

Polish contribution to the questionnaire on identification of possible gaps in the protection of the human rights of older persons and how best to address them

1. Current domestic solutions, identification of gaps

On 26 October 2018, the Council of Ministers adopted a document entitled “Social Policy for Elderly People 2030. Safety - Participation - Solidarity”, which sets the directions of the senior policy and determines the activities of public institutions. It includes 7 areas of the social policy concerning elderly people in general and 4 areas of actions targeting dependent older persons and their caregivers.

The document provides for a number of actions regarding seniors in general in the following areas:

- developing positive perception of old age in society,
- participation in social life and support for all forms of civic, social, cultural, artistic, sports, and religious activity,
- creating conditions for the use of the potential of elderly people as active participants in economic life and the labour market, adapted to their psycho-physical abilities and family situation,
- health promotion, disease prevention, access to diagnostics, treatment, and rehabilitation,
- increasing physical safety – preventing violence against and neglect of elderly people,
- creating conditions for solidarity and intergenerational integration,
- supporting education for old age (care and medical employees), to old age (whole society), through old age (from the youngest generation), and education in old age (elderly people).

Actions regarding dependent elderly people:

- reducing the degree of dependence on others by facilitating access to services enhancing independence and adapting the living environment to the functional capabilities of dependent elderly people,
- ensuring optimal access to health care, rehabilitation as well as care and nursing services, adapted to the needs of dependent elderly people,
- a network of community and institutional services for dependent elderly people,
- a system of support for informal carers of dependent elderly people by public institutions.

Examples of actions:

- equality and non-discrimination
 - anti-discrimination projects and social campaigns,
 - social campaigns addressed to employers and employees on the elderly as employees, to entrepreneurs on elderly people as employees and consumers, and to the general public,
 - teaching at schools to prepare for ageing and intergenerational integration,
 - promotion of offers concerning the development of civil society, the elderly, and support for intergenerational projects as part of open competitions carried out by public entities,
- autonomy and independence

- trainings addressing elderly people, violence, and interpersonal communication in educational, social welfare and health care institutions, law enforcement authorities and the judiciary, as well as among the elderly,
- economic security, social insurance, and social assistance
 - counteracting economic exclusion and poverty of the elderly,
 - analysis of the lifetime annuity to ensure protection of the elderly,
 - development of various forms of daytime and 24-hour care, periodic and continuous, matching the diverse needs of dependent elderly people,
 - introduction of the requirement that all staff providing assistance and care to dependent elderly people have specific qualifications,
 - developing occupational therapy, including ergotherapy, provided in an inpatient or outpatient mode, on an ambulatory basis or at the elderly person's home,
- right to work and access to the labour market
 - supporting elderly unemployed people and job-seekers in accessing professional activation programmes,
 - raising seniors' awareness of the possibilities of increasing their professional activity,
 - creating incentives for elderly people to remain in the labour market, including by: introducing widespread flexible forms of work for elderly people, providing support for social economy entities employing seniors, promoting continuation of work in other forms such as coaching, tutoring, and mentoring.
 - promoting principles of corporate social responsibility and age management among employers, promoting flexible forms of employment, sharing good practices and experiences,
 - promoting principles of the silver economy among commercial and non-commercial entities,
- education, training, lifelong learning, and capacity building
 - facilitating participation in social life, culture, artistic activities, sports and recreational programmes, and tourism, including by: increased accessibility of cultural institutions, promoting sports and recreational activity, development of small multi-generational sports and recreation infrastructure, enhancing group and individual tourism among the elderly,
 - ensuring access to educational services provided as part of lifelong learning,
 - increasing the availability of education by means of supporting non-governmental organisations and other institutions in education of the elderly, dissemination of information on educational opportunities for seniors,
 - promoting education in the area of new technologies: increasing seniors' skills in using new media,
- accessibility, infrastructure, transport, habitat
 - shaping senior-friendly public spaces, eliminating information, technical, urban, architectural, and communication barriers, promoting universal design, consolidating knowledge in the field of road safety,
- right to health and access to health services
 - developing responsibility for health and supporting positive lifestyle patterns, including by: disseminating health knowledge at all levels of education, taking into account changes resulting from the ageing process, implementing health promotion programs informing about

- health risk factors and promoting behaviour conducive to maintaining and improving good health condition,
- developing telemedicine and telecare and access to technical facilities, compensating for lost capacity and supporting elderly people's autonomy,
 - ensuring optimal access to health care services,
 - educating medical staff to care for elderly people,
- long-term and palliative care
 - developing standardized support and care services, including telemedicine,
 - eliminating functional barriers in the living environment,
 - developing geriatric care provided in an inpatient or outpatient mode, and on an ambulatory basis,
 - network of environmental and institutional services provided to dependent older persons,
 - coordination of operation of health care and social services – development of a cooperation system at the central, regional and local levels, as well as cooperation between the public, non-governmental, and private sectors,
 - violence, neglect, and abuse
 - developing a counsel network for seniors suffering from violence in their place of residence,
 - educating on violence against the elderly in social welfare, health care, and educational institutions, law enforcement authorities, as well as among seniors,
 - social integration
 - developing volunteer work of elderly people, preparation for playing new social roles in the family, peer, neighbourhood, religious and other groups,
 - developing social infrastructure as a place to meet and share intergenerational experience, training local community leaders, disseminating good practices implemented by local governments and non-governmental organizations,
 - promoting intergenerational cooperation and good practices in this respect by public media, promoting joint initiatives and cooperation of children and young people with elderly people and senior organizations,
 - engagement in public life and decision-making processes
 - supporting the functioning and development of organisations bringing together elderly people, municipal councils of seniors, and other forms of social participation and representation of elderly people.

The implementation of social policy for elderly people is monitored as part of the obligation under the Act of 11 September 2015 on elderly people. Since 2015, an “Information on the situation of elderly people” has been drafted annually.

All documents are prepared in cooperation with experts – members of the Senior Policy Council (an advisory and consultative body of the Minister of Family and Social Policy), local governments, and non-governmental organisations, which – through their daily work – most aptly diagnose the current needs of senior citizens in the local environment.

The challenge for the domestic policy is to adapt the measures taken to the significant diversification of elderly people population. Elderly people from each age group (60–70-year-olds, 70–80, 80+) differ from each other in terms of the level of education, health status, economic situation, place of

residence, marital status, and lifestyle. Public policies should take this diversification into account in order to provide seniors with appropriate scope and forms of extensive general care and relevant support. To this end, in addition to the traditional measures focusing on medical or social care, the latest achievements of occupational therapy and social rehabilitation should be applied.

2. Additional information

- **Equality and non-discrimination**

Pursuant to Article 32 of the Constitution of the Republic of Poland, all persons are equal before the law and no one can be discriminated against in political, social or economic life for any reason whatsoever. The rights and freedoms of all citizens, including those exposed to discrimination, are subject to equal legal protection.

The Act of 3 December 2010 on implementation of some regulations of the European Union regarding equal treatment introduced in the Polish legal system a range of equal treatment mechanisms. The most important of them include: definition of discrimination, the reverse burden of proof mechanism, possibility to claim damages for unequal treatment, and the right to take compensatory (affirmative) measures on behalf of discriminated groups. The Act defines the Polish model of anti-discrimination policy. The bodies responsible for ensuring equal treatment are the Government Plenipotentiary for Equal Treatment and the Commissioner for Human Rights.

The 2022–2030 National Action Programme for Equal Treatment sets out the objectives and priority actions to promote equal treatment. It has been implemented by all ministries, according to their competencies, and in collaboration with non-governmental organisations, social partners, and local government units.

The Programme provides for a debate of representatives of non-governmental organisations and other institutions gathering and dealing with older people and representatives of employers interested in prospective cooperation with the elderly. Prior to the debate, information about the project and invitations to the representatives of both sides will be published on social media. The purpose of the event is to exchange information on opportunities to tap into the expected increase of professional activity in the EU and in Poland, and to make contacts between the representatives of the elderly and employers. It will be concluded in the form of recommendations for companies willing to employ seniors. The debate is scheduled for 2024.

The programme also envisages a meeting between the Government Plenipotentiary for Equal Treatment and the provincial governors' plenipotentiaries for equal treatment in governors' administration to be held in the fourth quarter of 2023, with a view to developing recommendations for local governments on supporting seniors as local community leaders in various areas of life, also building intergenerational solidarity by showcasing the role of seniors as carriers of values and traditions, and sharing their life experience. Next, interviews will be held with seniors – leaders in given areas of life.

Other actions provided for in the Programme regarding discrimination on grounds of age include:

- maintaining Equal Treatment Teams to improve diversity management in a workplace,
- intermentoring – exchange of information between generations – to prevent demotion and professional exclusion of long-serving employees of different age, experience, knowledge, and skills, as well as enhancing skills and competences regarding knowledge exchange, elimination of barriers and prejudice in intergenerational communication through training of less experienced colleagues and sharing knowledge,

- publishing information on government offices’ internal and external websites (e.g. Public Information Bulletin) on employment diversity at ministries, including employment statistics broken down into, for instance, the staff’s sex, age, and disabilities to increase employees’ and external clients’ awareness of employment diversity at a given office,
- implementation of age management policy in government offices,
- dissemination of good practices of enterprises regarding workplace diversity management,
- raising staff’s and management’s awareness and knowledge of equal treatment, as well as training of staff at public institutions to make them sensitive to age discrimination in the labour market,
- outreach activities among seniors about opportunities of their participation in family and social life, including volunteer service,
- organising computer literacy and internet courses,
- expanding the infrastructure of local support centres for elderly people,
- working with people who are or could be leaders in their local communities to build solidarity between generations by showing the role of seniors as propagators of values, traditions, and life experiences,
- organising job fairs for seniors at provincial administration offices.

- **Violence, neglect and abuse, crime**

Ensuring the security of older people is one of the priorities of social policy towards them.

The Act of 29 July 2005 on Counteracting Domestic Violence reads that victims of domestic violence are provided with free support, particularly in the form of:

- medical, psychological, legal, social, occupational and family counselling,
- crisis intervention and support,
- protection against further harm, by preventing abusers from using a shared home with other family members and by prohibiting contacting and approaching the victim,
- providing the victim of domestic violence with safe shelter in a specialised support centre for victims of domestic violence,
- a medical examination to determine the causes and types of bodily harm resulting from the use of domestic violence, and issuing a relevant free-of-charge medical certificate,
- providing assistance in obtaining housing to a person affected by domestic violence who has no legal title to the premises occupied jointly with the perpetrator of violence.

In addition, free-of-charge medical, psychological, legal, social, occupational and family counselling is provided.

The central tool for countering domestic violence involves the “Blue Card” procedure. It comprises all measures taken by representatives of organisational units of the social welfare system, municipal commissions for resolving alcohol-related problems, the Police, as well as educational and healthcare institutions in instances where there are justified suspicions of domestic violence. These activities are of a preventive, interventional, assistive, and corrective nature.

Measures for elderly people affected by domestic violence are also pursued under national programmes to counter domestic violence, which operationalise the Act of 29 July 2005 on Counteracting Domestic Violence. National surveys are commissioned every two years to identify the

scale of domestic violence against certain groups of people and the forms of experienced domestic violence. In 2022, the project “Counteracting violence against elderly and people with disabilities” diagnosed this phenomenon.

The Social Assistance Act of 12 March 2004 guarantees protection from violence against elderly people living in care homes. It provides that the organisation of care homes and the scope and level of their care and housing services must in particular reflect their residents’ freedom, privacy, dignity, and sense of security as well as their degree of physical, intellectual, and mental fitness. Care homes are supervised and controlled by provincial governors.

The Social Assistance Act of 12 March 2004 also provides for measures that can be used to assist victims of violence (these measures are foreseen for all people):

- specialist counselling—legal, psychological and family-related—provided to individuals and families who have difficulties or show a need for support in solving life problems,
- crisis intervention for individuals and families; the goal is to restore mental balance and the ability needed to deal with challenges, thereby preventing a crisis response from turning into a state of chronic psychosocial dysfunction,
- assisting families which have difficulties in coping with their tasks, in the form of family counselling; family therapy understood as psychological, pedagogical and sociological measures aimed at restoring the family’s ability to cope with their tasks; social work; ensuring care for children and raising them without the family.

The provisions of the Criminal Code ensure full protection of life and health for all people, including seniors. The offence of maltreatment includes a qualified type which concerns maltreating a person who is “vulnerable because of his or her age,” which carries the penalty of imprisonment for between six months and eight years.

According to Polish law, neglect and maltreatment fall within the category of domestic violence. In the event of domestic violence, the “Blue Card” procedure is launched. If the offender’s conduct has the features of a criminal offence, such as maltreatment, criminal proceedings are initiated in addition to the “Blue Card” procedure.

In order to diagnose and assess the situation as regards a reported suspicion of domestic violence, a diagnostic and assistance team is set up to include:

- a welfare worker of a social assistance organisational unit,
- a Police officer,
- a Military Police officer, if the perpetrator of domestic violence is an active serviceman.

All persons, including the elderly people who are victims of domestic violence, witnesses and their families are guaranteed legal, psychological, psychotherapeutic, and material support from the Justice Fund. The Victims Support Network offers 305 support facilities. The support facilities have convenient access by public transport and are located on the ground floor or accessible by lift.

If a person is not able to visit the location (e.g. because of age or disability), an appointment (with a lawyer or psychologist) can be arranged at their home.

It is also possible to receive quick and anonymous psychological and legal counselling on the twenty-four-hour national Victim’s Assistance Line. Such help can also be obtained by e-mail.

The Justice Fund also finances special prevention and information measures for those aged over 60. These address crimes committed against elderly people and combat violence against the family and guardianship and are run in partnership with local communities. Since 2022, the “Stop Violence” project has been running, with an education and information campaign targeting such elderly people, aimed at improving their law and security awareness.

As part of measures to prevent crime and other social threats set out in priorities of the Police Commander-in-Chief for 2021-2023, the Police runs campaigns, information meetings, knowledge competitions, radio and television broadcasts, as well as press releases on the internet.

The Police's online prevention efforts, following the lockdowns during the SARS-CoV-2 coronavirus pandemic, have proven to be an effective way of reaching out to senior citizens. Activities in this form continue, for example, Senior Online is posted monthly, a live YouTube broadcast addressing specific threats faced by seniors. The main aim of the programme is to connect the Police and elderly people and raise public awareness of situations where they become victims of crime.

Public debates organised by the Police facilitate diagnosing problems and threats that are most acute for local communities, and formulating recommendations to the Police, which allows the planning of activities that are tailored to real societal needs. Participants in the debates are mostly elderly people, a fact which reflects their commitment to local affairs.

A 2018 agreement between the National Police Headquarters, the Office of Competition and Consumer Protection, the Social Insurance Institution and the Agricultural Social Insurance Fund concerns cooperation on the public campaign "Senior citizens, don't fall for scams." It cautions against rash buying decisions at presentation events and signing contracts with providers of electricity, gas, cable TV and phone services.

- **Economic security, social insurance, and social assistance**

As a general rule, any person who carries out a professional activity is subject to compulsory social insurance. In the absence of obligatory insurance it is possible to take out insurance on a voluntary basis.

Pensioners and disability pensioners who have the entitlement to retirement and social benefits but who continue to work are subject to retirement pension and disability insurance—obligatory, if they are employees—or voluntary, if they perform work on another basis. The purpose of this solution is to increase the insurance period and enable possible future revaluation of benefits.

Retirement pension is awarded upon reaching the universal retirement age, irrespective of insurance coverage period. Therefore, pension entitlement is eligible to an insured person who was subject to social insurance or to retirement pension and disability insurance for half a year or 25 years. The amount of retirement pension depends on the amount of deposited contributions and average further life expectancy. Also important is the age of retirement—the longer the work period, the higher the future benefits. A low retirement pension (so-called "penny retirement pension") is subject to an increase up to the amount of the guaranteed lowest benefit, provided that a specific length of retirement service is demonstrated: 20 years for women and 25 years for men.

The indexation of retirement and social security pensions is carried out each year on 1 March using a percentage indexation rate, which corresponds to the annual average price index of consumer goods and services in the previous calendar year increased by at least 20% of the real increase in the average pay in the previous calendar year.

In 2022, adjusted for inflation, the benefit indexation rate was increased by a percentage of the real increase in the average pay in 2021; as a result, the benefit indexation rate was raised from 105.7% to 107.0%. The year 2023 saw a benefit indexation in terms of percentage and amount, which involved raising the benefit amount by the indexation rate (114.8%), not less than by PLN 250 (around USD 62).

Persons aged 75+ or deemed unable to work or incapable of an independent existence are entitled to the nursing allowance.

Incapacity to work because of age is one of the conditions for being granted a permanent social assistance allowance. Incapacity to work because of age is understood as reaching the retirement age

laid down in the Act on retirement and disability pensions from the Social Insurance Fund. This means that, although the condition of advanced age is not an essential prerequisite for the granting of cash benefits under the social assistance system, it is one of the conditions for the granting of a permanent allowance.

Other social assistance cash benefits are granted irrespective of the claimant's age.

- **Right to work and access to the labour market**

The situation of elderly people in the labour market is influenced by, among others, age discrimination in the labour market. It is therefore important, from a labour market perspective, to have programmes in place to motivate the hiring of 50+ people, as well as promote their employment through labour market services and instruments. In addition, a crucial aspect is to motivate older people to remain in employment until the retirement age or longer.

The Act on employment promotion and labour market institutions protects the observance of the principle of equal treatment in access to and use of the labour market services and labour market instruments, irrespective of, among other things, age.

Those aged 50+ who register with a poviát (district) employment office, may, as unemployed persons, receive support in returning to the labour market and make use of most forms of assistance available, including training courses, intervention works, public works, internships, occupational preparation of adults, socially useful works, subsidies and loans for undertaking economic activity and creating new jobs, or financing the costs of post-graduate studies. Additionally, support instruments dedicated exclusively to 50+ persons are available, including:

- a remuneration subsidy for employing unemployed persons aged 50+;
- an exemption from the payment of premiums for the Labour Fund for employed persons over 50;
- extending the period of using intervention works to 24 months for unemployed persons aged 50+, and, if the refund of the remuneration and social insurance premiums is paid for every second month, even up to four years;
- exempting employers from paying premiums for the Employees' Guaranteed Benefits Fund of 50+ employees who for 30 days prior to employment were entered in the poviát employment office's records of unemployed persons;
- those aged 50+ belong to a group of persons with a special labour market status, which is why they enjoy priority in being seconded to participation in special programmes;
- in the case of unemployed persons aged 50+ whose unemployment benefit qualifying period is at least 20 years, the payment period for the benefit is extended from 180 to 365 days.

Due to the need to further undertake measures to support persons aged 50+ in the labour market, 112 pilot projects have been financed from the Labour Fund, which aim at testing new solutions for providing assistance to the unemployed and job-seekers, including persons in older age groups and employers (e.g. "A good employee has no age", "Professional senior—mentor", "Active senior" or "Professional activation incubator for seniors").

Provisions regulating the functioning of public employment services include solutions enabling elderly persons who have registered with an unemployment office to receive funding for training courses, postgraduate studies, and exams granting occupational rights.

Poviát employment offices provide employers with financing from the National Training Fund for continuing education of employees and the employer. From the moment the fund was launched in 2014, the support for continuing education of working people aged 45/50+ has been a priority as regards spending of the fund's resources.

- **Autonomy and independence**

As part of the social assistance system, non-cash benefits are provided to persons in need of support due to their age.

The following are aimed at persons requiring partial support in everyday functioning:

- care services and specialist care services provided in the person’s place of residence or in an assistance centre;
- assistance in supported sheltered accommodation.

Persons requiring round-the-clock care may receive assistance in:

- family care homes;
- residential care homes;
- facilities that provide round-the-clock care to chronically ill, elderly people or people with disabilities and are run as part of the business activity.

Other non-cash benefits under social assistance are granted irrespective of the claimant’s age.

“Social services development strategy, public policy until 2030 (with an outlook to the year 2035)” outlines the directions of actions to develop an effective system of social services for persons in need of support in everyday functioning in the residential environment, as well as a support system for families taking care of persons requiring help in daily life. The underlying principles of these actions include:

- prioritizing social services provided in local communities over in-patient services;
- supporting families and persons taking care of those in need of help in everyday functioning;
- developing individualized social services provided in local communities, including preventive services that will reduce the need for institutional care;
- developing various forms of housing, along with a basket of services;
- implementing a system of coordination and standardization of social services for persons with mental disorders as well as developing integrated social services for persons with mental disorders and experiencing psychological crises;
- changing the functioning of in-patient care institutions for persons with mental disorders.

As part of the implementation of the strategy, on 28 July 2023 an amendment to the Social Assistance Act was adopted, which, among other things, provides for:

- solutions enabling the provision of short-term assistance services by residential care homes (in the form of round-the-clock or daytime stay);
- the provision of care services in the form of neighbourhood services;
- the introduction of new housing regulations (training and supported accommodation).

The development of deinstitutionalized forms as part of long-term health care as well as palliative and hospice care aims to improve health and health-related quality of life of older persons and their carers and to offer support in maintaining the independence of elderly people. This enables them to function in their local communities for the longest possible time, thus postponing the need to use institutionalized care in round-the-clock facilities and reducing the load on the healthcare system, which is of vital importance in the view of the deepening demographic changes related to an ageing society and limited resources of the system, particularly in terms of its staff.

The ongoing measures thus aim at increasing access to services provided in local communities that enable elderly people to remain in their places of residence as long as possible and maintain their self-dependence to the greatest extent possible. It is also necessary to improve coordination of services provided in the healthcare and social assistance sector.

Actions targeted at elderly prisoners are implemented in line with the principle of individualization of penalties and preparations for life after release from prison. These actions include: work, rehabilitation programmes, vocational courses and training, education, therapeutic counselling. Classes and training courses are organised which enable participants to acquire new skills as well as social and public competences and strengthen their position on the labour market and in local communities. Prisoners have the opportunity to participate in meetings with representatives of institutions that specialise in assisting elderly people. The Prison Service provides support to persons applying for disability certificates, incapacity to work certificates, social pensions, as well as interventions to help prisoners keep their current accommodation or find new one.

- **Education, training, lifelong learning, and capacity building**

Elderly people may participate in continuing education within the education system that includes schools of general education for adults, vocational schools (post-secondary schools and second-cycle trade schools), and out-of-school forms. Out-of-school forms include four types of courses for adults: (1) qualification vocational courses, (2) occupational skills courses, (3) general competencies courses based on selected fragments of the core curriculum of general education, (4) other courses allowing participants to gain and supplement knowledge, skills, and professional qualifications.

There are no legal obstacles for adults, including elderly persons, to participate in higher education. Such persons can continue their education through studies, post-graduate studies, and other forms of learning (courses, training, workshops).

Undertaken educational activities are highly diverse and testify to increased social awareness regarding the need to ensure solidarity and to strengthen bonds between generations.

Universities of the Third Age are closely connected with academia, demonstrate a high level of didactic, scientific and research activity, and are varied in terms of their organisational forms. Outside large municipal/academic centres, branches are set up, particularly in rural areas.

Universities are not care, rehabilitation or treatment facilities.

Folk high schools are non-formal, non-public educational facilities for adults which:

- operate in rural communities or small towns as well as in places where access to other forms of adult education or development is hindered;
- provide services related to non-vocational or vocational education for adults;
- mainly aim at the development of human and social capital by increasing social, civic, and professional competences.

Local Knowledge and Education Centres (LOWEs) were established as a project under which schools additionally and voluntarily organise educational activities for adults in their communities, including for seniors. The focus is on disadvantaged regions, e.g. rural areas, remote small towns, post-industrial areas, and selected districts of large cities. The project aims at educational activation of adults and mobilisation of local institutions and organisations developing adults' skills. Educational activities offered by LOWEs enable the development of transferable skills (key competences) that constitute the foundations of lifelong learning.

In line with the principles of the development of adult education, adopted at the European and national level, educational institutions should place emphasis on the need to build key competencies

that are vital to all and at all stages of life. These include basic skills such as understanding and producing information, doing various types of calculations and using modern means of information and communication, as well as transversal skills people need to cope in professional, social, and personal situations throughout their life (resourcefulness, inventiveness, creativity, the ability to continue learning, time management, cooperation within a team). These goals are attainable provided that educational institutions are granted autonomy in terms of their curricula, the possibility to create their own educational programmes tailored to the needs of their communities, and participation in the validation of learning outcomes.

Poland has joined in the realisation of the European policy on lifelong learning, inter alia by implementing the Integrated Qualification System. The system is to encourage adults to learn, help to validate competencies they gained outside school, and assist in planning their professional development.

- **Access to justice**

If an elderly person acts as the defendant in criminal proceedings, they may be assisted by a court-appointed defence lawyer due to “a circumstance hampering defence”. The term “circumstances hampering defence” refers to various aspects related to the physical, psychological, and intellectual qualities of the defendant. In the physical context, these could include elements such as the person’s age, health, or the functioning of individual senses. The psychological aspect refers to the level of mental capabilities of the defendant, the person’s resourcefulness or ineptitude. The intellectual aspect is related to their level of general intelligence and knowledge in the area that constitutes the subject matter of presented charges.

If the injured party is a vulnerable individual, particularly due to their age or health, their rights may be represented by a person that has the vulnerable individual under their care. Additionally, the vulnerable individual has the right to be assisted by a legal representative that could be an attorney or a legal adviser, and, if necessary, the representative can also be appointed ex officio.

The Polish civil procedure regulations do not provide for a possibility of exemption from court costs and the appointment of professional legal representatives only on account of an advanced age of a party to, or a participant in, the proceedings; however, if there are no grounds for the court to appoint a legal representative of an elderly person, the latter is instructed that they can turn to an advocate of their own choice or to a gratuitous legal aid and counselling provider operated pursuant to the rules laid down in the Act of 5 August 2015 on gratuitous legal aid, gratuitous civic counselling, and legal education.

- **Right to health and access to health services**

Health services for the elderly are provided on the basis of a guaranteed health service basket. The diagnostic and therapeutic processes for the elderly and the improvement of their fitness are delivered on a general basis as part of publicly funded health services. Special health service rights are granted in particular to patients with profound disabilities, many of whom are elderly persons. In the vast majority of cases, limited access to health services in the different fields of medicine can be due to insufficient funding and health care staff shortages. Limitations on access to services due to patients’ age have not been observed.

The development of degree courses related to health services for the elderly needs to be provided for in education and training programmes.

Work on enhanced procedures regarding the use of coercive measures in health care facilities must be continued.

- **Accessibility, infrastructure, transport, habitat**

According to the Act of 19 July 2019 on ensuring accessibility for persons with special needs, public entities are obliged to ensure minimum accessibility, while failure to comply with such obligations may be subject to complaints.

Accessibility Plus 2018–2025, a governmental programme carried out since 2019, has covered 100 initiatives for projects and competitions aimed at the liquidation of barriers encountered by people of different ages and degrees of disability. Lifts and ramps were installed, buildings were fitted with assistive listening devices and mobility facilities, and 3 thousand accessibility coordinators and assistants were employed.

Digital exclusion of the elderly

Today's widespread computerization of public and other services (online patient accounts, e-documents) requires computer and internet literacy and access. Traditional services are in decline. Like the persons with disabilities, the elderly are particularly at risk of digital exclusion (on account of not using the internet and having little or no digital competence). Solutions must be put in place to enable the persons without relevant resources or digital skills to make use of the corresponding services either in a different way or with free assistance. It is also necessary to develop forms of education through which the elderly will be able to acquire the indispensable competences.

The European Funds for Social Development programme includes a plan to set up a local community's digital competence development centre in every interested municipality, providing everyone in need of support in computer or internet use with tailored assistance in breaking the barriers in entering the digital world, using emails, or downloading prescriptions from their online patient account.

Architectural accessibility of residential and public buildings

One of the key issues faced by the elderly is the insufficient number of public buildings and spaces adapted to their needs and abilities. Another serious problem consists in the lack of procedures and methods to evacuate persons with disabilities and the elderly with different types of impairments.

According to the Act of 7 July 1994—Construction Law, the building object as a whole and its individual parts, along with the building facilities connected thereto, must be designed and built—taking into account the anticipated period of use—in the manner specified in the provisions, including technical and building provisions, and in accordance with the principles of technical knowledge, securing:

- the conditions necessary for the public utility objects and multifamily residential buildings to be used by the persons with disabilities, including elderly people,
- the minimum share of living accommodations available to the persons with disabilities, including elderly people, in the total number of living accommodations in a multifamily building.

The implementing provisions of the said act contain accessibility solutions for persons with disabilities which are also consequential for the elderly and their functioning:

- exemption from the obligation to keep the minimum prescribed distance from the boundaries of a building plot when constructing a ramp,
- the requirement to provide parking spaces for cars used by persons with disabilities,
- the possibility to arrange parking spaces used by persons with disabilities unrestrictedly close to windows of buildings,
- the dimensions of parking spaces for passenger cars used by persons with disabilities,

- the requirement to provide persons with disabilities with wheeled entrance from the ground level and access to all usable floors in a multifamily building, a lodging accommodation building, and a public building, all furnished with lifts,
- the parameters of ramps.

Work has been underway to develop new solutions in terms of the obligatory technical conditions for buildings and their location, including with regard to improved accessibility for persons with disabilities, such as the following:

- the obligation to provide a lift in a public building or a lodging accommodation building with two or more storeys and in a multifamily residential building with three or more storeys; the two-storey multifamily residential buildings will have to be provided with other lifting devices,
- the obligation to provide the specific types of buildings with hygiene and sanitary facilities adapted and designated for diaper changing in adults with special needs, and the obligation to provide the newly constructed multifamily building complexes of more than 20 living accommodations with leisure facilities accessible to the persons with special needs, fitted with special-purpose leisure equipment,
- introducing provisions that define the minimum share of living accommodations available to persons with disabilities in the total number of living accommodations in a multifamily building.

The new solutions are scheduled for implementation in September 2024.

A guidebook was published (in Polish) on the standards of building accessibility for people with disabilities, taking into account the concept of universal design. The guidebook aims to indicate the suitable solutions in adapting both newly designed and existing public buildings, lodging accommodation buildings, and multi-family residential buildings to the diverse needs of their users in the light of the universal design principle.

In operation since 2019, the Accessibility Fund offers partially remittable low-interest loans on preferential terms to finance the installation of lifts in multifamily buildings or other amenities. More and more money has been disbursed from the fund each year.

Work has been initiated to draft provisions on the technical conditions for the construction and alteration of buildings. The draft provides for solutions for better accessibility of new and altered buildings, including in particular the obligation to provide a lift in a public building or a lodging accommodation building with two or more storeys and in a multifamily residential building with three or more storeys, as well as other improvements.

The National Housing Programme has subsidized the construction of living accommodations to let with auxiliary usable space (such as outpatient care rooms or leisure premises) to meet the needs of the elderly.

Council and social housing standards require that the residential buildings and living accommodations be constructed and upgraded to a higher accessibility standard than provided for in the Construction Law. Owing to the obligatory installation of a lift in a newly constructed residential building with three or more storeys, wayfinding design solutions (the requirement to introduce colour-coded interior design), and amenities to facilitate moving around the building (wider entrances, more manoeuvring space), the elderly are guaranteed unrestrained access to their dwellings in council and social housing.

3. Participation in international and regional human rights protection mechanisms (such as treaty bodies, Universal Periodic Review, special procedures, regional mechanisms) in regard to the elderly

Poland is party to the following international agreements worked out in the UN:

- the International Covenant on Civil and Political Rights,

- the International Covenant on Economic, Social and Cultural Rights,
- the Convention on the Elimination of all Forms of Discrimination Against Women,
- the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,
- the Convention on the Rights of Persons with Disabilities.

Poland is party to the following international agreements concluded in the framework of the Council of Europe:

- the Convention for the Protection of Human Rights and Fundamental Freedoms (the European Convention on Human Rights),
- the European Social Charter.

Poland takes part in the ageing-related work of international and European institutions, namely:

- in the European Union:
 - participation in the process of working out and adopting the Council Conclusions on Mainstreaming Ageing in Public Policies (2021),
 - presentation of a position on the European Commission’s Green Paper on Ageing (2021),
 - participation in the work of the Working Group on Long-Term Care,
 - participation in drawing up the Long-Term Care Report (2021),
 - participation in monitoring the implementation of the European Pillar of Social Rights Action Plan,
- in the UN:
 - participation in the work of the Human Rights Council, including the Universal Periodic Review and the Economic Commission for Europe,
 - participation in the work of the Standing Working Group on Ageing within the Economic Commission for Europe (annual meetings, conferences, cycle reviews of implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS, 2002),
 - participation in monitoring the implementation of the Sustainable Development Goals (SDGs),
- others:
 - implementation of the National Action Plan for the Implementation of the United Nations Guiding Principles on Business and Human Rights, drawn up in line with the recommendations of the UN, the European Union, and the Council of Europe, and laying down actions for better protection of human rights and more options to seek justice when such rights are violated by business operations,
 - participation in the work of the OECD Working Party on Responsible Business Conduct.

4. Assessment of the protection of human rights of the elderly under the existing agreements and other solutions on regional and international levels

Poland considers it a priority to effectively deliver on the pending international commitments of states in the area of human rights, safeguarding the rights of the elderly on an equal footing with the rights of other social groups.

Poland voices reservations about the need to work out in the UN a convention on the rights of the elderly. Poland gives the following assessment, corroborated since 2011 by the work of the Open-ended Working Group on Ageing (during its thirteen sessions to date):

- the safeguards provided for the rights in the existing human rights agreements are sufficient and have no gaps in terms of the scope and forms of protection,
- the solutions for monitoring the implementation of these safeguards by the states-parties to these agreements are sufficient.

On the other hand, the demographic transformation and the economic and social situation of the elderly render it desirable to continue debating about the situation of the elderly and the shape of the corresponding national policies. Actions taken for instance in the Standing Working Group on Ageing within the Economic Commission for Europe are suitable for deciding on the shape and implementation of policies concerning the elderly and their rights with due regard for the social and economic specificity of the different regions.

The protection of the rights of the elderly should be mainstreamed in the activities of the UN bodies and agencies, e.g. by including the situation of the elderly as one of the elements in appraising the human rights situation when monitoring the implementation of human rights agreements, depending on their subject, and in the framework of the UN Universal Periodic Review.