Poland

Long-term Care

18 May 2011

Key facts

- About 13.5% of the Polish population (OECD average 15%) is over the age of 65 while 3.2% of the population (OECD average 4%) is over the age of 80. In 2008, Poland spent 0.4% GDP for publicly funded health related long term care.
- In 2008, approximately 0.9% of the Polish population over the age of 65 received long-term care in an institution setting, well below the OECD average of 4.2%.
- The number of long-term care beds in institutional settings (17.2 per 1000 population over the age of 65) also falls below the OECD average (44.5 per 1000 population) (OECD Health Data 2010)

Background

Thus far, Poland relies mainly on the traditional provision of informal care by families. The health sector is responsible for healthcare units and benefits while the social sector is responsible for family benefits and old age disability pensions. Territorial governments are responsible for home care and the coordination of long-term care (LTC) at the local level. Since 1999, public LTC institutions have been developed outside of hospitals but parts of the LTC system (2004) remains within the health system.

Benefits and Eligibility Criteria

Within the health care system, there are three types of residential LTC are available: care and treatment facilities, nursing and care facilities and palliative care homes. Institutional care is simultaneously provided by the social sector in residential (DPS) and adult day-care (DDPS) institutions. Home care, provided to recipients who have greater degrees of independence, comprises of physician visits and environmental nurses. Social care services provided to elderly/long-term ill persons are provided within social assistance system.

Eligibility is based on a standardised assessment (Barthel test) which examines an individual's level of independence in basic everyday life activities. Individuals who have less than 40% of independence on the Barthel index are eligible for LTC services for 6 months (within health sector), a period which may be extended if necessary.

Within social sector, a nursing cash allowance is granted to disabled children, disabled individuals over 16 years old whose disability was certified before the completion of 21 years of age and eligible seniors over 75 years old who are not pensioners. It is essentially an income-support measure, granted by the state budget. Once income eligibility is assessed, the amount is fixed and not related to the beneficiary's income level.

A nursing supplement, financed by the state budget, is paid by the social insurance (ZUS) to pensioners, retired people over the age of 75 years or people unable to live independently. Again, the amount is irrespective of the beneficiary's income level. It is not allowed to use both nursing allowance and nursing supplement at the same time.

Institutional long-term care

The number of elderly people in institutions has traditionally been low and remains so. Residential homes are for less disabled older people who are not in need of any special or nursing social care. In particular, the network of social welfare homes, particularly the residential homes (DPS) and the adult day care homes (DDPS), is larger in the social sector than in the health sector. There are 109 residential homes catering for around 10 000 older people. There are also 175 private non-profit care homes run by Caritas, a public benefit organisation. In addition, there are a number of homes providing for particular occupational groups and military veterans. In total, 800 social welfare institutions provide places for around 80 000 people, equivalent to 1.7% of the elderly.

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Home and community care

Home help services are the responsibility of local governments. These services are means-tested. Services are provided free of charge in cases where the per capita income of family members does not exceed the minimum state pension. Otherwise, services require a maximum of 10% co-payment. Referrals can be made by the community health team, consisting of a doctor, community nurse and social worker, or by family carers, neighbours or friends.

Older people are entitled to apply for help from the Fund for the Rehabilitation of Disabled People, which provides a limited range of disability equipment and home adaptation. The recipient is required to make a contribution to the cost of these services. Other services, such as the provision of daily home assistance, exist on a more ad hoc basis, through agencies such as, for example, the Red Cross nurses who may purchase and deliver a meal to an older person's home.

Funding and Coverage

LTC services are funded on public and private bases. Health services are funded by a combination of general taxation and contributions to national health insurance schemes.LTC services within the health sector are funded by health insurance and social assistance homes are financed by general taxation. All public LTC residential institutions are subject to a maximum co-payment of 70% of the recipient's monthly income. Funding for LTC services within the social assistance system is divided amongst four payers. The state is estimated to cover 75% of the overall cost of welfare home. This is supplemented by copayments from the care recipient, the family and the local social budget. Family contributions make up a maximum of 10% of average earnings in the economy.

Caregivers

More than 80% of LTC is provided within the family, a phenomenon due to the culturally strong family ties. The main care givers are women, particularly the daughter or daughter-in-law, who are educated to a secondary level in cities and to elementary level in rural areas.

Poland provides tax relief on expenses involved in the care of a dependent relative. Polish workers can also take time off work with compensation, up to 14 days per year. A nursing allowance of PLN 520 (EUR 132) is available for carers who have given up jobs to care for family members with certified significant disability.

References

OECD (2010) *OECD Health Data 2010*, Paris.

Golinowska, S. (2010), *The System of Long-Term Care in Poland*, 1 November 2010, CASE Network Studies & Analyses No. 416/2010. Available at SSRN: http://ssrn.com/abstract=1710644.