

The need for care security – home care services provided for people over 60 in Poland in 2015-2017 – current situation and prospects

Potrzeba bezpieczeństwa w zakresie opieki – usługi opiekuńcze świadczone w miejscu zamieszkania u osób po 60 roku życia w Polsce w latach 2015-2017 – stan obecny i perspektywy

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Abstract

Introduction. Ensuring safety and professional care for the elderly at home is currently the biggest challenge for health policy and social assistance. The aim of this care is not so much striving to recover former vitality and health by the elderly, but to achieve improvement of the quality of life through support, care and nursing, while maintaining the dignity and self-determination of the elderly. **Aim.** The aim of the study was to analyse the implementation of care services in 2015-2017 and to forecast the demand and costs of these services in the following years. **Material and methods.** Analysis of documents obtained from 12 social assistance centres in Poland regarding provision of care services. **Results.** The predominant types of care services are upkeep services provided for women over 81 years old. Every year, there is a growing number of hours of care services as well as people taking benefit of them. There is also an increase in the hourly cost of services provided to the elderly. However, the above indicators do not affect the average number of hours of monthly care for one person. **Conclusions.** The necessity for strengthening informal carers educationally, financially and materially so that they acquire skills and responsibility for caring for dependent, elderly family members in their place of residence. (*Gerontol Pol* 2019; 27; 177-184)

Key words: elderly people, care services, need for care, costs of care

Streszczenie

Wstęp. Zapewnienie bezpieczeństwa i profesjonalnej opieki osobom starszym w ich miejscu zamieszkania jest obecnie największym wyzwaniem dla polityki zdrowotnej i pomocy społecznej. Celem tej opieki jest nie tyle dążenie do odzyskania przez osoby w wieku podeszłym dawnej witalności i zdrowia, ile uzyskanie poprawy jakości życia poprzez wspieranie, opiekę i pielęgnację z zachowaniem godności i samo decydowania osób starszych. **Cel.** Celem pracy była analiza realizacji usług opiekuńczych w latach 2015 – 2017 oraz prognoza zapotrzebowania i kosztów tego świadczenia w latach kolejnych. **Materiał i metody.** Analiza dokumentów z 12 ośrodków pomocy społecznej w Polsce w zakresie świadczenia usług opiekuńczych. **Wyniki.** Spośród wszystkich rodzajów usług opiekuńczych dominują usługi opiekuńcze o charakterze gospodarczym świadczone dla kobiet po 81 roku życia. Każdego roku wzrasta liczba godzin świadczonych usług opiekuńczych i osób z nich korzystających. Wzrasta również cena za godzinę świadczonych usług, jednak powyższe wskaźniki nie mają wpływu na zwiększenie średniej liczby godzin opieki przypadającej miesięcznie na jedną osobę. **Wnioski.** Konieczność wzmacniania opiekunów nieformalnych w zakresie edukacyjnym, finansowym i rzeczowym w celu nabycia przez nich umiejętności i odpowiedzialności za opiekę nad zależnym, starszym członkiem rodziny w miejscu zamieszkania. (*Gerontol Pol* 2019; 27; 177-184)

Słowa kluczowe: osoby starsze, usługi opiekuńcze, potrzeba opieki, koszty opieki

Introduction

The ageing of societies makes it necessary to recognize the practical aspects of the rights of the elderly, particularly in terms of ensuring an adequate level of safety and care, especially in a friendly environment such as their home. The principles of the UN activities for the elderly assume the independence of these people, manifesting itself in three major aspects: 1) elderly people should have access to adequate food and water resources, shelter, clothing and medical care by provision of income, support of the family and communities and various forms of self-help; 2) elderly people should be able to live in conditions which ensure safety and which can be adjusted to individual preferences and a variable level of psychophysical fitness; 3) elderly people should be able to live at home for as long as possible [1]. In turn, the care policy states that the elderly are entitled to the care of their families and communities. They should have access to healthcare in order to maintain or recover an optimal level of physical, mental and emotional activity, as well as to prevent or delay the onset of illnesses. Equally important is the possibility of using appropriate forms of institutional care which provide protection, rehabilitation as well as social and mental activation in a humane and safe environment.

Ignorance of the environment in which the elderly live leads to a lack of insight into how to support elderly people in their daily lives or how to direct the senioral policy [2]. This problem causes marginalization of the seniors' needs.

This is why analyses related to financial and organizational aspects of the components of this policy are so important, also with regard to accessibility.

The best access to care for the elderly is guaranteed by forms of home care as they are provided without waiting, e.g. community nursing and long-term care (64.4%) and care services provided by social assistance (65.1%). For residential care in a nursing and treatment facility (zakład opiekuńczo-leczniczy – ZOL), over a one-year waiting period is indicated in 25%, and social assistance homes (dom pomocy społecznej – DPS) in 21%. Without waiting: in ZOL 12.5%, and in DPS 25.4% – these are usually cases requiring immediate institutional support without taking their turn in a queue (Figure 1) [3].

Aim

The aim of the article was to analyse the number of people using care services (usługi opiekuńcze – UO), specialist care services (specjalistyczne usługi opiekuńcze – SUO) and specialist care services for people with mental disorders (specjalistyczne usługi opiekuńcze dla osób z zaburzeniami psychicznymi – SUOP) in the main social assistance centres in Poland according to age and gender in 2015-2017, as well as a forecast for the demand in the following years.

Material and methods

The analysis involved information obtained from 12 social assistance centres in Poland (Wrocław, Bydgoszcz, Lublin, Kraków, Opole, Rzeszów, Białystok, Gdańsk, Kielce, Olsztyn, Poznań, Szczecin) in terms of the number of people receiving assistance according to gender and age, the number of hours of care services

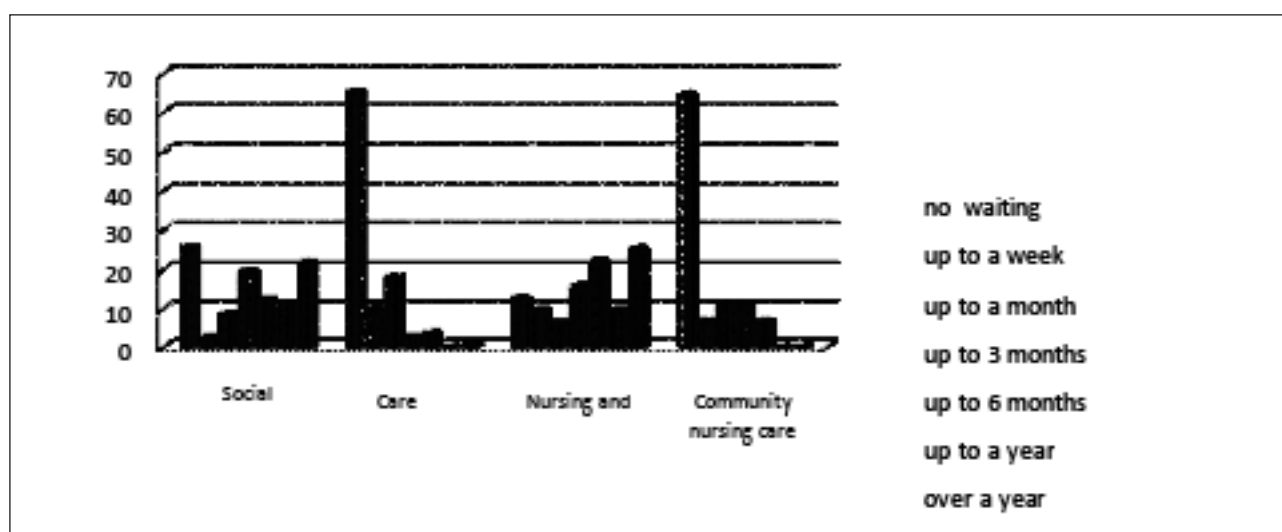


Figure 1. Average waiting time for care

Source: Pieńkosz J., Matejczuk A., Funkcjonowanie instytucji opieki w Polsce-Raport podsumowujący wyniki badań terenowych, Warszawa 2015, SRZL

provided in particular forms, and costs. The research method was an analysis of the above-mentioned documents as well as drawing up and filling in a table on their basis. Next, we determined the expected demand for and costs of providing care services for the elderly in Poland in subsequent years.

Results

Types of care services and characteristics of their recipients

Care services (UO) are an obligatory task of the municipality, resulting from the Act of 12 March 2004 on social assistance (consolidated text: Journal of Laws of 2018, item 1508). They are awarded to single persons who require assistance of other people due to age, illness or other causes, and whose family members are not in a position to provide such assistance [4]. The services are paid, but in special cases (lack of income, income below the income criterion¹, difficult financial situation) there is a possibility for a partial or full exemption from payment. The number of hours and the scope of care are determined during the family community interview performed by a social worker with the participation of a person in need of support in their home. The UO includes assistance in everyday hygienic and household activities.

Specialized care services (SUO) are optional, which means that not every municipality has to provide them. They are a special type of services adjusted to the disorder or disability, i.e. care supporting the treatment pro-

cess and rehabilitation. The services are provided by persons with specialist qualifications, e.g. nurses, physiotherapists, medical caregivers or carers of disabled persons.

A separate form of assistance is specialized care services for people with mental disorders (SUOP). These services are commissioned by government administration [4]. Their rules are set out in the regulation of the Minister of Social Policy [5], not municipal regulations as is the case with services described above. They are adjusted to the special needs of persons with mental disorders. They are provided by people with qualifications and at least six months' work experience in facilities specializing in the treatment, rehabilitation or education of people with mental disorders [4,5]. The scope of SUOP includes social, educational and integration activities, but also nursing and rehabilitation in the scope not covered by the provisions of the Act on healthcare services financed from the public funds [6]. All forms of care services can be provided by: private companies, non-governmental organisations or natural persons with whom an appropriate social assistance centre has concluded proper agreements.

Most persons receive assistance in the form of care services (UO). It is also in this area that the largest increase in demand has been observed, especially when comparing the years 2016 and 2017. The demand has grown by 467 people in Wrocław, by 255 people in Poznań, by 148 people in Kraków, by 119 in Opole and by 115 Szczecin annually. Kielce, Lublin and Szczecin provide assistance to the largest number of SUO persons. Białystok, Bydgoszcz, Kraków, Opole and Wrocław do not provide this form of assistance at all.

¹ The income criterion is PLN 701 for a single person and PLN 529 for a person in a family.

Table I. Number of recipients of assistance

City	Type	UO			SUO			SUOP		
		Year	2015	2016	2017	2015	2016	2017	2015	2016
Białystok		434	426	439	0	0	0	20	15	13
Bydgoszcz		689	811	838	0	0	1	160	177	183
Gdańsk		1 065	1 148	1 102	41	35	42	200	209	211
Kielce		1 283	1 441	1 551	383	436	435	335	330	391
Kraków		2 387	2 371	2 519	0	0	0	430	447	456
Lublin		1 409	1 481	1 499	127	119	98	106	110	103
Olsztyn		534	531	575	36	31	44	40	52	57
Opole		188	186	305	0	0	0	34	40	39
Rzeszów		677	668	699	11	4	3	39	27	26
Wrocław		2 522	2 615	3 082	0	0	0	28	32	42
Poznań		2 715	2 891	3 146	67	71	62	85	80	66
Szczecin		1 500	1 604	1 719	140	150	140	61	71	78

Source: Social Assistance Centres' materials

The number of people covered by SUOP remains at a comparable level over the 3-year period and is significantly lower compared to the forms of services analysed earlier.

An important element of the research is to identify recipients of all forms of care services in terms of age. For this purpose, three age ranges were established: 19-60, 61-80, and 81 and over. This scope of research is presented in detail in Figure 2.

The most numerous age group are people over 81 years of age who use care services provided as part of the municipality's own activity. In the area of specialist care services for people with mental disorders, the trend is reversed.

The results concerning gender of elderly people who are the recipients of care services confirm data provided by the Central Statistical Office, which shows that in 2016 the average life expectancy for women (81.9 years) exceeded the average life expectancy for men (73.9 years) by 8 years [7].

In all forms of care services provided, women are the dominant group with regard to gender.

Costs of care services

The difference between 2015 and 2017 is not so much the result of a growing number of people covered by care, but it is mainly due to an increase in the mi-

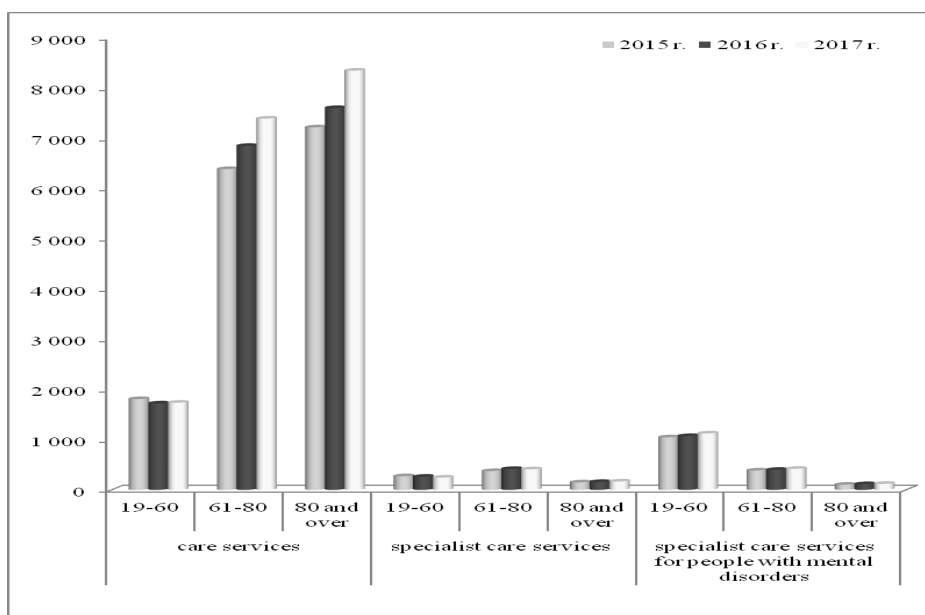


Figure 2. Age structure of people using care services in 12 Polish cities in 2015-2017

Source: Social Assistance Centres' materials

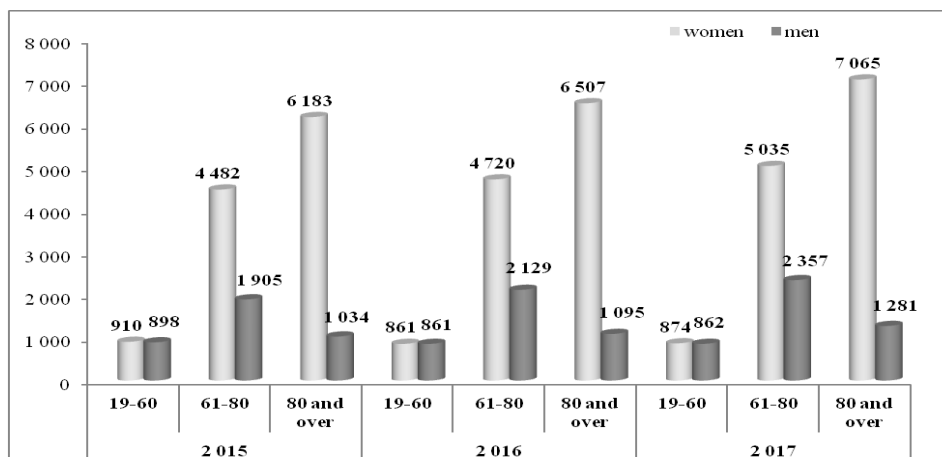


Figure 3. Structure of people using care services with regard to gender

Source: Social Assistance Centres' materials

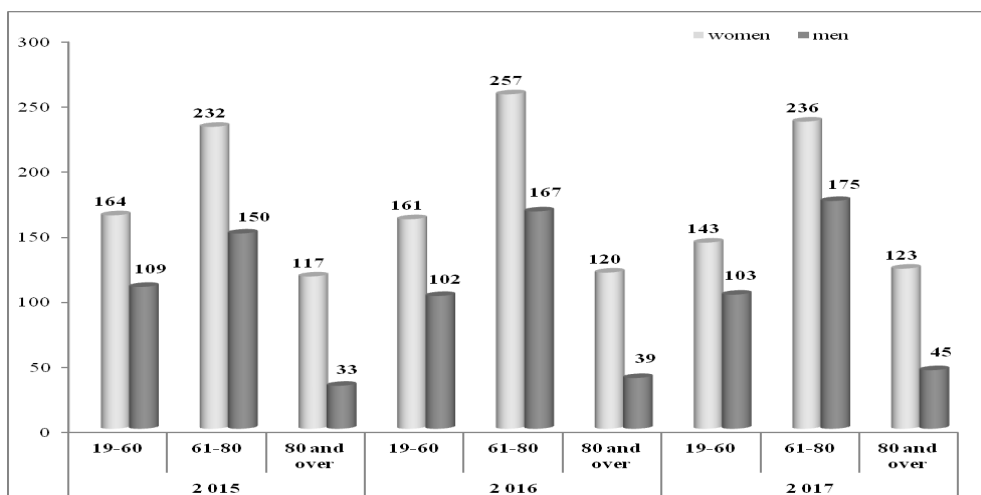


Figure 4. Structure of people using specialist care services with regard to gender

Source: Social Assistance Centres' materials

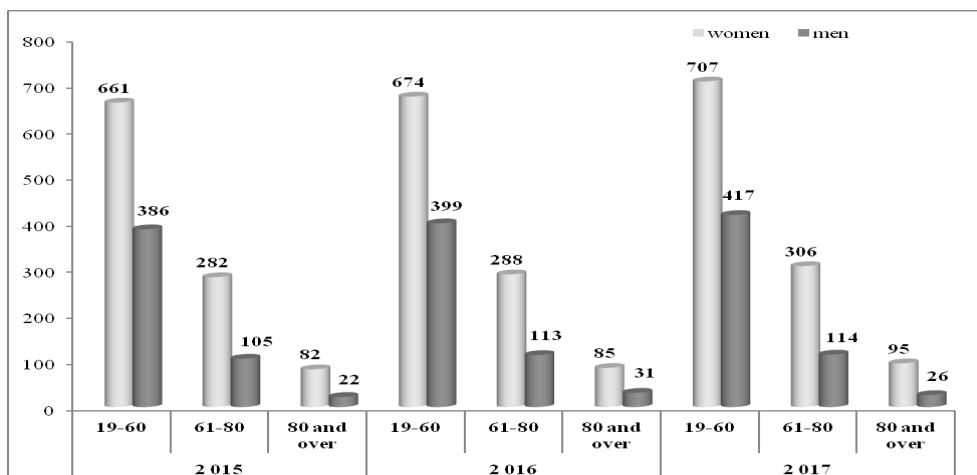


Figure 5. Structure of people using specialist care services for people with mental disorders with regard to gender

Source: Social Assistance Centres' materials

Table II. General costs of provision of care services

Social Assistance Centre	Total costs		
	2015	2016	2017
Białystok	3 293 835.00	3 632 250.10	4 163 337.00
Bydgoszcz	1 468 500.00	1 808 724.00	2 991 265.00
Gdańsk	3 450 613.00	3 919 209.00	4 057 865.00
Kielce	11 539 837.00	11 290 132.00	17 510 876.00
Kraków	9 779 278.00	13 973 461.00	15 431 324.00
Lublin	7 012 830.00	8 714 848.00	11 401 516.50
Olsztyn	4 765 094.20	3 773 818.05	4 869 620.80
Opole	1 476 977.00	1 450 042.00	2 209 598.00
Rzeszów	7 222 969.00	7 649 835.00	8 456 434.00
Wrocław	11 434 690.00	13 074 318.00	17 807 083.00
Poznań	15 908 727.00	18 343 845.00	23 081 990.00
Szczecin	6 415 477.00	8 544 836.00	10 933 621.00

Source: Social Assistance Centres' materials

nimum income rates. In 2016, it was PLN 1,850 gross per month under a contract of employment and an hourly rate not less than PLN 12 gross [8]. In 2017, these rates amounted to PLN 2,000 gross from a contract of employment and an hourly rate of PLN 13 gross [9]. The growing cost of the UO does not translate into an increase in the average number of hours per person. The quality of services was not analysed.

Average duration of care per day

The average duration of care was from approx. 0.5 hours per day per person in Bydgoszcz to approx. 2 hours in Kielce. It is noteworthy that the recipients of this form of assistance include people who are granted several hours of care per day due to their health condition, but there are also more independent people who only need one hour of assistance on selected days of the week (help with cleaning and shopping).

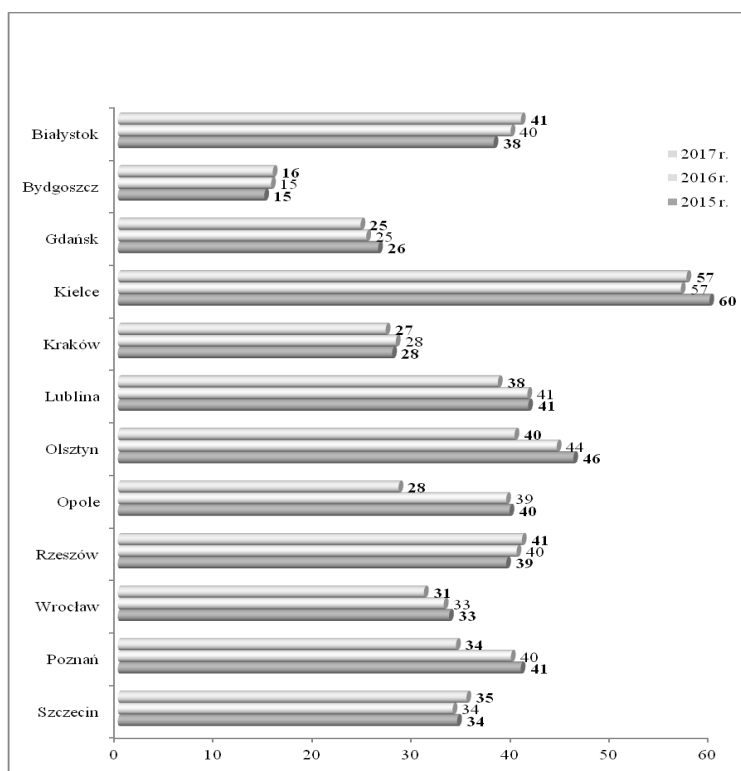


Figure 6. Average number of hours of care services per month per person in 12 Polish cities in 2015-2017

Source: Social Assistance Centres' materials

Table III. Difference in the need for financial resources for care services in 2015-2017

Social Assistance Centre	Increase in costs in 2016 vs 2015	%	Increase in costs in 2017 vs 2016	%
Białystok	338 415.10	10.27	531 086.90	14.62
Bydgoszcz	340 224.00	23.17	1 182 541.00	65.38
Gdańsk	468 596.00	13.58	138 656.00	3.54
Kielce	-249 705.00	-2.16	6 220 744.00	55.10
Kraków	4 194 183.00	42.89	1 457 863.00	10.43
Lublin	1 702 018.00	24.27	2 686 668.50	30.83
Olsztyn	-991 276.15	-20.80	1 095 802.75	29.04
Opole	-26 935.00	-1.82	759 556.00	52.38
Rzeszów	426 866.00	5.91	806 599.00	10.54
Wrocław	1 639 628.00	14.34	4 732 765.00	36.20
Poznań	2 435 118.00	15.31	4 738 145.00	25.83
Szczecin	2 129 359.00	33.19	2 388 785.00	27.96
Total average	1 033 874.25	13.18	2 228 267.68	30.15

Source: Social Assistance Centres' materials

Forecast

Differences between the costs of care provision for 2016 in relation to 2015 and for 2017 in relation to 2016 were calculated.

While comparing the year 2016 to 2015 in three cities (Kielce, Olsztyn, Opole), a decrease in the demand for financial resources was observed. When comparing 2017 to 2016, there is only an increased demand noted: from 3.54% in Gdansk to 65.38% in Bydgoszcz. The analysis shows that, when planning the UO budget for each subsequent year, an average of 20% higher costs in relation to the current provision should be reserved. These data point to the need of searching for alternative solutions and forms of home care which will meet the ever-growing demand.

Discussion

It is estimated that in 2009 about 1.3 million people in Poland required care due to the reduced ability of independent functioning. At the same time, 47% of people in need of such assistance aged 70-79 and 43% of those over 80 did not receive care [10]. It is necessary to rebuild the existing support system for dependent people in Poland so that their right to a dignified life is realistically assured.

One of the tried and tested solutions in many European countries as well as in the USA, Australia and Canada is the voucher system, which entitles a person to obtain a specific service in a given agency or support organization. This allows the elderly persons or their families to choose the care service provider and to adjust the package of services to their specific needs [11]. In the 1980s, Scandinavian countries introduced care provision in the form of personalized services [12,13]. The services are granted following a decision of a social assistance institution based on a medical certificate confirming such a need. In this system, dependent persons themselves decide how these services will be provided. The services can be provided by social assistance employees, but also by related persons and friends who may be employed as paid assistants [14].

The care service system in Germany is based on compulsory insurance which is separate from health insurance [15]. The services must be provided by commercial service providers or the third sector, and the service pro-

viders show specific results of their work to the payer [11,15]. In southern European countries, the care model is informal, which means it is based mainly on families. This trend is being reorganized in order to increase the role of the public sector in care models so far exclusively based on families [16]. In Poland, as part of the social security system, care services can cover only the most needy people who meet the accessibility criterion, e.g. dependence or income criterion [17].

In the European Parliament resolution 2007/2104 (INI) of 15 November 2007 on social reality stocktaking [18], special attention is paid to the necessity to eliminate the problem of poverty and social exclusion. In order to counteract these problems, the Union legislator emphasises that Member States should promote the development and implementation of comprehensive local, regional and national ageing strategies (paragraph 56 of the resolution), and urges Member States, unless they have already done so, to move towards the provision of high quality and affordable personal care for elderly people and people with disabilities (paragraph 58 of the resolution). This is one of many soft law acts referring to the standards of care for the elderly, which are to set directions for action in this area.

Conclusions

Current solutions concerning the provision of care services do not meet the needs of the ageing population. After 2020, demographic changes in Poland will force intensification of activities in this area. The demographic prognosis is not optimistic, as even an increase in the fertility rate will not contribute in a short time to the slowing down of the ageing of the Polish population. It has become necessary to implement solutions tested in other countries. A cheque system guaranteeing the choice of the service provider and the type of services can have a positive impact on an increase in access to care services. A necessary complement to activities in the area of caring needs is to strengthen the so-called informal carers in knowledge and skills of care provision for dependent family members with simultaneous financial and material support.

Conflict of interest

None

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