

## **Senior residents of Silesian cities and the social welfare system: challenges and dilemmas for local communities**

### **Streszczenie**

Zaprezentowany artykuł powstał w oparciu o badania i analizy zjawisk i problemów społecznych, jakie prowadzono od 2000 roku w Siemianowicach Śląskich. Podjęte rozważania odnosiły się między innymi do istotnej kwestii jaką jest funkcjonowanie seniorów w społecznościach lokalnych, a także seniorzy jako beneficjenci systemu wsparcia społecznego.

W wyniku analiz otrzymano potwierdzenie, że seniorzy dążą do utrzymywania aktywności życiowej w różnych formach. Obok tych, które oferuje system pomocy społecznej, znaczny odsetek osób starszych poszukuje takich obszarów aktywności, które zarówno dają satysfakcję, jak poczucie bycia potrzebnym dla innych. W dobie starzenia się społeczeństwa, w tym społeczności Siemianowic Śląskich, należy podejmować takie działania w postaci programów czy projektów, które pozwolą osobom starszym, na jak najdłuższe zachowanie samodzielności i niezależności. A to oznacza, że lokalna polityka wobec osób starszych i starości winna wykraczać swym zakresem daleko poza ochronę zdrowia i pomoc społeczną, jako obszary zorientowane na osoby starsze.

### **Słowa kluczowe:**

seniorzy, emeryci, śląskie miasta, społeczności lokalne, polityka społeczna.

### **Abstract**

The present study focuses on problems and challenges related to the needs of the elderly community, to be faced by local governments and other institutions that provide care and support to various social groups. These problems include economic factors (i.e. limited and often insufficient income), ailments, disabilities and chronic conditions affecting everyday existence, limited mobility and, in some cases, social alienation. In view of modern approaches to ageing which stress the importance of happiness and satisfaction derived from participation in the life of the local community, represented here by the theories of Helen Bee and George Maddox, it seems obvious that one of the most urgent goals facing social welfare and support systems is the development of programmes and schemes to help the elderly preserve their self-reliance and independence as much as possible given the present stage of development in medicine and social economy, while simultaneously enabling them to contribute to their social environment.

### **Key words:**

senior citizens, pensioners, local communities, social policy.

Old age or advanced adulthood is a time of essentially personal and individual experience and, above all, a period of life whose beginnings are largely individual. Therefore there can never be a clear-cut borderline which could specifically denote the moment of reaching the transition to old age. Various sources refer to a 3- or even 4-point

scale (Straś-Romanowska 2000). According to the WHO, people are classified as old from the age of 60, yet in countries like Poland (in line with the current convention adopted by the Polish Central Statistical Office) the onset of old age is associated with the end of one's working age, i.e. the moment of transition to retirement. When referring to senior citizens it should be remembered that one of the most frequently quoted distinctive features is the subcategory of age.

Helen Bee (2004) proposed grouping the elderly into three categories: the young old (aged 60–75), old old (aged 75–85) and oldest old (aged 85 and over) (p. 545). These categories are distinguished by, besides age, differences in physical and mental capabilities, the level of risk associated with health problems and the presence of emotional disturbances (p. 545).

It is therefore obvious that ageing is a dynamic and continuous process of changes occurring in time, covering three basic criteria which constitute the framework for these changes. One can mention the biological criterion, which is defined by substantial (transparent) physiological changes affecting the human body. The second criterion – psychological – takes into account changes related to cognitive, emotional, motivational and personality processes (Straś-Romanowska 2011). The third criterion refers to socio-economic aspects, which are determined by the profound impact of economic, institutional and sociological factors on the life of senior citizens.

Elderly people are quite often perceived in a relatively stereotypical manner as withdrawn from society, which is due to specific associations identifying them as professionally inactive, ill and prone to complaining. This view is contradicted by the disengagement theory of *Elaine Cummings* and *William Henry* (Turner, Helms 1999), which sees ageing as the process of mutual disengagement of the elderly and the social system they are part of. This disengagement from the society, which is a gradual process, should not be understood as a negative experience for an elderly person. Ageing, according to the disengagement theory, is a period of increased reflection and concentration on one's own self. This is also a period of decreased emotional development in matters concerning other people and events. Thus, ageing can in many cases be a time of positive perception of oneself and one's experiences, with disengagement being regarded as a natural process.

However, from a demographic perspective, there has been a considerable rise in the elderly population, which can be demonstrated using the example of Siemianowice Śląskie – a city located in Upper Silesia. According to demographers, by the year 2030 the retired population will account for 24% of the country's entire population, with Silesia being one of three provinces, along with Western Pomerania and Łódzkie, characterized by the highest percentage of senior citizens (Jelonek 2004). As it turns out, data concerning Siemianowice Śląskie corroborates this tendency. The table below shows the ratio of elderly people to the entire city population in the first decade of the 21<sup>st</sup>. century.

**TABLE 1: Post-retirement population figures for Siemianowice Śląskie in the period 2000–2010.**

| YEAR | POST-RETIREMENT AGE POPULATION   | ABSOLUTE FIGURE |                 | %                |
|------|--|-----------------|-----------------|------------------|
| 2000 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>10 340</b>   | <b>[75 645]</b> | <b>13,6 %</b>    |
|      |  | 7 310 70,1 %    | 3 030 29,3 %    | 9,6 %<br>4,0 %   |
| 2003 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>11 217</b>   | <b>[73 536]</b> | <b>15,2 %</b>    |
|      |  | 7 745 69,1 %    | 3 472 30,9 %    | 10,5 %<br>4,7 %  |
| 2004 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>11 571</b>   | <b>[73 155]</b> | <b>15,8 %</b>    |
|      |  | 7 914 68,3 %    | 3 657 31,6 %    | 20,8 %<br>10,3 % |
| 2005 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>11 685</b>   | <b>[72 869]</b> | <b>16,0 %</b>    |
|      |  | 7 961 68,1 %    | 3 724 31,9 %    | 10,9 %<br>5,1 %  |
| 2006 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>13 728</b>   | <b>[72 247]</b> | <b>19,0 %</b>    |
|      |  | 8 091 58,9 %    | 5 637 41,1 %    | 21,5 %<br>16,2 % |
| 2007 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>12 351</b>   | <b>[71 621]</b> | <b>17,3 %</b>    |
|      |  | 8 283 67,0 %    | 4 068 33,0 %    | 11,6 %<br>5,7 %  |
| 2008 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | <b>12 565</b>   | <b>[71 118]</b> | <b>17,7 %</b>    |
|      |  | 8 427 67,0 %    | 4 138 33,0 %    | 11,9 %<br>5,8 %  |
| 2009 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | 12 857          | [70 712]        | <b>18,2 %</b>    |
|      |  | 8 697 67,6 %    | 4 160 32,3 %    | 23,6 %<br>12,2 % |
| 2010 | POST-RETIREMENT AGE: 66 [61] AND OLDER<br>INCLUDING: <b>WOMEN: 61 AND OLDER</b><br>MEN: 66 AND OLDER | 13 092          | [70 291]        | <b>18,6 %</b>    |
|      |  | 8 970 68,5 %    | 4 122 31,4 %    | 24,4 %<br>12,2 % |

Source: data obtained from the Regional Statistical Office

The systematic increase in the number of the elderly recorded in statistics may also be the result of other vital demographic indicators, which for several years have boded ill for the city of Siemianowice Śląskie. The two factors in question are birth rate and balance of migration.

**TABLE 2: Birth rate and migration balance in Siemianowice Śląskie in the period 2000–2010**

| YEAR | BIRTH RATE IN % | BALANCE OF MIGRATION % |
|------|-----------------|------------------------|
| 2000 | - 1,97          | - 3,70                 |
| 2001 | - 2,6           | - 2,2                  |
| 2002 | - 2,4           | - 2,4                  |
| 2003 | - 2,9           | - 2,8                  |
| 2004 | - 1,6           | - 2,9                  |
| 2005 | - 2,7           | - 5,1                  |
| 2006 | - 3,2           | - 3,6                  |
| 2007 | - 2,68          | - 4,6                  |
| 2008 | - 1,88          | - 3,28                 |
| 2009 | - 2,5           | - 3,29                 |
| 2010 | - 2,0           | - 3,93                 |

Source: data obtained from the Regional Statistical Office

Even though incomplete, the statistical data shown above constitutes an important point of reference as regards the daily functioning of the elderly in the city and its unique institution, the Municipal Social Welfare Centre. Thus it needs to be established who among the senior citizens of Siemianowice Śląskie applies for the Centre's support and on what forms of assistance these people rely.

The key message from the analysed data is that among both city residents and people receiving social welfare support, the elderly population displays systematic growth.

**TABLE 3: Percentage of senior citizens as applicants and as members of applicant families within the social welfare system in Siemianowice Śląskie in the period 2000–2010**

| YEAR | SENIOR APPLICANTS<br>[total number] % |     |      | SENIOR CITIZENS –FAMILY<br>MEMBERS [total number] % |     |     |
|------|---------------------------------------|-----|------|---|-----|-----|
| 2000 | [2 918]                               | 658 | 22,5 |   |     |     |
| 2002 | [3 285]                               | 498 | 15,1 |   |     |     |
| 2003 | [3 463]                               | 477 | 13,7 | [5 227]   | 362 | 6,9 |
| 2004 | [3 157]                               | 443 | 14,0 | [4 837]   | 154 | 3,1 |
| 2005 | [3 224]                               | 430 | 13,3 | [4 869]   | 108 | 2,2 |
| 2006 | [2 833]                               | 379 | 13,3 | [4 048]   | 90  | 2,2 |
| 2007 | [2 916]                               | 377 | 12,9 | [3 904]   | 80  | 2,0 |
| 2008 | [2 916]                               | 377 | 12,9 | [3 904]   | 80  | 2,0 |
| 2009 | [2 895]                               | 331 | 11,4 | [3 635]   | 49  | 1,3 |
| 2010 | [2 951]                               | 282 | 9,5  | [3 841]   | 77  | 2,0 |

Source: data obtained from the Municipal Social Welfare Centre in Siemianowice Śląskie.

The obtained data shows unequivocally that elderly people account for slightly over 13% of the entire welfare centre community, with the early 2000s, when the Social Welfare Act was passed, being an exceptional period. Under the then-existing legal provisions the criteria for awarding welfare benefits were rather lax. The majority of those who apply for various forms of welfare support are women, which may point towards the key role of women in decisions concerning household budgets and seeking alternative forms of support (which should be seen as a contradiction of the traditional division of roles in Silesian families). In addition, women statistically live longer than men, which is reflected in demographic processes. It should also be noted that, in line with the traditional approach to family roles, a considerable number of Siemianowice Śląskie's current senior female residents did not undertake employment, instead devoting themselves to household and family care. With no income from work and insufficient financial means provided by their husbands, they are unable to meet their daily needs. This is all the more relevant given that the elderly who use the services and support provided by the Siemianowice Śląskie Municipal Social Welfare Centre tend to apply for such support mainly owing to difficulties brought about by chronic conditions and limited mobility – which can in turn lead to various problems e.g. with household management – poverty, and social orphanhood.

These days an increasing number of senior citizens remain active throughout their lives, which is reflected in the various forms of sport activities they undertake, their participation in activities organised by so-called Universities of the Third Age, and in their membership in numerous associations and social initiatives. These findings corroborate the main points of George Maddox's activity theory (Turner, Helms 1999), which states that older adults prefer to maintain the same or a similar level of activity as they did during their period of professional engagement. The sources of happiness and personal satisfaction for people in this age group are participation in social life and a demonstrated ability to adjust to changing life conditions and new situations.

An increasing number of elderly people aim to maintain their level of activity in its various forms. In addition to those offered by the social welfare system, a large percentage of the elderly seek areas of activity which could give them both satisfaction and a feeling of being useful to others.

These areas of activity may be related to the specific areas of social policy identified by Julian Aulaytner (2000). When reviewing these nine, or even ten – as proposed by Krzysztof Czekaj (Czekaj 2012) – particular policies, it should be noted that most of them offer various forms of activity, which the elderly may be willing to accept (Czekaj, Bartoszek, Faliszek, Niesporek, Trawkowska 2012, Szukalski 2012).

The first of these, namely population and family policy, is essentially an area with very few, if any, possibilities for the elderly. Still, there have been a few cases of marriages contracted by persons aged 70 and older. Decisions of this kind show how the elderly seek to give a feeling of security to their partners and take various steps aimed at avoiding solitude.

The second policy is concerned with employment, salary, working conditions and work stability. There is a good reason to refer to this policy, even though one should not forget that the senior citizens in question are those who, according to Labour Law provisions, have withdrawn from professional life. Therefore, social productivity should be seen as 'any activity, which produces goods and services, whether remunerated or not, such as household jobs, childcare, voluntary involvement, and support provided to family and friends. Needless to say, social productivity cannot be unequivocally identified with professional engagement. Even so, it undoubtedly constitutes an important domain of the every day life of the elderly. Social productivity frequently allows one to feel needed and useful, which means that senior adults readily become involved in a variety of activities organised by groups of volunteers or numerous associations (Auleytner 2000).

Housing policy is third on the list of particular social policies. Housing conditions and the living environment of the elderly are two fundamentally important aspects which affect their daily existence. These are, on the one hand, social aspects of elderly people's functioning in society – i.e. their familiarity with the space of their housing estate, district, town or city as well as the social bonds which have been established over the many

years they have resided in one particular location. On the other hand, it concerns being independent in one's own living space and the feeling of security that results from it. Each person should function in his or her social environment for as long as possible, in a way that guarantees maximum independence and self-reliance. In this respect, senior citizens may be offered protected living premises, which on the one hand would provide intimacy, independence and security and, on the other, the support and assistance of professional social welfare services. Undoubtedly, such an approach constitutes a considerable challenge for social services as well as, if not primarily, for the local government.

Healthcare policy affects the elderly to a great extent, which is connected not only with ailments and conditions typical of older and old age, but also with counteractive strategies. Medical developments, including increasingly efficient forms of therapy, can be juxtaposed with prevention. An active lifestyle may significantly help the elderly maintain their independence and delay the effects of ageing, consequently improving their quality of life. This explains why numerous community schemes encouraging physical activity and active lifestyle target the elderly community. Alongside prophylaxis, it is essential that the senior community be protected as regards access to the network of specialised healthcare centres, including geriatric facilities.

The fifth social policy concerns education, which is another area offering certain opportunities for older adults. So-called Universities of the Third Age provide various opportunities for learning and knowledge expansion at a reasonable cost, which is of significant importance as the elderly normally live on limited budgets. Such initiatives create favourable conditions for establishing new contacts and building interpersonal relations, as is the case with policy concerning culture.

Furthermore, social welfare and security policy should be mentioned, as it is undoubtedly the area which most affects the elderly. As regards social security, the elderly receive pensions under current pension schemes, which are, however, clearly insufficient. Consequently, a significant proportion of senior citizens become dependent on the social welfare system. The system of social welfare and support offers various forms of assistance. These are mainly financial benefits, which augment the low payments received under the social security scheme. It should be noted that besides financial benefits paid to the elderly, the social support system provides a large variety of activities aimed at promoting an active lifestyle in this age group. An example of such an initiative are day care centres, which aim to encourage active lifestyle through a number of activities, including occupational therapy workshops. Other forms of support available for the elderly are nursing homes, which provide on-going assistance, the above-mentioned protected flats, and any other schemes geared towards encouraging independence and mobility among older adults.

As regards public security policy, there is a growing need for schemes aiming to organise local communities – especially the elderly community – along a common goal,

which should be the provision of security for this particular social group and the prevention of various risks through a range of activities, including assistance, self-help and neighbourhood support.

The last area of social policy to be mentioned is the state of civil society. The ability of a society in general, and various social groups (including senior citizens) in particular, to organise themselves around problems which affect them and attempts at resolving said problems, is a clear indication of the development of true democracy. A democratic society is aware of various threats to security (among other things), which can be prevented within the framework of local organisations and self-organisation. At a time when societies, including the community of Siemianowice Śląskie, are ageing, one can observe an urgent need for programmes and schemes that allow the elderly to remain independent and self-reliant for as long as possible. Thus, local policy towards the elderly community and old age in general should aim far beyond healthcare and social welfare. The findings presented above clearly indicate that the needs of senior citizens are much greater, as is their social capital.

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