover, as a response to Green Paper and White Paper of the Commission, the Parliament called upon the member states to introduce a closer coordination of pension systems, in particular with regard to adapting and reforming all national pension systems to ensure that they are all well financed to guarantee a sufficient standard of living.

Being a member of the European Union has its consequences also for the health care system. Not so long ago it was not possible for the EU citizens to be treated in another member state within the scope of benefits of their national health care system. In January 2011 this situation was improved by implementing new regulations giving the right to a cross-border health care which means that citizens can be treated abroad on the cost of their national health care system without any prior arrangements.<sup>13</sup> This is good news for all who wish to use their retirement time to travel across Europe, but also for those suffering from rare diseases. A better coordination and cooperation between the member states will improve the diagnosis and standard of care.

Finally, one should mention another important European measure which concentrates on fighting neurodegenerating conditions, especially Alzheimer's disease. The European Parliament's Resolution of 19 January 2011 on a European initiative on Alzheimer's disease and other dementias calls for acknowledging these conditions as one of the EU priorities in the area of health care, urging the member states to work on national plans and strategies tackling this issue. What is more, the EU has allocated a part of the Seventh Framework Programme budget to support the research in the area of neurodegenerating diseases. The financial support is given to 33 large and 120 smaller research projects focusing on brain and neurological system as a whole.

### **3. Conclusions**

It is about time we face the facts. The average lifespan in Europe is constantly growing, what is to have far reaching consequences

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<sup>12</sup> REGULATION (EC) No 987/2009 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems

<sup>13</sup> DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011 on the application of patients' rights in cross-border healthcare

in the future. It is well known that the senior generation is characterised by their own consumption patterns and lifestyle models. It is obvious that they have their special requirements when it comes to health and overall care and that such requirements should be incorporated into the health care systems.

What is more, the growing number of pensioners combined with the decreasing number of citizens in active employment and declining birth rate significantly influences the budget of social security and healthcare systems.

Europe has ran out of time to sit and watch the demographic decline phenomena, hoping it is only a bad dream that will eventually fade away. The evidence show that this bad dream became our reality. Thus, it is essential to assess the needs of our society in advance in order to be able to address them adequately. All the above mentioned projects implemented by the EU are proving that Europe has acknowledged the need to strengthen the initiatives aiming to improve the life standard of older people - the constantly growing social group. Creating an environment that will ensure the conditions to grow old in dignity is the best way to collectively thank the people, who have already offered their potential and capital building the European wealth. It seems that the need of solidarity between generations is now greater than ever.

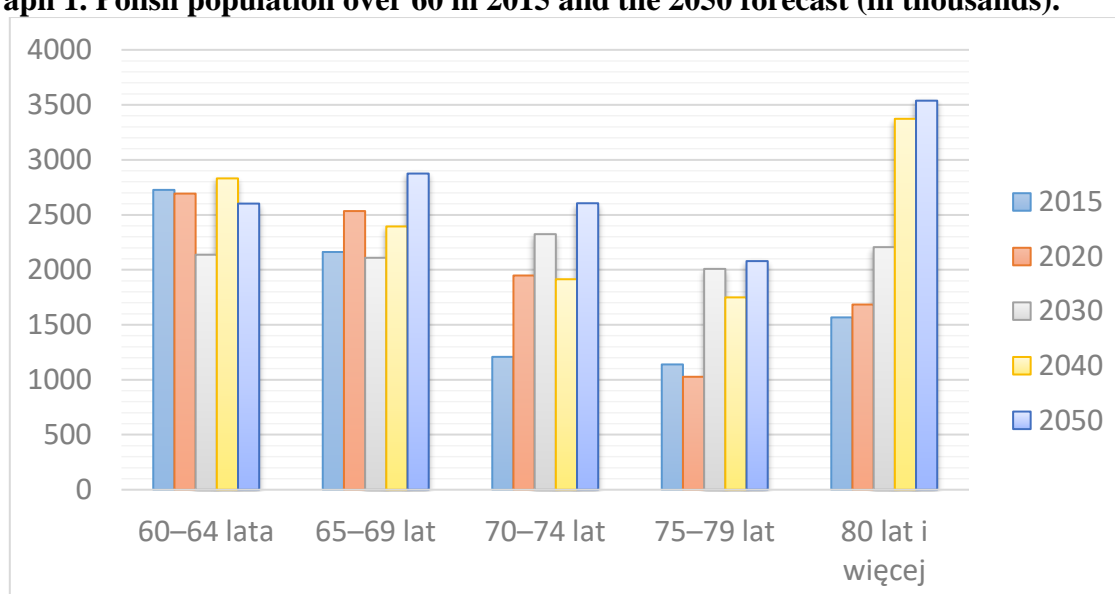
*Bogusław Sonik*

**Excerpts from the document**  
**titled *Information on the Situation of Elderly People in Poland in 2015.***

The Polish population is ageing, which results from prolonging life expectancy and low fertility rate.

- As of end 2015, the population of Poland amounted to 38.4 million, with 8.8 million aged 60 or older.
- By 2050, the population aged 60+ will grow to 13.7 million, and it will constitute over 40% of the total Polish population.

**Graph 1. Polish population over 60 in 2015 and the 2050 forecast (in thousands).**



Source: based on: Central Statistical Office, *Population Forecast 2014-2050*, Warszawa 2014 and CSO *Informacja o sytuacji osób starszych na podstawie badań Głównego Urzędu Statystycznego*, Warszawa 2016

### **Family and social situation of older people**

A characteristic feature of the family situation of older people in Poland is the increasing number of single older people and feminisation of older population

- **Feminisation**

*The majority of older people (59%) are women, for each 100 men there are 142 women (for the total Polish population, the feminisation rate amounts to 107)<sup>1</sup>. The proportion of women in the population, which increases with the age, is a consequence of the higher mortality rate in men and the differences in life expectancy – women at the age of 60 are expected to live 5 years longer than men.*

- **Increasing number of single older people:**

*This phenomenon in the high percentage of older people who run single person households. In 2015, the number of single person households managed by older people (i.e. people over 60) amounted to 1.57 million (37%). In 2030, as many as 53.3% of all*

<sup>1</sup> As of 2015. CSO: *Concise Statistical Yearbook of Poland 2016*, Warszawa 2016

households will be run by people aged 65 or older, including 17.3% households run by people aged 80 or older<sup>2</sup>.

At the same time, there is a need to emphasise that older people are not a homogeneous group:

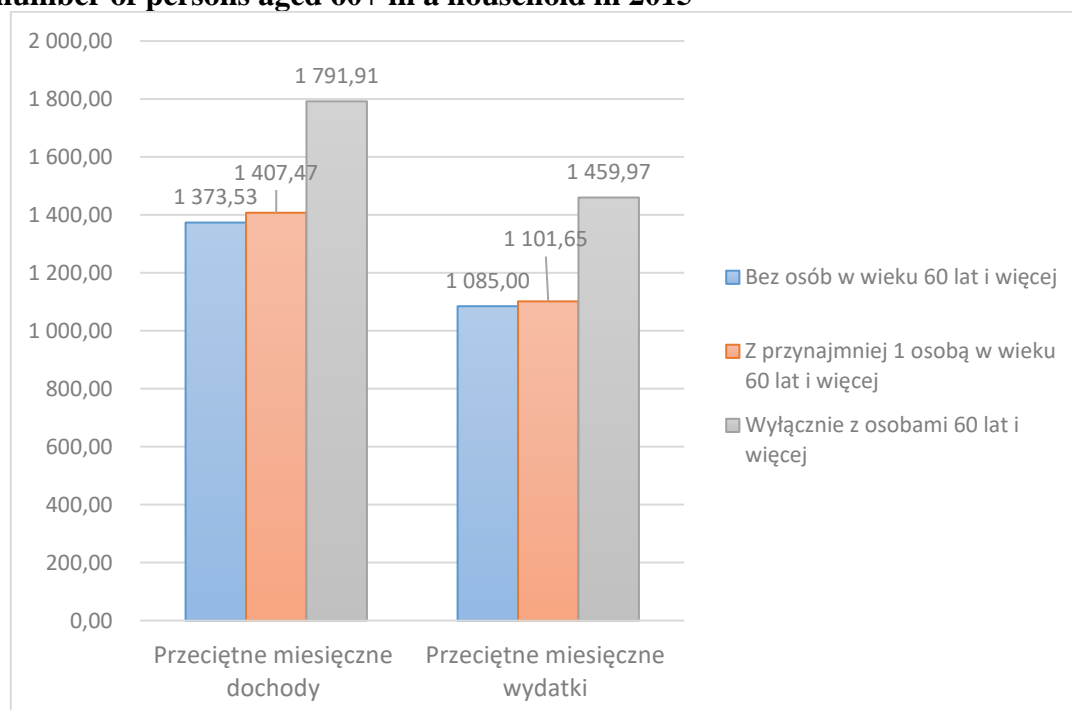
- 51.4% of them are aged 60 to 70;
- 27.5% of them are aged 70 to 80;
- 21.1% of them are over 80.

Older people from specific age groups differ in terms of their place of residence, education, marital status, health, lifestyle, or financial situation.

### Financial situation of older people

- The majority of people aged 60 or older are part of households with a single member or two members.
- The average 2015 income per capita in households including at least 1 person aged 60 or older amounted to PLN 1,407.47 and was higher (by about PLN 40) than the income in households not including a person aged 60+.
- The main source of income for older people was a retirement pension.
- The average monthly expenses in households including only people aged 60 or older amounted to PLN 1,459.97 and were 35% higher than in households that included only younger people.

**Graph 2. Average monthly income and expenses per person in households according to the number of persons aged 60+ in a household in 2015**



Source: Household Budget Survey 2015, CSO

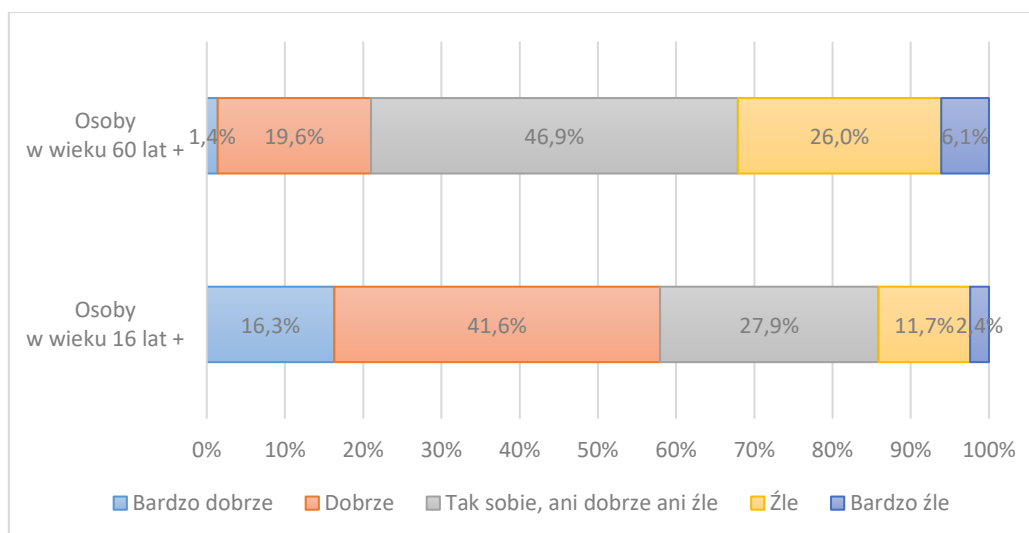
### Health

As indicated by findings from CSO studies (CSO studies are based on the 2014 European Health Interview Survey data):

<sup>2</sup> P. Błędowski et al., Raport na temat sytuacji osób starszych w Polsce, 2012, p. 6.

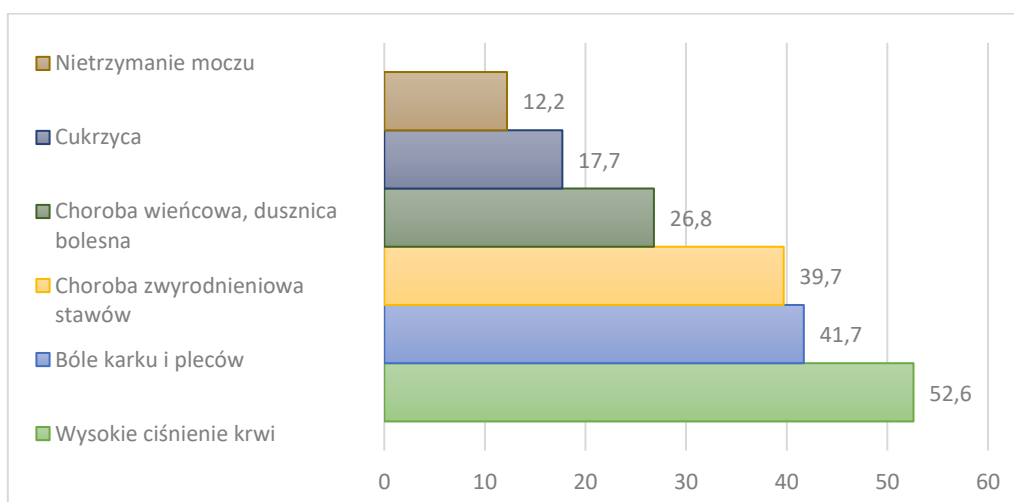
- chronic diseases or conditions have been found in the majority of older people (88.9%);
- only one in 9 people declared absence of such issues (11.1%).
- Chronic diseases or conditions were more often reported by women, and this is true for all age groups.

**Graph 3. Self-assessment of health by older people in 2015**



Source: EU-SILC survey 2015, CSO, Warszawa 2016.

**Graph 4. Most frequent diseases and conditions among older people in Poland in 2015 (% of total population aged 60+)**



Source: Health status of population in Poland in 2014, CSO, Warszawa 2015 based on European Health Interview Survey 2014.

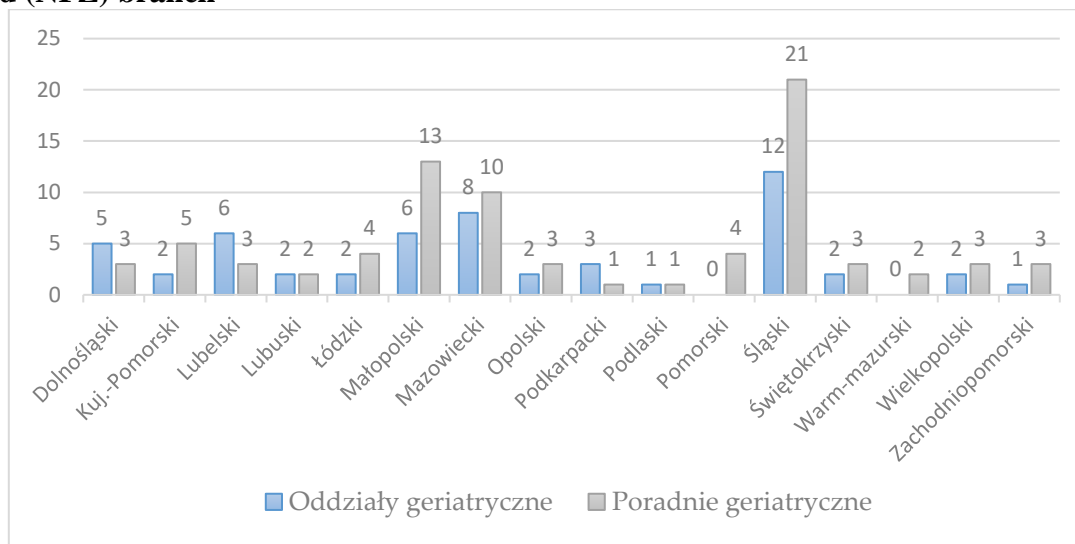
The most frequent conditions among older Poles are:

- hypertension – 56.2%;
- neck or back pains – over 40%;
- arthrosis – nearly 40%;
- coronary artery disease – about 27 %;
- diabetes – about 18%;
- incontinence – about 12%,

## Health care

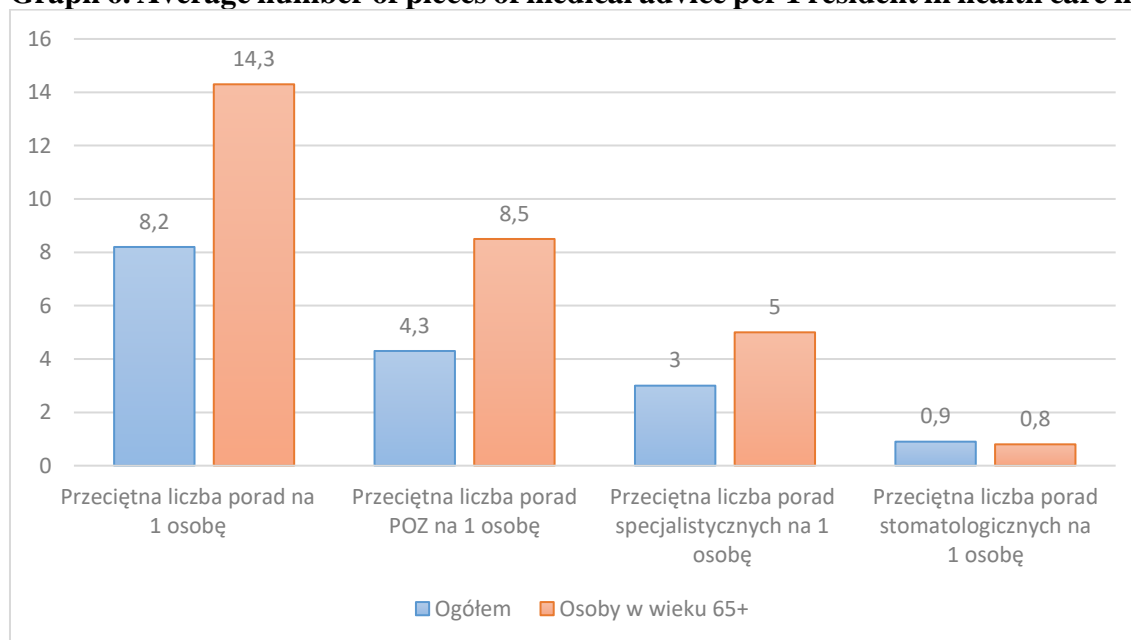
- In 2015, there were 54 geriatrics wards and 81 geriatrics clinics.
- As of the end of 2015, the geriatrics wards had 1001 beds.

**Graph 5. Number of geriatrics wards and clinics in 2015 according to National Health Fund (NFZ) branch**



Source: Ministry of Health data

**Graph 6. Average number of pieces of medical advice per 1 resident in health care in 2015.**



Source: Ministry of Health data

In 2015, people aged 65 or older<sup>34</sup> took advantage of:

- 85.5 million pieces of physician's advice as part of outpatient care;
- 50.5 million pieces of advice in basic health care (30.6% of all advice in this regard);

<sup>3</sup> According to 2015 health care facility reports.

<sup>4</sup> Health care facility reports referred to the group of patients aged 65 or older.

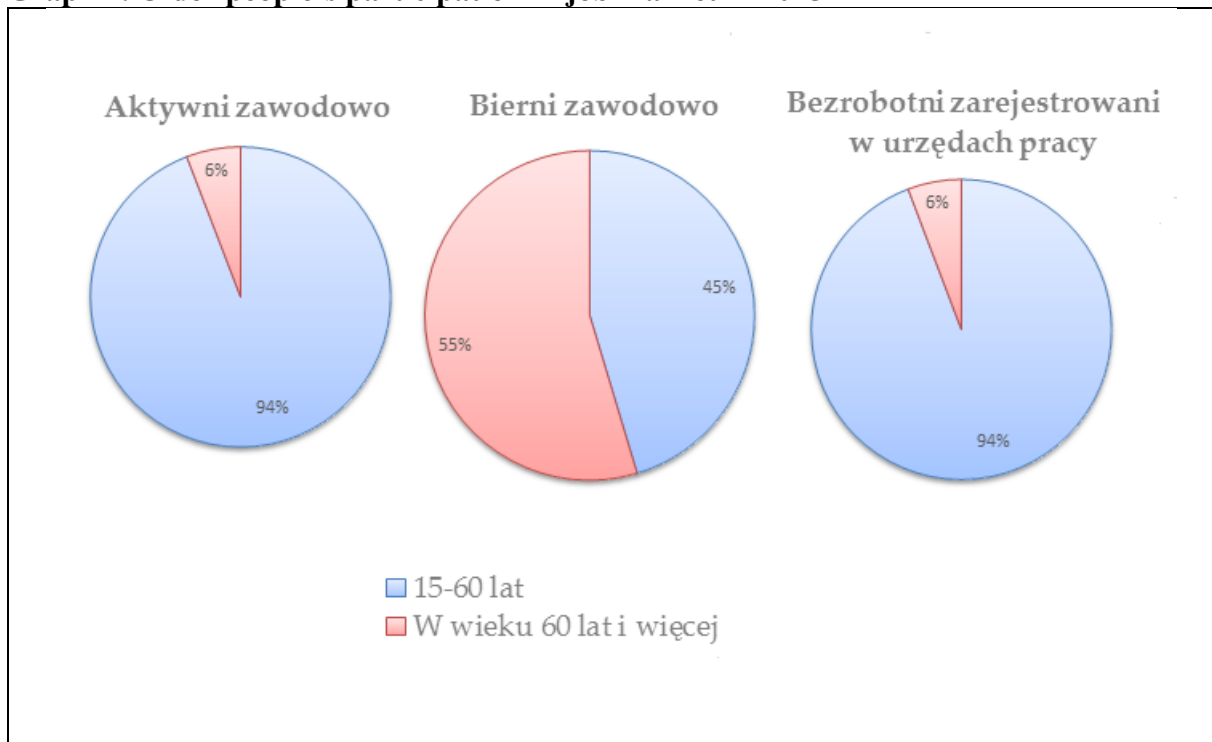


- 30 million pieces of physician’s advice in specialist care (26.4% of all specialist advice);
- 4.9 million pieces of dentists’ advice (14% of all dentists’ advice).
- The average number of pieces of medical advice in outpatient care provided to older people in 2015 amounted to 14.3 (the average for the entire population – 8.2).

### Economic, social, educational, cultural and sport activity

Older people are mostly economically passive – about 87.5% of total population aged 60 or older. The main reason for inactivity is retirement. The second most important reason was disease or disability.

**Graph 7. Older people’s participation in job market in 2015**



Source: BAEL economic activity survey; unemployment data – Ministry of Family, Labour and Social Policy.

Older people’s lifestyle is most often passive. The activities most frequently undertaken by older people include<sup>5</sup>:

- watching TV – 98% among the older people participating in the survey;
- going to church – 88%;
- meeting friends at home – 88%;
- reading books, magazines, newspapers – 84%;
- listening to radio or music – 82%.

The most popular ways to spend time actively include:

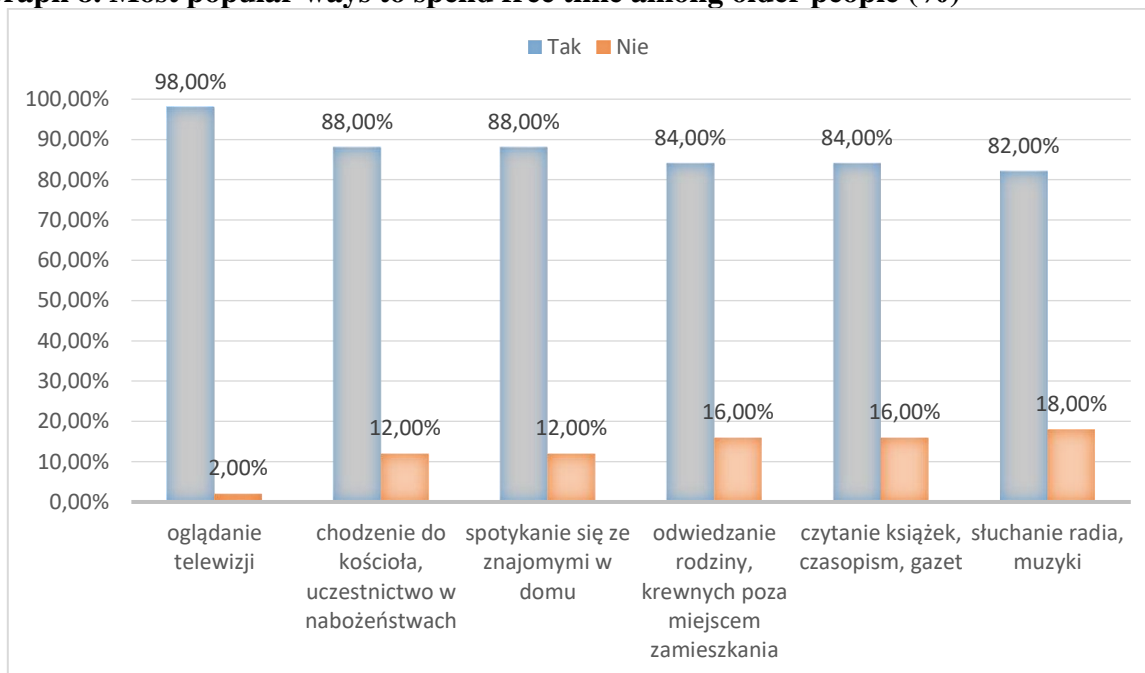
- walks and hiking – 75%;
- gardening – 70%.

Older people are often involved in helping their family:

- 59% take care of their grandchildren/great-grandchildren;
- 45% help their children/family in maintaining the household;
- 32% take care of their spouse or another older or disabled person in the family.

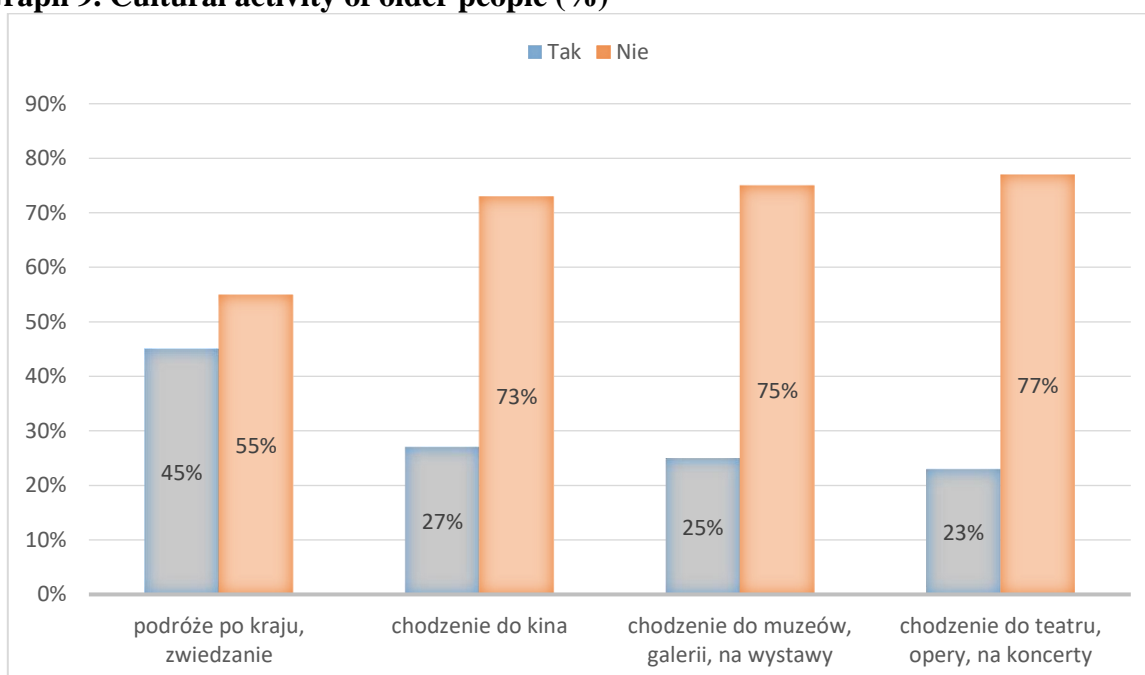
<sup>5</sup> Based on the communications from the survey titled *How Do Older People Spend Their Time?*, CBOS Public Opinion Research Centre Warszawa 2016

**Graph 8. Most popular ways to spend free time among older people (%)**



Source: *How Do Older People Spend Their Time?*, CBOS Public Opinion Research Centre Warszawa 2016

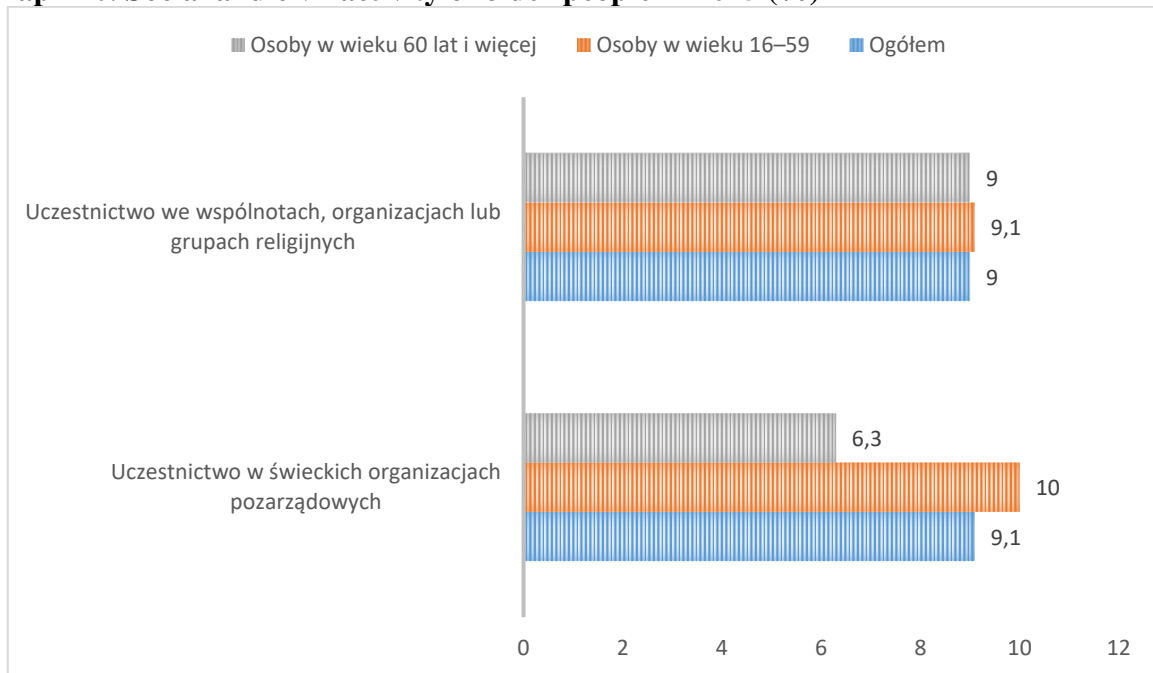
**Graph 9. Cultural activity of older people (%)**



Source: *How Do Older People Spend Their Time?*, CBOS Public Opinion Research Centre Warszawa 2016

Social activity of older people in the form of contact with other members of society is lower than in the case of the younger age groups, which is shown by social isolation indicators and participation in secular non-governmental organisation.

**Graph 10. Social and civil activity of older people in 2015 (%)**



Source: *Social Cohesion Survey 2015, CSO.*

As regards cultural activities of people aged 60+<sup>6</sup>:

- 27% go to cinema;
- 25% go to museums, galleries, exhibitions;
- 23% go to theatre, opera, concerts.

Older people relatively rarely take part in sports classes or recreational physical activities – about 24.6% of older people.

<sup>6</sup>*How Do Older People Spend Their Time?*

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# Wskaźnik aktywnego starzenia w ujęciu regionalnym - 2015

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Opracowanie dla Departamentu  
Polityki Senioralnej Ministerstwo  
Rodziny, Pracy i Polityki Społecznej

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Jolanta Perek-Białas<sup>2, 1</sup>, Jan Zwierzchowski<sup>1</sup>

1 – Szkoła Główna Handlowa; 2 – Uniwersytet Jagielloński

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Warszawa, grudzień 2016

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# 1 Wprowadzenie<sup>1</sup>

Jak już było podkreślane we wcześniejszych opracowaniach dotyczących wskaźnika aktywnego starzenia w ujęciu regionalnym (por. Perek-Białas, J., Zwierzchowski, 2014, Perek-Białas J., Mysińska, E., 2013) - Europejski Rok Aktywności Osób Starszych (Aktywnego Starzenia) i Solidarności Międzypokoleniowej (w tłumaczeniu *European Year of Active Ageing and Intergenerational Solidarity*) spowodował, że aktywne starzenie jest już pojęciem znanym i uwzględnianym w politykach dotyczących osób starszych, w tym także w polityce senioralnej w Polsce (por. Założenia Długofalowej Polityki Senioralnej<sup>2</sup> oraz Programie Solidarność Pokoleń 50+ - Program Solidarność pokoleń Działania dla zwiększenia aktywności zawodowej osób w wieku 50+<sup>3</sup>).

Tym samym zainteresowanie monitorowaniem efektów działań wpisujących się w politykę aktywnego starzenia stało się nie tylko rekomendacją (projekt AAI, KE oraz UNECE), ale też koniecznością, aby dobrze móc planować, wdrażać jak i oceniać polityki publiczne dotyczące kwestii osób starszych. Nadal aktualna jest dyskusja, w jaki najlepszy sposób uchwycić koncepcję aktywnego starzenia za pomocą odpowiednich wskaźników i jednego wskaźnika, który będzie pokazywał zmianę globalną (tzw. *composite indicator*). Analizy próbujące wykazać różnice w realizacji aktywnego starzenia między krajami są prowadzone w ramach projektu Komisji Europejskiej (*Directorate General for Employment, Social Affairs and Inclusion*), realizowanego wspólnie z *Population Unit of the United Nations Economic Commission for Europe* (UNECE), którego celem jest opracowanie syntetycznego wskaźnika aktywnego starzenia<sup>4</sup> (por. Zaidi, A., et al., 2013<sup>5</sup>, oraz AAI 2014<sup>6</sup>).

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<sup>1</sup> Zapis do powołania się na niniejsze opracowanie jest następujący: Perek-Białas J., Zwierzchowski J. K. , *Wskaźnik aktywnego starzenia w ujęciu regionalnym – edycja 2014*, Opracowanie dla Departamentu Polityki Senioralnej, Ministerstwo Pracy i Polityki Społecznej, Warszawa, grudzień 2014, wcześniejsze opracowanie, które zapoczątkowało prace dotyczące wskaźnika: Jolanta Perek-Białas, Elżbieta Mysińska *Indeks aktywnego starzenia w ujęciu regionalnym*, ekspertyza wykonana na zlecenie Departamentu Polityki Senioralnej, Ministerstwo Pracy i Polityki Społecznej, Warszawa, 2013. Więcej na stronie: [www.senior.gov.pl](http://www.senior.gov.pl)

<sup>2</sup> Założenia Długofalowej Polityki Senioralnej w Polsce na lata 2014–2020 zostały przyjęte 24 grudnia 2013 r. uchwałą nr 238 Rady Ministrów i opublikowane w Monitorze Polskim 4 lutego 2014 r. (Poz. 118)

<sup>3</sup> Program Solidarność pokoleń został przyjęty uchwałą Rady Ministrów Nr 239 z 24 grudnia 2013 r. i opublikowany w Monitorze Polskim 4 lutego 2014 r. (Poz. 115)

<sup>4</sup> <http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home> (marzec 2013)

<sup>5</sup> Zaidi, A., K. Gasior, M.M. Hofmarcher, O. Lelkes, B. Marin, R. Rodrigues, A. Schmidt, P. Vanhuysse and E. Zolyomi (2013), 'Active Ageing Index 2012: Concept, Methodology and Final Results', Methodology Report Submitted to European Commission's DG Employment, Social Affairs and Inclusion, and to Population Unit, UNECE, for the project: 'Active Ageing Index (AAI)', UNECE Grant No: ECE/GC/2012/003, Geneva.

<sup>6</sup> Por. Active Ageing Index 2014 (wersja drukowana)

Celem tych prac jest opracowanie narzędzia, które będzie pokazywało w jakim stopniu potencjał osób starszych jest wykorzystywany i jakie są niewykorzystane możliwości „zagospodarowania” osób starszych. Tym samym dokonywana jest ocena możliwości aktywnego i zdrowego starzenia oraz sprawdzane jest, w których krajach najlepiej jest to realizowane. Wskaźnik z założenia ma pokazywać poziom, w jakim starsze osoby mogą prowadzić niezależne życie poprzez samodzielne funkcjonowanie, aktywność na rynku pracy w ramach pracy zarobkowej, ale też aktywność w ramach pracy niezarobkowej (praca społeczna, wolontariat) – czyli inaczej aktywność społeczną oraz jakie są możliwości dla realizacji polityki aktywnego starzenia w danym kraju.

Wskaźniki, które są wykorzystywane w tym podejściu w ramach wyróżnionych obszarów mają pokazywać pozycję krajów europejskich w realizacji polityki aktywnego starzenia w poszczególnych obszarach (*domains*), aby następnie uwzględnić je w jednym syntetycznym wskaźniku aktywnego starzenia. W porównaniach krajów wykorzystuje się różnego rodzaju dane zastane (dane Eurostatu, badania jak np. EQLS, EU-SILC, ESS<sup>7</sup>). W większości wskaźniki są obliczane dla osób w wieku 65+, ale też dla wcześniejszych grup, np. 55+.

Syntetyczny wskaźnik aktywnego starzenia dla krajów jest budowany z 22 wskaźników, które można zgrupować w ramach czterech obszarów:

#### *I. Zatrudnienie*

#### *II. Aktywność społeczna*

#### *III. Niezależne, zdrowe i bezpieczne życie*

oraz obszar, który tworzy obszar potencjału/zdolności kraju do wykorzystania potencjału osób starszych, określaną jako:

#### *IV. Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa.*

Dla przypomnienia w ramach każdego obszaru są wykorzystywane wskaźniki, które najlepiej oddają idee aktywnego starzenia. Dodatkowo każdy obszar ma odpowiednią wagę udziału w całym wskaźniku „aktywnego starzenia”. Przykładowo obszar zatrudnienia w I edycji miał wagę równą 35%, podobnie jak aktywność społeczna – 35%, a obszar „niezależnego życia” 10%, i obszar „zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa” – 20%. Dodatkowo w przypadku analiz dla krajów wskaźniki oprócz wartości ogółem, były opracowane oddzielnie dla kobiet i mężczyzn.

Przypomnijmy, że Polska znalazła się na końcu rankingu we wszystkich trzech edycjach europejskiego wskaźnika aktywnego starzenia i dlatego konieczne było sprawdzenie na ile ogólny wynik dla Polski (ogólna wartość wskaźnika wyniosła w 2010 roku – 27,00, w 2012 – 27,1 a w 2014 roku około 28,1, por. Aneks z wartościami tylko dla Polski dla trzech lat) przekłada się na zróżnicowanie wyników w ujęciu

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<sup>7</sup> European Quality of Life Survey, European Union Survey on Income and Living Conditions, European Social Survey.

wojewódzkim. Dlatego w 2013 na zlecenie Departamentu Polityki Senioralnej została przygotowana ekspertyza, która miała zidentyfikować możliwości jak i ograniczenia do budowy tego typu wskaźników w ujęciu regionalnym (na poziomie województw, tj. NUTS-2) dla Polski (por. Perek-Białas, Mysińska, 2013). Pierwsza ekspertyza była więc początkiem prac dot. próby porównań wewnątrz kraju efektów określonych regionalnych polityk powiązanych z koncepcją aktywnego starzenia. Analizy zainspirowały także Komisję Europejską i UNECE do oceny na ile na poziomie regionalnym jest możliwość rekomendowania określonych podejść, aby wzmocnić planowanie polityk, które będą spójne z europejską polityką aktywnego starzenia. Dzięki temu, w dniach 15-16 października 2014r. w Krakowie zostało zorganizowane Peer-Review<sup>8</sup> (dzięki współpracy z Departamentem Polityki Regionalnej Urzędu Marszałkowskiego w Krakowie), którego celem była dyskusja i wymiana międzynarodowych doświadczeń w zakresie nie tylko obliczeń, ale wykorzystania wskaźnika w regionalnych politykach publicznych. W ostatnim czasie, także Niemcy zainteresowali się wykorzystaniem wskaźnika nie tylko na poziomie wojewódzkim (NUTS-2), ale na poziomie tzw. lokalnym (NUTS-3), por. Peer Review, Berlin, kwiecień 2016, już wcześniej analizy AAI na tym poziomie było zrobione w regionie Biscay.

Pierwsza ekspertyza wskazała możliwości jak i ograniczenia budowy regionalnego wskaźnika aktywnego starzenia dla Polski. W drugiej edycji zrobiono rewizję metodologii zaproponowanej do budowania wskaźnika AA z I edycji i wyliczono wartości wskaźnika przy niewielkich zmianach wykorzystanych wskaźników, aby zobaczyć czy zmieniają się wartości poszczególnych wskaźników w wyróżnionych obszarach i zarazem jak zmieniają się wartości ogółem wskaźników aktywnego starzenia dla województw w roku 2013. Obecna edycja (III) stanowi kontynuację analiz po dwóch latach i aktualizację wartości dla 2015 roku.

Zastosowano do uaktualnienia obliczeń wskaźnika dane będące w zasobach statystyki publicznej<sup>9</sup>, ale przygotowane specjalnie przez odpowiednie Departamenty Głównego Urzędu Statystycznego oraz wykorzystano dane z Diagnozy Społecznej 2015. Poniżej zostanie krótko przypomniana metodologia obliczenia wskaźnika dla 2015 roku z podaniem źródeł danych i opisów poszczególnych wskaźników.

## **2 Metodologia wyliczenia wskaźnika aktywnego starzenia - uaktualnienie**

Podobnie jak w pierwszej wersji wskaźnika aktywnego starzenia (2013) oraz w II edycji (wersji uaktualnionej, tj. 2014) metodologia wykorzystana do wyliczenia wskaźnika aktywnego starzenia w ujęciu

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<http://ec.europa.eu/social/main.jsp?catId=1024&langId=en&newsId=2099&moreDocuments=yes&tableName=news>

<sup>9</sup> Sytuacja taka jest wynikiem troski o jak najlepszą wiarygodność publikowanych informacji. Należy pamiętać, że dane pochodzące z badań reprezentacyjnych obciążone są błędem losowym. Przy większej dezagregacji danych błąd może być zbyt duży, aby wykorzystywać wyniki do analiz porównawczych (występujące różnice byłyby nieistotne statystycznie), natomiast takie zwiększenie próby, aby dane były reprezentatywne dla mniejszych populacji pociągałoby za sobą znaczne zwiększenie kosztów badań oraz obciążenie respondentów.

regionalnym dla Polski (w skrócie RAAI PL – *regional active ageing Poland*, regionalny indeks aktywnego starzenia w Polsce) opiera się na metodologii oryginalnego Active Ageing Index<sup>10</sup>.

Analizowane będą cztery obszary: zatrudnienie, aktywność społeczna, niezależne, zdrowe i bezpieczne zamieszkanie oraz zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa. W ramach każdego obszaru wykorzystano dostępne i najlepiej oddające istotę obszaru wskaźniki, które odpowiednio przeważone złożyły się na indeksy cząstkowe dla każdego z obszarów. Następnie na podstawie indeksów cząstkowych wyliczono ogólne regionalne indeksy aktywnego starzenia.

## **2.1 Ocena wykorzystania podobnych informacji z podejścia zastosowanego do AAI w wyliczeniu RAAI PL**

W pierwszej ekspertyzie (Perek-Białas, Mysińska, 2013) przedstawiono szczegółowe różnice między oryginalnymi wskaźnikami a zastosowanymi - w polskim podejściu - w budowie regionalnego wskaźnika aktywnego starzenia. Dlatego w niniejszym opracowaniu (tak jak w edycji II) zostaną zaprezentowane tylko wykorzystane wskaźniki dla Polski bez dodatkowych wyjaśnień i porównań z oryginalnymi<sup>11</sup> o ile nie zmieniło się coś znacząco. Więcej szczegółów i wykorzystane pytania z opisami są zamieszczone w aneksie.

W poniższych tabelach scharakteryzowano wskaźniki wykorzystane do budowy regionalnego indeksu aktywnego starzenia w Polsce w III edycji (2016). Zostały przypomniane pytania oraz informacje, które zostały użyte wraz ze źródłem oraz przedstawiono w jaki sposób wskaźnik został zmodyfikowany na potrzeby niniejszego opracowania. Potrzeba modyfikacji lub usunięcia jakiegoś wskaźnika wynikała z braku analogicznych danych w ujęciu wojewódzkim dla Polski w 2013 tak jak było to wykorzystane dla 2011. Jednak niezależnie od tych zmian starano się zachować jak największą porównywalność wyników III edycji z II. Ocena możliwości zastosowania tych samych wskaźników w II i III edycji została zaprezentowana na końcu opracowania.

W obszarze I (Zatrudnienie) podtrzymano tak jak dla 2013 wykorzystanie tylko dwóch wskaźników w zakresie rynku pracy<sup>12</sup> na poziomie województw (dwie grupy wiekowe w pokazaniu aktywności zawodowej osób 55+). W obszarze II (Aktywności społecznej), niestety także dla tej III edycji nie udało się na moment przygotowania analiz uzyskać danych na temat: opieki nad wnukami (55+) oraz opieki nad innymi osobami (55+), które w I edycji były wyliczane z badania PNZ (Badanie praca niezarobkowej) GUS. Prawdopodobnie uda się to uaktualnić po roku, gdy będą dostępne dane z ostatniej edycji badania na temat pracy niezarobkowej. Niestety w żadnym innym znanym nam obecnie badaniu tak

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<sup>10</sup> <http://www1.unece.org/stat/platform/display/AAI/Active+Ageing+Index+Home> [23.12.2014]

<sup>11</sup> Więcej informacji i definicje por. Perek-Białas, Mysińska, 2013 oraz Perek-Białas, Zwierzchowski, 2014.

<sup>12</sup> W publikacjach BAEL nie były i nie są prezentowane dane roczne dot. wskaźnika zatrudnienia w podziale na interesujące nas grupy wiekowe według województw.

szczegółowe informacje dla Polski (dla wyliczeń na poziomie województw) nie są dostępne. W związku ograniczono się do dwóch wskaźników dotyczących wolontariatu i udziału w zebraniach publicznych tak jak w edycji II, tym samym porównanie w czasie jest możliwe. Obszar III i IV został tak samo przeanalizowany jak w edycji II. Istotna różnica w polskim podejściu to taka, że nie uwzględnia się tych samych wskaźników dotyczących średniego dalszego trwania życia jak i średniego dalszego trwania w zdrowiu jak to jest wykorzystywane w oryginalnym podejściu.

Tabela 1. Wykorzystane wskaźniki w edycji III - 2016 – Obszar 1 - Zatrudnienie

	<b>Wskaźnik dla województwa PL</b>	<b>Źródło</b>	<b>UWAGI</b>
<b>1.1.</b>	<b>Wskaźnik zatrudnienia osób 55-59</b>	GUS 2015 <sup>13</sup>	<p><b>Wskaźnik zatrudnienia</b> jest to procentowy udział pracujących danej kategorii w ogólnej liczbie ludności danej kategorii.</p> <p><i>UWAGA! Dane pochodzą z Badania Aktywności Ekonomicznej Ludności (BAEL). Ze względu na reprezentacyjny charakter badania oraz wielkość próby dane w dodatkowych przekrojach w ujęciu wojewódzkim mogą być obciążone zbyt dużym błędem losowym próby.</i></p>
<b>1.2.</b>	<b>Wskaźnik zatrudnienia osób 60+</b>	GUS, 2015	<p><b>Wskaźnik zatrudnienia</b> jest to procentowy udział pracujących danej kategorii w ogólnej liczbie ludności danej kategorii.</p> <p><i>UWAGA! Dane pochodzą z Badania Aktywności Ekonomicznej Ludności (BAEL). Ze względu na reprezentacyjny charakter badania oraz wielkość próby dane w dodatkowych przekrojach w ujęciu wojewódzkim mogą być obciążone zbyt dużym błędem losowym próby.</i></p>

Tabela 2. Wykorzystane wskaźniki w edycji III - 2016 – Obszar 2 - Aktywność społeczna

	<b>Wskaźnik dla województwa PL</b>	<b>Źródło</b>	<b>UWAGI</b>
<b>2.1.</b>	<b>Aktywność w wolontariacie (55+)</b>	DS, 2015	<p>Zmienna z Diagnozy Społecznej obejmuje także działanie w wolontariacie poza organizacjami (osoby w wieku 55+):</p> <p>“Czy w ostatnim roku wykonywał Pan nieodpłatnie jakąś pracę lub świadczył jakieś usługi dla osób spoza rodziny bądź na rzecz organizacji społecznej”</p> <p>UWAGA: autorzy wskaźnika AA zwracali uwagę, iż oryginalna definicja wskaźnika (aktywność w wolontariacie w organizacjach) może wywołać błąd systematyczny w niektórych krajach (np. Polska), gdzie jest niski poziom</p>

<sup>13</sup> Serdeczne podziękowania za pomoc w dostarczeniu informacji do opracowania dla kierownictwa jak i pracowników Departamentu Badań Społecznych i Warunków Życia oraz Departamentu Badań Demograficznych i Rynku Pracy.



			kultury organizacyjnej wolontariatu. Tutaj ten argument ma mniejsze znaczenie, gdyż analizy są prowadzone w ramach jednego kraju. Mimo to przydałby się wskaźnik obejmujący także działania poza organizacjami.
<b>2.2 (dawnej 2.4)</b>	<b>Udział w zebraniach publicznych 55+</b>	DS, 2015	Odsetek osób w wieku 55+, które odpowiedziały twierdząco na pytanie „Czy w ostatnim roku był Pan na jakimś zebraniu publicznym (ale nie w miejscu pracy)?”. W oryginalnym wskaźniku nieco wężiej zdefiniowano zebranie publiczne (do zamkniętej listy zebrań: zebranie związku zawodowego, partii politycznej lub innego stowarzyszenia politycznego) by uchwycić zaangażowanie się w działalność polityczną.

Tabela 3. Wykorzystane wskaźniki w III edycji 2016 – Obszar 3 - Niezależność, zdrowie i bezpieczeństwo

	<b>Wskaźnik dla województwa PL</b>	<b>Źródło</b>	<b>UWAGI</b>
<b>3.1.</b>	<b>Aktywność fizyczna (55+)</b>	DS, 2015	Odsetek wskazań co najmniej jeden z poniższych uprawianych rodzajów aktywności fizycznej w grupie wiekowej 55 lat i więcej: <i>aerobik, bieganie/jogging/nordic walking, siłownia, jazda na rowerze, jazda na nartach lub inne sporty zimowe, pływanie, gra w piłkę nożną lub inne gry zespołowe, joga, sztuki walki, inne formy.</i>
<b>3.2</b>	<b>Brak konieczności rezygnacji z wizyt lekarskich, dentystycznych i wykupienia recept (55+)</b>	DS, 2015	W I edycji wskaźnik znacznie różnił się od oryginalnego, w którym wykorzystano odsetki osób wskazujących, iż nie miały problemu z dostępem do opieki zdrowotnej i/lub dentystycznej. Wykorzystano wtedy odpowiedzi: „z powodu braku pieniędzy musieli Państwo zrezygnować z uzyskania protez zębowych” (z wyłączeniem obserwacji z odpowiedzią „Nie było takiej potrzeby”.  W II edycji zdecydowano się na zmianę i uwzględnienie tych odpowiedzi, które wskazują na brak konieczności rezygnacji z wizyt lekarskich, dentystycznych i wykupienia recept (szczegóły w aneksie), ze względu na porównania tak też w tej III edycji wyliczany był ten wskaźnik.
<b>3.3.</b>	<b>Niezależność zamieszkania</b>	DS 2015	Udział osób 75+ samodzielnie mieszkających lub w gospodarstwie dwuosobowym w ogólnej liczbie ludności 75+ danego województwa.
<b>3.4.</b>	<b>Przeciętna wysokość wskaźnika podstawy wymiaru emerytur</b>	GUS 2015 (BDL)	Wskaźnik zmodyfikowany w stosunku do oryginału, gdzie wykorzystano medianę relatywnego dochodu osób w wieku 65 lat i więcej. Tu wykorzystano relację przeciętnej wysokości emerytur i rent w odniesieniu do przeciętnego wynagrodzenia brutto. (Przeciętne miesięczne wynagrodzenia brutto = 100).
<b>3.5.</b>	<b>Brak zagrożenia ubóstwem</b>	DS 2013	Za osobę zagrożoną ubóstwem uważa się osobę mieszkającą w gospodarstwie domowym, którego dochód ekwiwalentny jest niższy od 50% mediany dochodów ekwiwalentnych wszystkich gospodarstw domowych. Jest to podejście zgodne z podejściem w oryginalnym wskaźniku aktywnego starzenia
<b>3.6.</b>	<b>Zadowolenie z sytuacji finansowej (65+)</b>	DS, 2015	W oryginale wskaźnik <i>deprywacja materialna</i> , jeśli wystąpi brak przynajmniej 3 dóbr z 9 wymienionych potrzeb, które osoby w gospodarstwach domowych zadeklarowały jako brak możliwości realizacji ze względów finansowych. Jednak niestety zarówno w I jak i w II edycji nie było możliwe wyliczenie tego wskaźnika z powodu dostępnych danych dla tego zestawu pytań i dla tej grupy wiekowej na poziomie województw.

			Dlatego tak jak w I edycji posłużono się odsetkiem osób (65+), które wskazały, iż są bardzo zadowolone, zadowolone lub dosyć zadowolone z sytuacji materialnej rodziny. Skala odpowiedzi: 1 bardzo zadowolony 2 zadowolony 3 dosyć zadowolony 4 dosyć niezadowolony 5 niezadowolony 6 bardzo niezadowolony. Stwierdzenie do oceny: „Zadowolenie z sytuacji finansowej własnej rodziny”.
3.7.	<b>Bezpieczeństwo (55+)</b>	DS, 2015	Odsetek osób (55+), które wskazały, iż są bardzo zadowolone, zadowolone lub dosyć zadowolone ze stanu bezpieczeństwa w miejscu zamieszkania. Skala odpowiedzi: 1 bardzo zadowolony 2 zadowolony 3 dosyć zadowolony 4 dosyć niezadowolony 5 niezadowolony 6 bardzo niezadowolony. Stwierdzenie do oceny: „Zadowolenie ze stanu bezpieczeństwa w miejscu zamieszkania” –w oryginale pytanie jest o występowanie konkretnych typów niebezpieczeństw w miejscu zamieszkania ( <i>‘Do you have any of the following problems related to the place where you live? - Crime, violence and vandalism in the local area?’</i> )
3.8.	<b>Używanie komputera (55+)</b>	DS, 2015	Wskaźnik różny od oryginalnego, tu: odsetek osób (55+), które odpowiedziały twierdząco na pytanie: „Czy korzysta Pan z komputera?”

Tabela 4. Wykorzystane wskaźniki w III edycji 2016 – Obszar 4 – Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa

	<b>Wskaźnik dla województwa PL</b>	<b>Źródło</b>	<b>UWAGI</b>
4.1.	<b>Przeciętne dalsze trwanie życia osób w wieku 55 lat (oddzielnie dla kobiet i mężczyzn)</b>	GUS, 2015	Przeciętne dalsze trwanie życia mężczyzn w wieku 55 lat oraz przeciętne dalsze trwanie życia kobiet w wieku 55 lat.
4.2.	<b>Odsetek zdrowych osób w wieku 65+</b>	DS, 2015	Osoby, które nie zaliczają się do grona osób niepełnosprawnych oraz są zadowolone ze swego stanu zdrowia (odpowiedzi bardzo zadowolony, zadowolony, dosyć zadowolony na pytanie „W jakim stopniu zadowolony jesteś ze stanu swojego zdrowia”)
4.3.	<b>Dobrostan psychiczny (55+)</b>	DS., 2015	Wskaźnik utworzony na podstawie zestawu pytań odnoszących się do samopoczucia psychicznego (lista wykorzystanych pytań w aneksie).
4.4.	<b>Korzystanie z internetu (55-74)</b>	DS, 2015	Korzystanie z Internetu w 2015 r. – odsetek osób w danej kategorii wieku, które odpowiedziały twierdząco na pytanie "Czy korzysta Pan z Internetu?"
4.5.	<b>Więzi społeczne (55+)</b>	DS, 2015	Treść pytania w DS.: „ Ile razy w minionym miesiącu była Pani: na spotkaniu towarzyskim”. Wskaźnik jest odsetkiem osób, które wskazały co najmniej dwa spotkania towarzyskie w ciągu ostatniego miesiąca. W oryginale wykorzystano pytanie o częstotliwość spotkań z przyjaciółmi, krewnymi i kolegami. Jako wskaźnik odsetek osób, które spotykają się co najmniej raz w tygodniu.

4.6.	<b>Odsetek osób z wykształceniem wyższym w wieku powyżej 50 lat</b>	GUS, 2015 (Badanie Aktywności Ekonomicznej Ludności (BAEL))	Odsetek osób w wieku pow. 50 lat posiadających wykształcenie wyższe.
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*Wyjaśnienie niektórych skrótów:*

DS. – Diagnoza Społeczna, por. <http://www.diagnoza.com/>

BDL – Bank danych lokalnych, por. [www.stat.gov.pl](http://www.stat.gov.pl)

PNZ – Badanie pracy niezarobkowej

### 3 Szczegółowe omówienie poszczególnych obszarów

#### 3.1 Obszar 1 – Zatrudnienie

W obszarze pierwszym określono poziom zatrudnienia osób w poszczególnych grupach wieku. Przez osoby pracujące rozumie się tu osoby, które wykonywały przez conajmniej 1 godzinę jakąkolwiek pracę przynoszącą zarobek lub dochód albo pomagały (bez wynagrodzenia) w prowadzeniu rodzinnego gospodarstwa rolnego lub rodzinnej działalności gospodarczej poza rolnictwem lub miały pracę, ale jej nie wykonywały z powodu choroby, urlopu lub z innych powodów, przy czym długość przerwy w pracy wynosiła do 3 miesięcy albo powyżej 3 miesięcy, w przypadku gdy te osoby były pracownikami najemnymi i w tym czasie otrzymywały co najmniej 50% dotychczasowego wynagrodzenia (definicja BAEL). Najwyższe wartości wskaźników zatrudnienia w 2013 roku (II edycja) zanotowano w województwach **mazowieckim, lubelskim i podkarpackim**, a najniższe w tym obszarze miały województwa: **śląskie, warmińsko-mazurskie i lubuskie**. W 2015 roku najwyższe wartości wskaźników zatrudnienia dla 2015 roku zanotowano w województwach **mazowieckim, lubelskim i pomorskie**. Najniższe wartości wskaźników w tym obszarze miały województwa: **śląskie, warmińsko-mazurskie i podkarpackie**<sup>14</sup>.

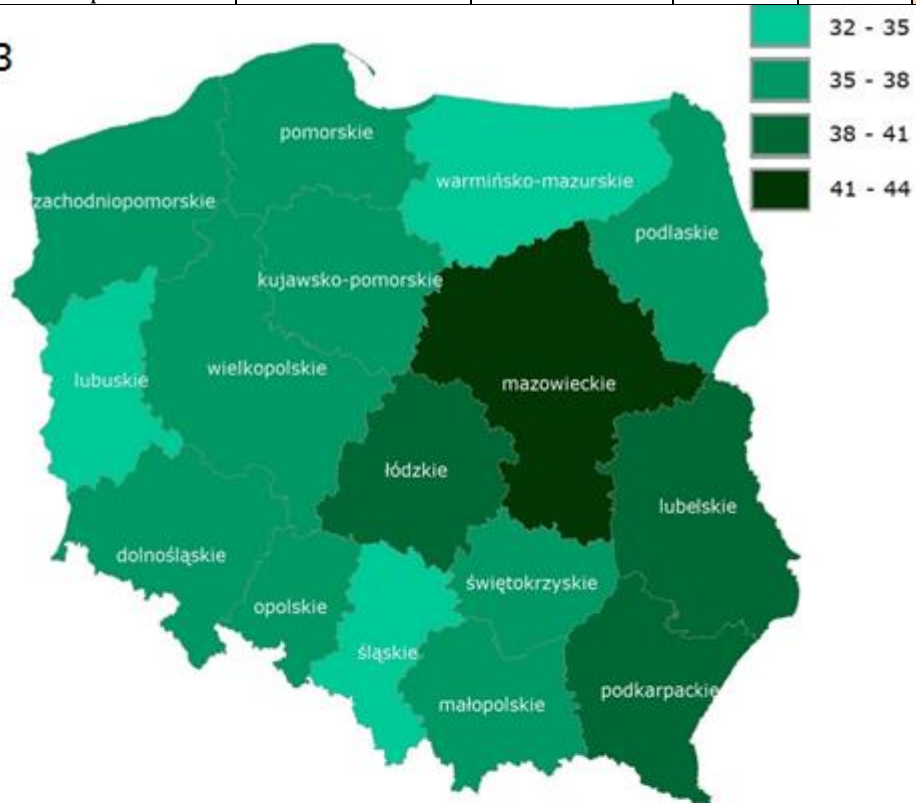
Tabela 5. Wartości poszczególnych wskaźników w obszarze 1 – Zatrudnienie

Zatrudnienie		1.1 Wskaźnik zatrudnienia osób w wieku 55-59	1.2. Wskaźnik zatrudnienia osób w wieku 60+	Wagi		Index	Ranking
Lp	Województwo	GUS 2015	GUS 2015	W1	W2	Wartość	Pozycja
1	Dolnośląskie	59,8	11,2	60	40	40,36	9
2	Kujawsko-pomorskie	56,3	10,2	60	40	37,86	13
3	Lubelskie	63,1	12,3	60	40	42,78	3
4	Lubuskie	57,7	14,5	60	40	40,42	8
5	Łódzkie	60,6	12,7	60	40	41,44	5
6	Małopolskie	59,1	11,6	60	40	40,10	10
7	Mazowieckie	67,7	14,5	60	40	46,42	1
8	Opolskie	59,7	9,5	60	40	39,62	11
9	Podkarpackie	54,2	11,3	60	40	37,04	14
10	Podlaskie	62,7	11,0	60	40	42,02	4
11	Pomorskie	62,7	14,3	60	40	43,34	2

<sup>14</sup> Województwo podkarpackie znalazło się na końcu w III edycji RAAI (regionalnego wskaźnika aktywnego starzenia), gdyż w 2013 roku (II edycja) w tym woj. wskaźnik zatrudnienia dla osób w wieku 55-59 wynosił 56,7%, a w wieku 60+ - 13,8%. W 2015 wszystkie województwa zanotowały wyższe wskaźniki zatrudnienia niż w 2013, jedynie właśnie w podkarpackim nastąpił spadek do poziomu jak jest pokazane w Tabeli 5. Także na podstawie innych źródeł, m.in. opracowania WUP w Rzeszowie - wskaźnik zatrudnienia w woj. podkarpackim w 2011 wynosił dla osób 55+ - 26,2%, a w 2013 - 22,7%, co by wskazywało, że mniej osób w wieku 55+ było aktywnych zawodowo (zatrudnionych) niż w poprzednich latach (może to być wynikiem efektów migracji, jak i przechodzenia na emeryturę osób w tych grupach wiekowych).

12	Śląskie	50,5	9,8	60	40	34,22	16
13	Świętokrzyskie	59,4	13,0	60	40	40,84	7
14	Warmińsko-mazurskie	54,1	10,5	60	40	36,66	15
15	Wielkopolskie	60,2	12,6	60	40	41,16	6
16	Zachodniopomorskie	58,3	10,1	60	40	39,02	12

2013



2015



Mapa 1. Obszar 1 - Zatrudnienie wg wartości indeksu - 2013 (dolny) oraz 2015 (górny)

### 3.2 Obszar 2 – Udział w życiu społecznym - Aktywność społeczna

Wskaźniki w obszarze drugim uwzględniać mają aktywności w życiu społecznym osób 55+. Wykorzystano wskaźniki pokazujące aktywność w wolontariacie oraz udział w zebraniach publicznych. Niestety uwzględnienie w III edycji jak i w II świadczenia pracy niezarobkowej na rzecz rodziny niezamieszkującej we wspólnym gospodarstwie domowym (opieka nad dziećmi, wnukami oraz opieka nad innymi osobami) nie było możliwe.

W I edycji w tym obszarze największe wartości wskaźnika osiągnęły województwo lubelskie, zaraz za nim znajdują się województwa lubuskie i małopolskie. Najślabiej w rankingu wypadły natomiast województwa warmińsko-mazurskie, kujawsko-pomorskie i podlaskie. W II edycji w tym obszarze na pierwszych pozycjach znajdują się województwa: **podkarpackie, lubelskie i dolnośląskie**. Najniższe wartości w tym obszarze mają województwa: **łódzkie, podlaskie, warmińsko-mazurskie**. W III edycji w tym obszarze na pierwszych pozycjach znów znajdują się województwa: **podkarpackie, lubelskie i dolnośląskie**. Najniższe wartości w tym obszarze mają województwa: **kujawsko-pomorskie, podlaskie, warmińsko-mazurskie**.

Tabela 6. Wartości poszczególnych wskaźników w obszarze 2 –Udział w życiu społecznym

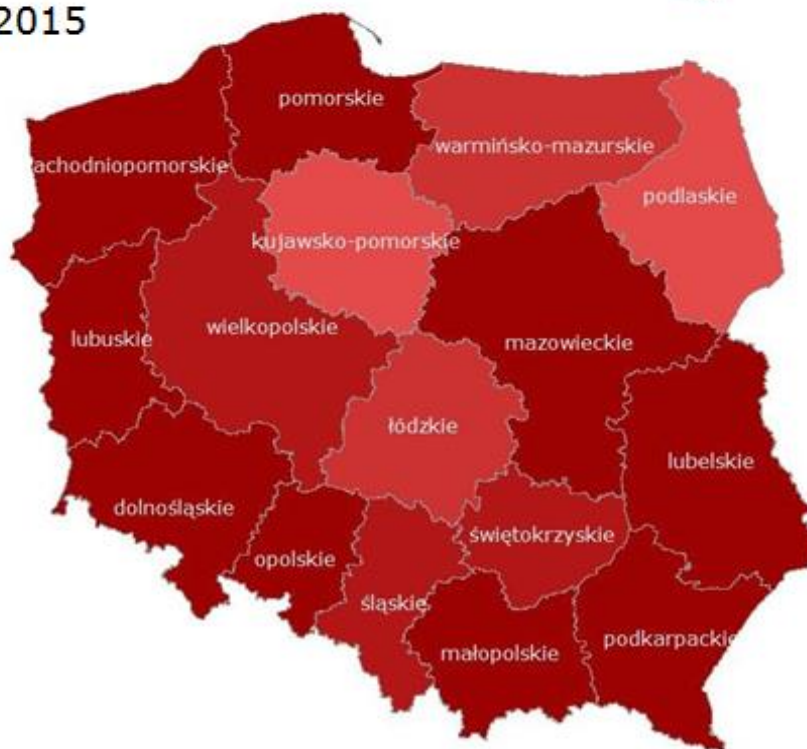
Udział w życiu społecznym		2.1 Aktywność w wolontariacie (55+)	2.4 Udział w zebraniach publicznych (55+)	Wagi		Index	Ranking
Lp	Województwo	DS2015	DS2015	W1	W4	Wartość	Pozycja
1	<i>Dolnośląskie</i>	23,6	22,3	50	50	22,958	2
2	<i>Kujawsko-pomorskie</i>	13,6	12,5	50	50	13,023	16
3	<i>Lubelskie</i>	25,4	22,5	50	50	23,944	1
4	<i>Lubuskie</i>	20,9	18,1	50	50	19,488	8
5	<i>Łódzkie</i>	15,8	16,1	50	50	15,960	13
6	<i>Małopolskie</i>	23,2	18,1	50	50	20,652	6
7	<i>Mazowieckie</i>	26,2	16,5	50	50	21,336	5
8	<i>Opolskie</i>	23,2	19,7	50	50	21,435	4
9	<i>Podkarpackie</i>	20,2	22,6	50	50	21,442	3
10	<i>Podlaskie</i>	17,6	9,1	50	50	13,358	15
11	<i>Pomorskie</i>	23,2	15,5	50	50	19,343	9
12	<i>Śląskie</i>	21,7	16,0	50	50	18,868	11
13	<i>Świętokrzyskie</i>	17,5	17,0	50	50	17,236	12
14	<i>Warmińsko-mazurskie</i>	20,0	10,1	50	50	15,080	14
15	<i>Wielkopolskie</i>	18,9	19,1	50	50	18,990	10
16	<i>Zachodniopomorskie</i>	19,6	19,4	50	50	19,509	7



2013



2015



Mapa 2. Obszar 2 - Udział w życiu społecznym - Aktywność społeczna wg wartości indeksu w 2013 (górny) jak i w 2015 (dolny).

### 3.3 Obszar 3 – Niezależność, zdrowie i bezpieczeństwo

Wskaźniki obszaru trzeciego dotyczą zdrowia, poczucia bezpieczeństwa (zarówno fizycznego jak i materialnego) oraz niezależności. Przy konstrukcji rankingu w tym obszarze wzięto pod uwagę takie wskaźniki jak: uprawianie sportu, brak problemów z dostępem do opieki zdrowotnej, niezależność (samodzielne mieszkanie i prowadzenie gospodarstwa domowego przez osoby starsze). Indeks w tym obszarze tworzą także wskaźniki związane z sytuacją materialną - poziom dochodów oraz zadowolenie z sytuacji finansowej. Istotny w tym obszarze jest także wskaźnik mówiący o poczuciu bezpieczeństwa w miejscu zamieszkania.

W I edycji wskaźnika w pierwszej trójce znalazły się następujące województwa: śląskie, wielkopolskie i mazowieckie, a na końcu rankingu w tym obszarze znalazły się województwa: świętokrzyskie, warmińsko mazurskie i podkarpackie. W edycji II (w 2014, dla wyliczeń dla 2013) najwyższe wskaźniki dla tego obszaru zanotowano dla województw: **śląskiego, opolskiego i zachodniopomorskiego**. Z kolei, najniższe wartości w tym obszarze mają województwa: **warmińsko-mazurskie i podlaskie oraz podkarpackie**. W edycji III (w 2016, dla wyliczeń dla 2015) najwyższe wskaźniki dla tego obszaru zanotowano dla tych samych województw: **śląskiego, opolskiego i zachodniopomorskiego**. Z kolei, najniższe wartości w tym obszarze mają województwa: **warmińsko-mazurskie i świętokrzyskie oraz podkarpackie**.

Tabela 7. Wartości poszczególnych wskaźników w obszarze 2 – Niezależność, zdrowie i bezpieczeństwo

Niezależność, zdrowie i bezpieczeństwo		3.1 Ćwiczenia fizyczne (55+)	3.2 Brak konieczności rezygnacji z wizyt lekarskich, dentystycznych i wykupienia recept (55+)	3.3 Niezależność (75+)	3.4 Przeciętne miesięczne renty i emerytury brutto w odniesieniu do przeciętnego miesięcznego wynagrodzenia	3.5 Brak zagrożenia ubóstwem (55+) granica 50% mediany	3.6 Zadowolenie z sytuacji materialnej (65+)	3.7 Poczucie bezpieczeństwa fizycznego (55+)	3.8. Używanie komputera (55+)	Index	Ranking
Lp	Województwo	DS. 2015	DS. 2015	DS. 2015	GUS 2015*	DS. 2015	DS 2015	DS 2015	DS 2015	Wartość	Pozycja
1	Dolnośląskie	32,6	77,62	64,4	48,6	92,3	66,4	86,9	38,7	63,9	5
2	Kujawsko-pomorskie	22,0	74,06	58,4	44,3	89,3	61,3	87,8	28,6	58,9	13
3	Lubelskie	22,2	75,98	58,8	43,1	85,9	68,7	90,3	23,0	59,6	10
4	Lubuskie	32,3	74,02	61,7	43,9	93,1	66,6	88,3	34,5	62,5	7
5	Łódzkie	20,9	80,59	61,7	44,7	93,1	51,9	87,2	28,7	58,9	12
6	Małopolskie	21,8	76,27	53,5	47,0	92,5	65,0	88,3	33,5	60,4	9
7	Mazowieckie	24,8	78,49	64,4	49,7	94,6	63,7	88,0	35,5	62,7	6
8	Opolskie	36,5	82,52	57,2	47,3	91,9	80,1	92,9	28,9	66,3	2
9	Podkarpackie	25,4	75,37	50,4	41,8	85,5	57,6	91,6	25,4	57,8	14
10	Podlaskie	19,0	83,89	58,4	43,6	91,0	58,6	90,2	21,9	59,2	11
11	Pomorskie	30,6	79,33	62,3	47,5	94,3	64,2	91,7	46,1	64,9	4
12	Śląskie	23,0	83,77	65,2	59,0	94,4	76,4	86,8	33,6	65,7	3
13	Świętokrzyskie	12,2	80,95	47,2	43,3	90,1	62,7	91,3	19,5	57,1	15
14	Warmińsko-mazurskie	12,6	74,21	47,1	43,4	93,0	62,8	88,2	23,7	56,4	16
15	Wielkopolskie	23,1	82,95	55,2	46,0	93,8	64,7	92,8	31,1	62,1	8
16	Zachodniopomorskie	28,6	88,55	75,6	46,4	95,8	64,4	92,6	37,0	66,6	1
Wagi		15	15	10	10	10	15	15	10		

2013



2015



Mapa 3. Obszar 3 - Niezależność, zdrowie i bezpieczeństwo - pozycja w rankingu i wartość indeksu w 2013 (górny) oraz w 2015 roku (dolny).

### 3.4 Obszar 4 - Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa

Wskaźniki wykorzystane przy tworzeniu indeksu cząstkowego w tym obszarze to przeciętne dalsze trwanie życia (przeciętne dalsze trwania życia dla kobiet w wieku 55 lat i dla mężczyzn w wieku 55 lat), odsetek zdrowych osób (definiowanych jako te, które deklarują brak orzeczenia o niepełnosprawności oraz zadowolone są ze swojego stanu zdrowia), samopoczucie psychiczne, więzi społeczne, korzystanie z Internetu oraz posiadanie wykształcenia wyższego osób w wieku 50+.

W I edycji w obszarze czwartym najlepiej wypadło województwo pomorskie, a kolejne dwa miejsca w rankingu zajęły dwa województwa śląskie i mazowieckie. Na ostatnich miejscach w tym obszarze obszaru znalazły się wówczas województwa świętokrzyskie, podlaskie oraz warmińsko-mazurskie. W II edycji wskaźnika w tym obszarze najwyższe wartości mają województwa: **pomorskie, śląskie i dolnośląskie**, a najniższe – **podlaskie, świętokrzyskie, lubelskie**. Z kolei w III edycji wskaźnika w tym obszarze najwyższe wartości mają województwa: **pomorskie, śląskie i zachodniopomorskie**, a najniższe tak jak w II edycji – **podlaskie, świętokrzyskie, lubelskie**.

Tabela 8. Wartości poszczególnych wskaźników w obszarze 4 – Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa

Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa		4.1.a Przeciętne dalsze trwanie życia mężczyzn w wieku 55 lat	4.1.b Przeciętne dalsze trwanie życia kobiet w wieku 55 lat	4.2 Odsetek zdrowych osób w wieku 65+	4.3 Dobrostan psychiczny (55+)	4.4 Korzystanie z internetu (55-74)	4.5 Więzy społeczne (55+)	4.6 Odsetek osób z wykształceniem wyższym wśród osób 50+	Index	Ranking
Lp	Województwo	GUS 2015	GUS 2015	DS. 2015	DS. 2015	DS. 2015	DS. 2015	GUS 2015	Wartość	Pozycja
1	<i>Dolnośląskie</i>	22,2	28,0	39,5	21,4	46,0	26,1	13,6	28,612	7
2	<i>Kujawsko-pomorskie</i>	22,4	28,1	45,7	18,4	34,5	27,3	10,4	28,729	4
3	<i>Lubelskie</i>	22,5	29,0	29,3	14,8	28,5	20,6	13,5	23,468	16
4	<i>Lubuskie</i>	22,0	27,9	36,6	14,7	44,4	28,8	11,9	26,940	13
5	<i>Łódzkie</i>	21,6	27,7	49,5	16,3	35,0	22,6	13,7	28,727	5
6	<i>Małopolskie</i>	23,4	28,9	40,8	17,8	40,6	27,6	15,6	28,639	6
7	<i>Mazowieckie</i>	23,1	28,7	41,9	17,6	40,2	23,5	18,3	28,404	8
8	<i>Opolskie</i>	22,4	28,3	45,0	22,2	38,2	17,5	12,5	28,326	9
9	<i>Podkarpackie</i>	23,5	29,1	44,5	15,4	30,4	24,4	12,0	27,788	11
10	<i>Podlaskie</i>	23,0	29,3	31,1	16,9	27,9	19,6	13,9	24,216	15
11	<i>Pomorskie</i>	23,0	28,3	50,6	25,4	53,6	31,7	16,3	33,434	1
12	<i>Śląskie</i>	22,2	27,5	53,3	22,2	38,7	27,5	12,5	31,417	2
13	<i>Świętokrzyskie</i>	22,2	28,9	43,0	11,8	23,8	22,5	11,6	25,865	14
14	<i>Warmińsko-mazurskie</i>	21,9	28,2	38,4	20,2	29,0	31,6	12,2	27,577	12
15	<i>Wielkopolskie</i>	22,5	28,1	43,0	18,0	35,0	25,4	12,6	27,998	10
16	<i>Zachodniopomorskie</i>	22,3	28,0	47,6	19,0	43,1	29,9	13,6	30,398	3
	<b>Wagi</b>	<b>17</b>	<b>17</b>	<b>23,0</b>	<b>16</b>	<b>7</b>	<b>13</b>	<b>7</b>		



2013



2015



Mapa 4. Obszar 4 - Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa - wg wartości indeksu cząstkowego ogółem w 2013 (górną mapą) oraz w 2015 (dolną).

### 3.5 Ogólny indeks aktywnego starzenia

Mając obliczone wartości wskaźników w poszczególnych obszarach, wyliczono wartość ogółem wskaźnika aktywnego starzenia dla poszczególnych województw.

#### Wariant I

Tabela 9. Indeks aktywnego starzenia – WARIANT 1 (udziały obszarów 20%, 20%, 30%, 30%)

		Indeksy cząstkowe i ich udział w ogólnym indeksie				Ogólny regionalny Indeks AA	
L.p.	Województwo	1	2	3	4	Wartość	Pozycja
1	<i>Dolnośląskie</i>	40,4	23,0	63,9	28,6	40,4	5
2	<i>Kujawsko-pomorskie</i>	37,9	13,0	58,9	28,7	36,5	14
3	<i>Lubelskie</i>	42,8	23,9	59,6	23,5	38,3	10
4	<i>Lubuskie</i>	40,4	19,5	62,5	26,9	38,8	9
5	<i>Łódzkie</i>	41,4	16,0	58,9	28,7	37,8	11
6	<i>Małopolskie</i>	40,1	20,7	60,4	28,6	38,8	8
7	<i>Mazowieckie</i>	46,4	21,3	62,7	28,4	40,9	2
8	<i>Opolskie</i>	39,6	21,4	66,3	28,3	40,6	4
9	<i>Podkarpackie</i>	37,0	21,4	57,8	27,8	37,4	12
10	<i>Podlaskie</i>	42,0	13,4	59,2	24,2	36,1	15
11	<i>Pomorskie</i>	43,3	19,3	64,9	33,4	42,0	1
12	<i>Śląskie</i>	34,2	18,9	65,7	31,4	39,8	6
13	<i>Świętokrzyskie</i>	40,8	17,2	57,1	25,9	36,5	13
14	<i>Warmińsko-mazurskie</i>	36,7	15,1	56,4	27,6	35,5	16
15	<i>Wielkopolskie</i>	41,2	19,0	62,1	28,0	39,1	7
16	<i>Zachodniopomorskie</i>	39,0	19,5	66,6	30,4	40,8	3
	<b>Wagi</b>	<b>20</b>	<b>20</b>	<b>30</b>	<b>30</b>		

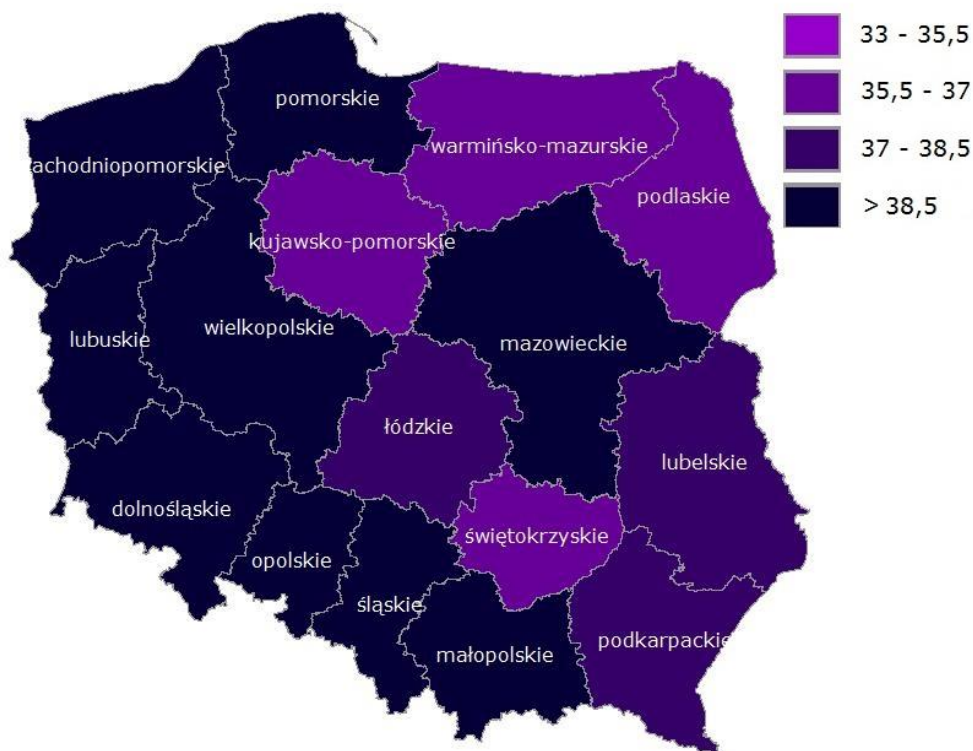
W wariantcie I zmieniono udział poszczególnych obszarów w porównaniu do oryginalnego wskaźnika aktywnego starzenia. Zdecydowano się na zmianę wag, doceniając bardziej te aspekty, które dotyczą niezależnego, zdrowego i bezpiecznego życia w okresie starości oraz warunków jak i przygotowania województw do prowadzenia aktywnego życia. W tym podejściu jednak ze względu na duże wartości wskaźnika z III obszaru od razu ten obszar będzie decydował o ostatecznej pozycji danego województwa. Inne warianty związane ze zmianą wag w ogólnym indeksie prowadzą do zmiany rankingu, jak pokazano poniżej, ale generalnie nie zmieniają tych, którzy są liderami (miejsca od 1 do 3).

## Wariant 2

Tabela 10. Indeks aktywnego starzenia - WARIANT 2 (udziały obszarów 35%, 35%, 10%, 20%) – jak w oryginalnym podejściu AAI

Województwo		Indeksy				Ogólny Indeks AA	
		1	2	3	4	Wartość	Pozycja
1	<i>Dolnośląskie</i>	40,4	23,0	63,9	28,6	34,3	3
2	<i>Kujawsko-pomorskie</i>	37,9	13,0	58,9	28,7	29,4	15
3	<i>Lubelskie</i>	42,8	23,9	59,6	23,5	34,0	4
4	<i>Lubuskie</i>	40,4	19,5	62,5	26,9	32,6	9
5	<i>Łódzkie</i>	41,4	16,0	58,9	28,7	31,7	11
6	<i>Małopolskie</i>	40,1	20,7	60,4	28,6	33,0	7
7	<i>Mazowieckie</i>	46,4	21,3	62,7	28,4	35,7	1
8	<i>Opolskie</i>	39,6	21,4	66,3	28,3	33,7	5
9	<i>Podkarpackie</i>	37,0	21,4	57,8	27,8	31,8	10
10	<i>Podlaskie</i>	42,0	13,4	59,2	24,2	30,1	14
11	<i>Pomorskie</i>	43,3	19,3	64,9	33,4	35,1	2
12	<i>Śląskie</i>	34,2	18,9	65,7	31,4	31,4	12
13	<i>Świętokrzyskie</i>	40,8	17,2	57,1	25,9	31,2	13
14	<i>Warmińsko-mazurskie</i>	36,7	15,1	56,4	27,6	29,3	16

15	<i>Wielkopolskie</i>	41,2	19,0	62,1	28,0	32,9	8
16	<i>Zachodniopomorskie</i>	39,0	19,5	66,6	30,4	33,2	6
	<b>Wagi</b>	<b>35</b>	<b>35</b>	<b>10</b>	<b>20</b>		



Wykres 1. Ogólny indeks aktywnego starzenia w województwach wg wartości indeksu (WARIANT 3) w 2015.

### Wariant 3

Tabela 11. Indeks aktywnego starzenia - WARIANT 3 (udziały obszarów 25%, 25%, 25%, 25%)

	Województwo	Indeksy				Ogólny Indeks AA	
		1	2	3	4	Wartość	Pozycja
1	<i>Dolnośląskie</i>	40,4	23,0	63,9	28,6	39,0	3
2	<i>Kujawsko-pomorskie</i>	37,9	13,0	58,9	28,7	34,6	15

3	<i>Lubelskie</i>	42,8	23,9	59,6	23,5	37,5	8
4	<i>Lubuskie</i>	40,4	19,5	62,5	26,9	37,3	10
5	<i>Łódzkie</i>	41,4	16,0	58,9	28,7	36,3	11
6	<i>Małopolskie</i>	40,1	20,7	60,4	28,6	37,4	9
7	<i>Mazowieckie</i>	46,4	21,3	62,7	28,4	39,7	2
8	<i>Opolskie</i>	39,6	21,4	66,3	28,3	38,9	4
9	<i>Podkarpackie</i>	37,0	21,4	57,8	27,8	36,0	12
10	<i>Podlaskie</i>	42,0	13,4	59,2	24,2	34,7	14
11	<i>Pomorskie</i>	43,3	19,3	64,9	33,4	40,2	1
12	<i>Śląskie</i>	34,2	18,9	65,7	31,4	37,6	7
13	<i>Świętokrzyskie</i>	40,8	17,2	57,1	25,9	35,3	13
14	<i>Warmińsko-mazurskie</i>	36,7	15,1	56,4	27,6	33,9	16
15	<i>Wielkopolskie</i>	41,2	19,0	62,1	28,0	37,6	6
16	<i>Zachodniopomorskie</i>	39,0	19,5	66,6	30,4	38,9	5
	<b>Wagi</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>		

#### 4 Podsumowanie i rekomendacje

W zakończeniu opracowania I edycji wskaźnika zaznaczono, że na prezentowane wyniki regionalnego indeksu aktywnego starzenia dla Polski trzeba patrzeć z ostrożnością, gdyż są one tylko pewną wskazówką pokazującą jak duże różnice w zakresie omawianej koncepcji są między województwami w Polsce i tym samym mają wpływ na wynik wskaźnika ogółem. Wtedy jednak wyniki analizy były prezentowane po raz pierwszy bez odniesienia w czasie, a więc bez możliwości porównania sytuacji przed 2012 rokiem (EY Aktywnego Starzenia i Solidarności Międzypokoleniowej) oraz już po 2012. Wyniki dla tej edycji bazują na danych z 2015 roku, co jest istotne z uwagi na wiele działań prowadzonych od 2012 w zakresie polityki senioralnej w Polsce (m.in. utworzenie Departamentu Polityki Senioralnej, Program ASOS, działania

Uniwersytetów Trzeciego Wieku, organizacji pozarządowych, inicjatywy regionalne, lokalne identyfikowane m.in. w ramach działań Biura Rzecznika Praw Obywatelskich<sup>15</sup>).

Celem opracowania nie było tylko pokazanie, które województwo „wygrało” tym razem, ale również stwierdzenie czy wartość wskaźnika rośnie w każdym województwie niezależnie od innych w czasie. Prezentowane opracowanie umożliwia ocenę dynamiki nie tylko zagregowanego wskaźnika aktywnego starzenia, ale również jego czterech wymiarów, czy nawet poszczególnych wskaźników składowych, np. udziału w wolontariacie, co może mieć znaczenie z punktu widzenia oceny efektywności prowadzonych celowych polityk publicznych. Z punktu widzenia rekomendacji dla polityk publicznych powiązanych z realizacją idei aktywnego starzenia istotne jest postawienie sobie na poziomie regionu pewnych celów, które powinny być osiągnięte w określonej perspektywie czasowej (przykładowo, chcemy by 50% osób w wieku 60+ do 2020 korzystało z komputera oraz z Internetu). Postawienie takiego celu może stanowić mobilizację do prowadzenia skutecznych działań, które znacząco zmienią te wartości, a w przyszłości stanowić będą podstawę do oceny skuteczności prowadzonej polityki.

W ocenie tego podejścia musimy przyznać, że nadal nie jest możliwe wykorzystanie takich samych szczegółowych wskaźników w ujęciu regionalnym dla Polski jak w oryginalnej metodologii. Tym samym zrezygnowano z kilku wskaźników lub je zmodyfikowano, aby całkowicie nie zaniechać pracy nad budową syntetycznego regionalnego wskaźnika aktywnego starzenia dla Polski. W odpowiedni sposób pokazano logikę działań zmiany wskaźników oraz sposób w jaki były definiowane pytania, które były podstawą do przedstawionych wyliczeń.

W opracowaniu staraliśmy się nie zmieniać przyjętej dla krajów europejskich metodologii pomiaru indeksu aktywnego starzenia jak i zachować zgodność z poprzednimi edycjami. W efekcie niektóre wymiary indeksu aktywnego starzenia zostały zmierzone w nieco zmodyfikowany sposób, odpowiadający specyfice dostępnych informacji dla Polski. Pomimo tego, wydaje się, że przedstawiona próba uchwycenia zróżnicowania indeksu aktywnego starzenia w Polsce pomiędzy województwami jest potrzebna i może służyć do porównań zarówno krajowych jak i międzynarodowych. Ponadto przedstawiona analiza umożliwia ocenę efektów realizacji prowadzonych interwencji oraz może stać się wskazówką dla identyfikacji obszarów i regionów gdzie nadal konieczne są działania.

W omawianej analizie nie uwzględniono porównań wskaźnika dla kobiet i mężczyzn, które jest prowadzone w oryginalnej metodologii. Powodem tego pominięcia był brak danych pozwalających na taką analizę lub zbyt małe wielkości prób uniemożliwiające wnioskowanie z akceptowalnym błędem szacunku.

Z punktu widzenia prowadzonej analizy i jej cyklicznych aktualizacji wskazane by było, aby wszystkie wskaźniki cząstkowe rekomendowane do udziału w tworzeniu wskaźnika aktywnego starzenia były łatwo

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<sup>15</sup> M.in. w 2014 r. Rzecznik Praw Obywatelskich Prof. dr hab. Irena Lipowicz wraz z Komisją ds. Osób Starszych przy RPO zainicjowali stworzenie Żółtej Księgi Dobrych Praktyk na rzecz społecznego uczestnictwa osób starszych.



dostępne i aktualizowane. W sytuacji idealnej chcielibyśmy aby dostępne były wszystkie zmienne użyte w oryginalnej wersji wskaźnika, co umożliwiłoby pełną porównywalność międzynarodową uzyskiwanych wyników. Na poziomie krajowym istnieją informacje potrzebne do wyliczenia wskaźnika aktywnego starzenia, ale niestety nadal nie mamy wielu danych w ujęciu wojewódzkim.

Ważne podkreślenie, że tak jak w I oraz II edycji tym razem była także potrzeba dodatkowych wyliczeń z różnych badań (głównie z Diagnozy Społecznej 2015), a także skorzystano ze współpracy Departamentu Polityki Senioralnej Ministerstwa Rodziny, Pracy i Polityki Społecznej z Głównym Urzędem Statystycznym.

Nadal zwracamy uwagę, że przy tego typu analizach trzeba mieć świadomość, że opieramy się na danych pochodzących z badań sondażowych, gdzie istotne i ważne jest umiejętne wyliczenie wskaźników, które potem są prezentowane (np. tutaj konieczne było zastosowanie wag oraz zwrócenie uwagi na liczebności w danych grupach wieku w województwach, kontrolowanie błędów<sup>16</sup> itp.). Zastosowanie własnych wyliczeń w prezentacji wskaźników starano się zminimalizować, aby jak najbardziej opierać się na danych już zweryfikowanych i sprawdzonych. Wiele wskaźników nie mogło być bezpośrednio wykorzystanych, gdyż nie ma i nie są prezentowane w podziale na województwa lub nie w taki sposób jak było to założone.

Na koniec warto dodać, że prace nad wyliczaniem wskaźnika aktywnego starzenia w ujęciu regionalnym w Polsce dają szansę na wzmocnienie dyskusji o potrzebie wykorzystywania wskaźników społecznych w programowaniu jak i ocenie interwencji polityk publicznych (por. Górniak, Keler, 2008). Także udział polskich przedstawicieli w pracach Zespołu Ekspertów projektu UNECE i Komisji Europejskiej daje możliwość śledzenia rozwoju metodologii i daje możliwość wprowadzania zmian w polskim podejściu.

W sytuacji, gdy regiony są odpowiedzialne za wydawanie środków (nie tylko europejskich) istotne jest sprawdzenie na ile planowane działania zmienią pozycje województw w wyróżnionych obszarach uwzględnianych w ramach aktywnego starzenia i w efekcie w wartości ogółem tego wskaźnika dla Polski.

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<sup>16</sup> Wykonano odpowiednie wyliczenia błędów szacunku wraz z oceną 95% przedziałów ufności dla szacowanych wartości statystyk.

## 5 Aneks

### 5.1 Dodatkowe wyjaśnienia dotyczące wykorzystanych w edycji II wskaźników

Definiowanie wskaźników w analizach regionalnego wskaźnika aktywnego starzenia w	
OBSZAR 1: Wskaźniki dotyczące zatrudnienia	
1.1.	Odsetek osób pracujących w danych przedziałach wiekowych wg definicji GUS / BAEL.
1.2.	<p>Pracujący według BAEL: „osoby w wieku 15 lat i więcej, które w badanym tygodniu spełniały jeden z poniższych warunków:</p> <p>a. wykonywały przez co najmniej 1 godzinę jakąkolwiek pracę przynoszącą zarobek lub dochód (tzn. były zatrudnione w charakterze pracownika najemnego, pracowały we własnym lub dzierżawionym gospodarstwie rolnym albo prowadziły własną działalność gospodarczą poza rolnictwem) albo pomagały (bez wynagrodzenia) w prowadzeniu rodzinnego gospodarstwa rolnego lub rodzinnej działalności gospodarczej poza rolnictwem,</p> <p>b. miały pracę, ale jej nie wykonywały:</p> <ul style="list-style-type: none"><li>– z powodu choroby, urlopu macierzyńskiego lub wypoczynkowego,</li><li>– z innych powodów, przy czym długość przerwy w pracy wynosiła: do 3 miesięcy, powyżej 3 miesięcy, ale osoby te były pracownikami najemnymi i w tym czasie otrzymywały co najmniej 50% dotychczasowego wynagrodzenia”.</li></ul>

OBSZAR 2: Aktywność społeczna	
2.1.	<p>Odsetek osób w wieku 55+, które odpowiedziały pozytywnie na pytanie:</p> <p>“Czy w ostatnim roku wykonywał Pan nieodpłatnie jakąś pracę lub świadczył jakieś usługi dla osób spoza rodziny bądź na rzecz organizacji społecznej</p> <p>1. TAK 2. NIE”</p>
2.2.	<p>Odsetek osób w wieku 55 lat i więcej, które odpowiedziały twierdząco na pytanie: „Czy w ostatnim roku był Pan na jakimś zebraniu publicznym (ale nie w miejscu pracy)?</p> <p>1. TAK 2. NIE”</p>

OBSZAR 3: Niezależne, zdrowe i bezpieczne mieszkanie	
3.1.	<p>Odsetek wskazań co najmniej jeden z poniższych uprawianych rodzajów aktywności fizycznej w grupie wiekowej 55 lat i więcej:</p> <p>„100. Czy uprawia Pani aktywnie którąś z form sportu, ćwiczeń fizycznych? 100.1. nie uprawiam aktywnie żadnej formy sportu ani ćwiczeń fizycznych 100.2. aerobik 100.3. bieganie/jogging/nordic walking 100.4. siłownia 100.5. jazda na rowerze 100.6. jazda na nartach lub inne sporty zimowe 100.7. pływanie 100.8. gra w piłkę nożną lub inne gry zespołowe 100.9. joga 100.10. sztuki walki 100.11. inne formy”</p>
3.2.	<p>Wykorzystano pytanie: „5. Czy w ciągu ubiegłego roku zdarzyło się w Pana(i) gospodarstwie domowym, że: <i>Należy udzielić odpowiedzi dla każdej z poniższych sytuacji, przekreślając odpowiedni kwadrat.</i> 5.1. nie starczyło pieniędzy na realizację recept lub wykupienie leków zalecanych przez lekarza 5.2. z powodu braku pieniędzy nie leczyli Państwo zębów</p>

	<p>5.3. z powodu braku pieniędzy musieli Państwo zrezygnować z uzyskania protez zębowych</p> <p>5.4. z powodu braku pieniędzy musieli Państwo zrezygnować z wizyt u lekarza</p> <p>5.5. z powodu braku pieniędzy musieli Państwo zrezygnować z badań medycznych (np. badania laboratoryjne, prześwietlenia, EKG)</p> <p>5.6. z powodu braku pieniędzy musieli Państwo zrezygnować z zabiegów rehabilitacyjnych</p> <p>5.7. z powodu braku pieniędzy musieli Państwo zrezygnować z wyjazdu do sanatorium</p> <p>5.8. z powodu braku pieniędzy musieli Państwo zrezygnować z leczenia szpitalnego</p> <p>Wykorzystano kombinację pytań 5.1 5.2 i 5.4 z odpowiedziami NIE</p>
3.3.	Odsetek osób w wieku 75+, które zamieszkują same bądź z jedną osobą, która jest ich mężem/żoną/konkubentem/konkubiną wśród wszystkich osób 75+
3.4.	Przeciętna wysokość emerytur i rent w odniesieniu do przeciętnego wynagrodzenia brutto. Pod uwagę wzięto emerytury i renty z pozarolniczego systemu ubezpieczeń społecznych, bez emerytur i rent wypłacanych przez Ministerstwo Obrony Narodowej, Ministerstwo Spraw Wewnętrznych i Ministerstwo Sprawiedliwości oraz bez emerytur i rent realizowanych na mocy umów międzynarodowych. Bez składek na ubezpieczenia społeczne płaconych przez ubezpieczonego pracownika. Przeciętne miesięczne wynagrodzenia brutto = 100. Dane dostępne w Banku Danych Lokalnych, www.stat.gov.pl za rok 2012.
3.5.	Odsetek osób w wieku 65+, które nie są zagrożone ubóstwem (zamieszkiwanie w gospodarstwie domowym o dochodach ekwiwalentnych powyżej 50% mediany ekwiwalentnych dochodów wszystkich gospodarstw domowych w Polsce).
3.6.	Odsetek osób (65+), które wskazały, iż są bardzo zadowolone, zadowolone lub dosyć zadowolone sytuacji materialnej rodziny. Skala odpowiedzi: 1 bardzo zadowolony 2 zadowolony 3 dosyć zadowolony 4 dosyć niezadowolony 5 niezadowolony 6 bardzo niezadowolony. Stwierdzenie do oceny: „Zadowolenie z sytuacji finansowej własnej rodziny”.
3.7.	Odsetek osób w wieku 55 lat i więcej, które wskazały, iż są bardzo zadowolone, zadowolone lub dosyć zadowolone ze stanu bezpieczeństwa w miejscu zamieszkania. Skala odpowiedzi: 1 bardzo zadowolony 2 zadowolony 3 dosyć zadowolony 4 dosyć niezadowolony 5 niezadowolony 6 bardzo niezadowolony. Stwierdzenie do oceny: „Zadowolenie ze stanu bezpieczeństwa w miejscu zamieszkania”
3.8.	Odsetek osób w wieku 55 lat i więcej, które odpowiedziały twierdząco na pytanie: „Czy korzysta Pan z komputera?: 1 TAK 2 NIE”

<b>OBSZAR 4: Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa</b>	
4.1.	Przeciętne dalsze trwanie życia mężczyzn w wieku 55 lat oraz przeciętne dalsze trwanie życia kobiet w wieku 55 lat.

4.2.	<p>Osoby które nie zaliczają się do grona osób niepełnosprawnych (deklarujących nieposiadanie orzeczenia o niepełnosprawności) oraz są zadowolone ze swego stanu zdrowia - odpowiedzi bardzo zadowolony, zadowolony, dosyć zadowolony na pytanie:</p> <p>„W jakim stopniu zadowolony jest ze stanu swojego zdrowia”; skala odpowiedzi:</p> <p>1 - BARDZO ZADOWOLONA 2 - ZADOWOLONA 3 - DOSYĆ ZADOWOLONA 4 - DOSYĆ NIEZADOWOLONA 5 - NIEZADOWOLONA 6 - BARDZO NIEZADOWOLONA 7 - nie dotyczy</p>
4.3.	<p>Odsetek osób w wieku 55 lat i więcej, które wybrały stwierdzenia oznaczone „0” w co najmniej 5 z poniższych 7 zestawów stwierdzeń.</p> <p>„W każdym punkcie proszę przeczytać uważnie wszystkie cztery twierdzenia i wybrać jedno, które najlepiej oddaje Pani odczucia lub przekonania z okresu ostatniego miesiąca. (...)</p> <p>N. 0. Sądzę, że nie wyglądam gorzej niż dawniej. 1. Martwię się tym, że wyglądam staro lub nieatrakcyjnie. 2. Czuję, że wyglądam coraz gorzej. 3. Jestem przekonana, że wyglądam okropnie.</p> <p>O. 0. Mam co najmniej równie dużo zapału do pracy jak dawniej. 1. Z trudem przychodzi mi się zabrać do zrobienia czegokolwiek. 2. Z ogromnym wysiłkiem zmuszam się do zrobienia czegokolwiek. 3. Nie jestem w stanie cokolwiek zrobić.</p> <p>P. 0. Sypiam co najmniej równie dobrze jak dawniej. 1. Sypiam gorzej niż dawniej. 2. Rano budzę się teraz o 1-2 godziny wcześniej i trudno jest mi ponownie zasnąć. 3. Budzę się kilka godzin za wcześnie i nie mogę ponownie zasnąć.</p> <p>Q. 0. Nie męczę się bardziej niż dawniej. 1. Męczę się łatwiej niż dawniej. 2. Męczy mnie prawie wszystko, co robię. 3. Jestem zbyt zmęczona, aby cokolwiek robić</p> <p>R. 0. Apetyt mam nie gorszy niż dawniej. 1. Obecnie mam trochę gorszy apetyt. 2. Apetyt mam wyraźnie gorszy. 3. Nie mam w ogóle apetytu.</p> <p>T. 0. Nie martwię się o swoje zdrowie bardziej niż dawniej. 1. Martwię się swoimi dolegliwościami, takimi jak: bóle, rozstrój żołądka lub zaparcia. 2. Bardzo się martwię o stan swojego zdrowia; ciągle o tym myślę. 3. Tak bardzo martwi mnie stan mojego zdrowia, że nie mogę o niczym innym myśleć</p> <p>U. 0. Moje zainteresowanie sprawami seksu nie zmniejszyło się. 1. Obecnie jestem mniej zainteresowana sprawami seksu. 2. Sprawy seksu znacznie mniej mnie interesują. 3. Utraciłam wszelkie zainteresowanie sprawami seksu.”</p>
4.4.	<p>Odsetek osób w wieku 55-74 lat, które odpowiedziały twierdząco na pytanie: "Czy korzysta Pan z Internetu?:</p> <p>1 TAK 2 NIE”</p>
4.5.	<p>Odsetek osób w wieku 55+, które wskazały co najmniej dwa spotkania towarzyskie w ciągu ostatniego miesiąca. „ Ile razy w minionym miesiącu była Pani: na spotkaniu towarzyskim” (pytanie otwarte; respondent podawał liczbę odbytych spotkań)</p>
4.6.	<p>Odsetek osób w wieku pow. 50 lat posiadających wykształcenie wyższe.</p>

## 5.2. Wartości wskaźnika dla Polski z edycji europejskiego wskaźnika aktywnego starzenia

Wyniki wskaźnika aktywnego starzenia się dla Polski z trzech okresów: 2008/2010, 2010/2012 i 2012/2014\* (w %)

Obszar	Wskaźniki	2008/2010		2010/2012		2012/2014	
		M	K	M	K	M	K
Zatrudnienie/Aktywność na rynku pracy	<i>Wskaźnik zatrudnienia 55–59</i>	54,7	27,1	59,4	33,6	63	43,1
	<i>Wskaźnik zatrudnienia 60–64</i>	27,8	11,4	26,7	12,7	32,9	13,7
	<i>Wskaźnik zatrudnienia 65–69</i>	13	6,5	13,4	6,4	13,4	6,7
	<i>Wskaźnik zatrudnienia 70–74</i>	7,3	3,2	7,5	3,3	7,3	3
Aktywność społeczna	<i>Wolontariat</i>	3,7	4,4	4	1,7	4	1,7
	<i>Opieka nad dziećmi</i>	22,4	21,6	17,4	26,2	17,4	26,2
	<i>Opieka nad osobami dorosłymi</i>	16	12,6	11	14,8	11	14,8
	<i>Zaangażowanie polityczne</i>	16,4	10,2	10,7	8,4	10,7	8,4
Niezależność, zdrowie i bezpieczeństwo	<i>Aktywność fizyczna</i>	8,1	6,2	8,1	6,2	8,1	6,2
	<i>Dostęp do opieki medycznej</i>	81,4	81,8	78,1	76,2	78,5	75,9
	<i>Niezależne mieszkanie</i>	71,2	73,6	65,5	70,8	68,2	69,1
	<i>Relacja mediany dochodów</i>	100	91,8	100	87,7	100	89,5
	<i>Brak zagrożenia ubóstwem</i>	96,2	94	95,4	91,9	96	91,9
	<i>Brak deprywacji materialnej</i>	82,4	77,2	87,1	81,4	89,5	82,7
	<i>Bezpieczeństwo w miejscu zamieszkania</i>	77,8	66,9	86,1	75,2	79,8	74,3
	<i>Uczenie się przez całe życie</i>	0,7	0,7	0,8	0,8	0,6	0,6
Zdolność i przygotowanie otoczenia do wykorzystania potencjału starzejącego się społeczeństwa	<i>Pozostałe średnie dalsze oczekiwanie życia w wieku 55</i>	42,6	54,8	43,5	55,8	44,2	56,4
	<i>Relacja lat w zdrowiu do średniej oczekiwanej długości życia w wieku 55</i>	54,9	49,6	53,2	47,4	56,1	48,9
	<i>Zdrowie psychiczne</i>	54	54,5	52,2	51,6	52,2	51,6
	<i>Korzystanie z Internetu</i>	17	11	23	15	26	22
	<i>Więzi społeczne</i>	31,8	25,3	30,8	30,7	25,1	28,6
	<i>Wykształcenie (co najmniej średnie)</i>	73	62,7	76,2	67,7	78,4	71

Źródło: opracowanie na podstawie: <http://www1.unece.org/stat/platform/pages/viewpage.action?pageId=76287845> [dostęp: 23.08.2015] oraz por. Perek-Białas, 2016.

\* Różne lata, gdyż przykładowo dane wskazane jako odnoszące się do roku 2010 dotyczą de facto roku 2008.



## Bibliografia

Active Ageing Index 2014 for 28 European Union Countries, November 2014, UNECE oraz EC.

Ervik R., Linden T., (2013), *The Making of Aging Policy: Theory and Practice in Europe*, Edward Elgar Press.

Perek-Białas J., (2016), *Tradycyjne i uzupełniające podejścia do ewaluacji efektów polityki senioralnej w Polsce*, Problemy Polityki Społecznej, Nr 34/2016, 91-111, <http://problemy polityki społecznej.pl/images/czasopisma/34/PPS-34-91-111.pdf>

Perek-Białas J., Mysińska E., (2013), *Indeks aktywnego starzenia w ujęciu regionalnym*, Departament Polityki Senioralnej, Ministerstwo Pracy i Polityki Społecznej, Warszawa.

Perek-Białas J., Zwierzchowski J., (2014), *Indeks aktywnego starzenia w ujęciu regionalnym (II edycja)*, Departament Polityki Senioralnej, Ministerstwo Pracy i Polityki Społecznej, Warszawa.

Ruzik A., Perek-Białas J., Turek K., (2013), Did the transition to a market economy and the EU membership have an impact on active ageing policy in Poland? in *'The Making of Aging Policy: Theory and Practice in Europe'*, editors R. Ervik, T. Linden, Edward Elgar Press.

Walker, A. C., (2002), A strategy for active ageing, *International Social Security Review*, 55 (1), 121-38.

WHO, (2002), *Active Ageing, A Policy Framework*, II UN World Assembly on Ageing.

Zaidi, A., K. Gasior, M.M. Hofmarcher, O. Lelkes, B. Marin, R. Rodrigues, A. Schmidt, P. Vanhuyse and E. Zolyomi, (2013), *'Active Ageing Index 2012: Concept, Methodology and Final Results'*, Methodology Report Submitted to European Commission's DG Employment, Social Affairs and Inclusion, and to Population Unit, UNECE, for the project: 'Active Ageing Index (AAI)', UNECE Grant No: ECE/GC/2012/003, Geneva.