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THE DEMAND FOR PLACES IN SOCIAL HOMES FOR THE ELDERLY AMONG POLISH SENIORS TO THE YEAR 2035

Summary. The article aims to assess the demand for the places in social homes for the elderly among persons aged 75+ up to the year 2035. To this end, the proportion of the disabled in the selected subpopulation is estimated to approximate the demand for the beds. The findings indicate that a significant increase in the demand for institutional support is likely, driven by the growing subpopulation of older persons in Poland.

Key words: aging, elderly care giving, homes for the elderly.

1. Introduction

One of the main reasons for placing elderly people in the homes for the elderly is that they become dependent on others as a result of disabilities that prevent them from living independently in their usual environment. Because person's physical and mental fitness deteriorates with aging, the growing probability of disabilities becomes a major argument for referring an elderly person to a home for the elderly. Most residents (27%) in Poland are older than 75 years of age. The changing age structure of the Polish population, i.e. the growing proportion of persons aged 75+, makes it rational to analyse the demographic factor's influence on the demand for beds in the homes for the elderly.

This study was designed to project the future demand for beds in the homes for the elderly among seniors aged 75 years or older. To this end, we simulated the number of disabled persons in the years 2010–2035 and the results of the exercise were used to estimate the probable demand for the beds to the year 2035. The first, introductory part of the article concentrates on the aging of Poland's population and institutional aid, with special attention being given to homes for the elderly. The second part provides the estimates of the demand for beds in homes for the elderly to the year 2035.

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2. The aging of Poland's population

In the developed countries, aging is a demographic process that today the scientists discuss the most often. The situation arises from two sources. One is the dynamics of aging as observed over the last 3 or 4 decades. The other source is the emergence of new, aging-related problems. The problems affect practically all spheres of socio-economic life, so relevant solutions must be introduced to respond to the changing age structure of population. Special attention should be given to the double aging process [Szatur-Jaworska, 2002, pp. 30–43], in which the rates of subpopulations aged 60+ and 85+ grow at the same time. It is worth noting, though, that the percentage of the oldest persons expands more dynamically than of those in the younger groups of old age. The oldest seniors need other persons' assistance to perform their daily routines and use institutional support much more often.

Because this article aims at projecting the future demand for the places in homes for the elderly among the population aged 75+, the GUS-forecasted changes in the age group's share will be presented. The age of 75 years was assumed to be a line dividing the III age and the IV age due to the availability of statistical data¹.

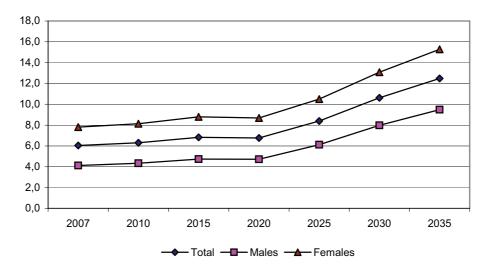


Fig. 1. The percentages of persons aged 75+ in Poland, years 2007–2035 (% of the total population)

Source: [Prognoza ludności na lata 2008–2035, GUS, Warsaw 2009].

¹ The age group 75+ is the oldest age group in the annual GUS publications on health care.

In 2007, persons aged 75 and older accounted for 6% of the country's total population (Fig. 1). In the next three decades, the percentage will grow dynamically and most of the increase is expected to occur after the year 2025, when the largest groups of persons born during the post-war baby boom will turn 76. The female subpopulation aged 75 and older will grow particularly fast, reaching 13% in 2030. In the last year of the forecast every seventh female and very tenth male will be aged 75 years or older.

3. Disabilities among older persons

As a stage of life, old age is characterised by the building up of unfavourable changes that affect all human functions: biological, mental and social. Overall, aging should be viewed as a tantamount process to the deterioration of individual' life situation [Starega-Piasek, 1975, pp. 134–135].

Aging itself can be divided into stages, each having its distinctive traits, as the geriatricians believe. The impairing health of persons turning 75 years increases the demand for medical and care services. Persons aged 85 years and older usually require permanent care [Żakowska-Wachelko, 2002, pp. 104–131]. Because the accompanying diseases accelerate aging, the physiological and pathological aging can be differentiated.

The regions are distinctly different in terms of the incidence of disabilities (tab. 1). The national census of population of 2002 found the Małopolskie voivodeship to have the highest percentage of disabled persons in the subpopulation aged 75 years and older (67%). The persons had disabilities certified by the competent body (a legal disability) or perceived themselves as disabled, without having formal documents confirming their condition (a biological disability). The lowest rates of the disabled were noted in the Śląskie voivodeship (38%) and the Opolskie and Mazowieckie voivodeships (39%).

Depriving of independence, disability becomes one of the main causes making older persons seek community and institutional support. Because older females outnumber their male peers (because of longer life expectancy) and they additionally complain about poor health more often, it is justified to say that the subpopulation of persons using both community and institutional assistance is feminized. Women will remain the major recipients of nursing services and institutional assistance also in the future, because of the aging process is more advanced in the female subpopulation.

Tab. 1. The shares of disabled persons in the subpopulation aged 75+ in 2002 (% of the total population aged 75+)

Voivodeship	%
Poland	47
Dolnośląskie	52
Kujawsko-pomorskie	47
Lubelskie	57
Lubuskie	57
Łódzkie	41
Małopolskie	67
Mazowieckie	39
Opolskie	39
Podkarpackie	47
Podlaskie	47
Pomorskie	49
Śląskie	38
Świętokrzyskie	45
Warmińsko-mazurskie	53
Wielkopolskie	45
Zachodniopomorskie	50

Source: developed by the author based on [Rocznik Demograficzny 2003, GUS 2004, Warsaw, pp. 446–451].

4. Homes for the elderly

Seniors can use institutional support, including the homes for the elderly, when the community is unable to offer assistance that could allow them to live decent lives in their usual environments. For a client to be referred to the homes for the elderly the welfare worker has to complete a set of documents. One of such documents is a community survey conducted, which is conducted to find out whether a given senior can be supported by his or her family, friends or neighbours, and whether appropriate community services are available. An older person becomes entitled to a homes for the elderly when the community services and the informal support networks are assessed as inadequately meeting the person's needs related to everyday functioning (however, being referred and being admitted are two different things, as the latter action takes time to materialize). According to the social aid law of 12 March 2004, an entitled person should be received by the nearest homes for the elderly. Currently, there are six types of homes for²:

- 1) the elderly,
- 2) patients with chronic somatic diseases,

² The social aid law of 12 March 2004, O. J., no. 64. item. 593, with subsequent amendments, title 2 "Social Welfare Homes".

- 3) patients with chronic mental diseases,
- 4) intellectually disabled adults,
- 5) physically disabled persons,
- 6) intellectually disabled children and youth.

In the homes for the elderly, persons aged 61+ constitute more than 91% of the residents (persons aged 75+ stand at 68%). Older persons are in the majority also in the homes giving care to persons with the somatic diseases (27% are persons aged 61–74 years, while those aged 75+ represent 51%) and to the physically disabled (27% and 32%, respectively). Sometimes seniors stay in other types of homes too, but then they are in a minority.

A look at the share of homes' residents aged 74+ in the total disabled sub-population reveals significant differences between the regions (tab. 2.). The largest percentages of the homes for the elderly residents among the disabled persons aged 75+ can be found in the Łódzkie and Śląskie voivodeships (3%) and Mazowieckie voivodeship (2.9%). The lowest percentages are found in the Lubelskie (1.6%) and Pomorskie (1.8%) voivodeships. The regional differences arise from the voivodeship-specific age structures and from the dissimilar numbers of beds available in the homes for the elderly. Historical circumstances being one of the factors inducing family changes are also important.

Tab. 2. The shares of the homes for the elderly residents in the disabled subpopulation aged 75+ in 2007 by voivodeship (%)

Voivodeship	%
Poland	2.4
Dolnośląskie	2.0
Kujawsko-pomorskie	2.2
Lubelskie	1.6
Lubuskie	2.7
Łódzkie	3.0
Małopolskie	2.1
Mazowieckie	2.9
Opolskie	3.7
Podkarpackie	2.4
Podlaskie	2.2
Pomorskie	1.8
Śląskie	3.0
Świętokrzyskie	2.7
Warmińsko-mazurskie	2.5
Wielkopolskie	2.5
Zachodniopomorskie	2.6

Source: developed by the author based on [Podstawowe dane z zakresu ochrony zdrowia w 2007 roku, GUS 2008, Warsaw, p. 157].

5. Forecasted demand for the places in the homes for the elderly in the years 2010–2035

To estimate the likely demand for the places in the homes for the elderly, first the 2010–2035 numbers of the disabled persons have to be found. The percentages of the disabled persons were derived from the national census data of 2002 (tab. 1.), allowing for their interregional differences. The numbers of the population aged 75+ were taken from GUS projections about the numbers of Polish population between the years 2008 and 2035. The numbers of the disabled persons were projected in two variants. The baseline variant assumes that the incidence of disabilities will not change, while in the second variant the percentage of the disabled will fall by 2% annually (tab. 3 and 4) [Szukalski, 2004, pp. 107–109]. The trends in the disability levels were assumed to be constant.

Tab. 3. The number of the disabled persons aged 75+ as of 2007 and according to the 2010–2035 projection: the baseline variant

Voivodeship	Projected numbers of disabled persons							
	2007*	2010	2015	2020	2025	2030	2035	
Poland	1086847	1157671	1226537	1208757	1483004	1845613	2124941	
Dolnośląskie	92964	98545	101922	96578	123641	158580	181001	
Kujawsko-pomorskie	53390	57151	60753	60567	77670	96831	111651	
Lubelskie	83692	86631	87892	86014	100627	122580	139503	
Lubuskie	30079	32178	33841	33054	44657	58789	69386	
Łódzkie	73994	76106	75787	73067	90566	110485	123331	
Małopolskie	132187	142375	153484	153336	179706	218792	253313	
Mazowieckie	139377	147039	153086	150376	180590	225821	258854	
Opolskie	23102	25619	29111	28083	32604	39446	45448	
Podkarpackie	57562	62032	66422	65014	76508	94154	110223	
Podlaskie	38997	41015	42543	41461	46379	55546	65803	
Pomorskie	56408	61876	68184	68898	88557	112264	129360	
Śląskie	98391	106637	120660	125093	147933	180282	204865	
Świętokrzyskie	40146	42024	43397	41380	49484	60881	69424	
Warmińsko-mazurskie	38889	42225	45378	44339	55420	71213	84901	
Wielkopolskie	81117	85775	90867	89545	120022	150863	174549	
Zachodniopomorskie	45639	49455	52167	50935	67294	87339	101304	

^{*} actual data

Source: developed by the author

In the variant with a steady incidence of disabilities in the subpopulation aged 75 and older, the number of the disabled will grow the highest between 2007 and 2035 in voivodeships such as Pomorskie (by 129%), Warmińskomazurskie (118%), Wielkopolskie (115%) and Zachodniopomorskie (122%).

The number of the disabled seniors will be expanding the fastest in the years 2020 and 2030, with the post-war baby-boomers turning 75 years.

With a 2% annual decrease in the incidence of disabilities, however, in 2035 three voivodeships will have lower numbers of disabled persons aged 75+ than in 2007. In the Łódzkie and Lubelskie voivodeships, the subpopulation will decrease by 5% and in the Świętokrzyskie voivodeship by almost 2%. In the other voivodeships, the percentage will be higher in the last year of the projection than in 2007, even for a reduced incidence of disabilities.

Tab. 4. The number of the disabled persons 75+ as of 2007 and according to the 2010–2035 projection: the "2%" variant

Voivodeship	Projected numbers of disabled persons							
	2007*	2010	2015	2020	2025	2030	2035	
Poland	982424	984904	943234	840250	931841	1048264	1090955	
Dolnośląskie	84032	83839	78380	67134	77690	90070	92927	
Kujawsko-pomorskie	48260	48622	46721	42102	48804	54998	57322	
Lubelskie	75651	73703	67591	59791	63228	69623	71622	
Lubuskie	27189	27376	26025	22977	28060	33391	35623	
Łódzkie	66885	64748	58282	50791	56907	62753	63319	
Małopolskie	119487	121127	118033	106589	112918	124269	130052	
Mazowieckie	125986	125095	117726	104531	113473	128261	132897	
Opolskie	20882	21796	22387	19522	20487	22404	23333	
Podkarpackie	52032	52775	51080	45193	48073	53477	56589	
Podlaskie	35250	34894	32717	28821	29142	31549	33783	
Pomorskie	50989	52642	52435	47893	55645	63763	66414	
Śląskie	88938	90723	92790	86956	92953	102396	105179	
Świętokrzyskie	36289	35752	33373	28765	31093	34579	35643	
Warmińsko-mazurskie	35153	35923	34896	30822	34823	40447	43588	
Wielkopolskie	73324	72974	69878	62246	75416	85687	89614	
Zachodniopomorskie	41254	42074	40117	35407	42284	49606	52010	

*actual data

Source: developed by the author

After projecting the numbers of disabled seniors aged 75+, the demand for the places in homes for the elderly can be estimated (tab. 5 and 6).

In estimating the number of the homes for the elderly residents, their percentage was assumed to be constant (according to its value as of 2007, see tab. 2). The share of the residents in the disabled population aged 75+ was assumed to remain the same throughout the forecast period. Changes in the age structure of the population aged 75 and older were also disregarded. All these assumptions may supposedly lead to underestimation of the presented estimates vis-à-vis the real situation.

Tab. 5. The number of the homes for the elderly residents aged 75+ as of 2007 and according to the 2010–2035 forecast: the baseline variant

Voivodeship	Projected numbers of the residents						
	2007*	2010	2015	2020	2025	2030	2035
Poland	26563	28294	29977	29543	36245	45108	51934
Dolnośląskie	1843	1954	2021	1915	2451	3144	3588
Kujawsko-pomorskie	1161	1243	1321	1317	1689	2106	2428
Lubelskie	1342	1389	1409	1379	1614	1966	2237
Lubuskie	826	884	929	908	1226	1614	1905
Łódzkie	2196	2259	2249	2168	2688	3279	3660
Małopolskie	2727	2937	3166	3163	3707	4514	5226
Mazowieckie	4110	4336	4514	4434	5325	6659	7633
Opolskie	854	947	1076	1038	1205	1458	1680
Podkarpackie	1403	1512	1619	1585	1865	2295	2687
Podlaskie	850	894	927	904	1011	1211	1434
Pomorskie	993	1089	1200	1213	1559	1976	2277
Śląskie	2942	3189	3608	3740	4423	5391	6126
Świętokrzyskie	1077	1127	1164	1110	1328	1633	1862
Warmińsko-mazurskie	982	1066	1146	1120	1399	1798	2144
Wielkopolskie	2060	2178	2308	2274	3048	3831	4433
Zachodniopomorskie	1197	1297	1368	1336	1765	2291	2657

^{*} actual data

Source: developed by the author.

Tab. 6. The number of the homes for the elderly residents aged 75+ as of 2007 and according to the 2010–2035 forecast: the ",2%" variant

Voivodeship	Projected numbers of the residents						
	2007*	2010	2015	2020	2025	2030	2035
Poland	24011	24071	23053	20536	22775	25620	26663
Dolnośląskie	1666	1662	1554	1331	1540	1786	1842
Kujawsko-pomorskie	1049	1057	1016	916	1061	1196	1247
Lubelskie	1213	1182	1084	959	1014	1116	1148
Lubuskie	747	752	715	631	771	917	978
Łódzkie	1985	1922	1730	1507	1689	1862	1879
Małopolskie	2465	2499	2435	2199	2329	2564	2683
Mazowieckie	3715	3689	3472	3082	3346	3782	3919
Opolskie	772	806	828	722	757	828	863
Podkarpackie	1268	1286	1245	1102	1172	1303	1379
Podlaskie	768	761	713	628	635	688	736
Pomorskie	898	927	923	843	980	1122	1169
Śląskie	2659	2713	2775	2600	2779	3062	3145
Świętokrzyskie	974	959	895	772	834	928	956
Warmińsko-mazurskie	888	907	881	778	879	1021	1101
Wielkopolskie	1862	1853	1775	1581	1915	2176	2276
Zachodniopomorskie	1082	1104	1052	929	1109	1301	1364

^{*} actual data

Source: developed by the author.

Tables 5 and 6 illustrate the demand for the places in homes for the elderly as shown by persons aged 75 years and older. Particular voivodeships have substantially different numbers of the homes for the elderly residents. The Lubelskie, Podlaskie and Pomorskie voivodeships had the lowest shares of the residents in the disabled populations. This situation probably arises as much from the voivodeship-specific pace of aging as low supply of places in homes for the elderly. The relatively low proportion of the residents in the subpopulation aged 75+ in the three voivodeships may be caused by the insufficiency of homes for the elderly, and the persons in need of permanent institutional care may use beds in the chronic medical care homes or aid services offered by their communities, even though such services are frequently inadequate. As suggested by the baseline variant, the 2035 demand for the places in homes for the elderly will be the largest in voivodeships where the shares of the urban population are high, i.e. Mazowieckie (7,633), Śląskie (6,126), Małopolskie (5,226), Wielkopolskie (4,433) and Łódzkie (3,660).

Assuming a 2% annual decrease in the national incidence of disabilities, the demand for the places in homes for the elderly will be lower in 2035 than in 2007 only in the voivodeships of Lubelskie, Łódzkie, Podlaskie (by 5%) and Świętokrzyskie (2%). In all the other voivodeships, the demand will grow notwithstanding the falling incidence of disabilities. Its highest increase is expected in the Pomorskie voivodeship – by 30%.

The interregional differences are caused by the different space occupied by the regions, voivodeship-specific advancement of population aging and the unequal numbers of homes for the elderly homes and available beds, but also by the different social acceptance of placing older persons in homes for the elderly. In the less urbanized voivodeships (Lubelskie, Podlaskie), local communities frequently disapprove of such treatment of their older members. At the same time, the rural families are larger and their nursing capacity is stronger than in the fragmented urban communities. The differences between towns and rural areas are likely to disappear with the rural communities accepting family models observed in the large cities.

6. Conclusion

The growing demand for aid services offered by both communities and institutions is directly driven by the expansion of the oldest subpopulation. The main types of care given to older persons concentrate on making them comfortable in their homes. Nevertheless, a comparison of the percentage of the older homes for the elderly residents in Poland and their shares in the western and northern European countries shows that further development of the institutional care system should be expected in Poland.

In 2000, institutional aid was used by 5.4% of the Swiss population aged 65+ and 5.1% of the UK residents [OECD, 2005, pp 134–135]. As for Poland, the 2007 percentage of the homes for the elderly residents in the subpopulation aged 75 years and older was 1.1%. Even assuming that the seniors' health will improve in the next decades, the dynamically growing subpopulation of the oldest persons will continue to be a factor forcing Poland to extend her system of institutional aid.

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