



# Hands-on **SHAFE**

## **01: STUDY TO CROSS KNOWLEDGE GAPS AND TO PREPARE ONLINE TRAINING PACKAGES**

Research results for Poland

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The aim of IO1 is to create a valid basis for the training packages to be developed in the frame of the Hands-on SHAFE Erasmus+ project. This national report summarizes the research results in Poland.

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# 1 Aims of the report

Based on the approach of the World Health Organization, age-friendly environments include three dimensions – physical environments, social environments, and municipal services – with eight interconnected domains: 1) Outdoor environments, 2) Transport and mobility, 3) Housing, 4) Social participation, 5) Social inclusion and non-discrimination, 6) Civic engagement and employment, 7) Communication and information, 8) Community and health services.

The overall aim of the Hands-on SHAFE project is to promote smart healthy age-friendly environments by fostering the implementation and application of ICT solutions, adequate physical environments as well as health and well-being. For each of these areas - abbreviated by SMART, BUILT and HEALTHY- training packages for facilitators are to be developed. The target groups of the trainings are volunteers, entrepreneurs, family members, formal and informal caregivers and other stakeholders in personal services. Special awareness is given to low-skilled or low-qualified persons who want to engage in an entrepreneurial initiative.

Against this background, the Hands-on SHAFE project addresses:

-  Facilitators who support the implementation of SHAFE products and services as direct target group,
-  Persons of all ages whose social participation and inclusion can be improved by means of SHAFE products and services as indirect target group.

The aim of IO1 is to create a valid basis for the training packages to be developed. Information gaps on needs and demands on the side of end-users still hinder the implementation and usage of existing technologies and appropriate environments. Findings are needed to learn how adults can be best approached, trained and advised on aspects of smart healthy age-friendly environments.

This national report summarizes the research results in Poland. Besides an overview on the national context it describes existing SHAFE products and services as well as their target groups, gaps between their availability and usage, existing implementation support offers and their funding, and examples of good practice for the application and implementation of user-centred services and products in the realms of SMART, BUILT and HEALTHY. With special regards to facilitators who want to start their own company, the BUSINESS chapter informs about SHAFE areas which are appropriate for this intention, main regulation, support offers and stakeholders for starting a business, available training concepts and examples of good training practice. Based on this information, conclusions will be drawn on appropriate strategies regarding the training and support of the target groups.

Together with the reports of the other Hands-on SHAFE partner countries, this national report will be used to elaborate a European synthesis report. Further, a European factsheet will be provided to interested stakeholders, containing information in a reader-friendly and low-threshold style and serving for further dissemination activities.

## 2 Methodology and proceedings

In compliance with the project proposal, the following methods served to achieve the above-mentioned aims:

1. Desk research in each partner country concerning offers in SHAFE products and services, practices in the application and implementation of these offers, and examples of good practice;
2. Interviews in each partner country with experts from the individual modules (SMART, HEALTHY, BUILT and BUSINESS) or interconnected areas as well as with representatives of the target groups for the training.

The lead organizations for the training IOs defined keyword for the desk research, and interview questions for experts and stakeholders were jointly decided upon. Given the complexity of the topics, an exemplary case was to be discussed at the beginning of the interviews. It was agreed that the interviews could be adapted according to the specific background and expertise of the interviewee.

Interviews with experts included the following questions:

1. Which SHAFE products, services and initiatives are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Do you think there is a considerable gap between the availability of SHAFE products and services and their usage by those in particular need of them?
4. If yes:
  - 👉 What are the underlying reasons for this gap?
  - 👉 What should be done to remove such barriers?
5. Which role can personal counselling and accompaniment play in facilitating the usage of SHAFE products and services?
6. Can you tell us about specific initiatives in the pilot region to facilitate the usage of SHAFE products and services?
7. Are there areas for SHAFE products and services which can be recommended to start one's own enterprise?
8. Can you tell us about funding opportunities in the pilot region if someone wants to facilitate the usage of SHAFE products and services by those who are in need of them?
9. Which agencies or other organisations offer support to persons who want to start a business?
10. Which themes should be in the focus of SHAFE facilitators?
11. What are the specific counselling needs of the SHAFE end users?
12. What are the specific training needs of SHAFE facilitators?
13. Which problems may arise during the training of facilitators?
14. Do you know any training concepts and experiences that should be taken into account in the design of the Hands-on SHAFE training?

## 15. What else can you recommend for the Hands-on SHAFE training?

Focus groups discussions with potential future facilitators were structured along the following questions:

1. Which SHAFE products and services are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Who is in need of SHAFE products and services, and what are characteristics of these target groups?
4. Given these special needs: How should the implementation of SHAFE products and services be facilitated?
5. What can be done to make the role of a facilitator of SHAFE products and services attractive?
6. Which preconditions must be met to encourage facilitators to enrol in a training?
7. Which special requirements as regards contents, methods, duration and timing and certification must be met in the training?
8. What should be done to sustain the training outcomes?

The interviews were carried out with nine experts representing different areas of expertise. 3 interviews were carried out in face to face meetings, 6 were done remotely by means of communicator. The list of consulted experts included following:

**TABLE 1: LIST OF CONSULTED EXPERTS IN POLAND**

Product Marketing Manager ABB company, Łódź	SMART
Silver economy expert at Warsaw School of Economics, Warsaw	BUSINESS/ SMART
Educator, Central Technology House, Warsaw	SMART/ HEALTHY
City official, Intergenerational Activity Centre, Warsaw	HEALTHY
Expert on needs of people with disabilities, Warsaw	BUILT
Architect specialising in design for all, Warsaw	BUILT
Social care expert, Szczecin University, Szczecin	HEALTHY / BUSINESS
Active ageing and silver marketing expert, Wrocław University, Wrocław	BUSINESS/ HEALTHY
Active ageing and age friendly workspace expert, Wrocław University of Economics and Business	BUSINESS

Three interviews with target group facilitators were done. The first one was performed with a group of three persons taking care of their parents. These are potential facilitators of the project results. Two women in their 60s were interviewed providing information on the needs and expectations of the end-users. Finally, a volunteer helping people by dog therapy was interviewed.

## 3 Offers and implementation of SHAFE products, services and initiatives

### 3.1 National, regional and local contexts

#### 3.1.1 Profile of the pilot location

The municipality of Warsaw has the population of app. 1.75 million people and it is the largest Polish city. The status of a capital gives Warsaw competitive advantages over other regions and cities. Warsaw is particularly attractive for the young moving in for studies or in search of a job. In fact, Warsaw has a large number of unrecorded residents. According to recent studies, the city is inhabited by app. 2.1 million people (IGiPZ PAN, 2019). The underestimation of the official population number causes strains, particularly on communication infrastructure, including public transportation. It also contributes to lower municipality incomes and higher expenditures in other fields.

Warsaw's area is vast, which results in a population density in comparison to other European capital cities that is quite low and amounts to roughly 3400 persons per sq km. As a result Warsaw is a very green city, with a lot of parks and green areas. One of the most important is the area along the Vistula river. The right bank side still remains a completely wild area, with lots of rare species living there, and it is under strict protection (part of the Natura 2000 network).

The constant inflow of young people to the city means that the challenge linked with demographic ageing is neither widely discussed, nor it is firmly tackled. In a recent study measuring the age-friendliness of the largest Polish cities, Warsaw took the 16<sup>th</sup> position out of 18 analysed cases. The leaders of the ranking were Poznan and Krakow going practically neck in neck (iKalulator, 2019). What particularly affected the evaluation results were the high living costs for Warsaw seniors. However, also the accessibility to public transportation and healthcare was judged as poorer than in most of the selected cities.

Warsaw is located in mazovian voivodship, which is a NUTS2 region. As opposed to Warsaw, which is the leading area in Poland in terms of income and new investments, the rest of Mazovia region has slower economic development, particularly the areas located further from the capital city.

#### 3.1.2 Population by age-group and sex

Poland consists of 16 regions named voivodships and about 2500 municipalities. In 2019 the country was inhabited by 38.386 million people. The population has been slightly decreasing since 2010 when it amounted to 38.53 million. The reasons for this development is low birthrate and continuously growing number of deaths which results from the population ageing<sup>1</sup>. The depopulation will continue in the future and it is estimated that in 2040 Poland will be inhabited by merely 35.668 million people (Eurostat).

Since the European accession in 2004 around 2.5 million people mostly young, have left Poland,. Undoubtedly, their outmigration will have a negative impact on the potential of family care in Poland, which so far has been dominating. Their leaving was balanced by the inflow of

<sup>1</sup> <https://stat.gov.pl/obszary-tematyczne/ludnosc/ludnosc/ludnosc-stan-i-struktura-w-przekroju-terytorialnym-stan-w-dniu-30-06-2019,6,26.html>



app. the same number of Ukrainians, for whom until 2019 other EU countries had closed borders. It might be assumed that with the border opening by f.ex. Germany at the beginning of 2020 the Ukrainians will move westwards. This can have a negative impact on older people care in Poland, as many Ukrainian women work as caregivers.

Poland is still a very young country in demographic sense. However, this is changing rapidly and in fact Poland is one of the fastest ageing countries in the world. The ageing process proceeds at an unprecedented pace. Nowadays, approximately 17,5% of Poland's population is 65 and older, while in 2040 according to the Central Statistical Office, the percentage of older people will increase to 26.4%. In 2070 this share will exceed 35%. This increase is well illustrated by the median age increase. In 2017 it amounted to merely 41.3 years in Poland while in Germany 46.2, whereas in 2050 in Poland it will be over 52 while in Germany merely 50 years. This means that Poland will turn into a demographically old country simply overnight – a situation for which the country is not prepared.

**TABLE 2: POPULATION IN POLAND AND WARSAW**

Population	Poland	%	Warsaw	%
Number of inhabitants	38,411,148		1,665,745	
Aged 65-79	5 066 615	13.2	254,634	14.3
Aged 80+	779,000	4.3	105,923	6.0

Warsaw has a slightly higher share of population aged 65-79 and clearly higher share of the oldest old than the country average. This is caused by a generally higher life expectancy in cities than in rural areas linked with higher living conditions and better provision of social and health care.

In Poland a strong feminization of the older population groups can be observed. Life expectancy for women in Poland is 80 years while for men only 72. Such a difference in longevity between both gender belongs to the highest in EU.

**TABLE 3: FEMINISATION GRADE IN POLAND AND WARSAW**

	Poland	%	Warsaw	%
Number of women	19 829 262	51.6	960 312	54.0
Aged 65-79	2 914 192	57.5	152 453	59.9
Aged 80+	1 149 084	69.0	71 393	67.4

The feminisation is particularly strong in Warsaw, however not only in the older age groups but also among the young. It is due to the fact that young women are more mobile than men and therefore, a surplus of women also in this age group is clearly visible in Warsaw.

Poland will particularly in the next years face rapid ageing of its population. It is caused by the demographic structure which is shaped by two demographic highs: from the 1950s and 1980s. Currently, people born in the late 1950s (about 6 million) reach the age 65+. These are so called young olds – people still active in many areas and quite easily adapting new solutions. Such an age structure might be helpful in the development of silver economy and the adaptation to the consequences of demographic change.

Ludność według płci i wieku w latach 1990, 2016 i 2040  
Population by sex and age in 1990, 2016 and 2040

Główny Urząd Statystyczny - „Atlas demograficzny Polski” – data publikacji 1.12.2017 r.

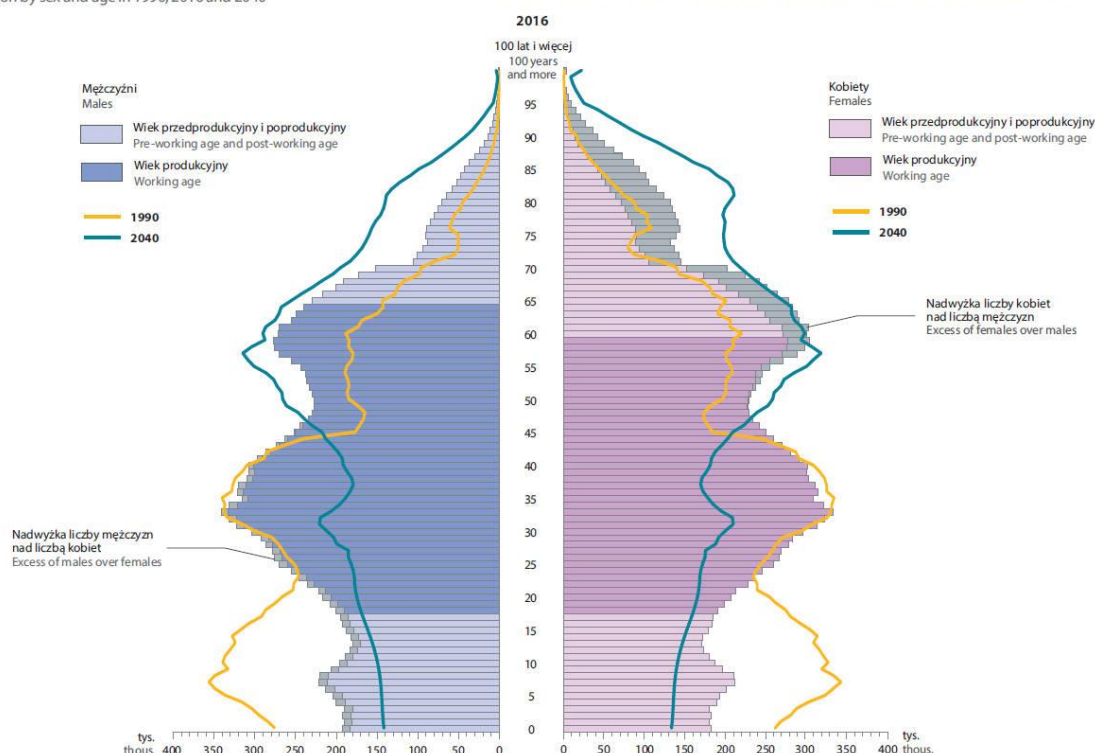


FIGURE 1: POPULATION STRUCTURE OF POLAND IN 1990, 2016 AND 2040 (GUS, 2017)

The area of Poland is 312 679 sq km and the population density is 123 persons per 1 sq km. This means that the country is rather sparsely populated, with a lot of people living in the rural areas. In fact Poland is not a highly urbanized country<sup>2</sup>. The urbanisation rate amounts to merely 61% and it has been slowly but continuously decreasing since 1989 mainly due to a very intense suburbanisation processes around the cities. This process is particularly pronounced around Warsaw. Many people, also in their retirement age move out from the city in search for more quiet and closer to nature living.

### 3.1.3 Workforce

According to the statistics 17.1 million people in Poland were employed at the third quarter of 2019 (Statistics Poland, 2020). Currently, (January, 2020) unemployment rate amounts to 2.9% and it is the second lowest in the European Union (Anon., 2020). Poland is one of the largest and fastest growing economies in Europe. The country was recognized as the sixth most attractive in terms of foreign direct investments (after United Kingdom, France, Germany, Spain and Belgium) according to EY Attractiveness Survey Europe (EY, 2019).

TABLE 4: BUSINESS AND EMPLOYMENT IN POLAND AND WARSAW

Business and employment	Poland (third quarter of 2019)	Warsaw (2018)
Working population	17,151,000	952,983
Registered unemployed persons	532,000	19,382
Unemployment rate	3,1%	1,5%

<sup>2</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Distribution\\_of\\_population,\\_by\\_degree\\_of\\_urbanisation,\\_2014\\_\(%25\\_of\\_total\\_population\)\\_Cities16.png](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Distribution_of_population,_by_degree_of_urbanisation,_2014_(%25_of_total_population)_Cities16.png)

Most of Polish employees are hired in private sector. The Private sector has four times more employees than the public one (Statistics Poland, 2019). Business sectors with the highest employment are manufacturing, trade, farming and education (Statistics Poland, 2019).

Seniors in Poland go early into retirement and a huge number of them remain economically inactive. Retirement age in Poland is 60 years for women and 65 years for men while in other European countries, particularly Western ones, the retirement age is much higher. The ratio of unemployed to employed people is very high both for men and women in the older groups. About 5 million women and 3 million men who are 60 years old or older stay economically inactive (Statistics Poland, 2019). This makes a large difference with the Western European countries where economic activity of seniors is much higher, what it is reported by some surveys (UNECE / European Commission, 2019). It should be noted that, according to the legal regulations, the acquisition of retirement rights does not mean the need to cease working activity. There are no restrictions on combining work with benefit for persons who have reached the minimum retirement age. Low involvement of seniors in voluntary activities is also observable in Poland.

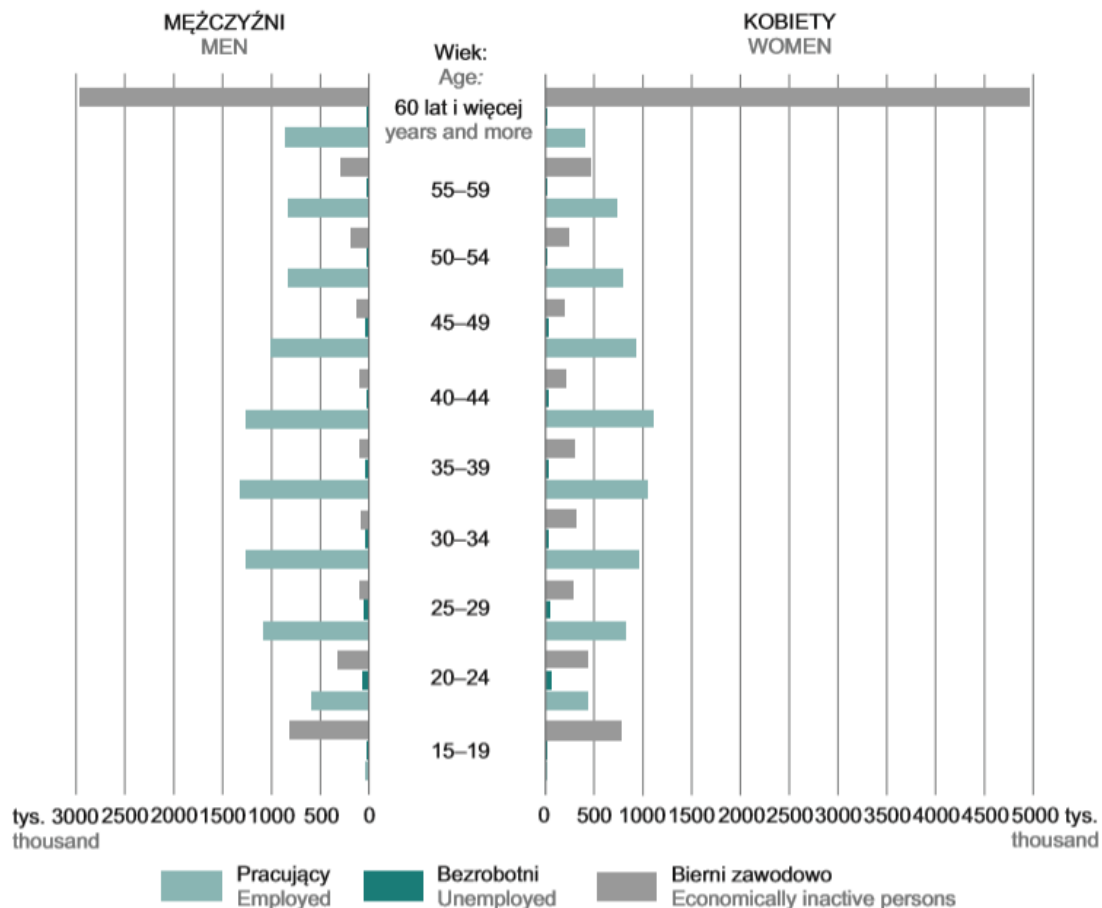


FIGURE 2: MEN AND WOMEN BY AGE AND ECONOMIC ACTIVITY IN POLAND (STATISTICS POLAND, 2019)

In terms of Silver Economy sector there is no clear definition of such in Poland however the Central Statistical Office claims that 14.1% of companies in Poland were delivering SHAFE products or services in 2016 (Statistics Poland, 2018). This type of activity is more popular among non-commercial entities, since 20.6 % of them work in Silver Economy sector while in the group of commercial entities, SHAFE activity was conducted by 13.6% (Statistics Poland, 2018). Export activity in the field of SHAFE products and services was provided by only 3.2% of entities and they were almost exclusively commercial ones (Statistics Poland, 2018).

### 3.1.4 Health

In Poland everyone has the right to health protection, as this is written in the 68<sup>th</sup> article of the Polish Constitution. Health Policy is defined on the state level and it is being carried out by the National Health Fund, voievodships (regions), counties and communes. Growing life expectancies over the last 20 years prove that the health protection system is working, despite many deficiencies.

On November 30<sup>th</sup>, 2018, the Council of Ministers adopted the document Social policy for older people 2030 SECURITY - PARTICIPATION – SOLIDARITY (Polityka społeczna wobec osób starszych 2030. BEZPIECZEŃSTWO – UCZESTNICTO - SOLIDARNOŚĆ). The document was developed by the Ministry of Family, Work and Social Policy. The document defined areas of intervention such as: health promotion, disease prevention and access to diagnostics, treatment and rehabilitation. The document notes that it is necessary to devote more attention to health promotion and disease prevention by supporting pro-health behaviour and incentives to use preventive services (MRPiPS, 2018). The implementation of the goals will take place by strengthening the responsibility for health and promoting a healthy lifestyle and disease prevention, development of telemedicine and telecare, ensuring optimal access to health care services, as well as training medical staff for the needs of older residents.

The Health Care System in Poland is based on an insurance model. The main source of financing is health insurance by the National Health Fund (Narodowy Fundusz Zdrowia) which is mandatory for each citizen and stays at 9% of their revenue. Some funds come also from the state budget. There is also a possibility to insure additionally in private companies. In 2016 59.8 % of the health care funds stemmed from compulsory contributory health insurance schemes, 22.9% from household out-of-pocket payment, 10% from government schemes, 5.4% voluntary health insurance schemes and 0.9% from non-commercial financing schemes and from enterprise financing schemes (Statistis Poland, Statistical Office in Kraków, 2018). 121 106,7 million PLN was spent on Polish healthcare costs in 2016 (Narodowy Fundusz Zdrowia) (Statistis Poland, Statistical Office in Kraków, 2018). Healthcare expenditure relative to GDP in 2016 in Poland was 6.5% and it was fourth lowest in whole European Union according to Eurostat<sup>3</sup>.

In the Polish Health Care system, the patient is the beneficiary, the health insurance institution performs the role of the payer, and the service providers are medical entities such as: private and public medical clinics, hospitals or pharmacies. The Ministry of Health is responsible for determining the directions of the country's health policy.

According to the results of the European Survey on Living Conditions almost every fourth older person (aged 60 and more) living in Poland assessed their health in 2017 as good or very good. Men defined their health as good more often than women (28.0% against 22.4%, respectively). Less than 30% of older people said that their health was bad or even very bad and women were more likely to respond worse health conditions than men (31.3% against 27.1%) (Eurostat, 2020).

More than half of Polish seniors suffer from chronic diseases. According to a study by the National Institute of Public Health in the group aged 65+ 60.8 % men and 72.6% of women have chronic health problems. In the mentioned group, 44% of men do not have difficulties in every-day activities as a result of their illnesses, however 39.5% have difficulties and for 16.5% they are very serious (National Institute of Public Health, 2018). Only 31.5% women 65 and older do not feel affected by their illnesses whereas 50.1% have some difficulties in every-day activities and 18.4% very serious (National Institute of Public Health, 2018). The main causes

<sup>3</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare\\_expenditure\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Healthcare_expenditure_statistics)

of deaths in the oldest groups are cardiovascular diseases, malignant neoplasms and respiratory system diseases (National Institute of Public Health, 2018). According to Eurostat<sup>4</sup> men in Poland survive in health 60,6 years and women 63,5. For both it is under European Union average.

In the Polish Long Term Care system two sectors can be distinguished: social care and health care. After 1989, public policy on ageing started to be decentralized. With the reintroduction of communes in 1990 public tasks referring to social care were moved to the local level. As a result, social care services began to be better suited to the local needs. This process was strengthened by administrative reform from 1999 when counties and new regional divisions were introduced. The Social Care Act of 2004 regulated the tasks at each level, nonetheless the financial burden was laid mostly on the communes. Because affluence varies between the communes the level of social care for older people is very different among these units (Iwański, 2016). For social care, the services are provided in three forms:

- 👉 Nursing homes. In 2018 29 209 of older people lived in nursing homes (both private and public) (MRPiPS, 2019, pp. 23-30). It is estimated that there is only one long term care worker per 100 older persons in Poland against five on average in OECD28 (European Commission (EC), 2020, p. 28)
- 👉 Home services given by social caregivers. App. 1.5% of older people in Poland get such services. This is the cheapest and most desired type of support. However, due to the deficiency on caregivers 19% of communes do not provide such care and this despite the statutory obligation<sup>5</sup>.
- 👉 Day care centers. Older people may stay 5 days a week, 8 hours per day in such centers. The activities may be dedicated to different groups like those affected by Alzheimer's disease (early stage). Unfortunately, this type of support, despite being very much appreciated, is existing mostly in the urban areas and is not very widespread.

All types of services in the area of LTC provided by social care need to be co-financed by older persons themselves or by their descendants.

The second part of the Long Term Care is provided by the health care system in the form of:

- 👉 Inpatient care in hospitals and so called long term care facilities
- 👉 Outpatient care
- 👉 Home care given by nurses

These services are paid by the public insurer and the older person or his family does not participate in costs. For this reason, these services are very much desired and a waiting list to get to a long term care facility is much longer than for a nursing home.

A very big challenge regarding the level healthcare for older people is the deficiency on geriatricians. It is estimated that nowadays there are merely 430 geriatricians in Poland. Despite taken efforts their number is increasing very slowly<sup>6</sup>.

Undoubtedly, the Polish health care system is substantially underfinanced, expenditures on health constituted in 2017 only 6,5% GDP, while the EU average amounts to 9,8% GDP. Almost 70 % of this spending came from public sources, a lower share than the average for

<sup>4</sup> [https://ec.europa.eu/eurostat/statistics-explained/images/a/a7/Healthy\\_life\\_years\\_at\\_birth-2019.png](https://ec.europa.eu/eurostat/statistics-explained/images/a/a7/Healthy_life_years_at_birth-2019.png)

<sup>5</sup> <https://www.nik.gov.pl/aktualnosci/seniorzy-bez-opieki.html>

<sup>6</sup> <https://www.politykzdrowotna.com/42501,z-krol-liczba-geriatrow-rosnie-ale-nadal-niewystarczajaca>

EU (79 %). The rest is predominantly paid out of pocket by households, primarily for outpatient medicines (OECD/ European Observatory on Health Systems and Policies, 2019). As a result, the accessibility to health services is very limited and the system is not prepared for growing expenditures resulting from population ageing. The limitations on the access to health care may lead to social inequalities and may limit the ability to self-care in the advanced age.

### 3.1.5 Housing

The Polish housing situation is characterised by severe qualitative and quantitative deficits.

According to the data of the Central Statistical Office ([www.stat.gov.pl](http://www.stat.gov.pl)) the number of dwellings in Poland on 31 December 2017 amounted to 14.44 million. This is not much when compared to the number of households: 14.16 million (2016). The housing situation in Poland has been for years described as difficult. The statistical shortage of housing, understood as the difference between the total number of apartments and the number of households was overcome by approx. 2012 and at the end of 2015 in Poland there were approx. 120,000 more apartments than households (about 0.8% surplus resources). However, the statistical housing deficit, defined as the difference between the number of inhabited housing and the number of households, remains high and for the year 2015 it was estimated at a level of around 897,000 housing units (MliB, 2016). Relying on different data and premises, the shortage on dwellings is estimated to be as high as 2.5 million. The Ministry of Funds and Regional Policy which is responsible for housing issues estimates it to be around 1.5 million. In 2016, the Ministry introduced the National Housing Program which is seeking to build 1 million flats. Most of them are to be rented with reduced prices. Nonetheless, current results of the program development show that the number will not be reached in the near future.

The deficit of flats in Poland is also well reflected by the number of flats per 1000 inhabitants. This number is the lowest in Europe and amounts to only 350 flats while the European average is 485. This difference was the basis of the Ministry calculation of housing shortage in Poland.

The shortage of dwellings in Poland results in a high level of overcrowding, which means that a lot of people in Poland live in a very cramped conditions. More than 40% of the population live in overcrowded conditions and almost 60% of the population at risk of poverty, live under such conditions. These values rank among the highest in Europe.

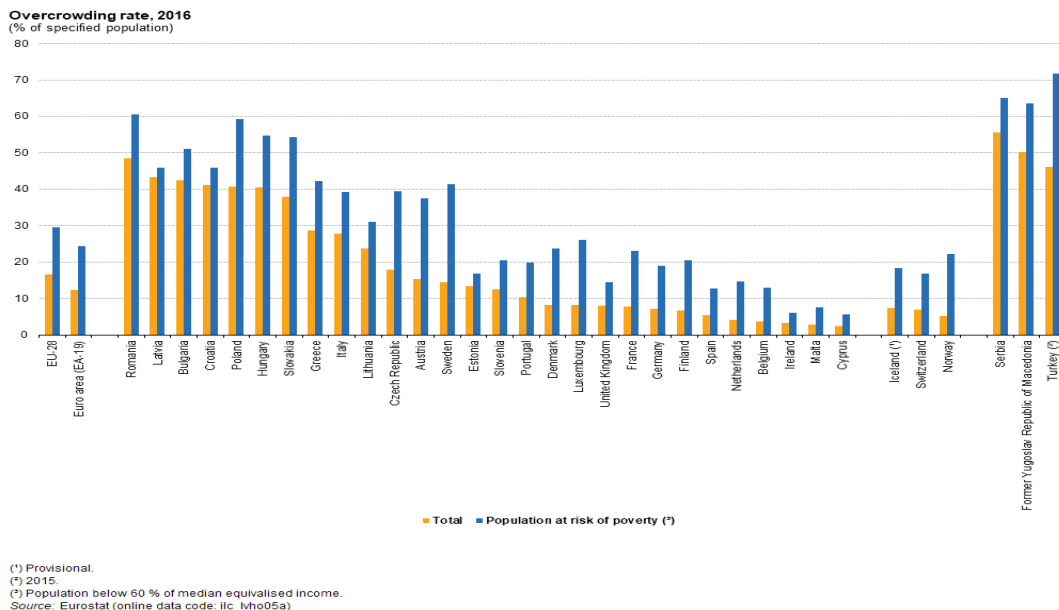




FIGURE 3: MEN OVERCROWDING RATE IN 2016 IN EUROPEAN COUNTRIES (EUROSTAT)

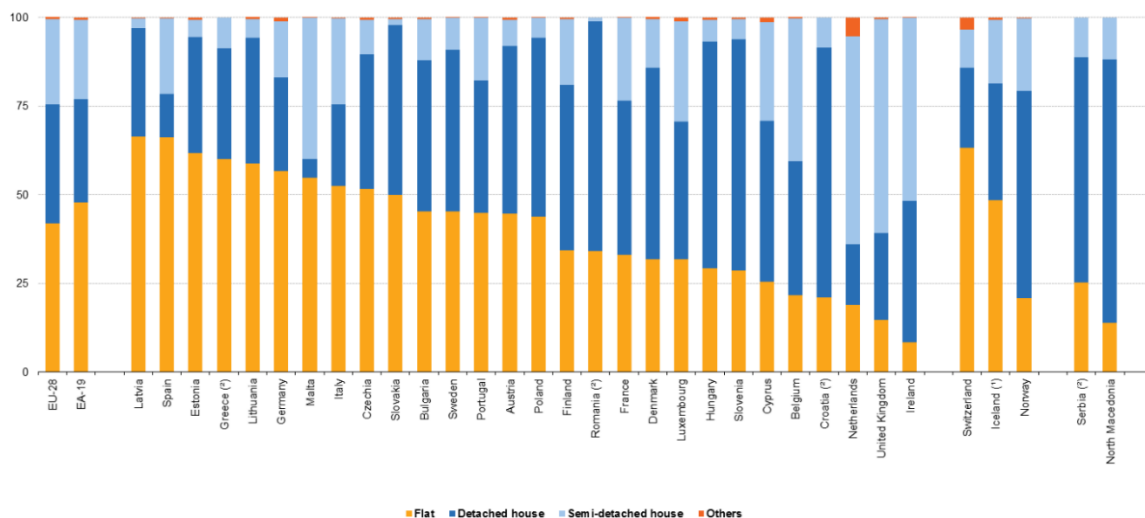
The average surface of a dwelling per person in Poland amounts to only 28.2 sqm, whereas the European average is almost 40 sqm. Such poor housing conditions negatively influence the quality of life and may have a negative impact on the health prospects of its inhabitants.

Under socialism, housing was constructed by both the state owned companies (multifamily housing) and private individuals (one-family houses). This largely changed after 1989. The state owned companies were no longer capable of producing dwellings and they were gradually replaced by private companies which entered the residential real estate market in 1994. At the same time, housing production by private individuals was very high and it fuelled the very intense urban sprawl. However, in 2016 the companies managed to dominate the market and their housing production exceeded that of private individuals, for the first time since 1989. Nowadays, municipal or state housing providers like Polish Real Estate Development Fund (PFRN), which is responsible for building flats in the National Housing Program, have marginal, and unfortunately constantly diminishing, role. This has a negative impact on the provision of available rented housing for younger people. Nowadays, they are largely deprived of this possibility and this also negatively influences the birth-rate.

It is worth noting that the housing construction for one's own need was also very intense under socialism and after 1989 and it largely helped to meet the housing needs of many people. This construction activity is well seen in the Polish housing structure:

-  56.1% live in single family homes/ dwellings (detached or semi-detached house)
-  43.7% live in flats (multi dwellings buildings)

Multi dwellings buildings are comprised mainly of prefabricated buildings built in the socialist period. It is worth noting that Poland witnessed very high construction activity at that time. Between 1946 and 1988 (National census data) 7.5 million flats were built, mostly in cities. At that time Poland, similarly as other socialist countries, transformed from an agrarian into industrialized and urbanized country. The percentage of population living in cities grew from 30% to 62% in 1988. However, this increase is better seen when the real numbers are taken into account. In 1946 8 million people were living in the cities, while in 1988 there was 23.5 million, showing an increase of 15.5 million people. This increase ranked among the highest in the socialist block and among European countries at that time.



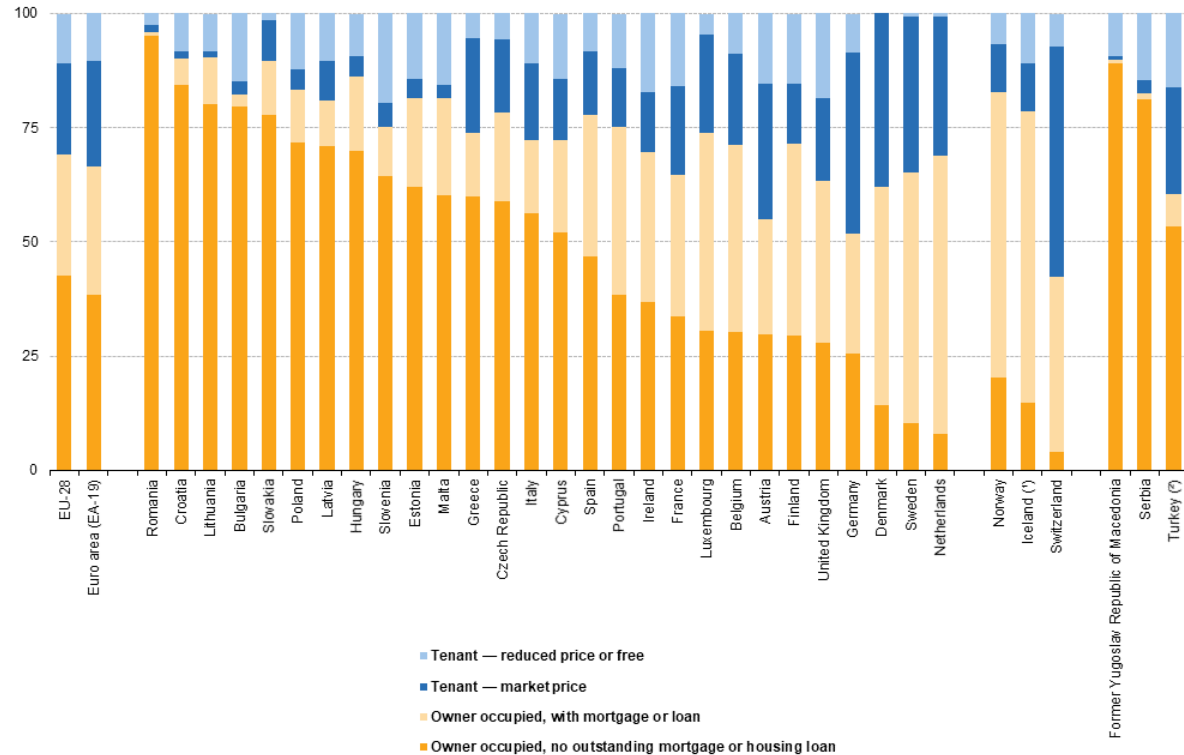
Note: data sorted by "Flat".  
 (\*) 2016 data.  
 (\*) "no significant" values for "Others".  
 Source: Eurostat (online data code: ilc\_vho01)

**FIGURE 4: DISTRIBUTION OF POPULATION BY DWELLING TYPE, 2017 (% SHARE OF TOTAL POPULATION) (EUROSTAT)**

The vast majority of housing in Poland is privately owned. According to Eurostat in 2017 distribution of population according to tenure status in Poland was as follows:

- 👉 73.1% owners, without outstanding mortgage or a housing loan
- 👉 11.1% owners with mortgage or loan
- 👉 4.3% tenants at market prices
- 👉 11.5% tenants, rent at reduced prices or free

**Distribution of population by tenure status, 2016**  
(% of population)



(\*) Provisional data.

(\*) 2015.

Source: Eurostat (online data code: ilc\_lvho02)

**FIGURE 5: DISTRIBUTION OF POPULATION BY TENURE STATUS, 2016 (% OF POPULATION) (EUROSTAT)**

High shares of home ownership are typical for post-socialist countries (except for the former GDR). This is due to intense privatization of housing (mostly multi-family buildings) which in Poland began already in the 1970s. The flats were sold to the tenants at discount prices and the number of owner-occupied flats grew considerably. Particularly, current older adults profited from this privatisation. As young citizens they moved into a flat provided by the state and they got it for a very low price, incomparably lower than the market value. As a result 88% of today's older adults own the apartments they live in (without mortgage).

However, young people in Poland are not any more in such a favourable situation. As stated above, the public housing providers are inefficient so these people cannot rent a flat at reduced price. At the same time they cannot afford to buy a flat on the market as the prices are very high. Nowadays, 1sqm in Warsaw on average is 2700 Euro, while a person starting a professional career will get around 800 Euro/ month.



This situation raised a discussion on the need to create public, available and affordable housing. Unfortunately, so far the introduced measures seem not be very efficient.

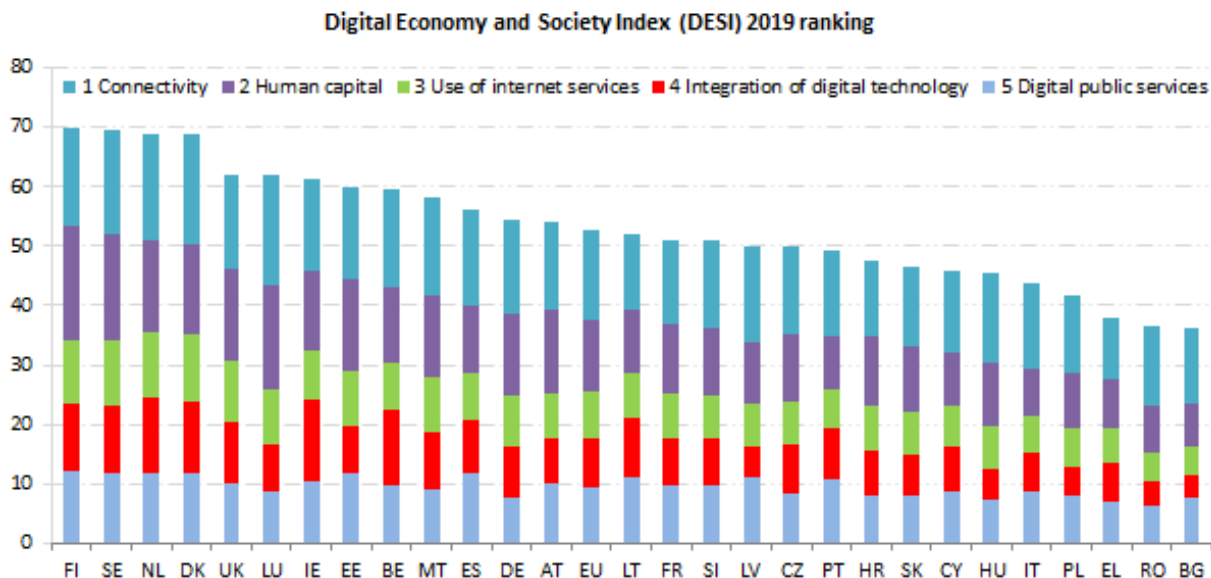
Apart from affordability and availability of housing also its accessibility is being discussed. The government is aware of population ageing and the need for housing adaptation to the needs of older adults. In September 2019, an act of accessibility was introduced, which refers among others to new housing construction, where also flats for people with disabilities are to be provided. In 2018 a program “Dostępność +” was introduced and it also aims at improving the accessibility of housing, public spaces and buildings. However, the word “dostępność” means: accessible, available and affordable, which leads to some confusion in the discussion on housing policy development.

### 3.1.6 ICT literacy

The education system has been in recent years undergoing constant change. Currently, school starts for kids in their 7<sup>th</sup> year. Before that they go to kindergarten, where also education is provided. The obligatory education lasts until the 18<sup>th</sup> birthday and consists of two levels: primary (8 classes) and secondary (normally 4 classes). At the end of secondary education pupils pass secondary school-leaving examination and they can apply for university studies. On every level of education, computer science and programming lessons are provided.

In Poland slightly more women get a higher education degree (34%) than the European average (33%), while clearly less men follow this path (24% in Poland, compared to 30% in EU).

Poland does not use the potential of digital technologies, which is demonstrated by the value of the Digital Economy and Society Index (DESI) (European Commission, 2019), placing the country on the 25th position among European Union countries (2019).

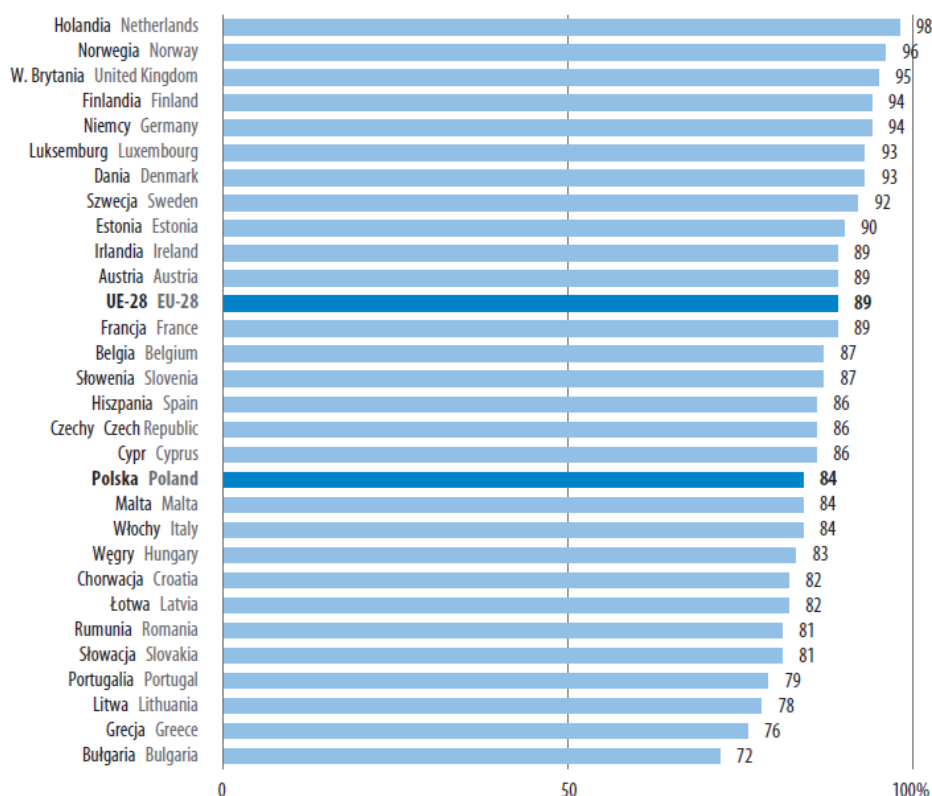


**FIGURE 6: DESI INDEX 2019 (EUROPEAN COMMISSION, 2019)**

The low level of digital competence is a significant barrier to innovation, development of the electronic economy and increase in the quality of human capital and, consequently, economic growth in Poland. It means among other things, that the level of company digitization, in particular the sector of small and medium-sized enterprises in Poland does not exceed 60%

of the EU average. This results not only in less efficiency and income, but also helplessness in the face of the challenges of the 21st century such as the ubiquity of new technologies, the development of artificial intelligence and the change of business models and work methods. Progressing automation can lead to job losses, especially in the case of people without digital competence.

In order to increase the level of ICT literacy, several programs and measures have been introduced which have brought about positive changes. One of the major initiatives was to increase access to internet even in peripheral, remote areas. Funds, mostly coming from the EU, were spent to build the proper infrastructure aimed at broad band internet provision. Thanks to these measures, currently 84% of Polish households have access to the internet which is merely 5% less than the European average.



Źródło: Baza danych Eurostatu.  
Source: Eurostat's Database.

**FIGURE 7: HOUSEHOLDS WITH ACCESS TO INTERNET AT HOME IN SELECTED EUROPEAN COUNTRIES IN 2018 (GUS, 2019)**

Parallel to growing internet access, the number of regular internet users is also growing. The increase is particularly sharp in the older age groups, specifically 65-74 years, where in 2015 the internet was used by merely 19.5% and in 2019 by more than 33% persons in this age group.

**TABLE 5: REGULAR INTERNET USERS BY AGE GROUPS 2015-2019 (GUS, 2019)**

### Osoby regularnie korzystające z Internetu według grup wieku

#### Regular Internet users by age groups

Wyszczególnienie Specification	2015	2016	2017	2018	2019
	w % ogółu osób danej grupy		in % of total individuals in a group		
16–24 lata 16–24 years	97,1	97,7	99,0	98,8	99,3
25–34	91,3	92,3	94,5	96,5	97,0
35–44	79,6	84,1	87,5	90,6	94,5
45–54	61,2	62,9	67,7	73,4	78,1
55–64	41,5	45,4	47,5	50,4	59,9
65–74 lata 65–74 years	19,5	23,1	26,0	29,8	33,3

The increase in Internet usage is caused by a constantly improving access to the internet but also due to the many trainings on ICT literacy which were carried out by state and NGO institutions. Moreover, technological progress is also adding to this. The devices and internet access are becoming more and more affordable and this makes them accessible to a larger number of people. Buying a computer which cost would be app. 500 Euro was not possible for an older woman whose average pension is merely 300 Euro. However, the market is now being filled with cheaper and what is also important easier-to-handle smartphones with mobile access to the internet. This is a very positive development which helps many so far deprived of the internet access to get it.

Polish people are described as “early followers” (Erbel, 2019). This means that if someone risks and crosses the intimidation barrier and a new product or life model appears, there is a good chance that the scale of the phenomenon will increase soon. This can be supported by the findings from the interviews with end-users (2 women in their 60s). They admitted that they do not want to use devices which would indicate that they have certain disabilities (like a special phone for seniors with large keys). Instead they want to use a smartphone like the young. Fortunately, special applications are available which can turn every smartphone into an age friendly device<sup>7</sup>. It might be assumed that using a smartphone by an older person is a sign of being up to date and it is becoming “trendy”. This can be confirmed by the growing numbers of smartphone usage trainings, which are not only carried out by NGO or public bodies but also by private companies, manufacturers of such devices (f.ex. Samsung).

### 3.1.7 Governance and funding of SHAFE measures

SHAFE remains an unknown term in Polish language. When talking with the interviewees its meaning had to be explained.

As indicated in the previous section, the measures related to improving access to internet and increasing the ICT literacy have been carried out. It is being acknowledged though that the reached levels are not satisfactory and further steps need to be taken. Currently, at a state level a Program on Development of Digital Skills until 2030 is being consulted. It is being admitted that low awareness regarding the availability and use of digital services, including e-government services, as well as the usage of digital resources in culture and science, the availability of digital libraries and the application of copyright is a big problem. Regarding the adults, the document states that 28% of those aged 18-65 have low digital skills, which prevents them from being used in personal and professional life. In comparison to people with

<sup>7</sup> <https://smartfondlaseniora.pl/>

higher skills, people with low skills have lower earnings, a higher risk of unemployment, report worse health, feel excluded from political life and have less confidence in others.

Currently, the Program Digital Poland is being executed. It finances projects which can be ascribed to three groups. The first are those aimed at developing broadband infrastructure enabling access to high-speed Internet. The direct recipients of these projects are residents of areas where, to date, access to the network has been limited or non-existent. The second group are projects that increase the pool of public services available by electronic means. The whole society benefits from these projects. The third group are projects encouraging people to use the Internet and increasing their digital competences. Mainly NGOs in partnership with local governments are able to apply for funding for this type of activities.

The innovative ideas by start-ups are being funded by a program called Start In Poland, whose budget amounts to 2.8 billion PLN. It is being directed by the Polish Development Fund.

Polish Agency for Entrepreneurial Development (Polska Agencja Rozwoju Przedsiębiorczości) supports start-ups and existing companies in themes related to design and accessibility.

Regarding the health issues, it might be stated that measures aimed at prevention and education on proper, healthy behaviours are insufficient. Instead there are measures aimed at alleviating the difficulties of older adults. The Ministry of Health launched in 2018 a Program Medicines 75+. It is envisaged for people aged over 75 who can get some medicines free of charge. Such program was introduced because the pensions the older people get in Poland are very low and they must cover expenses caused by medicines or private visits by doctors. The seniors must also participate in cost of social care.

Age friendly environments are discussed at the municipality level rather than the state one. At the moment 8 Polish cities belong to the WHO network on age friendly cities and communities. There is also a bottom up initiative joining senior friendly communes. In fact there is a problem with translation of age friendly. It is being translated as senior friendly, what suggests that the given municipality/ building/ public space is friendly just to older people and not as in real meaning to inhabitants of all ages. Since 2013 it is possible to form a senior council in the municipalities, which are advisory bodies. Their role is growing and they are more and more recognizable also because seniors form an increasing share of voters.

The Ministry of Family, Work and Social Policy leads a program called Social Activity of Older Adults where funds (up to 50 000 Euro) are given to NGOs, Third Age Universities, companies which perform actions aiming at activation of seniors. The program budget amounts to 1 million Euro what is not sufficient as the scale of the project proposals shows.

The already mentioned program “Dostępność plus” for the years 2018-2024 and legal regulation enforcing and easing introduction of accessibility is a Government response to the accelerated population ageing. Apart from various plans to improve accessibility in public buildings, but also housing (building elevators) the Ministry launched a partnership on accessibility (Partnerstwo na Rzecz Dostępności)<sup>8</sup>.

Warsaw as the capital city attracts many young inhabitants. Nonetheless, process of ageing causes that the city authorities introduce actions aimed at meeting the needs of older adults. Social care as stated above is a municipal duty. However, the city offers additional services like minor repairs at home, it encourages the young to assist older adults and leads local activity centres. Moreover, it provides funding for some initiatives aimed at activation and better older people care on both city (up to 50 thousand Euro funds) and district level (2.5 thousand Euro).

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<sup>8</sup> The “Mimo Wiek” foundation led by Agnieszka Cieśla is a member of this partnership

## 3.2 SMART: ICT for BUILT and HEALTHY

### 3.2.1 SMART measures and their target groups

Currently, the state is concentrating on the provision of Internet access and on increasing ICT literacy among older people and people with low qualifications. It also aims at digitalizing public services, which might be exemplified by introduction of e-prescription and a digital profile of a citizen, where they can do some official matters online (f.ex. founding a company).

The business, sometimes with the help of public and EU funding, is providing many Smart solutions for both built and health area.

ICT for Healthy: a good example is a start up “Sidly”<sup>9</sup> which produces bracelets for seniors with fall detectors and a position sensor. It is sold on the market and there is no refund for its purchase. Therefore, the less affluent seniors cannot afford such a device (cost 250 Euro + monthly payment).

ICT for Built: there are many solutions regarding domotics on the Polish market at the moment. These can be related to:

#### Safety:

- Smoke and water detectors
- Switches turning off lights and electricity in selected sockets
- Move and fall detectors

#### Comfort

- Temperature regulation (digital and programmable thermostats)
- Light regulation (circadian lighting, automatic curtains)
- Intelligent air purifiers

#### Easy maintenance

- Automatic hoovers
- Voice responding devices

ICT solutions may be also very helpful in relation to sustainability. Automatic thermal control can save cost and be good for the environment but also lead to greater comfort.

### 3.2.2 Challenges in implementation and gaps between availability and usage

#### *Background*

As described in the demography section, the process of ageing is largely driven by the baby boomers who nowadays enter the age of 65+. It is expected that until 2030 this demographic high will not get older than 75 years, meaning that for the next decade these people will count to so called “young olds” (app. 6 million people). For this group of seniors, it is easier to catch up with technological innovations than for the older ones. Moreover, as the interviews show, they want to be modern and they do not want to use a mobile phone dedicated to seniors (with

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<sup>9</sup> A partner of the mimo wieku initiative

large keys). Instead they admit they want to be associated with the young and they use a smartphone.

### *Built*

Smart home solutions interest at the moment only the younger population group, mostly men, who tend to be more technology-oriented than women. This is triggered by advertisement campaigns and articles in the media. It might be assumed that a proper approach to older adults showing them advantages of some smart home solutions would convince them to install such innovations at their homes. An important obstacle in reaching older customers is the lack of proper training of the salesmen of smart homes and ICT products. Quite often they do not know how to approach an older person and how to explain them how a given product works or what it can be used for. This is becoming vital as this consumer group is going to grow rapidly.

### *Health*

E-health solutions are being punctually introduced, mostly by the best clinics. Peripheral hospitals do not have access to these solutions and especially there they would be very much appreciated. It seems that the awareness among decision makers on the advantages on telecare and telemedicine should be improved.

### *Privacy and Security Issues*

Privacy is an important issue for older adults. It is more important than for the younger generation which is using social media and is used to share sometimes very private information. The higher privacy threshold by older adults may discourage them from using smart solutions like telecare or social media.

## **3.2.3 Available implementation support offers by stakeholders**

Cities in cooperation with NGOs offer computer courses for older adults. Some companies producing smartphones (like Samsung) offer courses for smartphone use. As already pointed out, Polish seniors are in a large part “young olds” who can quite easily adapt new solutions. However, there is a lack of campaigns promoting telecare or smart home solutions which would cause older adults to get used to these innovations. Such campaigns should be not only done by private companies but also public bodies.

## **3.2.4 Funding opportunities for implementation support**

See 3.1.7 Governance and funding of SHAFE measures

## **3.2.5 Example/s of good practice in implementation support**

### *SiDLY (hitech for your health)<sup>10</sup>*

#### *Objectives*

In order to meet the needs of constantly growing older population in Poland new solutions aiming at better health provision while not extending the use of scarce medical staff are vital. The SiDLY telecare system is an innovative telemedicine technology, which includes: telemedicine telecare bands, a telemedicine platform and mobile application (iOS, Android), together with the possibility of telemonitoring service by a professional telemedicine centre.

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<sup>10</sup> <http://www.sidly-care.eu/en/>

### Key facts

SiDLY, limited liability company, initiates development of new services in the field of telemedicine in Poland and Europe. SiDLY is one of the first organizations, which comprehensively deals with the implementation of a new approach to telemedicine, from seeking areas requiring the initiation of telemedicine solutions, through the design, testing and construction of devices for medical purposes. The SiDLY team consists of representatives of technology, medicine and science. SiDLY products improve the work of hospitals and nursing homes, but also enable remote medical diagnostics for individual clients.

### Implementation

The measurement results from the SiDLY monitoring band are regularly sent to the iOS and Android applications, as well as a 24-hour telecare platform, thanks to which the caregiver has constant access to information about the vital parameters of the monitored person.

In addition, it is possible to replace caregivers by a telecare centre, which performs the function of telemonitoring 24h/7. If required, the telecare centre takes actions so that the user of the SiDLY monitoring telemedicine band always receives the appropriate support (e.g. remote counselling, notification of the caregiver, notification of the relevant emergency services).

### Results

The product and SiDLY offer received many prizes and distinctions in Poland and also on international arena. The company is also beneficiary to programs aimed at supporting the development of innovation in Poland.

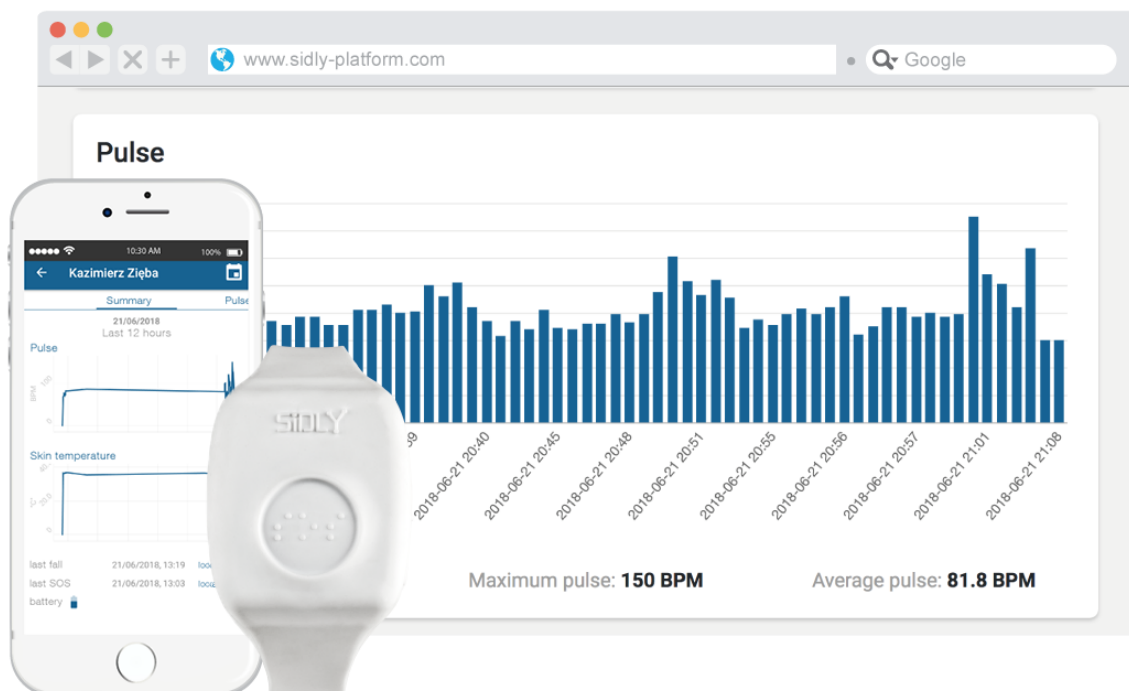


FIGURE 8: SiDLY BAND WITH ANDROID APPLICATION

## *MAXCOM, smartphone for seniors with friendly screen application<sup>11</sup>*

### *Objectives*

The demand for inexpensive yet good quality smartphones for seniors is growing. The Polish company Maxcom replied to this demand by creating a smartphone purposely designed to meet older people needs.

### *Key facts*

One of the key barriers for Polish seniors to buy a smartphone is the price which might be too high for them. Therefore, Maxcom introduced to the market a smartphone which costs only 399 PLN (app. 90 Euro). Additionally, the smartphone is equipped with a special age friendly application which allows people with f.ex. visual impairments or hand trembling to use the phone without problems.

### *Implementation*

Thanks to the application, older people can use the device without constraints. They are not forced to use the phones with large keys, which by many of them are found as stigmatizing. Moreover, traditional phones have a rather small screen and watching photos or videos is barely possible on them. Smartphone by MAXCOM enables them to enjoy the latest technological advances.

### *Results*

The product is valued and recommended by users. MAXCOM manufacturer is treated as the leading provider of telephones dedicated to seniors in Poland.



**FIGURE 9: MAXCOM SMART MS553 FS**

<sup>11</sup> <https://www.maxcom.pl/pl/smartfony/384-maxcom-smart-ms553-fs-lte-5908235974200.html>



## *X-kom, intelligent choice<sup>12</sup>*

### *Objectives*

The usage of many high-tech products by older adults is largely limited by the way these products are being sold. Quite often websites of internet stores are not suited to the visually impaired persons and the product descriptions are too complicated. At the same time this consumer group is constantly growing. For these reasons a company called X-kom, which an IT and RTV salesman introduced, is a dedicated sale platform for older adults with accompanying possibility of consultation by phone.

### *Key facts*

X-kom assumes that seniors prefer direct contact with a real person rather than a bot and they prefer telephone help over writing messages. Therefore, in order to help seniors make online purchases, the company opened a special hotline where the older consumers can get information on products and also order them.

### *Implementation*

The solution is very new on the market and it is too early to judge on the final results. It must be admitted though that the marketing campaign is very nice and a very beloved senior actor was involved in it.

## *Project: Guides of Digital Poland (latarnicy Polski cyfrowej)<sup>13</sup>*

The current stage of the project Latarnicy2020.pl (Digital guides 2020) was preceded by a project carried out in 2011-2015 under the slogan Digital Poland of Equal Opportunities. It was led by the Association "Cities on the Internet" and the Ministry of Administration and Digitization. Its aim was to educate seniors and seniors to be (over 44 years) in areas related to digital skills. Since June 2019 the project is again continued.

The key outcome of the project so far, is a network of 2900 Digital Guides - local educators, working on introducing people aged 44+ into digital world in their neighbourhoods. The result of their work is over 280 000 new Internet users who took part in over 70 000 classes. As such, it is a unique good practice in Poland in the implementation of projects disseminating digital competences among adult residents, based on a diagnosis of national needs in this field.

The project was not only a great success because of the numbers reached but also because its leaders and participants managed to create a solidarity between different stakeholders. Local governments became partners of the project and they actively supported the organisation of the trainings. The project had and still has a very positive resonance. The participants were not only those digitally excluded but also private persons willing to improve their competences as well as local government and education system employees.

This initiative is considered to be the largest digital education project dedicated to the 50+ age group in the EU to date. In 2012, it was awarded the WSIS PROJECT PRIZE by the International Telecommunications Union. In 2018, the Association 'Cities on the Internet', which created the project was honoured with the prestigious 2018 Development Architect Award by United Nations Global Compact Network Poland.

The current stage of the project is funded by app. 1.2 million Euro, largely coming from the EU budget. It is worth noting that it is a bottom up initiative.

<sup>12</sup> <https://lp.x-kom.pl/a/zakupy-z-doradca/#jak-to-dziala>

<sup>13</sup> <https://latarnicy2020.pl/o-projekcie>

### 3.3 HEALTHY

#### 3.3.1 HEALTHY measures and their target groups

Medical care is divided into first-contact care (POZ – podstawowa opieka zdrowotna) for which the general practitioner is responsible and specialist care. Specialist treatment is preceded by a referral from a family doctor to a specialist or to a hospital (SPZUZ - samodzielny publiczny zakład opieki zdrowotnej). In special cases or for some specialists, e.g. oncologist referral is not required.

Local government units at all levels (municipality, district and voivodeship) are founding bodies of most outpatient clinics and hospitals (SPZUZ) and therefore are responsible for investments and have a number of supervisory and control functions towards them. Local governments have the power to transform entities from public to private. As the National Health Fund is responsible for the ongoing financing of health services, it is in practice local governments have a slight impact on the income of service providers and their overall financial situation. At the same time, if the indebted hospital is not able to cover losses on their own, founding bodies (most often districts) are obliged take over its financial obligations and may initiate the procedure for transforming the SPZUZ in a commercial law company or liquidate it.

The decentralization of local government administration has resulted in some disintegration health care system. Because each level of local government administration is independent - has its own organizational units and own responsibilities - coordination of activities under the health sector is hindered.

#### 3.3.2 Challenges in implementation and gaps between availability and usage

The financial outlays on public health are not sufficient and they are mainly driven by low mandatory health insurance level. These are hardly to be changed as population is not able to bear the cost of higher insurance level. However, some measures need to be taken as low wages of the nurses and young medical doctors contribute to their outmigration what further exacerbates the situation. The only way to improve seems to be the reorganisation of care (by f.ex. closing down certain medical facilities) and the introduction of measures aimed at prevention which would lead to more healthy life years. This is very important as it might be said that the public healthcare system is designed to react post-factum i.e. when sickness appears. As a result medical appointments and procedures have very long waiting lists (reaching even 2 years). The situation of older adults is even more complicated as there is a great lack of geriatricians. It is estimated that there is only one geriatrician for 54.9 thousand people 60+ (Statistics Poland, 2018). According to Central Statistical Office in 2016 there were 134 geriatric clinics in Poland, where 99.6 thousand medical appointments were held (Statistics Poland, 2018).

#### 3.3.3 Available implementation support offers by stakeholders

The Ministry of Health leads so called “programs of health policy”, which aim at detecting and meeting necessary health needs and health improvement of defined group of patient. One of them refers to depression prevention, where also seniors as target group are included<sup>14</sup>. It is expected that early actions will contribute to lowering of expenditures on late diagnosed disease treatment. The aim is also to improve the quality of life of people suffering from depression and to identify other groups for whom preventive measures could be directed in the future. This program is very much needed as it is reported that the number of persons

<sup>14</sup> <https://www.gov.pl/web/zdrowie/program-zapobiegania-depresji-w-polsce-na-lata-2016-2020>

affected by depression is largely growing in Poland in recent years (Ministerstwo Zdrowia, 2018). However, the outcome of the program, which is state wide, might be very limited as its budget is low. For the year 2020 the budget was planned on the level of only 50 000 Euro.

On the regional level, health policy is also carried out with more focus on the local needs programs. In fact, since several years a growing regionalisation of health care has been observed (UM Łódź; SGH, 2016). Some regional programs stay even in opposition to the state level ones. A good example is in vitro fertilization, which is financed in Mazovia region (where Warsaw is located). It is not financed on the state level because the country government is formed by very conservative politicians, who are against such conception methods.

In 2020 local government at Mazovia region introduced a program aiming at increasing physical activity of persons aged 60+ for the period 2020-2023<sup>15</sup>. The program relies on two types of intervention: educational and therapeutic. As part of the educational intervention, several topics will be discussed such as: the impact of physical activity on physical and mental health, the role of physical activity in everyday life, safety in the place of residence and neighbourhood, prevention of falls and related injuries and complications, and proper nutrition. Each person participating in the program will be able to take part in free physical activities, taking place once a week for 3 months. In addition, each program participant will receive from the physiotherapist a set of exercises in 4 categories: aerobic, increasing muscle strength, improving flexibility and balance. The exercises will be tailored to his individual needs and capabilities. The program is dedicated to all inhabitants aged 60+ living in Mazovia region, which has 5.4 million inhabitants with 24% in post-productive age (1.3 million). It might be assumed that the demand for such educational and therapeutic interventions will be very high, however the program budget is very modest. It is only 70 000 Euro a year. Such a low budget will mean that only a very limited number of Mazovia region will be able to take part in it.

Health protection is the responsibility of municipalities since the reintroduction of communes in 1990. The municipalities bear the largest burden of the health protection and they carry many health programs. Most popular programs refer to vaccinations against influenza for inhabitants 60+ and cancer prevention but also education on proper nutrition and promotion of physical activity are very widespread. In 2020, the municipality of Warsaw initiated a program “active senior”<sup>16</sup>. It is aimed at residents aged 60+, who are invited to join physical activity trainings, twice a week of 45 minutes. The course lasts 16 weeks and it is expected that 4000 seniors from Warsaw will participate in it. The budget amounts to 300 000 Euro.

### 3.3.4 Funding opportunities for implementation support

Conscious ageing policy in Poland has rather a short history. It was the European Year for Active Ageing and Solidarity between Generations in 2012 which was a groundbreaking event. It is officially admitted that public policy on ageing in Poland started in that year. However, already in the 1990s with a growing number of older people public institutions started to work on some initiatives aimed at age-friendliness. Older people in Poland are becoming more valued as voters by the politicians on both state and local level.

A good example of the program financing the bottom up initiatives aimed at keeping seniors healthy and active is ASOS (Aktywizacja Społeczna Osób Starszych). It has a yearly budget on 10 million Euro and with such a fund each year over 300 initiatives manage to be financed. There are four priorities in the program:

<sup>15</sup>

<https://www.mazovia.pl/zdrowie/riorytetowedziaaniawojewdztwamazowieckiegowobszarzezdrowia/program-polityki-zdrowotnej/oprawasprawnocifizycznejosbpo60rokuycia/>

<sup>16</sup> <https://aktywnawarszawa.waw.pl/pl/akcje-sportowe/aktywny-senior>

- 👉 Education for older adults, which is mainly done by the Universities of the Third Age. Poland has over 500 Universities of Third Age, which are mostly linked with universities.
- 👉 Activities aimed at intergenerational integration
- 👉 Participation of older adults
- 👉 Social services for older adults

In the ASOS program, only NGO and public bodies can apply for the funding. Business is not allowed to participate in it.

The municipalities also organize competitions for activities aimed at meeting the needs of seniors which are carried by the NGOs. In Warsaw each district organizes a competition for a small grant which amounts to 2500 Euro. Unfortunately, business representatives like SMEs cannot get involved. There is a general belief that business might be linked with corruption and this is what the city officials want to omit.

### 3.3.5 Example/s of good practice in implementation support

#### **Łódź – Miasto (Tele)Opieki (Łódź – the city of (Tele)care)**

##### *Objectives*

The goal of the project is to develop medical and care services for dependent people at the age of 60+ and their families or carers.

The project is addressed to:

- 👉 40 dependent people under long-term care,
- 👉 2000 dependent people within telecare,
- 👉 citizens of Łódź,
- 👉 dependent people at the age of 60+,
- 👉 people who have never used a similar type of support.

In addition, priority is given to people who:

- 👉 run one-person household,
- 👉 live together with a professional caregiver,
- 👉 undergone hospital treatment,
- 👉 await for long-term care in DPS (Dom Pomocy Społecznej – Social Welfare Home) or home care for over 6 months,
- 👉 has Barthel score below 40,
- 👉 has income lower than social minimum
- 👉 has certificate of disability.

##### *Key facts*

Project participants receive two kinds of support:

- 👉 long-term care at home,

- 👉 telecare - a personal medical band.

Long-term care at home includes:

- 👉 long-term nursing home care - 4 visits per week, approx. 2 hours each visit
- 👉 support for caregivers in the field of accompaniment functions –about 2 visits per week, approx. 4 hours each visit
- 👉 care of a dietitian in the field of an dependent person – about 2 visits per month,
- 👉 rehabilitation, including rehabilitation care, prevention of bedsores, muscle spasms - about 4 visits per month,
- 👉 psychological support for the dependent person and carers – approx. 1 visit per month.

In terms of telecare centre of telecare 24/7 has been created and each participant is provided with medical bands enabling them to:

- 👉 verify basic life functions (temperature, heart rate),
- 👉 inform about alarm events (SOS signal, fall, removal of the band, leaving the safe location),
- 👉 communicate with the centre, carers and emergency number 112.

In the event of deterioration of health, the centre will ensure: arranging a doctor's visit, ordering medical transport, information on the availability of pharmacies, healthcare facilities.

The leader of the project is private company HRP Care Sp. z o. o. Partners of the project are: Municipality of Łódź, Foundation Wiosna-Jesień and company Fenix Poland Sp. z o. o.

The program is funded mostly by the ESF (European Social Fund) and it has a budget of about 5,5 million PLN.

### *Implementation*

The project is implemented in the period between 1<sup>st</sup> May 2018 and 30<sup>th</sup> June 2020. There were particular dates of recruitment to the long-term care at home programme. Taking part in telecare programme is still available and there are no specific dates of application.

### *Results*

According to the data from November 2019 there were 1500 people using medical bands. Bands detected 20 falls and 200 abnormalities of heart functioning. There were also 80 emergency calls. In February all bands were provided to the participants.

### *More information*

<https://uml.lodz.pl/seniorzy/projekty/teleopieka/>

<http://hrp.com.pl/projekty/lmto/>

## **Przystanek Alzheimer (Alzheimer bus stop)**

### *Objectives*

"Przystanek Alzheimer" is an informal group operating at the Warsaw branch of the Association little brothers of the Poor (mali bracia Ubogich). The group's goal is to educate and improve the

situation, self-awareness and knowledge of carers, both family and professional. The "Przystanek Alzheimer" initiative wants to spread knowledge about Alzheimer's disease to improve the fate of sick people and their carers.

### *Key facts*

The beginnings of the group's activity were the first working meetings, which turned into regular monthly meetings under the name "Przystanek Alzheimer" in 2012. Already during the first year of operation, the group organized 12 open meetings. The meetings took the form of lectures, workshops and therapeutic workshops. The next editions of the meetings took place in 2015 and 2016. The topics of the lectures concerned the role of caregivers in caring for a person suffering from Alzheimer's disease, the special needs of the sick, prevention, treatment, and the need to take into account the needs of dependent (and not only disabled) people in Polish law.

### *Implementation*

In 2015, "Przystanek Alzheimer" initiated a pilot project to build self-help groups for seniors, including support groups for people with Alzheimer's disease and other dementia syndromes.

### *Results*

As a result of the project "Przystanek Alzheimer", in 2015 the training of several leaders began, whose task was, among others creating new support points for carers of patients with Alzheimer's disease and 3 new consultation points were created. The project was continued in 2016 as part of an action aimed at strengthening and educating leaders building environmental support for carers of Alzheimer's disease and other dementia syndromes. It involved educating and strengthening leaders building environmental support for people and families of people suffering from Alzheimer's disease and other dementia syndromes. The action was used to professionalize leaders and gave organizational and legal assistance in creating support groups and consultation and information points. It also created a support group for project leaders / participants who started running support points and groups.

### *More information*

In Poland, there are no or few such trainings and they are hardly visible. Meanwhile, people who have contact with Alzheimer's patients require training not only in nursing, but also in music and dance therapy, psychology, law, and leisure time animation. Such group play a key role in before mentioned trainings and initiating them.

<https://www.malibracia.org.pl/nasze-projekty/przystanek-alzheimer/>

## 3.4 BUILT: Housing, public spaces, buildings and mobility

### 3.4.1 BUILT measures and their target groups

In Poland, the building of houses, public spaces and other facilities is regulated by the Spatial Planning Act and the Building Codes Act. The system is not perfect. It allows for ex. for some conflict between different documents decisions for building permits. Moreover, the system has led to a very extensive urban development. It is estimated that the areas envisaged for housing could be settled down by over 200 million people. This stays in a large contrast to the real demographic development and puts a large pressure on the environment.

#### *Housing*

The majority of seniors in Poland live in housing created in the socialist period. The prefabricated housing, although equipped with all needed facilities (bathroom etc.), is difficult to adapt to the needs of disabled people (due to construction limitations). App. 46% of this type of buildings lack elevators. The flats in these buildings are usually very small (up to 20 sq m), which negatively influences the standard of living.

Seniors living in rural areas face problems with poor housing conditions linked with f.ex. low thermal insulation or a lack of bathroom.

The provision of new housing dedicated to seniors is practically non-existing. Very few developers decide to build apartments for this consumer group. They fear that they will not get clients for this type of dwelling. This attitude is caused by the fact that Polish seniors are perceived as poor who cannot afford to buy a new flat. This is a general misconception as the per capita income in this age group is higher than that of the young adults. More importantly, seniors in Poland are owners of the apartments they live in. They can monetize these assets and change them f.ex. into smaller but barrier free apartment.

Some municipalities like Szczecin and Wrocław have created housing for seniors in the form of assisted living spaces. These are very promising examples of initiatives that perhaps will soon appear in other cities.

Co-housing for older people (ger. Wohngemeinschaften) is not widespread. It is happening among family members f.ex. two widowed sisters decide to live together. However, cohabitation of not related persons is not taking place and there is a lack of legal regulation for such housing cooperatives.

#### *Public Spaces*

The Accessibility Act introduced in September last year makes new investments to be created according to the universal design guidelines. The program Accessibility plus envisages some funds for renewal of existing public spaces and housing so that they become more disabled friendly.

### 3.4.2 Challenges in implementation and gaps between availability and usage

The challenge in Poland is the high shortage of dwellings estimated at the level of 1.5 million. Particularly needed is accessible, affordable and available housing. The state introduces measures aimed at increasing accessibility of new and existing housing (Accessibility Act and Program) and affordability (Program Housing + where dwellings with reduced rents should be provided). Although recent years show record numbers in housing completion the shortage is not falling due to the growth of the households number. Moreover, the dwelling prices are rocketing, which makes them unreachable for the young, entering the labour market.

The general awareness of the housing needs of an ageing population is rather low. The state does not have a proper diagnosis of the housing situation of older adults nor do the cities, which could do such research in their areas. Such surveys are nowadays limited also by the privacy issues.

As the consulted experts underlined, a very important issue is the education of people about safe dwelling conditions, which might not be very expensive to introduce. It might simply consist of a railing on the wall or removing of a carpet on the floor.

### 3.4.3 Available implementation support offers by stakeholders

In Poland there is no such profession as “ergotherapist” – a person who advises a senior what should be added or removed in his apartment in order to improve his wellbeing. The “Mimo Wiek” foundation is one of the very few that provides education on age friendly dwelling design and equipment. This is done free of charge on a voluntarily basis in a purposely organised model apartment for seniors, which is a purely bottom up initiative with no public money involved.

### 3.4.4 Funding opportunities for implementation support

In Poland one can get financial support to improve one’s dwelling into a barrier free standard only when one is disabled. The solutions known from other countries aiming at earlier adjustment of an apartment before the accident happens are not being applied in Poland.

### 3.4.5 Example/s of good practice in implementation support

#### **Model apartment for seniors, Warsaw**

##### *Objectives*

The purpose of the project was to create a living lab, where interior design solutions, products and services aimed at helping older people to stay healthy and independent for longer, would be presented. It was financed by private companies, including the big and global ones but also smaller companies from the local market.

##### *Key facts*

Such a project was very much needed, which is reflected in a high interest by visitors and media. The showroom was visited since its opening in 2016 by over 3000 persons, mostly seniors and their caregivers but also representatives of public institutions, architects and housing developers. Several movies were produced in the apartment, which are available on the internet. Thanks to them also persons living outside Warsaw can take a look at the model apartment.

The project was carried out by Agnieszka and Jan Cieśla who largely bore the risk associated with such an initiative. They managed to invite 18 companies, which supported it financially and/or with products. Despite taking strong efforts, the public institutions did not decide to support the initiative neither financially nor organisationally. The only exception was the Danish Embassy in Poland which not only organised a press conference on the venue opening but also encouraged Danish companies to join the initiative. As a result out of 18 involved companies 5 came from Denmark.

The project has a follow up in Szczecin. The model apartment in Szczecin was opened in 2018. As opposed to Mimo Wiek project it was done entirely by the city and regional authorities, with now private funds involved.



### *Implementation*

The initiative is run by the Mimo Wieku Foundation and it is supported by private companies. Nonetheless, the foundation is applying for other funds which would give more development opportunities, like additional trainings, also online, on safe and comfortable age friendly dwelling

### *Results*

The project is still running

### *More information*

[Polska Agencja Prasowa, serwis Zdrowie](#)

[Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych:](#)

[Wyemitowany 1 października odcinek programu „Misja Integracja” na ogólnopolskim kanale TVP 3 poświęcony był Wzorcowemu Mieszkaniu:](#)

[Ogólnopolski tygodnik “Wysokie Obcasy” \(nakład 140 000 egzemplarzy\) opublikował wywiad z twórcami WMS](#)

[Polskie Radio: reportaż o Wzorcowym Mieszkaniu Seniora wraz z materiałem filmowym](#)

[Audycja w Polskim Radiu 24 z udziałem Agnieszki Cieśla pt. “Mieszkanie dla seniora”](#)

[Reportaż Ewy Wołkanowskiej-Kołodziej pt. “Więźniowe czwartego piętra”, w którym jako przykład dobrego rozwiązania przedstawione jest Wzorcowe Mieszkanie Seniora](#)

[Wywiad z Agnieszka Cieśla w Dzienniku Polskim \(19.01.2018\):](#)

## **Home sweet home – safe dwelling for senior**



### *Objectives*

The project was financed by the ASOS program and its aim was to investigate the housing conditions of older adults living in Warsaw

### *Key facts*

The project was led by the “Go silver” foundation. 150 older adults took part in the survey in which detailed interviews (PAPI) were made. The seniors were pointing out many problems they have to face in their daily lives

### *Results*

-  Publication of a report written by Agnieszka Cieśla and Rafał Iwański (Cieśla & Iwański, 2017)
-  Documentary movie on living conditions of older adults in Warsaw

### *More information*

[www.gosliver.org.pl](http://www.gosliver.org.pl)

## 3.5 BUSINESS: Business opportunities and planning

### 3.5.1 Silver economy market and potential areas for starting a SHAFE business

The segment of services is characterized by the highest percentage of entities conducting care services (Figure 11) - in 2016 78.7% entities conducting this type of activity declared providing services for the elderly. The smallest activity on the product market and senior services were characterized by entities classified into the housing construction segment - 0.3%.

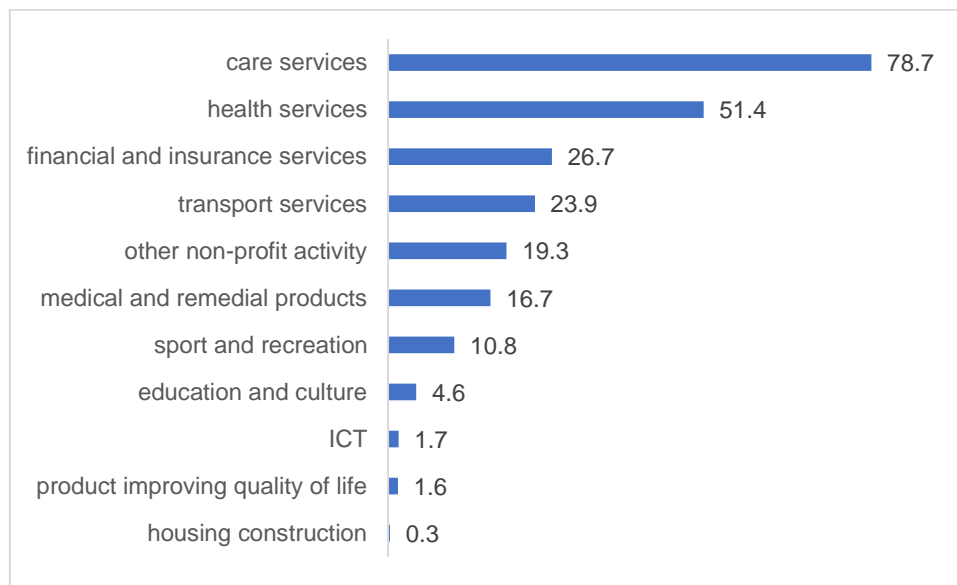


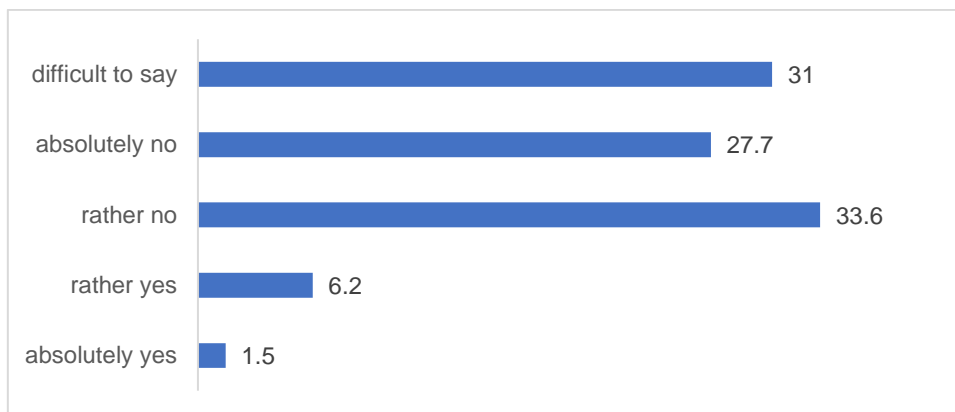
FIGURE 10: PERCENTAGE OF ENTITIES PROVIDING SHAFE SERVICES AND PRODUCTS (STATISTICS POLAND, 2018)

Entities operating in the senior market generated a significant portion of their sales revenues goods or services for the older adults. In 2016, the average share of revenues from SHAFE products and services in total sales revenues of commercial entities offering SHAFE goods or services amounted to 26.3% (Statistics Poland, 2018). Commercial enterprises achieved nearly PLN 7.7 billion in revenues from the sale of SHAFE products and (Statistics Poland, 2018). Nearly 29% of these revenues came from public funds and their main source was National Health Fund (Statistics Poland, 2018).

Entities usually conduct senior activities as statutory or due to the observed increase of number of people in senior groups in the population structure. The first of these reasons for doing business was indicated by 46.0% entities, while the other 39.4% (Statistics Poland, 2018). 3.2% of entities claimed profitability of this type of activity (3.2%) (Statistics Poland, 2018).

Nearly 35% of entities did not consider the production or provision of senior services at all, while slightly more than 6% of entities believe that the demand for SHAFE goods and services is still too low (Statistics Poland, 2018).

In the next three years, only 7.7% of entities declared plan in taking action aimed at increasing the share or entering the market of SHAFE products and services (Statistics Poland, 2018). Among entities already operating in the senior market, they intend to conduct activities aimed at increasing their share in this market. 35.3% of entities and only 3.2% of entities declared their plans to enter this market (Statistics Poland, 2018).



**FIGURE 11: ENTITIES PLANNING TO START OR DEVELOP ACTIVITY IN SHAFE PRODUCTS OR SERVICES (STATISTICS POLAND, 2018)**

According to the author of the document : “Directions of the development of silver economy – forecast for Poland in the global context” (Fedorowski, 2015) the recommended areas for development could be:

- ✎ consultancy on sustainability measures;
- ✎ application of information technologies (ICT) in medicine;
- ✎ elegant living, adapting housing and services to make life easier, in ever increasing ICT-usage;
- ✎ promotion of independent living, also with the increasing usage of ICT;
- ✎ fields that are gerontologically relevant to health economics, including medical technologies and e-health, hearing and vision support technologies, prosthetics and orthopaedics;
- ✎ education and culture as a response to the desire to obtain higher education degrees and free time management;
- ✎ ICT and media in combination with medicine, promoting independence and security;
- ✎ robotics of services combined with the promotion of independent living in the case of elderly people with serious health conditions;
- ✎ mobility and promotion of its elements, e.g. car traffic safety;
- ✎ leisure, travel, culture, communication and entertainment;
- ✎ fitness and wellness as a response to raising healthy awareness lifestyle;
- ✎ clothing and fashion as a manifestation of the desire for social integration.

Overall, predicted potential areas for starting SHAFE business are mainly related with ICT technologies and promoting of healthy lifestyle.

### 3.5.2 Main regulations for starting a business

The process of setting up a company in Poland is relatively convenient and fast. There are types of business form which can be registered in one day. Entrepreneurs who want to open a company in Poland can choose the appropriate business from several legal potions:

- ✎ sole trader (self-employment),
- ✎ civil law partnership,
- ✎ commercial companies:
  - companies (limited liability company and joint stock company),
  - partnerships (registered partnership, professional partnership, limited partnership, limited joint-stock partnership) (Ministry of Development, 2020).

Different forms of activity vary, among others:

- ✎ civil law partnership,
- ✎ liability for commitments,
- ✎ taxation and type of accounting (and associated obligations),
- ✎ the minimum capital needed to set up a business,
- ✎ the form of representation (i.e. who can represent the company, e.g. in official matters),
- ✎ the office to which you report your activity and deal with matters related to your company (e.g. reporting changes) (Ministry of Development, 2020).

Each business activity mentioned below is described according to information published on website: [www.biznes.gov.pl](http://www.biznes.gov.pl).

A sole trader is a one-person economic activity (individual business activity) and is the simplest type of company. It is often referred to as self-employment and can only be founded by an individual. To become entrepreneur it is necessary to register with CEIDG. It is possible to register online. Due to the fact that both registration and operation are not complicated, and no minimum capital is required, it is the most suitable form of activity for small businesses.

Civil law partnership (spółka cywilna) is the simplest form of a business with a partner. One of the biggest advantages of this form of activity is, low cost of establishment and the possibility of simplified accounting as well. According to the commercial law civil law partnership is not a "partnership". Outside, i.e. in relation to contractors and customers, a civil law partnership does not have legal personality, which means that the subject of all rights and obligations are the partners of the partnership. They are also entrepreneurs while the partnership is not entitled to the status of entrepreneur. No capital is required to set up a partnership. A civil law partnership can be transformed into any commercial company.

A limited liability company (spółka z o.o.) is the most popular commercial company in Poland. It can be established by at least one member and requires a minimum share capital of 5,000 PLN. This form of business is popular due to the liability of its members, the accessible share capital and that fact that it can start concluding contracts of performing other commercial actions in a short amount of time.

A joint stock company is generally preferred by large businesses and can have one or more founders. The minimum required share capital for this type of company is 100,000 PLN, out of which 25% must be paid up at the time of the incorporation. An important consideration for this type of business is that it can be listed on the Stock Exchange and the minimum nominal value of each share must be 0.01 PLN. It is a compulsory form of company for certain activities such as banks or insurance companies.

Registered Partnership - it is suitable for partners in one industry, for example, who carry out small or medium scale activity with a low degree of risk. The advantages of a registered

partnership include lower costs than in others forms of activity, the possibility of simple accounting and the possibility of covering claims with the partnership's assets. This type of partnership must be an organised and continuous specific commercial, service, manufacturing or other business activity. A general partnership is a partnership and may be established by natural or legal persons. There is no minimum capital requirement.





Professional Partnership - this type of partnership is addressed to professionals who want to cooperate. It is created by partners for the purpose of practicing a freelance profession in a partnership conducting an enterprise under its own business name. Partners may be among others professionals such as pharmacists, architects, civil engineers, auditors, insurance brokers, tax advisors, securities brokers, investment advisors, accountants, doctors and many more. A Professional Partnership may be established for the purpose of practising more than one profession. No share capital is required to set up this partnership.

A Limited Partnership belongs to the group of partnerships. It is a solution for at least two persons, one of whom is involved in the company's affairs while the other wants to only provide a financial contribution. One person is a limited partner. There is no minimum capital required.

Limited Joint-Stock Partnership is a type of partnership which combines the involvement of an active partner (general partner) with the provision of capital by shareholders. It is intended, for example, for large family enterprises, which aim is to raise capital for further business activity while avoiding a hostile takeover. A limited joint-stock partnership is a partnership whose purpose is to run an enterprise under its own name. The minimum capital is 50,000 PLN.

### 3.5.3 Support offers and stakeholders for starting a business

A number of supports are addressed to new entrepreneurs, especially about starting a business and developing a company. Each form of support mentioned below is described according to information published on website: <https://pieniadze.rp.pl/>.

-  Help from the local employment agency:  
Non-returnable and tax-free subsidies from the employment agency can amount to six times the monthly salary in the enterprise sector. In 2019, it was almost 27,500 PLN.
-  Cheap loans for graduates and the unemployed:  
There is also possibility to use government support, such as loans from the "First Business – Support for Start" entrepreneurship program implemented by Bank Gospodarstwa Krajowego. Under the program, the unemployed, university and college graduates and last year's university students can apply for low-interest loans for starting a business and loans for creating a job for the unemployed.
-  Almost 100,000 PLN for seven years:  
Under the program, there is possibility to take advantage of a low-interest loan for starting a business for up to seven years. The interest rate is 0.44% per year and is constant throughout the entire funding period. Currently, the maximum loan amount is 91,604 PLN, but it depends on the current average monthly salary for the previous quarter and is 20 times its amount. Program participants can count on an annual grace period for paying back the loan capital. In connection with the granted loan they do not incur any fees or commissions. In addition, anyone who intends to conduct business with partners in the form of a civil law partnership can get a much higher loan with them. In this case, it may amount to even 210, 000 PLN.
-  EU subsidies and loans:  
There are plenty of competitions and non-competition opportunities for business development and the fight against unemployment from EU funds. Individuals help

finance trainings, vocational courses, postgraduate studies, internships and apprenticeships, as well as starting or developing your own business. Young people who are under 30, do not work or study have the greatest opportunities. They have a chance of financial support amounting to 20,000 PLN.

- 🌱 **Grant for starting a business: bridge support:**  
Bridging support is another form of EU assistance for those planning to run a business. It allows entrepreneurs to survive the first months of work on their own while meeting the obligations towards Social Insurance Office. Assistance - as in the case of grants for setting up a business - is non-refundable and granted to all newly created companies, regardless of whether they generate revenues or not yet. Basic bridging support is granted for a maximum of six months from the date of commencement of operations, but may be extended to twelve months of operation of the company. The maximum amount may not exceed the equivalent of the minimum wage applicable on the date of payment of support.
- 🌱 **Privileges for start-ups:**  
Innovative business ideas can count on the largest subsidies. Programs such as Starter and BizNest and startup platforms have been created especially for their originators. In competitions, money for establishing a company can be obtained from seed funds, venture capital funds or business angels networks selected by the Polish Agency for Enterprise Development.
- 🌱 **Incubators:**  
Academic Incubators of Entrepreneurship, which help candidates for entrepreneurs to set up startups, are a great support for young people. They also provide substantive support. 56 incubators operate in 26 cities under the AIP. Pre-incubation is a programme for a time to learn to manage a company without having to start a business. Incubation and Incubation Plus help in the development of a company, if one has already founded it. More information: <https://aip.link/>.
- 🌱 **Krajowy Fundusz Szkoleniowy (The National Training Fund):**  
All enterprises (large, medium, small and micro) that employ at least one person on employment contract can apply for funds for training of their employees. Micro enterprises can raise 100% and bigger companies can 80% of bailout on trainings. More information: <https://kfs.pl/>.

### 3.5.4 Available training concepts

The Polish Agency for Enterprise Development (Polska Agencja Rozwoju Przedsiębiorczości) has on their website a range of online trainings in sectors such as finance, marketing, law, business support and management. Each section includes training packages in selected topics. For instance there are 9 training packages in the management section from the very basic ideas of how to set up a company to more complicated topics such as management skills. Online trainings are free of charge and available all the time on the online platform.

More information: <https://www.parp.gov.pl/component/site/site/kursy-online>

Polish Agency for Enterprise Development organises free-of charge seminars as well. The list of such seminars is available on their website:

<https://www.parp.gov.pl/component/site/site/szkolenia-stacjonarne>

### 3.5.5 Example/s of good training practice

#### **„Własna firma to się opłaca!” (Your business – it pays off)**

##### *Objectives*

This project is addressed to unemployed or economically inactive people at the age of 30 and more who belong to at least one of the following groups: long term unemployed, low-skilled, people at the age of 50 and more, women, disabled. Potential participants have to intend to set-up their business.

The project includes trainings for 105 people on how to set up and manage their business. The aim of the project is to create 95 new work places. 84 of them who create the best business plans will be supported with the funds from European Union and specialist advisory services in terms of entrepreneurship.

##### *Key facts*

The training is run by a for-profit organization: Konsorcjum Szkoleniowo-Doradcze Gamma and supported by funds from European Union. Trainers are specialists from before mentioned organization.

##### *Implementation*

Training consist of: 2 stages of application process (I stage: evaluation of application form, II stage verification of predispositions), classes about basics of entrepreneurship (56h) and specialist advisory services in basics of entrepreneurship (5h) and specialist knowledge in this area (3h).

##### *Results*

The project is still on-going. It is at the step of evaluating business plans. Planned results:

- 👉 105 people trained in the area of setting up and manage business,
- 👉 95 new work places,
- 👉 24 000 PLN for setting up company for 84 people,
- 👉 2000 PLN monthly salaries for first 12 months of operating new company,
- 👉 advisory services in entrepreneurship.

##### *More information*

<https://www.projektgamma.pl/szkolenia-unijne/lista-realizowanych-projektow/wlasna-firma-to-sie-oplaca>

## 4 Recommendations for training packages

### 4.1 Needs of the end-users and role of facilitators

According to the information gained during interviews end-users need especially:

- ✎ company,
- ✎ individual approach (may receive knowledge at different pace and have different background),
- ✎ feeling of safety (the sense of security in this group is extremely low and distrust towards strangers is high),
- ✎ clarity and coherence of information,
- ✎ patience and understanding of the end-users slower learning abilities (one interviewee said that explaining to the older person the use of a smartphone might be like explaining something to a 3-5 years old child. When it is done slowly with trial and error the senior will learn it.)

Main areas that experts suggest to teach end-users about:

- ✎ new technologies and applications, especially these monitoring physical condition and health status as seniors are mostly interested in them,
- ✎ available SHAFE products (such products exists but knowledge about them is not easily accessible).

Most of the interviewees claim that the role of facilitators is crucial in the process of delivering SHAFE products and services since many seniors prefer direct contact with people to finding information on their own. Additionally, seniors look for opportunities of social contacts and having a conversation.

A specific Polish challenge is that in Poland volunteering is far less widespread among older adults than in the Western countries. It is the younger generations which are engaging into in volunteering more frequently and eagerly than their older counterparts. This has very complex reasons, one of them is that Polish seniors lack confidence and they distrust others. The challenge is to show them the added value of volunteering, and that it should be connected with bringing joy to the end-user. This can be reached by activity like going out for a walk together, talking and listening to an older person, reading him or her a book. Volunteers should not be expected to the job of a caregiver (f.ex. changing a diaper) which is necessary and it might not be pleasant. Therefore, it is vital to distinguish activities done voluntarily and as a duty. Stronger social networks in the neighbourhoods would be also helpful in raising voluntary activities.

### 4.2 Strategies to attract and address potential SHAFE facilitators

Interviewees admit that gaining new skills would be a motivation to become facilitator. A key role plays here gaining recognizable qualification. Moreover, respondents admit the importance of financial factors – a potential income. However, all interviewees agree that a potential facilitator should be someone who has inner need to help others especially seniors. This is a basis to start this kind of activity because work with the seniors is very specific and might be exhausting.



Respondents emphasize that information campaign about possibilities of becoming facilitator should be led in different media: internet, television, radio to reach as many as it is possible. Interviewees believe that a lot of people who are retired are willing to take part even in voluntary work however, they do not know about such possibilities. Therefore, being a volunteer should be promoted and treated as something very positive. It might be linked with church activities and local NGOs.

Another area for SHAFE facilitators activity is the commerce. This refers to local groceries as well as to large ICT stores, acting in the whole countries. Local groceries workers/ owners should be aware of good and healthy nutrition and they should provide such products in their shops. Moreover, they should have skills on how to approach an older customer. The same refers to ICT stores which start to see this constantly growing consumer group. Hotlines dedicated to seniors are being created and they require workers knowing the limitations of an older person. It is important to note that a growing provision of smart, healthy, age friendly goods will also positively impact our well-being.

### 4.3 Appropriate training contents and methods



A very important issue is the proper approach to older adults. The trainings should not only provide knowledge on SHAFE products or services but should also cover the issues connected with limited learning potential of older adults. Their learning abilities are namely different than that of the kids or the young.

In Poland there is a huge demand for personal assistance for seniors. As families care less and less about their older relatives many seniors are left on their own. This refers to medical visits or unfair business, taking advantage of older adults (f.ex. selling products of very low quality at very high prices). A personal assistant could offer protection and possibly advise. A personal assistant could be a person acting voluntarily or being employed, depending on the scope of his activities.



### 4.4 Strategies to sustain the training outcomes

- 👏 Encouraging cities and communes to provide funding or support for SHAFE facilitators. As a good practice the mentioned project of “Guides of Digital Poland” might be given. In this project almost 2900 guides of Digital Poland were trained. They were in fact facilitators of digital skills particularly among people who are 60+. Using the experience of this project would be very valuable for Hands on SHAFE.
- 👏 A role as a facilitator should be seen as a prestigious and appreciated activity, people should be proud of it.
- 👏 One interviewee emphasized that not everyone is able to work with seniors. It would be good at the beginning of the training to make certain test checking if a person will be capable to work as a facilitator later on.
- 👏 It is important to create a network of facilitators (perhaps also an international one) in which they could support each other. Belonging to a network (association) would also lend credibility and prestige to a facilitator.



## 5 Quotes of experts and stakeholders

 Education about possibilities to take part in social life by seniors is a key issue. It is significant to educate what obstacles the older people meet every day in terms of quality of apartments in Poland. 



*Expert on needs of people with disabilities*

 Level of accessibility of SHAFE products is not low in Poland, but there is a knowledge gap about that. 



*Expert on needs of people with disabilities*

 Main reasons for knowledge gap about SHAFE products are related to belief, especially shared by architects, that solutions for disabled people or for seniors are ugly, impractical and badly designed, but it is not true. 



*Expert on needs of people with disabilities*

 It is not good to add information that product is for a special group of people. We would like to promote universal products and services which are for everyone: disabled, deaf, blind and so on. It helps to avoid stigmatization and segregation. 



*Expert on needs of people with disabilities*

 Main barriers in accessibility of SHAFE products are related to stigmatization. Even older people perceive products for their group as bad. 



*City official, Centrum Aktywizacji Międzypokoleniowej*

 There is for sure huge potential in providing trainings about technological education in the group of seniors. 


*Educator, Central Technology House (Centralny Dom Technologii)*

 Telemedicine and telecare will be a necessity as there will be not enough doctors in the future. 



*Social care expert*

 Filling the house of our older relative with technologies might lead to our lowering sense of duty of giving him frequent visits. And this may cause a growing social isolation. 



*Social care expert*

 Trainings should not be theoretical, they should be based on practical experience.



*Active ageing and silver marketing expert*

 Facilitator should avoid difficult, technical terminology. Instead simple but also sometimes metaphoric comparisons or statements should be used. 



*Active ageing and silver marketing expert*

 With age the sense of aesthetics does not decrease. Nonetheless, many product providers make products dedicated for seniors unbearably ugly. 



*Active ageing and silver marketing expert*

 The offer for seniors should be wide and designed for various groups of different age or affluence. 



*Active ageing and silver marketing expert*

 There is a common belief that a smart home will incapacitate us. Therefore, it is necessary to promote the idea that domotics can be very useful to us. 



*Product Marketing Manager, ABB company*

 Smart solutions are not magic. Everyone can use it. 



*Product Marketing Manager, ABB company*

 People tend to slowly adapt to changes. 90% of them are structurally unchangeable. If they did not use modern appliances in the past, in the old age they will not suddenly have the need to use latest technological solutions. 

*Silver economy expert, Warsaw School of Economics*

 The role of personal assistance is not to take the decision for senior. It is important that the senior keeps his subjectivity. 

*Silver economy expert, Warsaw School of Economics*

 None of the older adults want to be associated with his weaknesses. 

*Active ageing and age friendly workspace expert*



👏👏 Older consumers did not manage to form a coherent group of products and services recipients. 👏👏

*Active ageing and age friendly workspace expert*

👏👏 The age difference between facilitator and end-user will be of greater importance than difference in educational level or social status. 👏👏

*Architect specialising in design for all*

👏👏 Seniors have not the knowledge on safe, comfortable and easy to maintain solutions at home. Therefore, it is absolutely necessary to educate them as this will lead to more happy and healthy life years. 👏👏

*Architect specialising in design for all*

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