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# FAMILY WITH AN ELDERLY AND DEPENDENT PERSON IN THE FACE OF SOCIO-DEMOGRAPHIC CHANGES IN POLAND

**Abstract**

Changes in the family structure, arising from the transformations of matrimonial and reproductive behaviours, including a decrease in the number of births below simple replacement of generations, the prolongation of the average lifespan and migrations are intensifying the aging process of the Polish society.

Therefore, one of more important contemporary problems is the growth of the share of people in the population who will require the support in the basic everyday activities and will not be able to function independently without the assistance of third parties, both in the domestic and social environment. The consequence is the necessity to build a decentralised and comprehensive (coherent) system of caring for elderly and dependent people.

When shaping the system of care and assistance, first of all a possibility to choose the form of care and assistance by an elderly and dependent person should be considered, compliant both with personal preferences, as well as with financial abilities. Secondly, in accordance with subsidiarity, close cooperation of local governments in the provision of services with the closest surrounding of an elderly person should be provided. Moreover, proper conditions for meeting the needs of the elderly should be created, also through the support for families and their closest environment, among others via the extension of the catalogue of services in the place of residence, directed at informal elderly caregivers.

**Key words:** elderly people, dependent people, family

**Abstrakt**

Zmiany w strukturze rodziny, wynikające z przeobrażeń zachowań matrymonialnych i prokreacyjnych, w tym spadek liczby urodzeń poniżej prostej zastępowalności pokoleń, wydłużanie się przeciętnego trwania życia oraz migracje intensyfikują proces starzenia się polskiego społeczeństwa.

W związku z czym jednym z ważniejszych współczesnych problemów jest wzrost udziału w populacji osób, które wymagać będą wsparcia w podstawowych czynnościach życia codziennego i nie będą w stanie samodzielnie funkcjonować bez pomocy osób trzecich zarówno w środowisku domowym, jak i społecznym. Konsekwencją czego jest konieczność budowy zdecentralizowanego i kompleksowego (spójnego) systemu opieki nad osobami starszymi i niesamodzielnymi.

Przy kształtowaniu systemu pomocy i opieki powinno się po pierwsze uwzględniać możliwość wyboru formy opieki i pomocy przez osobę starszą i niesamodzielną, zgodną zarówno z osobistymi preferencjami, jak i z możliwościami finansowymi. Po drugie zgodnie z zasadą pomocniczości powinno się zapewnić ścisłą współpracę samorządów lokalnych w realizacji usług z najbliższym otoczeniem osoby starszej. Ponadto, stworzyć odpowiednie warunki zaspokajania potrzeb seniorów, także poprzez wsparcie rodzin i najbliższego ich środowiska, między innymi poprzez rozszerzenie katalogu usług w miejscu zamieszkania skierowanych do opiekunów nieformalnych.

**Słowa kluczowe:** osoby satrzsze, osoby niesamodzielne, rodzina

## Introduction

"Of course, old people have always existed, but their presence has not always been perceived in the same way. Undoubtedly, the awareness of the existence of old people in European societies was born in the

mid-18th century. It is a momentous event in the history of mankind. Before the mid-18th century the image of old age was always theoretical: society created the image of old people in accordance with its norms and ideas […] Between the mid-18th century and the First World War […] the old age stopped being a marginal phenomenon" [Bois 1996: 314]. Today, changes in the structure of family, arising from the transformations of matrimonial and reproductive behaviours, including a decrease in the number of births below simple replacement of generations, the prolongation of the average lifespan and migrations are intensifying the ageing process of the Polish society.

The ageing process intensifies the risk of diseases and deterioration of the organs' functions, that leads to the diminishing of the so called functional reserve. Due to the above, the probability of becoming a dependant person increases with age. In result, the share of the dependent people in the oldest age cohorts increases and this generates the growing need for assistance and care, which were offered by the family so far. In Poland, the change of the family model and the processes it undergoes are the reason for the diminishing number of potential care-givers, thus the care-giving potential of the family decreases.

**The ageing of the society and the issue of dependence**

Currently, it is in Southern and Western Europe that the ageing process is occurring most intensively. The oldest are the citizens of Italy, Germany and Greece, and the youngest – the citizens of Ireland, Slovakia and Luxembourg. In Poland, the ageing rate stays below the EU average and is a little more than 15%. In 2014, the citizens of Poland were 39.2 years old on average (males 37.5, females – 41 years old). The median age for the statistical EU resident was 42.2. The ageing rate, presenting the relations between the generation of grandparents (people aged 65 and over) and the generation of grandchildren (that is, 0-14-year-olds), in other words, how many grandparents there are per 100 grandchildren, in Poland was equal to 103, whereas in the European Union it was 121 [Szałtys 2016: 41-42]. According to D. Szałtys, if the undergoing demographic processes do not change significantly, the situation of Poland in comparison with the European Union will change radically during the coming decade. It will happen because in 2050 Poland will be one of the European countries where the ageing process will be most advanced. In accordance with the Eurostat forecast, until 2050 the population of the European Union will increase by 3.6%, and in Poland it will decrease by 10% [Szałtys 2016: 43].

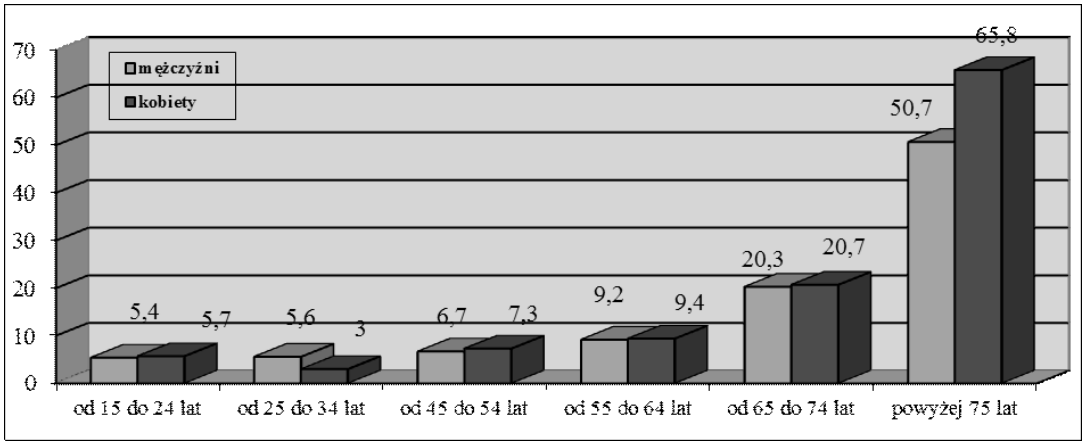
The dependence of the elderly on others is permanent and deepens with time. The level of necessary long-term care[1] is conditioned by the level of functional dependence. The dependence is a multi-dimensional category which consists of age, the level of independence loss and socio-economic factors [Jurek 2007: 111–115]. However, the study by P. Czekanowski and B. Bień proved that the most frequent reasons for using care is bad health and low level of fitness [Czekanowski, Bień 2006].

Therefore, one of more important contemporary problems is the growth of the share of people in the population who will require support in the basic everyday activities and will not be able to function independently without the assistance of third parties, both in the domestic and the social environment. The consequence is the necessity to build a decentralised and comprehensive (coherent) system of caring for elderly and dependent people.

According to the research conducted by I. E. Kotowska and I. Wóycicka [Kotowska, Wóycicka 2008: 72] and the Polsenior survey, the share of persons needing care grows radically among the 75-years-old and over: 65,8 % of women and 50,5% of men need care.

[1] A. Kozierkiewicz and K. Szczerbińska – the authors of the report „Opieka długoterminowa w Polsce: ocena stanu obecnego oraz rozwiązania na przyszłość" ("Long-Term Care in Poland: the Assessment of the Existing State and Solutions for the Future"), invoking the Ministry of Health, define long-term care in the following way: "long-term care concerns chronically ill and bedridden people, whose health does not require treatment in the conditions of the emergency ward in hospital but causes the occurrence of serious deficits in self-care (namely, inability to independent care for oneself), making independent functioning in their homes impossible for them. Those people require every day, and sometimes 24-hour a day, professional, intensive care, nursing and the continuation of treatment" [Koziarkiewicz, Szczerbińska 2007: 2]

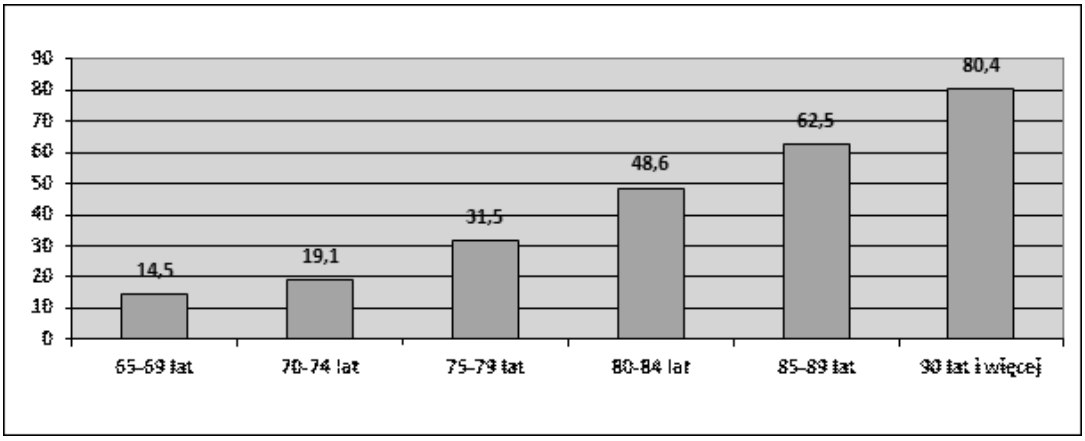
Drawing 1. The share of adults in need of care according to the age group and sex (%)




Source: I.E. Kotowska, I. Wóycicka (eds.), *Sprawowanie opieki oraz inne uwarunkowania podnoszenia aktywności zawodowej osób w starszym wieku produkcyjnym. Raport z badań*, Ministerstwo Pracy i Polityki Społecznej, Warszawa 2008, p. 72.

The above data are also confirmed by the Polsenior survey, which shows that in the 55–59 age group 7% needs help, in the 65–69 age group the percentage is 14,5 %, and among the older groups the numbers are as follows: 70–74 years – 19,1%, 75–79 years – 31,5%. Starting from the 80–84 cohort almost a half of the group needs care (48,6%). In the 85-89 group – 62,5%, and in the group of 90 and older – 80,4% needs care [Mosakowska, Więcek, Błędowski 2012: 454].

Drawing 2. The share of adults over 65 years' old in need of care according to the age group (%)




Source: M. Mosakowska, A. Więcek, P. Błędowski (eds.), *Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce*, Termedia, Poznań 2012, pp. 454.

In the literature of the subject it is assumed that "dependency is the inability to exist independently resulting from the damage and impairment of the body functions due to an illness or injury, bringing about a necessity of permanent or long-term care and assistance of third parties in performing everyday activities with regard to nutrition, moving, body care and supply of the household" [Błędowski, Wilmowska-Pietruszyńska 2009: 11]. In Spain, according to Article 2, of the Act of January 1st, 2007 – *The Personal Autonomy and Dependent Care Law (39/2006)*, dependency is regarded as a permanent state in which a person, for reasons related to age, illness, disability or lack of physical, mental, intellectual or sensory independence, requires care of another person/other people or considerable assistance in order to perform basic everyday activities, or, in the case of people with disability or mental illness, or other support for personal independence. In accordance with Article 26 of the aforementioned Act, in the Spanish law there are three degrees of dependency described: moderate dependency, severe dependency and major dependency. Each degree is

additionally classified in the two-level scale, depending on the personal autonomy and the required intensity of care [http://sid.usal.es/idocs/F3/LYN13776/LEYDEPENDENCIA.pdf].

In the Polish law system, the notion of dependency has not been defined so far, but a notion which is close in meaning occurs there, and it is the inability to independent existence. The disability evaluation and certification system is primarily divided into certification for purposes other than disability pension[2] (Poviat Disability Evaluation Boards) and for purposes related to disability pension (Social Insurance Company – ZUS). The Social Insurance Company evaluation and certification distinguishes the category of people unable to work or live independently. On the other hand, Poviat Disability Evaluation Boards adjudicate about three degrees of disability (severe, moderate and mild). At least a considerable part of people with severe disability degree can be regarded dependent. Therefore, it is not easy to establish the number of dependent people in Poland, as this group includes people:

- with certified inability to independent existence
- or/and having a severe degree of disability (not all of them, though).

J. Hrynkiewicz indicates that in the existing social policy practice people unable to independent existence are included in the category of those who are: either old (dependency arises from the psychophysical condition, e.g. Alzheimer's disease, senility, dementia) or disabled as a result of an accident, somatic, mental diseases or congenital disorders [Hrynkiewicz 2016: 57].

**Formal and informal system/model of care and help offerred to the elderly persons in Poland**

The system of providing care and assistance to elderly and dependent people which functions in Poland at present refers to three areas:

- in the place of residence – community-based services provided by formal and/or informal caregivers – family members, volunteers, neighbours and other people from local communities or employees of social welfare centres, or care paid from the funds of the dependent person or his/her family. The goal of this type of support is to enable the elderly to function in their environment (as long as possible), in spite of the experienced limitations in the satisfaction of the basic and necessary needs independently, as well as barriers in the integration with the environment;
- in social welfare institutions – sheltered accommodation for dependent people, nursing homes, community self-help centres, day care centres. At present, there are six types of nursing homes in Poland. Elderly people reside mostly in two types of homes: firstly for people somatically ill and for the elderly.
- in healthcare institutions – hospices, residential care facilities, health care and curative institutions and geriatric wards in hospitals.

Among the proposed forms of helping and caring for elderly and dependent people, we can point to:

- institutional care: stationary (e.g. nursing homes, health care and curative institutions, residential care facilities, hospices), semi-stationary – day care (e.g. community self-help centres, day care centres for elderly people) and ambulatory (e.g. Primary Health Care, specialist geriatric centres, rehabilitation);
- non-institutional community-based care (e.g. a carer, a nurse, an assistant, a volunteer) and domestic – family care.

Therefore, assistance and care for the elderly and dependent people is organised by the social welfare and healthcare system, and their implementation takes place in three sectors: the public, the private and the non-governmental one (the sector whose activities are non-profit).

Thus, it should be indicated that the major issues related to elderly care are as follows: the costs of financing care, and types, forms and entities providing care. Michael Hill [Hill 2010: 288–289] points out that there are three ways of organising nursing and care activities:

- all activities are undertaken within family – that is why costs are not incurred by public entities, but people, instead of undertaking professional activity, do the "job" for free, rarely finding their compensation in "transfers" inside the family;

[2] Disability certificate for purposes other than disability pension determines the entitlements connected with occupational rehabilitation and employment, possibility to take advantage of training (including specialist training); coverage with employee privileges for disabled people; the right to rebates, supply in orthopedic equipment, entitlement to nursing allowance and other benefits (e.g. supplement to disability-related family allowance); using social, therapeutic, rehabilitation and care services.

- they are subject to market transactions – purchasing care generates employment and is registered by the conventional computing system as part of the economy;
- activities are undertaken by the state – this solution also generates jobs, however, the computing system is prone to treat them as the cost encumbering private business activity.

Therefore, in the countries where the role in providing and financing care has been taken over by the state (e.g. in the Scandinavian countries), an increase in the demand for nursing and care activities brings about the growth of employment. If the problem is left to the market, the issue of the growth of employment depends on the purchasing power of people who need care, which, paradoxically, requires the rise of retirement pensions, which is threatened by demographic changes. If nursing and care tasks are left to the family, the data concerning professional activity (and market consumption), become less and less reliable indicators of the value of the actually performed work [Hill 2010: 288–289].

In Poland, the prevailing model is the family model of providing care and assistance to elderly and dependent people. In the Polsenior study, as many as 93.5% of respondents indicated family as the main care-giving institution. On the second position (9.3%) there was a group of informal caregivers, namely neighbours, friends, or acquaintances. Only on the third position the respondents mentioned caregivers from social welfare institutions (4.0% of indications). 2.1% of respondents took advantage of the assistance of a stranger living with them, and 1.9% took advantage of the assistance of a stranger living separately [Mosakowska, Więcek, Błędowski 2012: 457][3] The study of the Central Statistical Office also confirms the significant role of family, not only this living together [GUS 2011].

Also from the study of the Institute of Public Affairs „To idzie starość. Postawy osób w wieku przedemerytalnym", in which the author of this paper took part, it arises that respondents (people aged 45–65) indicated children as the main entity obliged to provide support (59% of respondents). Only 39.6% of respondents believed that the obligation to give care to a senior rests with the whole family. Persons with secondary vocational education and basic vocational education, as well as persons living in the country were greater supporters of the obligation of providing assistance by children than persons with higher education and living in cities. According to 30.2 % of respondents, elderly care is an obligation of society and should be provided within social institutions. The opinion that elderly care is the obligation of the community was expressed by 27.3% of respondents. It is worth emphasising that the consent to burden the community with elderly care rises with respondents' age. In the group of respondents aged 45–49 the conviction that elderly care is the obligation of the community was expressed by 22.1%, and in the group aged 55–59 by as many as 32.5% of respondents [Bojanowska 2009: 212–213].

The above results are also convergent with the study[4] carried out by the author of this paper on the most appropriate elderly care system and the manner of its implementation (Table 1). Respondents could choose the following statements: responsibility for elderly care is borne by the whole society, community, children and family.

Table 1. Entities responsible for elderly care (in %)

| Categories | Obligation | | | |
|---|---|---|---|---|
| | of society | of community | of children | of family |
| Strongly agree | 40.2 | 23.5 | 65.3 | 28.3 |
| Agree | 28.7 | 27.5 | 23.9 | 34.3 |
| Disagree | 14.7 | 27.1 | 6.0 | 21.1 |
| Strongly disagree | 12.0 | 17.9 | 4.4 | 14.3 |
| No opinion | 4.4 | 4.0 | 0.4 | 2.0 |

Source: own study.

[3] The data do not sum up to 100%, as respondents could choose more than one answer.

[4] Own research by the author of this paper, entitled „Sytuacja ludzi starych w Polsce". It was carried out with the use of random sample representing the population of 251 seniors – residents of Masovian Voivodship. It is a population representative for the whole population of the residents of Masovian Voivodship.

The majority of respondents, regardless of gender and age, believed that care of elderly parents is definitely the children's obligation (65.3%). Most often it was indicated by persons living in cities with population over 100,000 (73.5%). Usually those were respondents with secondary education (69.3%).

The view that elderly care is the obligation of the whole society and should be provided by means of social institutions is strongly expressed by 40.2% respondents. 28.7% of respondents agree with this opinion a little less strongly, whereas 14.7% of respondents have no opinion about that, and 12% do not agree with it. The view that elderly care should be provided by social institutions is most often expressed by persons living in cities with population over 100,000 (47%), aged 81 to 85 (51.4%). And more often by men (46.9%).

The view that elderly care is definitely the obligation of the whole family found a little fewer supporters (28.3%). Less categorical opinion, namely "agree", had more supporters (34.3%). 21.1% of respondents had no opinion about that, and 14.3% did not identify with that opinion. The percentage of respondents strongly supporting this solution was higher among women (29.6%) than men and those living in cities with population over 100,000 (32.5%). The age category did not differentiate the surveyed persons.

The belief that elderly care is the obligation of the community, was expressed strongly by 23.5% of respondents. The popularity of such a view increased with the respondents' age (19.2% of respondents aged 70–75; 26.5% aged 76–80; 29.7% aged 81–85 and 30% aged 86 and older). Such an opinion was more often expressed by men (26%) than women (21.9%), living in cities with population from 25 to 100 thousand (28.6%) and in the country (27.8%).

In the respondents' opinion, the responsibility for elderly care should be borne primarily by the children. It is connected with a special type of the social tie in family, which is the tie between generations in family, and with the parents-children relation. The opinion about the responsibility of local self-government institutions for elderly care found much less acceptance among respondents. Institutional care was to a great extent treated as the reaction to the lack of family assistance in the situation of different needs.

The reasons for such great commitment of Poles to providing care to the elderly and dependent people should be looked from the perspective of both the cultural and moral conditionings and in the social expectations as for the performance of the nursing role by the nearest and dearest, with the simultaneous quantitative and qualitative limitations of formal care and the lack of legal solutions enabling to reconcile employment and care (e.g. the profitability of part-time employment).

Therefore, as Barbara Szacka says, in spite of the changes undergoing in the structure and functions of family, in the Polish society a considerable part of members treat family as a very important institution [Szacka 2003: 388]. Family plays a special role in all stages of human life. For elderly people it is a natural environment from which they expect spiritual, physical or material support. And it is not only about the space in which these people live, but about the whole set of relations which exist in the family. Family is the entity which integrates its members [Szatur-Jaworska, Błędowski, Dzięgielewska 2006:88]. It is the institution which is of the primary significance for man. It is the environment in which one looks for support and help on one hand, as well as safety, respect and understanding on the other.

## Determinants of introducing changes in the scope of care and assistance offerred to the elderly, including the dependent

Today, the question of the necessity to ensure dignified life to dependent people and support for families caring for them is taking on special significance under the influence of such factors as:

- **the ageing society**

As it results from the latest demographic projection of the Central Statistical Office [GUSa 2014: 110–112], regardless of the criteria of assessing population ageing, in the projection by 2050 both the number and the percentage of the elderly will be systematically increasing. In 2050, the population of Poland will amount to 33.9 million. In comparison with 2013, it means a decrease in the population by over 4.5 million. People aged 65 and older will make up almost one-third of the population, and their number will rise by 5.4 million compared with 2013 [GUSa 2014: 132]. The share of people aged 65 and older in the total population will increase from 14.7% in 2013 through 18.9% in 2020, 24.5% in 2035 to 32.7% in 2050. The dramatic growth of this group will occur as early as in the first years of the projection. It will be the consequence of

the fact that in 2015 people born in 1950 will be 65. In the following years, the population 65+ will consist of people from very numerous age groups of the baby boom of the 1950s [GUSb 2014: 35].

It should be noted that in accordance with the assumptions of the mentioned demographic projection of the Central Statistical Office, in the adopted time perspective (until 2050), on one hand there will a considerable decrease in the number of children and adults, and on the other hand the number and share of the elderly in the whole population will increase. When referring in detail to the mentioned age categories, it is projected that "in comparison with 2013, a decline in the number of children aged 0–14 is estimated for 1.65 million. (...) On the other hand, the number of adults (15–64 years old) will go down in the perspective until 2050 by 8.3 million; with regard to the size, the resources of this population group by the end of the projected period will account for 61.5% of the number from 2013 in cities, and 81.2% in the country" [GUSb 2014: 35].

Therefore, a decrease in the share of children and adults in the whole population means the growth of the percentage of elderly people over 65. Until 2050, "an increase by 19 percentage points in cities, and a little less, by 16.8%, in the country is expected. As a result, the share of the elderly will exceed 30% in rural areas, whereas in cities it will approach 35%" [GUSb 2014: 35].

The changes arise both from positive and negative social trends. Thus, positive changes include mainly the systematic prolongation of lifespan owing to medical advancement, but also owing to the rise of Poles' health awareness. Negative changes are primarily related to the drop of fertility of Polish women. At present, it fluctuates within only 1.3 babies per woman in the reproductive age.[5]

The most important issues connected with the aging process are related to:

- the "double ageing" phenomenon,
- singularisation (lonely living),
- feminisation of the old age,
- and verticalisation of the family network, that is a decrease in the size of subsequent generations with the simultaneous increase in the number of living generations[6].

◆ **generational support ratios**

The assessment of the relations between older and younger generations is conducted with the use of two support ratios reflecting the quantitative relations between the indicated "generations". They point out a potential possibility to support older generations, which arises from the population structure. It is:

- potential support ratio standing for the number of people aged 15–64 per 100 people who are 65 years old and above;
- parent support ratio which indicates the number of people aged 85 and older per 100 people within the age range 50–64 [GUSa 2014: 141].

As it arises from the demographic projection, a considerable reduction of the value of the first measure and the growth of the other one should be expected. The potential support ratio will fall from 458 to 169, whereas the parent support ratio will increase from 8 to 38 [GUSa 2014: 141].

◆ **limited family caregiving abilities**

J. Hrynkiewicz defines "family caregiving potential as an ability of family to provide care to its old, dependent and disabled members. It depends on the size, structure and socio-economic status of the family" [Hrynkiewicz 2016: 57].

In recent years, the family model in Poland has evolved. The number of households consisting of the married couple or partners plus children has decreased, whereas the number of households consisting of a single parent and children has gone up. At the same time, the number of one-person households has increased (Table 2).

[5] A detailed analysis of fertility over the last few decades is included in the Central Statistical Office report. In the light of the data presented there, fertility in Poland in 2011 and 2012 was 1.3, whereas in 2013 it was 1.26. Central Statistical Office, Prognoza ludności na lata 2014–2050, 2014, pp. 35–36, 46.

[6] Cf.: P. Szukalski, *Rodzinne sieci wsparcia seniorów w starzejących się społeczeństwach – kilka refleksji*, [in:] Grotowska-Leder J. (ed.), *Sieci wsparcia społecznego jako przejaw integracji i dezintegracji społecznej*, Łódź 2008, p. 30; P. Szukalski, *Solidarność pokoleń Dylematy relacji międzypokoleniowych*, Łódź 2012, pp. 19–21; Z. Szweda-Lewandowska, *Demograficzne i społeczno-ekonomiczne uwarunkowania opieki nad osobami starszymi*, "Acta Universitatis Lodziensis Folia Oeconomica" 2013, No 291, pp. 281–284.

Table 2. Households and families in Poland in the years of censuses since 1970 (in %)

| No. | Household | | | Year | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | 1970 | 1978 | 1988 | 2002 | 2011 |
| | | | | in % | | | | |
| | | | | 100 | 100 | 100 | 100 | 100 |
| 1 | non-family | one-person | without children | 15.6 | 17.0 | 17.6 | 24.0 | 22.9 |
| 2 | single-family | married couple/partners | | 17.3 | 18.5 | 18.8 | 17.9 | 20.0 |
| 3 | | married couple/partners | with children | 56.4 | 53.4 | 50.9 | 43.4 | 39.6 |
| 4 | | single parent | | 10.7 | 11.1 | 12.7 | 14.7 | 17.6 |

Source: Own study based on the Central Statistical Office, 2014.

Families in the future will be less numerous. Changes in the structure of families, namely the growing number of divorces and lower and lower fertility of families cause an increase in the number of lonely elderly people. Economic migrations influence the loosening of family ties, the disintegration of multi-generational family, and thus the deepening of the scale of lonely old age. And the professional activity of women causes further reduction of the scope of nursing services provided to the elderly by family. Therefore, we may suppose that more and more often family will not be able to fulfil expectations placed in it. The consequence will be further reductions of the capabilities of fulfilling caregiving functions by family. The economic dependency ratio, which is calculated as the ratio of the population in the post--working age (women: 60 years old and older, men: 65 years old and older) to the population in the working age (women: 18–59, men: 18–64), will increase from 24.8 persons in the post-working age per 100 persons in the working age to 46.4 persons in 2035. Therefore, the number of people needing support and care will be growing, with the simultaneous drop in the number of people obliged and able to provide such assistance.

- **economic**

– providing care is more and more expensive and quite often it exceeds the financial abilities of the interested person himself/herself, as well as his/her closest relatives [Błędowski: www.instytutobywatelski.pl/-wp-content/uploads/2010/09/niesamodzielni raport.pdf]. The loss of independence requires the provision of assistance to the family due to the necessity to give permanent care and the necessity to grant medical specialist assistance. Family care must be supported by the network of services and public institutions or institutional long-term care. At the same time, currently, the costs of institutional care are too high for a great majority of families.

P. Błędowski draws attention to the fact that guaranteeing proper quality of living to dependent people is not exclusively the obligation of family. The obligation rests with the whole society, which should decide about the way of organising and financing the system of nursing and care allowances. Organisational capabilities should be searched for in the area assigned on one hand by the currently operating facilities (services provided by nursing homes, health care and curative institutions, residential care facilities and community-based services provided within the social welfare or health care), and on the other hand – by the same facilities, however supplemented by voluntary services and private service providers. In the financial issue the range of possibilities is comprised between the supply solution (funds could come from the budget of the state or territorial self-government) and insurance solution (and it is about obligatory nursing social insurance). In other words, the decision boils down to settling the dilemma: how much of the state, how much of the market. The principle of social solidarity is important here [Błędowski: www.instytutobywatelski.pl/wp-content/uploads/2010/09/niesamodzielni_raport.pdf].

## Conclusion

According to J. Hrynkiewicz, the following issues should be considered when shaping the social policy addressed to the elderly:

- adaptation of the flat and the residential environment to the needs. It should ensure the longest stay possible in the environment known to the elderly person;
- health protection services within the primary health care, related to a chronic and long-term disease and multiple morbidities characteristic for elderly people;
- health protection services specific for the old age (e.g. the development of Alzheimer's disease, dementia, and others);
- common accessibility to rehabilitation in the residential environment;
- care and assistance services in the place of running the household to dependent elderly people;
- creation in the place of residence of the network of services assisting families and elderly people in running the household;
- providing the system of safety to elderly people in the residential environment (creating the system of security against threats arising from the disability and dependency of elderly people and their health);
- the elderly-friendly local environment in which they live; designing services, devices and organisational solutions so that they were available to less fit people (the network of services, commerce, place for relaxation, safe traffic routes, etc.);
- cooperation of local authorities with families of elderly people on such an arrangement of public space which will significantly support families in elderly care;
- giving care to elderly dependent people who require permanent care, including specialist health and nursing care [Hrynkiewicz 2014].

To summarize, it must be stressed that the demographic transformations indicated in the paper will bring about an increase in the number of people who require assistance in everyday existence with the simultaneous decrease in the number of people being potential caregivers. Particularly in the situation when the retirement age is raised because potential caregivers will have to divide their time between professional work and care of a dependent senior. Knowledge about demographic changes undergoing in the population structure, which influence the functioning of families should incline to shape a policy concerning the old age and the aging society. Part of this policy should also consist in the creation of the dependent assistance and care, which would be coherent and comprehensive on local level, the system which would also consider their caregivers. Thus, it seems justified that the family model should be surrounded by the system of support from the state, local government, the third sector and the market. And family should be treated as the most important ally of the institutions and organisations providing assistance. It is particularly important not only due to the rational use of human resources, but also for economic reasons.

Therefore, it seems that when shaping the assistance and care system, first of all a possibility to choose the form of care and assistance by an elderly and dependent person should be considered, compliant with personal preferences, as well as with financial abilities. Secondly, defining the scope and shape of the indispensable care while maintaining constant control of the quality of service. Next, in accordance with subsidiarity, close cooperation of local governments in the provision of services with the closest surroundings of an elderly person should be provided. Moreover, proper conditions for meeting the needs of the elderly should be created, also through the support for families and their closest environment, among others via the extension of the catalogue of services in the place of residence, directed at informal senior caregivers (e.g. support groups for caregivers, the access to institutions of alternative care for the time of the caregiver's absence from the dependent person, covering caregivers with social and health insurance on this account). All activities should also aim at ensuring permanent position in the social structure and not allowing for the social marginalisation of elderly and dependent people.

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