

Long term care services for the elderly in Poland

Anna Prekurat
Ewa Chylek
Ministry of Labour and Social Policy

Long term care for the elderly in Poland is mainly subject of health and social assistance regulations. There are several care forms available within health system as well as different types of support from social assistance institutions.

1. Questions on the legal issues

Most of the questions concerning the compliance of long term care services with the community law are directly connected with the discussion on the characteristic of these services. Poland had to comply with Community law on a general basis without any specific provisions for long-term care services. As a rule, long term care services are not subject to community regulations, as Member States are given freedom to decide about the organization of the system. However, general rules apply to characteristics of long term care services, such as non-discrimination and the rules related to free movement of persons. Nevertheless, the extent of these community rules and its application to care services needs further discussion and wide agreement.

When drafting current Law on social assistance (of 12 March 2004), EC rules taken into account applied mainly to accessibility criteria. Under Article 5 of this Law, citizens of other Member States have the same right to social assistance benefits as Polish citizens, provided that they have permanent residence permit and actually live within the Polish territory.

Apart of public institutions, long-term care services can be also supplied by private bodies/enterprises, and as the result, the public procurement regulations have to be applied.

The Public Procurement Law simplifies the procedures as regards social services. In this case the awarding entity may not apply the provisions concerning time limits, deposits, and the prohibition to determine criteria for evaluation of tenders on the basis of the economic operator's characteristics or any preconditions for the choice of the negotiated procedure with publication, negotiated procedure without publication, request-for-quotations and electronic bidding other than those concerning the contract value.

2. Characteristics – in the light of EU discussion

Many organisational characteristics identified at Community level for the performance of social services, apply also to the sector of long-term care services in Poland, and they can be described as follows:

- as for the solidarity principle – in Poland, long-term care is accessible to all persons irrespective of their income; financial participation of the interested person depends on his/her income; persons with income below social assistance criteria (351 PLN for members of a family and 477 PLN for single persons) are not obliged to cover any costs of services; for people with higher income there are tables of payment, including financial participation of family members and local authorities;
- the scope of long-term care services depends on persons' needs and their personal situation; the range of community services, provided at the person's place of residence includes: nursing care, house cleaning, shopping, supply of meals, having made an appointment to a doctor, being brought to a doctor etc.;
- although services are carried out directly by local authorities, they can also be delegated to other bodies (profit and non-profit); social assistance services are directly funded via local government budget; NGOs and other bodies can also get donations.
- voluntary workers participate in the services provision, mainly in non-governmental sector,
- in Poland long term care services are financed by the central government (specialised services for mentally ill people) or local governments (others). The financial participation of the interested person is dependent of his/her income.

3. Background information – legal and organisational framework

3.1 Organisation of long term care

Long-term care, including care services for elderly people, is provided within health care system and social assistance scheme, e.g. both systems envisage provision of permanent, day and night care within special establishments. However, the basic care services for people at their residence place are subject of social assistance system.

Social assistance, including provisions of long-term care services, is regulated by the Act of 12 March 2004 on social assistance. Others key legal acts applied in this field includes: the Law of 13 June 2003 on social employment, the Law of 27 August 2004 on health care benefits financed from the public means or the Law of 23 April 2003 on public benefit and volunteer work.

Within the health care system there are special nursing and care institutions, as well as nursing and rearing institutions. They are financed by the payments of people staying there (up to 70 per cent of the person's income or per capita income in family), while health services are paid by

National Health Fund (Narodowy Fundusz Zdrowia - NFZ). On the basis of the contract with NFZ there are also run hospices, often by the NGOs and with their finance support.

The services are provided for by the public and private providers who are contracted with the National Health Fund. According to the law, the benefits in kind for the insured persons are secured by the National Health Fund, which concludes the contracts with public and private providers. The rules on contract proceedings are legally specified and define equal treatment of all potential providers. The Fund is obliged to lead the contract proceeding openly, in the way that secures legal competition and respect of the legal provisions.

Within the system of social assistance, long – term care for elderly is provided in forms of:

- care services at the place of residence and in support centres,
- specialised care services at the place of residence and support centres,
- permanent, day and night care in different types of social assistance houses (long term care facilities).

The provision of those services constitutes tasks of public social assistance institutions of various level. However, they can also be delegated by local authorities to other entities (profit and non-profit), on the basis of legally specified proceedings.

Social assistance system offers a wide range of community services, delivered at the person's place of residence. Forms and duration of community services depend on the individual needs, however usually it takes 4-6 hours daily. Additionally, people with mental disabilities or mentally ill are provided with special forms of daily support, such as community houses of self-help.

A person requiring care 24 hour a day due to age, illness or disability, which cannot be provided in form of care services at the place of residence and in daily support centres, is entitled to be placed at the social assistance house.

There are different types of social assistance houses (long term care facilities) and depending on the group of people in need of assistance, they are divided into houses for:

- elderly people,
- people with chronic somatic diseases,
- people with chronic mental diseases,
- intellectually disabled adults,
- intellectually disabled children and young people,
- physically disabled people.

People living in social assistance houses are provided with all day care services, except for medical services that are assured on general basis. Sometimes nurse care in social assistance houses is delivered by public health services, however, generally nurses are employed and paid by social assistance institutions.

The number of care recipients in social assistance houses has been increasing gradually during the last 15 years. In 1992, there were 61,857 persons living in social assistance houses (of those: 34,584 women and 31,344 persons over 61 years old). In 2004, there were 79,332 care recipients in those facilities, that includes 42,105 persons over 61 years old).

3.2 Financing of care schemes

As for the financing of social services for elderly persons, there is a wide range of possible ways, depending of the type of care, due authority for the certain tasks, level of delivery etc. Payment might be realised as for the 'self task' (paid by the authority legally responsible for providing service), by the state allocation for the self task, through the subsidies or financed by the means of National Health Fund.

Although services are carried out directly by local authorities (communes, poviats and, exceptionally, on the regional level), they can also be delegated by local authorities to social partners (profit and non-profit).

Another issue concerns all-day care in private residential homes for elderly persons. They are not strictly integrated element of social assistance system, apart from the fact, that they are regulated in the Act on Social Assistance (standards, requirement). The cost of stay in these houses is paid fully by the individuals, regardless of any income criteria. They are run as economic activity.

The Act on Social Assistance of 12 March 2004 has introduced new financing rules of social assistance houses, imposing, among others, greater responsibility on families and local communities.

Persons living in regional (at poviats level) social assistance houses until 31 December 2003, as well as those having the decision issued before this date and waiting for the place in the care facility, have the right to stay in the social assistance houses on the basis of old financing rules, i.e. the person in need pays up to 70 per cent of her/his income and the remaining sum is paid through the state allocation. However, since 1 January 2004, when the new rules have been applied, a person in need, her/his family and the local community participate in the costs of living in social assistance houses. A person placed in the social assistance house pays up to 70 per cent of her/his net income, then her/his family is obliged to finance the remaining sum up to the full cost of living. If, due to the family difficult situation, it is not possible to cover the whole cost, the local community (i.e. local self-government authority due for the person's permanent residence place) pays the rest of the sum. As for the local (at community level) social assistance houses, a person placed there pays up to 70 per cent of her/his income and the rest is financed by the community.

The expenditure on social assistance houses in the years 1991 – 2004 were gradually increasing. In 1991, the total sum spent on social assistance houses amounted to 240 million PLN, whereas in 2004 the total expenditure was 1,3 billion PLN.

3.3 Quality monitoring

The authority responsible for the quality control is a voivode (the governmental administration on regional level). Its task is to carry out supervision over the realisation of tasks of local government.

The voivods carry out controls of:

1. social assistance units run by local government,
2. units run by private entities on the grounds of the contract with local government,
3. establishments providing 24-hour care for disabled persons, chronic patients, or elderly persons, which are run by private entities (not on the grounds of the contract with local government).

There are several procedures and tools within the monitoring system. The supervision scheme applies to the realisation of tasks of local government. Within supervision voivods carry out controls of social assistance units run by local government and units run by private entities on the grounds of the contract with local government. The term 'control' applies to check procedures of establishments providing 24-hour care for disabled persons, chronic patients, or elderly persons, which are run by private entities (not on the grounds of the contract with local government).

If there is a failure to implementing post-inspection recommendations, voivods can impose the pecuniary penalties by way of administrative decisions. The amount of the penalty shall be established taking into account the scope of conducted activity, the extent and the number of infringements found, and their social harmfulness. The decision may be appealed against to the minister competent for social security.

There is also a system of authorisation for running social assistance homes and all-day care in private residential homes for elderly, disabled, long-term ill persons. The authorisation is given by governmental authorities (voivods) on the proving of standards fulfilment. The authorisation shall be issued upon the prior inspection of the premises in which the house is located. The authorisation for the running of a social assistance house shall be issued for an unlimited period of time. Exception: social assistance homes that has not yet reached compliance with binding standard shall be granted a conditional authorisation for the time of the implementation of the reorganisation programme (transitional period ends on 31st December 2010).

Quality standards are established for social assistance houses and daily care specialised services for mentally ill people.

The standard for the social assistance houses is defined in the Regulation of 19th October 2005 of the Minister of Social Policy on social assistance homes (executive regulation to the social assistance law).

According to that regulation, a social assistance house shall be operated in a way that provides the proper scope of services in accordance with the standards set for that particular type of care institution, and based on individual needs of its residents.

In order to determine individual needs of its residents as well as the scope of services, therapeutic care teams shall be appointed including mainly workers employed at the home, and

directly engaged in support services for its residents (among them the first-contact worker). Basic tasks of therapeutic care teams shall include working out individual support plans for residents and joint implementation thereof with residents' participation.

An individual resident support plan shall be adopted within 6 months from the day of admitting a resident.

The house shall be operated basing on individual resident support plans worked out with his/her participation, whenever it is possible in view of his/her condition and resident's readiness to participate therein.

Services provided within all social assistance houses, are described in detail as for the quality standards. The requirements concern living standards (place of residence – including building, rooms, equipment; meals, clothing), care (assistance in basic life activities, nursing, assistance necessary for arranging personal matters) and support (e.g. participation in occupational therapy, improvement of physical condition of residents and increase in their activities, meeting religious and cultural needs, creating conditions for developing residents' self-government, stimulation of establishing, maintaining and developing residents' bonds with their families and local community, activities aimed at residents' self-reliance etc.)