**THE CHR’s report „Availability of community support for the elderly from the point of view of representatives of municipalities of the Dolnośląskie province” (2016) – key data and conclusions**

The Polish society is aging rapidly: in 2015, people aged 65 and over constituted 15.6% of the country’s total population, and those aged 85 and over constituted 1.8%. By 2035, the figures will be 23.2% and 3.1%, respectively. The demographic changes require addressing the challenges of ensuring to older persons the right to a decent life, equal treatment and social inclusion. According to Poland’s Central Statistical Office, in 2014 **one third of persons aged 65+ had problems with everyday activities. 45% of those persons had no one to turn to and ask for help.** In the period **2011-2014,** the number of people using community care services in the municipalities inspected by the Supreme Audit Office remained relatively stable, whereas **the number of people referred to residential homes increased by 40%.**

The Commissioner for Human Rights, as the country’s independent body for equal treatment, in 2015 commissioned the company PBS sp. z o. o. to carry out a quantitative survey representative of the Dolnośląskie province and a qualitative survey of 28 municipalities of the province.

Municipal decision makers and Social Welfare Centres’ representatives from the Dolnośląskie province were asked about the system of community care and about the ways in which they understand and implement the principles for supporting older persons based on their human rights, which principles have been draw up based on the UN documents: Resolution No. 46/91 of 1991 and the Madrid Plan of 2002:

1. **Ensuring** that older persons with limited self-sufficiency may enjoy independence and the **right to make decisions regarding their own lives**.

2. **Creation of conditions conducive to staying active**, according to the different ability levels of older persons.

3. **Development of a support system that would take into account various levels of dependence of older persons**,and the changing nature of this characteristic – i.e. growing reliance on others with the person’s age.

4. **Consulting solutions in the field of community support with the elderly**.

5. **Multi-sectoral approach**: involving the public sector, market sector as well as the civic and informal sectors.

6. Inclusion of activities contributing to the provision of community support to seniors to all actions undertaken at the local level (**mainstreaming aging)**.

7. **Evaluation of activities**, at the design and implementation stage, **from the point of the risk of discriminatory practices**.

8. **Subsidiarity** manifested by providing support to basic communities (mainly families) of the elderly – supporting informal caregivers of dependent persons

9. **Comprehensive approach to the needs** of individual seniors, and the coordination of provided support.

10. **Professionalization** of social support, understood as entrusting the provision of the support to competent and well-prepared individuals.

**Main conclusions from the CHR’s survey**

1. Municipalities generally do not develop strategic documents relating to senior policy. **Almost one third of municipalities do not discuss the issue in their strategic documents**.
2. As a result, the services are provided on an ad hoc basis. Municipalities **fail to plan and adjust the offer to the growing population of the elderly**. In only 40% of municipalities, care institution reports are analysed, while 76% municipalities declare they analyse solely statistical data. **In three of four municipalities, respondents acknowledged the existence of groups of persons who may have difficulties in access to support services in one's local community** **(including persons whose self-sufficiency is limited due to motor skills problems, dementia and other illnesses).**
3. Many of the above-mentioned principles are intuitively observed. However, looking from the perspective of respecting the dignity and non-discrimination of the elderly, some of these principles are incorrectly interpreted and implemented by decision makers.
	1. **The lack of relevant services at one's place of residence may mean the lack of choice** - forcing persons in need of support to move to a residential home. This means a **limitation of older persons’ right to make decisions regarding their own lives**, i.e. regarding their place of residence.
	2. The right to make decisions regarding one’s own life is also fulfilled through the possibility to determine one’s own needs and to indicate the desired form of service provision by the municipality. Only **17%-19% of municipalities conduct formal consultations concerning care needs and material needs** of the elderly,and 28% - consultations concerning the organization of leisure activities for them. Thus the **concern whether decision makers reach all older persons or their representative groups, and listen to their voice**.
	3. Municipalities are not aware of their role in creating incentives for the so called 'silver economy', that is the development of entrepreneurship based on the demand for goods and services related to advanced age. As a result, **older persons or their carers do not know where to turn to for support, even paid one.** Entrepreneurs are primarily viewed as local philanthropists. This leads, on the one hand, to unused potential and, on the other hand, to the lack of visibility of the elderly, their needs and the needs of their carers.
	4. **All projects implemented by municipalities should be assessed in terms of their accessibility for the elderly**. This means asking whether older persons will have ensured conditions for participating in a given project or its effects, and how will the project contribute to the inclusion of older persons in the social life of the local community. **Decision makers often confuse the principle of *mainstreaming ageing* with the principle of multi-sectoral approach, or just fail to observe it. This may cause social exclusion of the elderly who, due to existing barriers, will not benefit from activities of the local government**, which in practice means senior persons’ discrimination.
	5. **The term “discrimination of senior persons” is often understood too narrowly.** Decision makers understand such discrimination only as active, intentional exclusion of the elderly, and therefore consider their own actions as non-discriminatory. **Barriers in accessing the effects of the municipality's actions are a measure of indirect discrimination**. It takes place when a seemingly equitable decision or criterion leads to the occurrence of a situation unfavourable for a given person due to his/her age and related conditions such as motor skills problems.
	6. Subsidiarity of municipalities’ activities is insufficient. **Less than half of municipalities recognize the significance of improving the system so as to support older persons’ carers,** for example by providing them with information on available support or by organizing training. Only in few municipalities, provision of assistance to carers is one of the purposes of visits by social workers.
	7. **The coordination of support activities, which is critical for their effectiveness, is highly underestimated by decision-makers**. 71% of municipalities have no unit responsible for such coordination; some municipalities confuse coordination with supervision. Coordination, founded on the principle of dignity of the elderly, is based on analysing the needs of seniors and their relatives - carers. It requires the engagement of different stakeholders, including public institutions, NGOs and private entities, in building a support network to ensure decent living for the elderly.
	8. **Most municipalities take no consistent actions aimed at professionalization of persons who support the elderly in the form of a job**. Such professionalization should also be understood as the improvement of the overall system of support.

The system of support provision to the elderly in the surveyed municipalities is viewed by most respondents as good, but requiring further development. Yet, not many policymakers notice the need to move away from institutional care in favour of community-based care. **From the human rights perspective, it is essential to strengthen the community care system.**