**Response by the Republic of Poland to the questionnaire
on the rights of older persons with disabilities**

**1. Please provide information on the legislative and policy framework in place in your country to ensure the realization of the rights of older persons with disabilities, including both persons with disabilities who are ageing and older persons who acquire a disability.**

Social policy towards older persons is one of the priorities of the public policy in Poland. It has been defined as a deliberate, long-term and systemic impact of the state and other public and non-public entities on shaping legal, economic and social conditions in order to create an advantageous life situation for older persons, adapted to the changing social needs with age, economic and health care and care at any time during the life of an older person.

On 11 September 2015, the **Act on older persons** (Ustawa o osobach starszych) was adopted. The document obliged public administration bodies and other organizations involved in shaping the situation of older persons to monitor their situation in Poland, which results in the annual information prepared by the Council of Ministers on the situation of older persons in Poland which is a comprehensive, governmental study in the creation of which all entities of the central administration are involved. The document allows to effectively prepare further elements of social policy for the older persons.

To meet the diverse needs of seniors in Poland on 26 October 2018, the Council of Ministers adopted a document entitled **Social policy towards the older persons 2030. Security - Participation - Solidarity**. The implementation of the document will be assessed as part of subsequent editions of the "Information on the situation of older persons".

The document provides for the implementation of a series of actions towards all older persons in the following areas:

1. Shaping a positive perception of old age in society.

2. Participation in social life and supporting all forms of civic, social, cultural, artistic, sport and religious activities.

3. Creating conditions enabling the use of the potential of older persons as active participants of economic life and the labor market, adapted to their psychophysical abilities and family situation.

4. Health promotion, disease prevention, access to diagnostics, treatment and rehabilitation.

5. Enhancing physical security - preventing violence and neglect of older persons.

6. Creating conditions for solidarity and intergenerational integration.

In addition, in the "Social policy for older persons 2030. Safety. Participation. Solidarity" the following activities aimed at dependent older persons were designed for the first time:

1. Reducing the scale of dependence on others by facilitating access to services that strengthen independence and adjusting the living environment to the functional capabilities of dependent older persons.

2. Ensuring optimal access to health, rehabilitation and care services tailored to the needs of dependent older persons.

3. A network of environmental and institutional services provided to dependent older persons.

4. Support system by public institutions for informal carers of dependent older persons.

**2**. **Please provide information on discrimination against older persons with disabilities in law and practice.**

Pursuant to Article 32 of the Constitution of the Republic of Poland, all persons are equal before the law. All persons have the right to equal treatment by public authorities. According to Article 32(2) no one shall be discriminated against in political, social or economic life for any reason whatsoever.

The Act of 12 March 2004 on Social Assistance (Journal of Laws of 2018, items 1508 and 1693) provides that all persons that need assistance, including older persons with disabilities, have equal access to social assistance benefits. No cases of discrimination against older persons with disabilities in access to the above-mentioned benefits were identified.

In the current *status quo* there are no legal acts discriminating against older persons with disability or disabilities.

**3. Please provide information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the realization of the rights of older persons with disabilities in general, as well as with particular focus in the following areas:**

3.1. **Exercise of legal capacity/ exercising capacity to perform acts in law**

Polish legislation does not provide for any special regulations relating to older persons with disability/disabilities in terms of their legal capacity (*zdolność prawna*) or their capacity to perform acts in law (*zdolność do czynności prawnych*). This is related to the fact that, as it was already mentioned, the Constitution of the Republic of Poland enshrines equal treatment of all citizens without distinction. Therefore, all older persons enjoy legal capacity[[1]](#footnote-1). On the other hand, they do not have capacity to perform acts in law or this type of capacity is limited if the court, having heard their case, decides on partial or full legal incapacitation.

It should be pointed out that the Family and Guardianship Code provides for the concept of a guardian for a person with disability (*kurator* *dla osoby niepełnosprawnej*), also an older one, who is appointed if such person needs help in all actions, actions of specific type or in a specific action. The scope of obligations and rights of such guardian is defined by the guardianship court. The guardianship is lifted upon the request of the person with disabilities for whom it was established (Article 183 of the Family and Guardianship Code).

As stated by the Supreme Court in its decision of 8 December 2016, Case No. III CZ 54/16, the guardianship in question may be established when a mental deterioration exists, in particular because of age, but the condition does not qualify as mental illness, mental deficiency or any other mental disorder that would constitute a ground for legal incapacitation (Article 13 and 16 of the Civil Code).

The guardianship in question is established for a person fully capable of controlling his or her conduct and such person, even though a guardian is appointed, may independently perform any acts in law, while the decision establishing a guardian cannot include any restrictions in this regard (resolution of the Supreme Court of 14 December 1982, Case File III CZP 55/82).

A guardian for a person with disabilities is appointed by the guardianship court upon the request of such person or, with the approval of such person, upon the request of a non-governmental organisation whose statutory objectives include the protection of rights of people with disabilities. When a person with disability is unable to file a request or express his or her approval, the guardianship court may appoint a guardian *ex officio*.

As far as regulations on the capacity to perform acts in law is concerned, according to Article 16(1) and (2) of the Civil Code, an adult may be subject to partial legal incapacitation due to mental illness, mental deficiency or another mental disorder, in particular drunkenness or drug addiction, if his or her condition does not justify full legal incapacitation, but assistance is needed to deal with such person's matters.  A guardian is appointed for a partially incapacitated person.

According to Article 13(1) of the Polish Civil Code, a person who is over 13 years old may be subject to full legal incapacitation if due to mental illness, mental deficiency or another mental disorder, in particular drunkenness or drug addiction, such person is unable to control his or her conduct. A guardian is appointed for fully incapacitated person, unless the person is still under parental authority (Article 13(2)).

A person incapacitated legally in part may independently (i.e. without the consent of his or her statutory representative) enter into agreements that constitute typical agreements entered into in daily course of actions (Article 20 of the Civil Code); dispose of their income, unless the guardianship court decides otherwise for important reasons (Article 21 of the Civil Code); perform acts in law in relation to objects given to him or her for unrestricted use by his or her statutory representative (Article 22 of the Civil Code). To have such person’s interest protected, when such acts consist in taking up obligations or disposing of rights, the statutory representative's consent is necessary for the act in law to be valid (Article 17 of the Civil Code). If an agreement has been entered into without the consent required, its validity depends on whether the agreement is confirmed by the statutory representative (Article 18 of the Civil Code). A guardian of a person legally incapacitated in part is appointed to represent such person and administer his or her property only if the guardianship court decides so (Article 181(1) of the Code of Civil Procedure).

The court orders full legal incapacitation unless natural person is unable to take decisions on their own behalf and for their own account. These are individuals with whom it is often impossible to communicate, and thus to receive their opinion, to consult. In such situations, the only option is to appoint a guardian who, under the court’s supervision, acts for and on behalf of a person with disabilities – a fully incapacitated person. This regulation safeguards the interests of a person suffering from mental disorders so that their rights are not impaired due to their health condition. The institution of legal incapacitation also safeguards the interests of third parties, ensuring the certainty of legal transactions and providing protection against a legal transaction being declared invalid.

Given the severe consequences of legal incapacitation which is an interference with the sphere of human rights, legal incapacitation may only be ordered where the interests of the person whose legal incapacitation is sought so permit.

The mental state or intellectual capacity, insofar as they prevent an individual from controlling their conduct (full legal incapacitation) or insofar as such individual needs assistance in managing their own affairs (partial legal incapacitation), provides the ground for legal incapacitation, whether full or partial.

The legal incapacitation procedure primarily seeks to provide individuals affected thereby with the maximum protection against the possible use of this institution in a manner inconsistent with the purpose for which it was established and to provide them with the necessary procedural guarantees. All this is ensured by legal incapacitation cases being reserved to the competence of an independent court and by the applicable regulations contained in the Code of Civil Procedure, such as:

- the court’s obligation to hear a person whose legal incapacitation is sought in the presence of an expert psychologist and, depending on their health condition, of an expert psychiatrist or neurologist (Article 547(1) of the Code of Civil Procedure),

- obligatory presence of two physicians the purpose of which is to ensure that there are no errors in diagnosis, especially with regard to the determination of the degree of intellectual disability of the person under examination ( Article 553(1) of the Code of Civil Procedure),

- requirement that in addition to the assessment of the mental health, mental disorders or mental retardation of the person whose legal incapacitation is sought, the expert opinion contains a reasoned assessment of the person’s ability to control their conduct and to manage their affairs, taking into consideration the person’s conduct and behaviour (Article 553(2) of the Code of Civil Procedure),

- providing non-governmental organisations whose tasks prescribed by the articles of association are to protect the rights of, and to provide assistance to, persons with disabilities or to protect human rights with the opportunity to participate in the proceedings (they can join the proceedings at any stage),

- the legally incapacitated person’s right to apply for a legal incapacitation order to be set aside or varied (Article 559(3) of the Code of Civil Procedure),

- the legally incapacitated person’s right to appeal decisions even if an interim advisor or a *curator* *ad litem* has been appointed (Article 560(1) of the Code of Civil Procedure),

- the possibility of appointing an advocate or an attorney at law *ex officio* for a person whose legal incapacitation is sought (even without such person filing a relevant application) if the person concerned is unable to file a relevant application due to their mental health and the court considers the participation of an advocate or an attorney at law in the case necessary (Article 560¹ of the Code of Civil Procedure),

- public prosecutor’s obligatory participation in the proceedings (Article 546(2) of the Code of Civil Procedure).

It should be made clear that the analytical work is currently under way at the Ministry of Justice. Its purpose is to identify the need to introduce changes adapting Polish legislation regarding capacity to perform acts in law to the requirements of the Convention on the Rights of Persons with Disabilities, as well as to specify the direction of possible changes.

**3.2. Admission procedures to social or healthcare services, including involuntary admissions**

The access of older persons with disabilities to free healthcare services in Poland is possible on general terms. In accordance with the provisions of the Act of 27 August 2004 on health care benefits financed from public funds all Polish citizens and other groups named in the act who are covered by general health insurance are entitled to free healthcare.

The only exception are persons with severe degree of disability, regardless of their age. Since 1st of July 2018, pursuant to the Act of 9 May 2018 on specific solutions supporting people with severe disabilities, persons aged 16 and older who have a severe disability document have the right to:

* receive healthcare and pharmaceutical services out of the turn,
* receive specialized healthcare services without required referral,
* use medical devices without taking into account periods of their use.

To obtain these special entitlement it is necessary to present a document of severe degree of disability.

**3.3. Older persons with disabilities living in institutions**

Institutional healthcare for older persons with disabilities in Poland is provided as a part of long-term care system. These kind of services are provided in long-term care facilities or at patient’s home and are dedicated to:

* patients requiring 24-hour care, nursing and rehabilitation services, who should continue their current treatment,
* patients not requiring hospitalization at the hospital ward, who receive 40 points or less in the assessment of the independence level scale (*Barthel Scale*).

As part of stationary long-term care, patients receive services provided by a doctor, nurse and psychologist as well as general rehabilitation, occupational therapy, pharmacotherapy, diet therapy, medical devices supply and health education.

Home long-term care needs of the patients are covered by long-term care team or by nursing visits. Long-term care team provides care services for patients with respiratory failure who are ventilated mechanically, but do not require hospital care in the intensive care unit or in other 24-hour care facility.

**3.4. Access to support to live independently in the community**

Referring to the area concerning the access to support to live independently in the community the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities (Journal of Laws of 2018, item 511, as amended) provides for a number of instruments to support a person with disabilities whose disability is confirmed by a relevant decision referred to in the provisions of the aforementioned Act. This assistance is implemented from the resources of the State Fund for the Rehabilitation of Persons with Disabilities. It should be underlined that these instruments are addressed to all persons with disabilities, not only the older persons ones.

Pursuant to Article 35a, paragraph 1, item 7 of the aforementioned Act, the tasks of the county (*poviat)* which may be co-financed from the State Fund for the Rehabilitation of Persons with Disabilities include co-financing:

* participation of persons with disabilities and their guardians in rehabilitation stays,
* provision of rehabilitation equipment, orthopedic equipment and auxiliary appliances granted to persons with disabilities under separate legislation,
* liquidation of architectonic barriers, barriers in communication and technical barriers, in connection with individual needs of persons with disabilities,
* services of sign language or interpreter-guide.

The resources of the Fund paid for the implementation of the above mentioned tasks in 2018:

* holiday rehabilitation stays – 65 590 048 PLN for 63 269 people,
* rehabilitation equipment – 6 340 079 PLN for 4 408 people,
* orthopedic equipment and auxiliary appliances – 145 077 649 PLN for 175 216 people,
* liquidation of architectonic barriers, barriers in communication and technical barriers –
62 262 924 PLN for 17 224 people,
* sign language or interpreter-guide – 99 142 PLN for 41 people.

It should also be indicated that pursuant to Article 36 of the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, tasks related to vocational and social rehabilitation of persons with disabilities may be carried out by foundations and non-governmental organizations commissioned by the Fund, the self-government of the voivodship, the county (*poviat)* self-government. Within the framework of the above, there is a possibility of co-financing from the Fund’s resources, among others, the following tasks:

* rehabilitation of people with disabilities in various types of institutions,
* organizing and conducting trainings, courses, workshops, community support groups and social activity teams – which activate these people professionally and socially,
* psychological, social and legal counselling and information on rights, available services, rehabilitation equipment and technical assistance for people with disabilities,
* conducting group and individual activities, which:
1. aim to acquire, develop and maintain the skills necessary for the independent existence of persons with disabilities,
2. develop the ability to communicate effectively with the environment of people with hearing impairments, speech impairments, autism and intellectual disabilities,
3. improve and support the functioning of persons with autism and intellectual disabilities in different social roles and environments,
* organizing and performing integrated actions for the inclusion of people with disabilities in the labour market, in particular through:
1. vocational counselling,
2. preparation and implementation of an individual pathway plan for life and work,
3. provision of specialist vocational counselling and job placement services designed to prepare people with disabilities for active job search and retention in employment,
* organization of cultural, sport, tourist and recreational events at local, regional and national level for people with disabilities supporting their activity in these fields,
* promoting the activity of people with disabilities in various areas of social and professional life,
* developing or releasing publications, serial publications and monographs which constitute a separate whole, including these on electromagnetic and electronic storage devices:
1. concerning disability issues,
2. addressed to persons with disabilities, including publications released in large print, Braille or with easily readable text,
* provision of support services intended to enable or support the independent existence of persons with disabilities, in particular personal assistance.

**3.5. Access to free or affordable healthcare**

Access to healthcare services financed from public funds is regulated primarily in the Act on healthcare services financed from public funds, hereinafter referred to as the Act on benefits.

**Additional rights of people with disabilities**

Persons with disabilities covered by insurance have access to all guaranteed health care services, while enjoying the following additional rights:

* 1. persons with a certificate of severe disability or others treated equally - as family members - are entitled to use health care services financed from public funds without age restrictions.
	2. Persons with a certificate of severe disability or others treated equally have the right to use out of turn healthcare services and pharmaceutical services provided in pharmacies.
	3. Using out of the order of care services in hospitals and specialist services in out-patient health care means that the provider provides these services beyond the sequence of admissions resulting from the waiting list. In such cases, the service provider is obliged to provide healthcare services on the day of notification. If the provision of a benefit is not possible on the day of notification, the service provider sets a different date outside the sequence of admissions resulting from the waiting list. Delivering of out-patient medical care cannot be provided later than within 7 working days from the date of notification.

Persons under 18 years of age who have a severe and irreversible impairment or an incurable life-threatening disease that arose in the prenatal period of child development or during childbirth are entitled to medical devices up to the public funding limit specified in these regulations, according to medical indications without taking into account periods of use. This solution also applies to people with severe disabilities.

1. Uninsured people with disabilities - who are mentally ill or (and / or) addicted to alcohol or drugs - are entitled to health care services financed from public funds.

In addition to free healthcare benefits financed from public funds available to all persons who are covered by general health insurance, older persons in Poland can also benefit from other healthcare solutions introduced by Ministry of Health.

To meet the needs and expectations of **older patients**, by the Act of 27 October 2017 on Primary Health Care, the new organizational model of coordinated primary healthcare has been introduced.

As a result, starting October 2020 each patient will be under the care of primary healthcare team. The provisions of the Act oblige each care provider to deliver healthcare adapted to age and gender as well as identify individual health problems of the patient and also general health problems of the whole local population.

One of the main novelties – important especially for older, self-reliant and patients with disabilities – is introducing of a new support provided by the administrative coordinator, whose role is to help the patient to navigate the system, to organize the process of individual healthcare, to make medical appointments and to inform patient on regular basis.

Moreover, to guarantee the proper access to effective pharmacotherapy for older patients, including also those with disabilities, and to reduce their participation in costs of medicines, in 2016 Minister of Health introduced the program of free medicines and medical devices for all patients aged 75 and above.

The list and conditions for the implementation of guaranteedservices in the field of medical rehabilitation are specified in the Regulation of the Minister of Health of 2013 on guaranteed services in the field of medical rehabilitation.

 Persons with disabilities, regardless of their age, have the right to benefit from guaranteed services provided in the following conditions:

* + - out-patient (medical rehabilitation advice, outpatient physiotherapy);
		- home (medical rehabilitation advice, home physiotherapy);
		- a center or a day ward (systemic rehabilitation, rehabilitation of children with developmental disorders, people with hearing and speech dysfunction, people with sight dysfunction, cardiac and pulmonary rehabilitation);
		- in-patient (systemic, neurological, pulmonology, cardiological rehabilitation).

The development of **telemedicine** in Poland will have a significant impact on the wellbeing of the older persons and persons with disabilities and allow them to have better access to medical services.

Since 2015, telemedicine in Poland has been legally defined (Act of 9 Oct. 2015 on amending the act on the information system in health care and some other acts) and since then 3 services have been made available for contracting by the public payer (National Health Fund) i.e.:

1. Remote cardiac consultations;

2. Remote geriatric consultations;

3. Hybrid remote rehabilitation.

Currently, the Ministry of Health takes actions to develop digital health solutions in Poland to cover a wider range of services. The development in the field of e-services implemented in the health sector, such as: e-Prescription, e-Referral and exchange of electronic medical documentation will be beneficial for both: older persons and persons with disabilities, as this will contribute to improving access to medical services and their efficiency. It will save patients’ time and limit the number of visits at health care units, what is particularly relevant for older persons and persons with disabilities.

From 2019 onward, the above-described e-services, starting from the e-Prescription, will be gradually implemented in Poland on a national scale and therefore contribute to improvement of situation of the older persons and persons with disabilities.

The development of telemedicine as an important tool for persons with disabilities was included i.a. in the national Strategy for the Persons with Disabilities 2018-2030, which is currently under preparation by the Ministry of Family, Labour and Social Policy.

Guaranteed benefits in the field of medical rehabilitation for an insured patient were set by the Minister of Health in a regulation issued on the basis of the Act on healthcare services financed from public funds from 2004.

**3.6. Access to free or affordable rehabilitation and goods services**

Access to free or affordable healthcare and rehabilitation is based on the same rules applied by the Act of 27 August 2004 on healthcare benefits financed from public funds. Based on this act all persons covered by the general health insurance are entitled to free healthcare services. In terms of waiting lists for medical procedures all patients are qualified based on the severity of their medical condition.

The provisions of the act are non-discriminatory and all patient groups are treated on equal basis, although some groups are entitled to using those services out of turn - the main groups are: pregnant women, war and military invalids, veterans and anti-communist opposition activists and persons repressed for political reasons.

Based on Act of 9 May 2018 on specific solutions supporting persons with severe disabilities, since July 1, 2018 persons with severe disabilities are included in the group with privileged access to healthcare services. The act entitles them not only to have medical procedures out of turn but also for pharmaceutical services provided in pharmacies out of turn. Further solutions aimed to help persons with severe disabilities were supplying them with out-patient specialist services financed from public funds without the required referral from a health insurance doctor.

In order to implement the Act of 9 May 2018 on specific solutions supporting persons with severe disabilities, in 2018 the Chairman of the National Health Fund (NHF) changed the institution’s financial plan for 2018 which increased funds for the healthcare services by almost 1 billion PLN from which 138,5 million PLN were aimed for the purpose of financing unlimited access to refunded medical devices for persons with a significant degree of disability.

In addition Regulation No. 51/2018 / DEF of June 15, 2018 of the NHF Chairman amended the NHF financial plan for 2018 by commissioning funds from the general reserve to increase the costs of healthcare services in the total amount of over 510,5 million PLN. From that 225 million PLN were aimed for the purpose of financing unlimited medical rehabilitation for persons with a significant degree of disability.

Public authorities, in accordance with art. 68 section 3 of the Constitution of the Republic of Poland, are obligated to provide health care to older persons.

A response to the needs of the older persons, associated with the need for treatment of many diseases characteristic for this group of people as well as co-morbidities, is financing part of medicines under the **LEKl 75+ Program** (Medication for seniors over 75 Program) It is available free of charge. From the beginning of the program (1 September 2016) about 1.2 billion PLN was spent on the above program and about 2.6 million older persons took advantage of it. During this time, the list of medicines dedicated to older persons was extended several times. This significantly improved older persons' access to medicines, ie. the 75+ program was implemented to a greater extent.

The cost of the project in a 10-year perspective (2015-2025) will amount to 8 324.6 million PLN.

**3.7. Access to social protection schemes**

The assistance system is one of the social security systems. Assistance for older dependent persons is provided in this system pursuant to the Act of 12 March 2004 on Social Assistance and its certain implementing acts, and includes:

I. non-cash benefits, including in particular:

1. care services and specialist care services provided in the beneficiary’s place of residence,
2. care services and specialist care services provided in support centers,
3. 24-hour services provided in a family residential home, social residential home or a sheltered housing unit,
4. 24-hour services rendered in facilities providing care for persons with disabilities, chronically ill persons or the older persons, run as part of business or statutory activities.

II. cash benefits, including:

1. permanent allowance,

2. periodic allowance

3. earmarked allowance.

**I.1. Care services and specialist care services provided in the beneficiary’s place of residence.**

**Care services** – services provided in the beneficiary’s place of residence, including assistance in satisfying necessities of life, personal care, nursing care recommended by the physician and, if possible, ensuring social contacts. Care services are available to lonely persons who due to their advanced age, illness or other reasons require other people’s assistance, but it is not available to them. They are available also to persons living with their families if their immediate family is unable to provide such assistance.

**Specialist care services** – services provided in the beneficiary’s place of residence. Specialist care services are adapted to specific needs resulting from the type of illness or disability, and are provided by professionals. These services are available to persons who due to their illness or disability require specialist care.

**Specialist care services for persons with mental disorders** – services provided in the place of residence of persons with mental disorders. These services are adapted to specific needs resulting from the type of illness or disability, and are provided by professionals.

**I.2. Care services and specialist care services provided in support centers, including support centers for persons with mental disorders**

**Daytime care center** – a form of a support center providing various types of services adapted to the specific needs of persons using this form of assistance, as well as meals.

**Support centers for persons with mental disorders:**

**Community Self-Help Center** – a daytime care center for persons with mental disorders that can also offer 24-hour accommodation. Such facilities provide services as part of individual or group self-reliance training and social skills training, involving learning and developing or retaining skills necessary in everyday activities and social life.

**Self-help club** – a support center for persons with mental disorders in which self-help activities and activities conducive to social integration are carried out. Taking advantage of services offered in a self-help club is voluntary and does not require any administrative decision. Activities in such clubs are addressed to persons with mental disorders.

Services offered by support centers are used by persons with mental disorders – chronically mentally ill persons, persons with intellectual disabilities and persons with other chronic mental health problems. In the case of older persons, these are primarily people with dementia, including Alzheimer’s disease.

**I.3. 24-hour services provided in a family residential home, social residential home or a sheltered housing unit.**

**Social residential home** – a 24-hour care facility that provides accommodation and board, care, support and educational services in accordance with applicable standards, and to the extent and in forms adapted to individual needs of its residents. A residential home can also provide nursing and specialist care services for its residents.

Persons staying in residential homes require 24-hour care due to their advanced age, illness or disability, are unable to carry out everyday activities on their own and cannot be provided with necessary assistance through care services.

As at the end of 2017, in Poland there were 791 supra-municipal social residential homes with a total of 79,142 accommodation units, out of which 78,167 were occupied. As for the specific categories of the residents, the situation was as follows:

- the number of older residents was 6,519 per 6,717 available accommodation units,

- the number of chronically somatically ill persons was 13,854 per 13,962 available accommodation units,

- the number of older and chronically somatically ill persons (mixed type) was 9,351 per 9,496 available accommodation units,

- the number of older persons and persons with disabilities (mixed type) was 1,488 per 1,486 available accommodation units (76 vacancies).

**Family residential home** provides 24-hour care services as well as accommodation and board by a natural person or public benefit organization, for no fewer than three and no more than eight people living together, requiring this form of support due to advanced age or disability.

**Sheltered housing** – a form of social assistance aimed at preparing the residents by specialists to an independent life or supporting these people in everyday life. This form of assistance is offered to adults who due to a difficult life situation, age, disability or illness need support in their daily lives, but do not require services provided by 24-hour care facilities – in particular persons with mental disorders, persons leaving foster care, foreigners who have obtained refugee status, subsidiary protection or temporary residence permit in the Republic of Poland.

**II. cash benefits:**

**II.1. Permanent allowance**

A permanent allowance may be granted to:

* an adult running a single-person household, who is unable to work due to age or is completely unable to work, if their income is lower than the amount set in the income criterion applicable to people running single-person households;
* an adult living with the family, who is unable to work due to age or is completely unable to work, if their income as well as income per family member is lower than the amount set in the criterion regarding income per family member.

The amount of a permanent allowance is determined as follows:

* for a person running a single-person household – the difference between the amount set in the income criterion applicable to people running single-person households and the amount of that person’s income, but the allowance amount may not be higher than PLN 604 per month;
* for a person living with the family – the difference between the amount set in the criterion regarding income per family member and income per person in their family.

The amount of a permanent allowance may not be lower than PLN 30 per month.

**II. 2. Periodic allowance**

A periodic allowance is granted to individuals and families, in particular due to a long-lasting illness, disability, or prospects for preserving or acquiring rights to benefits under other social security systems.

**II.3 Earmarked allowance**

An earmarked allowance may be granted to satisfy necessities of life, in particular to cover part or all costs of food, medicines and treatment, heating, clothing, indispensable household items, minor repairs in the household, as well as funeral costs. An earmarked allowance may be granted also to an individual or family that has suffered a loss due to a fortuitous event, natural or ecological disaster. An allowance granted for such reasons may be granted irrespective of income and does not have to be refunded.

In particularly justified cases, an individual or family with income exceeding the income criterion may be granted a non-refundable **special earmarked allowance** in an amount that does not exceed the income criterion for a person running a single-person household or the criterion regarding income per family member, respectively. A periodic or earmarked allowance or in-kind support may also be granted, provided that part or all of the allowance or expenses for in-kind support are refunded. Families can also receive cash or in-kind support in order to become economically independent – in the form of a one-off earmarked allowance or an interest-free loan. The terms of granting a loan and its repayment as well as its collateral are specified in a contract concluded with the municipality.

**3.8. End of life and palliative care**

Palliative care services in Poland are provided to patients suffering from incurable, progressive, life-limiting cancer and non-cancer diseases, specified in the executive regulations issued by Minister of Health. Palliative care is aimed at improving the quality of life, preventing pain and other somatic symptoms and alleviation of these symptoms as well as mitigating suffering of the patient.

Palliative care services are available in palliative care institutions, outpatient settings or at patient’s home. The basis of providing palliative care are medical indications in the end of life. The decision about taking over the patient by palliative care belongs to the doctor working in palliative care facility.

Ambulatory palliative care is intended for patients suffering from neoplastic diseases who have completed causative treatment and who need analgesia and support.

The list of guaranteed services in the field of palliative and hospice care was determined in accordance with the regulation of the Minister of Health of 2013 on guaranteed services in the field of palliative and hospice care. The following diseases qualify adults for providing guaranteed services in the field of palliative and hospice care:

1. A disease caused by the human immunodeficiency virus,

2. Neoplasms,

3. The consequences of inflammatory diseases of the central nervous system,

4. Systemic primary atrophy occupying the central nervous system,

5. Cardiomyopathy,

6. Respiratory failure not elsewhere classified,

7. Pressure ulcer.

Referring to the above, it should be noted that palliative and hospice care is directed primarily to people suffering from incurable, non-causal, progressive cancer and non-cancer diseases, so as a consequence, age or disability are not a criterion conditioning the coverage.

Under the care of ambulatory palliative care are patients who are stable or – due to limited mobility – require advice or visits at home.

Patients who require frequent visits or continuous care should be referred to a home or stationary palliative care. Patients in palliative care facilities and under the palliative care at home have 24-hour access to a doctor and a nurse seven days a week.

Palliative care in public stationary institutions are provided by a doctor, a nurse, a psychologist and a physiotherapist. This services include: pharmacotherapy, pain treatment according to WHO guidelines, treatment of other symptoms, prevention of complications, tests ordered by a doctor and supply of medical devices. Palliative care benefits include also support for informal caregivers – as a part of so called respite care patient may be admitted to a palliative care facility or palliative medicine ward for a period of even 10 days.

Palliative care at home are carried out in cooperation with a doctor and a nurse (doctor advice is held at least twice a month and nursing visits – no less than twice a week). These services include: doctor, nurse and psychologist advice, doctor consultations, pharmacotherapy, pain treatment according to WHO guidelines, treatment of other symptoms, prevention of complications, tests ordered by a doctor and free renting of medical devices from palliative care facility and patient’s family support.

The benefits of palliative care, including comprehensive care and symptomatic treatment of incurable patients who are not subject to causative treatment, progressive cancer and non-cancer diseases are dedicated to beneficiaries regardless of their age.

**4. Please provide information on the existence of long-term care services in your country and describe to what extent they promote the autonomy and independence of older persons with disabilities**

Ensuring high quality of life at each age and maintain independence, including health and well-being, are the primary objectives and policies supporting older persons, 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 older persons with disabilities, 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 persons’ dignity and independence.

***Project "Professionalization of assistants' and care services for dependent persons - new education and care standards" under the PO WER 2.8 Program***

The main goal of the project is to professionalize care for older persons with varying degrees of dependence in their place of residence. The project involves the development, testing and implementation of standards for the provision of care and assistance services in the local community, including the provision of these services by people aged 50+, as well as three standards of education for persons providing assistance, care and telecare services.

As part of a pilot study, out of 400 dependent persons who will be provided with assistance and care services in accordance with the developed standards, 300 dependent persons with varying degrees of dependence will be covered by telecare, supplemented with traditional doctor visits at the place of residence of a dependent person. In June and July 2018, a pilot study was conducted in 32 municipalities.

***Multi-annual Program Senior+ for 2015-2020***

The Ministry of Family, Labour and Social Policy is implementing Multi-annual Program Senior+ for 2015-2020 whose aim is to develop day care centres for older persons. The Program 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 2018, there will be about 500 Senior+ centres and clubs offering day care to 13 000 older persons.

Through participation in activities organized 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. The actions conducted by the Ministry of Health in Poland aimed at promote autonomy and independence of older persons with disabilities are focused, among others, on deinstitutionalization and developing and implementing community healthcare model as well as supporting older persons, their families and caregivers in coping with health limitations of these patients (e.g. related to cognitive, sensory and mobility declines).

**Long-term nursing care**

As part of the long-term care system provided at patient’s home nursing visits are provided to all patients who receive 40 points or less in Barthel Scale but can stay at home under the family care or care of other informal caregivers. Nurses provide nursing services and health education, help in preparing self-reliant and patient with disabilities and his family for self-care at home, help in solving everyday health problems related to independent movement at home and help in acquiring medical and rehabilitation equipment which is necessary for proper care of a patient. Nurse visits are available from Monday to Friday between 8 am and 8 pm.

**Program for Alzheimer disease**

Considering the increase of diagnosis of dementia as well as the problems the informal carers of patients with dementia have to face, Ministry of Health organized contests for private sector entities and NGOs for making the informational and educational programs for patients and their care givers about the specifics of Alzheimer disease and ways of coping. These programs includes e.g. TV auditions, workshops, dedicated website and instructions guide in the issue of Alzheimer disease.

**Deinstitutionalization and telecare**

As part of the deinstitutionalisation of healthcare and bringing it closer to patient’s surrounding, Ministry of Health (in cooperation with other ministries with EU funds for innovations) conducts regional and local projects for providing complex and coordinated healthcare (including telecare technologies) as well as creating community support network for people with dementia and their families.

**5. Please describe the access to justice for older persons with disabilities. Please provide information on jurisprudence, complaints or investigations in relation to violence, abuse and neglect against older persons with disabilities.**

1. **Access to justice:**

Pursuant to Article 45 of the Constitution, everyone has the right to a fair and public hearing of his case, without undue delay, before a competent, impartial and independent court.

In light of the foregoing, it should be stressed that all citizens, regardless of age and any other reasons, including disability, have equal access to justice. Any natural or legal person has the ability to be a party to court proceedings (capacity to be a party to court proceedings).[[2]](#footnote-2) However, the right of persons who have been fully or partially incapacitated to perform acts before the court is restricted. This solution is intended to protect them. This does not mean, however, that these persons are deprived of the right to justice. In order to protect them, the provisions stipulate that a guardian (of correspondingly fully or partially incapacitated person) appointed by the family court acts on their behalf and for their account after the court has issued a full or partial legal incapacitation order[[3]](#footnote-3). A fully incapacitated person may attend the hearing if their health condition so permits in all respects. However, all submissions in the proceedings (such as an admission of the facts of the claim, withdrawal of the claim) are presented by the guardian(who obviously can consult them with their ward). This makes it more certain that the submission is fully informed and analysed, advantageous for a person with disabilities in given circumstances. It must also be noted that the court must ensure that acts taken in the course of the proceedings (such as withdrawal of the claim) are neither contrary to the law or principles of social coexistence nor intended to circumvent the law.

**Free legal aid**

As a general principle, in both civil and criminal proceedings, anyone who is unable to pay the remuneration of a defence counsel/representative without a detriment to their ability to support themselves and their family enjoy the right to free legal aid.

In criminal proceedings, the suspect/defendant who specified no defence counsel of choice may request a court-appointed defence counsel, provided that they can sufficiently prove that they are unable to cover the costs of legal services without a detriment to their ability to support themselves and their family (Article 78 § 1 of the Code of Criminal Procedure).

Moreover, pursuant to Article 79 of the Code of Criminal Procedure, the defendant is automatically represented by a court-appointed defence counsel in criminal proceedings if:

1. they have hearing, speech or vision impairments;
2. there is a reasonable doubt whether their ability to appreciate the nature and quality of their actions or to control their own conduct was absent or significantly limited when the act was committed;
3. there is a reasonable doubt whether their mental health allows them to participate in the proceedings or manage their defence in an independent and reasonable manner.

In such cases, a court-appointed defence counsel is not assigned only if the defendant has their defence counsel of choice. Moreover, the defendant should be represented by a defence counsel also when the court finds it to be necessary due to other circumstances which could hamper their defence.

If the defendant is not represented by their defence counsel of choice (and they request that an attorney be appointed or there are circumstances requiring that a defence attorney be appointed obligatorily), the president or the judicial officer of the court competent to hear the case have to assign them a court-appointed defence counsel.

In civil proceedings, a natural person may request exemption from costs of judicial proceedings and a court-appointed attorney if they make a declaration to show that they are unable to cover the aforementioned costs of legal services without a detriment to their ability to support themselves and their family (Article 102 of the act on costs of judicial proceedings in civil cases and Article 117 of the Code of Civil Procedure).

The access to free legal aid in court is by no means hampered. If the basis for receiving it is the financial situation of a person, it is enough to apply for a court‑appointed attorney/representative and present your financial situation. Following the instructions of the employees of the court’s office who offer help with completing documents (by preparing a clear form that is easy to fill in), the parties are able to exercise their right fully.

The possibility to use free legal services in proceedings conducted out‑of‑court is specified in the act of 5 August 2015 on free legal aid and legal education, which came into force on 1 January 2016.

**Witnesses in court proceedings**

When an older person or a person with disabilities who appears before the court (in civil or criminal proceedings) as a witness or who appears as a party in civil proceedings is unable to be there in person, it is possible to apply procedures which allow for interviewing the person in the place of their residence.

Pursuant to Article 177 § 2 of the Code of Criminal Procedure, a witness who is unable to appear as summoned due to an illness, disability or another obstacle which cannot be overcome otherwise may be interviewed in the place of their residence. Pursuant to Article 263 of the Code of Civil Procedure, persons with a disease or disability should be interviewed in the place of their residence if they are unable to leave this place.

Moreover, it is a common practice in Polish courts to interview witnesses and take evidence remotely.

Pursuant to Article 177 § 1a of the Code of Criminal Procedure, a witness may be interviewed with the use of technical devices which allow this to be done remotely by directly broadcasting simultaneously the image and the sound. A judicial officer, an assistant to the judge or an officer employed by the court within whose district the witness resides participate in the procedure performed in the place of residence of the witness, whereas pursuant to Article 235 § 2 of the Code of Civil Procedure, the court deciding the case may agree to the procedure being performed with the use of technical devices which allow this to be done remotely, provided that it is in line with the nature of the evidence.

In each judicial district there is a court which has devices for interviewing witnesses remotely. Judges are willing to employ this solution, as it provides them with the opportunity of direct contact with the interviewee and they can react immediately should any doubt arise during the interview. Therefore, it is quicker and more efficient than interviewing persons whose place of residence is distant from the court and who are interviewed by another court that was requested to do it (within the framework of legal aid). This solution may be applied when the interviewee is able to come to the place where the devices are kept, otherwise they need to be interviewed in the place of their residence.

The provisions of the Code of Civil Procedure and the Code of the Criminal Procedure provide the court with grounds for interviewing the elderly and people with disabilities with the participation of a psychologist or a sign language interpreter.

**Defence in criminal law:**

Pursuant to the provisions of the Code of Criminal Procedure, all citizens are to be treated in the same manner in criminal cases.

Pursuant to Article 10 § 1 of the Code of Criminal Procedure, the authority responsible for prosecuting crimes is obligated to instigate and conduct preparatory proceedings and the public prosecutor is obligated to lodge and support an indictment – for an act prosecuted *ex officio*. The fact whether the victim is an older person or a person with disabilities or is a  person without disability has no bearing in this situation.

If a given crime is prosecuted on private accusation (e.g. defaming or insulting) then, pursuant to Article 60 § 1 and 2 of the Code of Criminal Procedure, the prosecutor instigates proceedings or joins proceedings which have already been instigated if public interest so requires.

Therefore, if the victim is an older person or a person with disabilities, the prosecutor may act *ex officio* (performing the activities *ex officio*: investigate and then, if there are grounds to do so, lodge an indictment).

The Criminal Code penalizes acts against the dignity and honour of a person, their freedom, physical integrity, life or mental and physical health regardless of the reasons or the motivation for infringing these rights.

However, it needs to be emphasized that the principles of punishment demand that in order to impose a penalty, the court has to take into proper consideration the motivation and the conduct of the perpetrator, especially when a crime was committed against a person that is vulnerable due to their age or health (Article 53 § 2 of the Criminal Code).

Moreover, a special protection for the older persons is referred to in Articles 207 and 210 of the Criminal Code.

Pursuant to Article 207§ 1a of the Criminal Code, anyone who physically or emotionally abuses a person vulnerable due to their age or mental or physical condition is subject to imprisonment from six months to eight years. If the act was committed with particular cruelty, the perpetrator is subject to imprisonment from one year to 10 years (§ 2). If, as a consequence of the act referred to in § 1-2, the victim tries to take their own life, the perpetrator is subject to imprisonment from two to 12 years (§ 3).

Pursuant to Article 210§ 1 of the Criminal Code, anyone who despite their obligation of care abandons a person who is a minor younger than 15 or a person vulnerable due to their mental or physical state is subject to punishment of imprisonment from three months to five years. If, as a consequence of the act, the person referred to in § 1 dies, the perpetrator is subject to imprisonment from two to 12 years (§ 2).

1. **The Right to Access to Courts**

The Ministry of Justice is taking action to improve access to court for citizens, including, of course, persons with disabilities. New solutions, in addition to the existing ones, facilitate the initiation of proceedings and the participation of a person with disabilities when they are acting as a party and also as a witness.

In order to make this happen, special units, such as attendee service offices, are established in courts. The role of an attendee service office is to provide assistance to witnesses and victims during their stay in court, for example by providing information, taking them to appropriate premises, taking particular account of the needs of people with disabilities, providing information about physicians appointed by the court, mediators and institutions involved in the protection of human rights, providing access to court forms and templates of letters. Taking into account the needs of people with disabilities, the Minister of Justice in the Regulation of 20 December 2017 amending the regulation – Rules concerning the operation of common courts introduced the following provisions:

- the customer service office should, as far as possible, be located near the entrance to the court building. If there is no possibility to use such location, the location of the office shall be indicated by a direction panel, which should be marked in a way taking into account, where possible, the needs of people with disabilities,

- access to the office should take into account, where possible, the needs of people with disabilities.

It should be pointed out that access to information is made easier thanks to websites run by the courts which contain, inter alia:

1) information on contact telephone numbers to clerks’ offices of divisions and departments,

2) information on the territorial and material jurisdiction of the court and its divisions,

3) information on the office hours and customer service hours of individual organisational units,

4) information on the method of submitting complaints and applications, including by electronic means,

5) information on the team or teams of the Probation and Guardianship Court Service, indicating the name and surname of the team leader and their telephone number,

6) reference to the website of the Ministry of Justice with regard to information on the methods of instituting proceedings, basic documents to be filed, court costs, the procedure for applying for exemption from court costs, reasons for assigning an *ex officio* appointed defence counsel or attorney, types of means of appeal and time limits for their filing, as well as information for persons injured by crime and information concerning mediation.

Another way to make things easier for citizens, also for people with disabilities, are the Information Portals run by the courts, which enable the entitled or authorized entity to obtain access to information about a case pending with their participation without the need to arrive at the court's seat. The user registered at the Information Portal will receive free access to the case data, including, *inter alia*, status of the case, access to the documents generated by the court in the electronic form (outgoing letters, judgements, decisions, justifications, minutes of hearings) and an electronic minutes with a possibility of listening to it.

Courts offer a possibility to use the services of a sign language interpreter, information about this can be found on the portals of many courts.

However, all kind of works are being undertaken by Polish courts on daily basis in order to make a building access easier for older persons with disabilities and others.

**6. Please describe to what extent and how are older persons with disabilities involved in the design, planning, implementation and evaluation of policies related to ageing and/or disability.**

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 persons: representatives of non-government organization, public entities, and the academic circles.

**7. Please provide information on any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the rights of older persons with disabilities and identify lessons learned from these**

**Coordination of the care and support**

All public actions on governmental level dedicated to older persons with various disabilities are conducted parallel both by the Ministry of Health (in the area of healthcare) and by the Ministry of Family, Labour and the Social Policy (in the area of social welfare). Due to this organizational and competence division both ministries initiate cooperation to elaborate and develop complex and effective solutions dedicated to older persons and their care givers.

Collaboration of healthcare and social welfare entities is crucial for planning and implementing solutions aimed at developing care for older persons as well as promoting and improving older persons’ autonomy, independence and self-reliance. Therefore, some important initiatives focusing on the developing coordination of healthcare and social welfare services for the older persons have been taken so far by both ministries.

An important example of such collaboration is participation of Ministry of Health in the implementation of healthcare component of strategic document named **Social policy for older people 2030. Safety – Participation – Solidarity**, coordinated by the Minister of Family, Labour and the Social Policy. The tasks of the Ministry of Health included in the document focus on health promotion, disease prevention, improving access to medical diagnostics, medical treatment, rehabilitation and long-term care, adapted to the needs of older persons, including those with various health impairments, declines or disabilities.

Since January 2019, Ministry of Health has been coordinating the „Accessibility Plus for health” (APH) project, under the wider Government initiative „Accessibility Plus Programme 2018-2025” with the budget of ca. PLN 23 billion. The APH project is to be carried out until June 2023 and has the current budget of PLN 150 million (with the potential to increase to PLN 300 million). The key aim of this pilot initiative is to support 25 hospitals and 125 local health centres (with the target of 50 hospitals and 250 local health centres in the long-term perspective) in adjusting both their healthcare services (organisation, IT and communication) and public space (architecture) to patients with disabilities, including the older ones. The anticipated result of the APH pilot is the implementation of accessibility standards for patients with disabilities, including the older ones, in health care system in Poland.

To implement national health policies for older persons in Poland, Ministry of Health carries out various actions aimed at: adapting healthcare system to the needs of older persons as well as health promotion and disease prevention and also creating age-friendly environment.

**Tasks dedicated to older persons’ health in National Health Program 2016–2020**

Polish government, on the basis of the *Act of 11 August 2015 on Public Health*, has enacted National Health Program 2016–2020. This Program is a significant document as it starts the process of translating the intentions of the Act on public health into actions. The Program outlines the strategic objectives: increase life expectancy, improve health and health related quality of life as well as reduce social inequalities in health.

One of the operational objectives of the Program is dedicated to the health needs of older population and promotion of healthy and active ageing. Since 2016, when the Program started, many different tasks have been carried out for this purpose, both by public and private entities and NGOs. Most of the tasks are conducted as part of own tasks of central entities or regional and local government units, a significant part are carried out by organizations chosen in the public competition, and the rest are conducted at the request.

1. **Preventive trainings for older persons**

Among tasks of the Program dedicated to older persons’ health needs, nationwide educational actions and practical trainings dedicated directly to older persons are conducted. Their aim is to promote healthy and active lifestyle, support self-reliance and prevent/restrain health problems, diseases and disabilities in older age. During these trainings participants were able to learn how important is healthy lifestyle to stay healthy and independent in older age, how to change eating habits and adapt diet to individual diet-related problems, as well as how to exercise at home and adapt daily physical activities to resolve individual health problems.

As part of the task aimed to improve compliance with therapeutic recommendations the older persons and their carers had an opportunity of having individual healthy meetings with medical professionals, such as: a doctor, a nurse, a dietician, a physiotherapist and a psychologist.

Older persons have been also educated how to prevent injuries and stay safe during everyday activities. On total almost 70 thousands of older persons have taken part in all these educational actions so far and they are planned to be continued in the future.

1. **Trainings for medical staff**

The next category of tasks are focused on education of medical staff, participating in healthcare services for older persons as well as professional staff creating health plans for aging workers. Doctors and nurses working in hospitals are trained how to carry out properly the Comprehensive Geriatric Assessment using dedicated application. During nationwide trainings, dieticians had the opportunity to broaden their knowledge and develop practical skills of nutrition in older age, and physiotherapists – in complex care for older persons and early detection of diseases characteristic for older age. Altogether, 800 dieticians and over 2 000 of physiotherapist were trained so far.

As part of the education of other groups of professionals, trainings for employers, managers, human resources specialist and healthcare specialists have been also carried out. Participants were able to improve their competence in creating effective programs for health managing of aging employees.

1. **Surveys and analysis**

An important part of the Program are also research and analysis tasks related to older persons’ health. The aim of these tasks is to create a scientific basis for future strategies and action plans in the area of older persons’ health.

The most extensive research conducted within the Program is epidemiological survey called *PolSenior 2*, in which health and social situation of almost 6 000 of Polish citizens aged 60 and above will be examined. The research started in 2017 and is ending in 2020. On the basis of the obtained results a final report is to be published. The main purpose of the research is to get to know needs of the Polish elderly population better, to design more suitable solutions and interventions for this group in the future.

For planning more effective and safer pharmacotherapy for older patients in Poland, a dedicated report has been also prepared. The report includes recommendations based on the analysis and comparison of innovative solutions and good practices from all over the world, in terms of pharmacotherapy for older persons. The report is to be a basis for planning safe and effective pharmacotherapy for this group of patients in the future.

1. **Other tasks**

A large and important part of the tasks promoting healthy and active ageing are conducted by public entities. They are focused, among others, on creating age-friendly public space, increasing the access of older persons to new technologies or developing healthcare services adapted to the needs of the group of older patients.

**The daily medical care home (DDOM)**

The projects implemented in the years 2016-2018 named *The daily medical care home (DDOM)*, co-financed from the European funds under POWER, were aimed to pilot implementation and testing the standard of day care home. As part of the above-mentioned project, health support was directed to the dependent persons, requiring assistance and care, in particular to persons over 65 years of age, whose health status did not allow them to stay under the care of primary health care and outpatient specialist care, and at the same time did not require 24-hour medical and nursing supervision carried out in stationary. To the patients who received 40-65 points in the assessment of the independence level (Barthel scale) were provided health care, rehabilitation services, and continuation of treatment. To the DDOM were qualified:

- patients immediately after hospitalization whose state of health requires increased nursing care, supervision over pharmacological therapy, comprehensive actions to improve and counteract progressive dependability as well as health support and education, as well as consultancy in the organization of care and treatment of a dependent person;

- patients who have been provided with health care services within the last 12 months.

Referring patients to DDOM was based on a referral and clinical condition evaluation card, prepared using the independence level scale (Barthel scale). Referral to a day-care home was issued by a primary care physician, and in the case of patients directly after hospital treatment - a health insurance doctor providing hospital benefits. DDOM's task was to provide medical care combined with continuation of therapy and the process of functional improvement. Nevertheless, the implemented support in DDOM cannot be regarded as an activity focused only to older persons with disabilities, regarding to the legal and biological definition of disability.

In addition to the above, we should mention the actions taken for persons with disabilities as part of the health policy program called *The program of prevention of depression in Poland for the years 2016-2020*. As part of the program, a brochure on depression was printed in Braille, containing comprehensive information on its causes, symptoms, prevention, treatment and information about the opportunity of any support provided by various institutions. Depression in connection with disability is very common, therefore it was reasonable to include people experiencing disability in a social campaign that educates about depression as a disease. The subject described in the brochure also highlights the depression of old age and its specificity. The brochures were donated to regional centres and institutions cooperating with the Polish Association of the Blind. Thanks to this, the brochures got to a wide range of blind people throughout Poland, including to the older persons benefiting from the support of the Polish Association of the Blind.

The **Accessibility Plus Program 2018-2025** was adopted by resolution of the Council of Ministers on 17 July 2018. Its goal is "to improve the quality of life by providing citizens with equal opportunities in achieving social status, the ability to function independently and participate in various spheres of life”. Its aim is to improve the quality of life and ensure the independence of all citizens, including the older persons and persons with permanent or temporary limitations of mobility. This is to be served by the improvement of the accessibility of public space, products and services in the aspect of architecture, information and communication. The program requires the involvement of the entire government, but also local governments, entrepreneurs and NGO’s.

The Accessibility Plus Program has been based on the universal design concept, which assumes creating solutions for people of all ages, having different degrees of motor and cognitive abilities, varied experience and living in different cultural areas - it creates accessibility solutions to the maximum extent compensating and encouraging the activity of citizens of all ages and degrees of deficiency. According to this idea, identification and creation of solutions for the so-called *extreme users* - for example persons suffering from rare diseases and coupled disabilities, allows you to increase the quality of products and services offered to the whole society. Therefore, the Accessibility Plus Program is devoted to the whole society and does not include activities dedicated exclusively to older persons. However, taking into consideration the fact that older persons often indicate that the obstacles to the independent functioning lower their own efficiency, they will be an important beneficiary of the Program.

Ministry of Investment and Economic Development within the program framework provides different types of systemic and implementation activities. The draft Accessibility Act – which is in preparation – stipulates that every public entity is obliged to ensure accessibility in the scope of its overall activity. The Act provides for several levels of requirements related to ensuring accessibility depending on the nature and status of a given entity or the scope of activities carried out by it. The highest expectations related to ensuring accessibility were raised to public authorities, judicial authorities and control authorities. The project also provides for sanctions in the form of fines to enforce - a solution used in building law. The changes will also cover about ten other acts. From the legal perspective, the Minister of Investment and Economic Development will coordinate the implementation of accessibility.

In 2018 many activities have been launched in order to improve the quality of public space f.e. competitions for 50 schools - "Accessible school space", support for the science of universal design at universities, training for architectural and construction services, an accessibility incubator for developing innovative solutions for older persons and persons with disabilities, and a competition to support the potential of NGO’s in the field of accessibility. In 2019, further initiatives will be launched: support for 100 health care institutions, an accessibility competition for universities or trainings for drivers with disabilities. There is also social campaign on television and social media that present how important the topic of accessibility is. The campaign also emphasizes the aspect of targeting different solutions also to older persons, who due to their age encounter many barriers in everyday functioning.

Since 2012, the Ministry of Family, Labour and Social Policy has been implementing the Government Program for Social Participation of Senior Citizens (ASOS) which aims at improving the quality of older persons’ 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 persons may count on grants between PLN 20 000 and PLN 200 000. They may apply for co-financing of projects under 4 priorities:

1. **Education for older persons**, 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;
2. **Social activity promoting integration within and between generations**, which aims at developing various forms of older persons activities 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;
3. **Social participation of older persons**, which involves measures aimed at increasing the involvement of older persons 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 persons, which facilitate their participation in the life of local communities, e.g. senior citizens’ councils at local governments;
4. **Social services for older persons** – measures aimed at developing various forms of support through increasing the availability and improving the quality of social services for older persons. What is crucial here is the creation of local support networks based on voluntary work aimed at creating self-help environment.

An example of the task being carried out for older persons with disabilities is a project entitled "Development of a daycare center for seniors with disabilities" implemented in Gdynia by the Adaptation Foundation in 2018. Support included 12 older disabled persons.

As part of the implementation of the project, the Adaptation Foundation implemented activities related to the organization of care services in the form of a daycare center for older persons living in the city of Gdynia. Thanks to systematic therapy conducted by educated caregivers and daily gymnastic and rehabilitation activities, many of wards are able to slow down rapidly progressing complications of old age diseases. The nursing home is open between 9.00 and 16.00 from Monday to Friday. Under the care of two employees - a carer and a physiotherapist, group and individual activities are held to activate and maintain the efficiency and interests of older persons. If required by the level of dependability or the state of health of the wards are assisted in the performance of basic activities of everyday life, including during meals, hygienic activities, dressing, as well as help in the care activities ordered by a doctor - measuring pressure, heart rate, body temperature, etc. Every day, older persons are provided with a hot meal (dinner) as well as cold and hot drinks.

Due to the ageing of the population, the Ministry of Family, Labour and Social Policy is implementing initiatives intended to provide comprehensive support in the most important spheres of the life of older persons. The measures being implemented help limit the social exclusion of older persons, strengthen the position of this group on the labour market and also improve the availability of all kinds of services and forms of activity that guarantee safe and active ageing.

1. Article 8(1) of the Polish Civil Code: Every human being has legal capacity from the moment of birth.   [↑](#footnote-ref-1)
2. Article 64(1) of the CCP. [↑](#footnote-ref-2)
3. **Article 64**§ 1 of the CCP. Any natural and legal person shall have the capacity to be a party to court proceedings (capacity to be a party to court proceedings).

§ 11. Capacity to be a party to court proceedings shall also be vested in unincorporated organizational entities in which the law vests legal capacity.

§ 2. (repealed).

**Art. 65.** § 1. CCP. Capacity to take steps in legal proceedings (procedural capacity) is vested in natural persons with full capacity for acts in law, legal persons and organisational units referred to in Article 64 § 11.

§ 2. Natural persons with limited capacity for acts in law have the procedural capacity in cases related to such acts in law which they may perform on their own.

**Art. 66.** CCP. A natural person with no procedural capacity may take steps in proceedings only through his statutory representative. [↑](#footnote-ref-3)