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Special gerontology (geragogics) as the area of research and reflection for special pedagogics: Selected issues

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In the text, an attempt was made to analyse selected issues related to gerontology in the relationship to people with disabilities. The context of analyses is the tendency of social ageing tendencies, observed in Poland and in the world, especially in European countries. Selected areas of reflection are combined with the conviction that there is a need for research which would fill in the gap in the field of research carried out so far, focused on the issue of the broadly defined life situation of the people with disabilities in the senior years, which is in the scientific merit of Polish special needs education (pedagogics). There is a justified fear that these individuals are more likely to experience marginalisation and exclusion in many areas of life than people of similar age in the general population.

KEY WORDS: old age, person with disability, life situation

Introduction

The issue of disability and the functioning of people with disabilities has been the focus of many disciplines in recent decades, not only in the field of social sciences. More frequently people with dis-

abilities are taken into consideration while designing buildings, or urban infrastructure. There are entire sections of technological sciences devoted to the design of medical and rehabilitation equipment, as demand is growing and the forecasts, especially demographic ones, indicate that it will continue to grow.

Undoubtedly, the development of the humanities and social sciences, the dissemination of the tendencies promoting human rights to general rights, as a basis for building social order, have also contributed to the development of interest in the issue of disability and people with disabilities. As a consequence, the slogans of necessary counteraction to exclusion and marginalisation of human beings due to any aspect of developmental impediments, which are in relationship to individual socio-cultural, economic or geographical conditions of life, have emerged.

Human rights, identified with the natural laws that all people have, meant in fact that people could not be differentiated for any reason and therefore be assigned with different catalogues of rights. Such understanding became common (at least in part of the world) not so long ago, only in the second half of the 20th century. The formal beginning of the primacy of such a way of thinking could be seen at the turn of the 1940s and 1950s, when the Universal Declaration of Human Rights was enacted¹. From this point, international documents dedicated to particular groups of people with disabilities also began to appear. In others, records that refer to selected categories of social order, problem areas, signalling the lack of equal treatment, the right of people with disabilities, appeared².

¹ Universal Declaration of Human Rights, http://www.unesco.pl/fileadmin/user_upload/pdf/Powszechna_Deklaracja_Praw_Czlowika.pdf [accessed on 2 February 2013].

² *Declaration on the Rights of Mentally Retarded Persons* (1971) stresses the fact that mentally disabled persons have the same rights as other people and establishes specific rights for these people, resulting from their needs <http://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx> [accessed on 31 May 2014]; *Declaration on the Rights of Disabled Persons* (1975), confirming that persons with disabilities have the same civil and political rights as other people <http://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfDisabledPersons>.

The socio-political doctrine, which was undoubtedly dominant in Poland until the 1990s, was not without significance for the development of ideas and research related to the issue of equal treatment, exclusion and marginalisation of people or social groups. Years of delay resulting from the past social system are still a burden for many scientific disciplines in the social sciences and the humanities. In the case of special needs education, the examples of delays are best illustrated in the ratification of UN and EU declarations, resolutions, directives on human rights, equal treatment and disability. For example: The European Social Charter, enacted in Turin in 1961, was ratified by Poland in 1997; The Charter of Fun-

aspx [accessed on 31 May 2014]; General Assembly Resolution from 1976, establishing the year 1981 the International Year for Disabled Persons. That year, the international, regional and national action schemes for people with disabilities came into existence, envisaging contribution for equalization of opportunities, healthcare, rehabilitation and preventing the onset of disability; *World Programme of Action Concerning Disabled Persons*), adopted as a UN General Assembly Resolution on December the 3rd, 1982; http://www.who.int/disabilities/policies/standard_rules/en/ [accessed on 31 May 2014]; *Tallin Guidelines for Action on Human Resources Development in the Field of Disability*, adopted in 1989, pertaining to education and employment of disabled people by government institution and at all levels of public authority jobs, in order to equalize the opportunities for the people with disabilities. <http://www.un.org/documents/ga/res/44/a44r070.htm> [accessed on 31 May 2014]; *Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care*, adopted in 1991 as one of the last documents of the UN Decade of Disabled Persons, proclaimed in the years 1983-1992 by the UN General Assembly. The document contains 25 main rules that regulate the rights of the people with intellectual disabilities. <http://www.un.org/documents/ga/res/46/a46r119.htm> [accessed on 31 May 2014]; *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, adopted in 1993 by the UN General Assembly. The document defines the desired directions for the solutions concerning people with disabilities and is considered the basis for creating politics and programs for people with disabilities. <http://www.un.org/documents/ga/res/48/a48r096.htm> [accessed on 31 May 2014]; Convention on the Rights of Persons with Disabilities, adopted by the UN General Assembly in 2006 in order to confirm the rights of people with disabilities, <http://www.mpips.gov.pl/spoleczne-prawa-czlowieka/konwencja-o-prawach-osob-niepelnospawnych/ratyfikacja-konwencji-o-prawach-osob-niepelnospawnych-przez-polske/> [accessed: 1 June 2014].

damental Rights of the EU adopted in Nice in 2000 and the Treaty of Lisbon from 2007, which entered into force in 2009, were adopted by Poland with restrictions; The United Nations Convention on the Rights of Persons with Disabilities, adopted in 2006, signed by Poland in 2007, was ratified (entered into the Polish legal system) at the end of 2012. Ratification of legal acts is delayed due to the need to adjust the internal law of a given state to international regulations. In this case, however, there is an irrefutable reflection that the work on this adjustment is conditioned by the legislature's determination, which in a sense derives from the social rank of the issue. Another problem, not so much of a legislative nature, but more of a social one, is the willingness to receive, accept the suggested solutions³. Against the background of other EU countries, Poland is perceived as a conservative country. Acceptance of differences, resulting from disability, religion, sexual orientation is often a serious problem. Even the existing formal and legal solutions do not pre-judge the possibility of certain discriminatory practices.

Despite the indicated conditions, there is no doubt that the end of the 20th and the beginning of the 21st century became a period of multidisciplinary research on issues of equality, counteracting exclusion or marginalisation, and in this context the phenomenon of disability. Based on this work, it is worth considering the fields of future scientific analyses in the field of special needs education, but also interdisciplinary studies.

Old age of persons with disabilities

An almost absent research issue of Polish special needs education is the old age of people with disability. Either of people with disabilities from birth, early childhood, or with the acquired ones.

³ For example, Poland is currently seen as one of the ethnically „purest” countries of the EU. Because of this, forcing the implementation of the models for coexistence in the multi-ethnic society may be challenging.

In the context of the indicators of the observed, especially in Europe, growth of the elderly population, without the categorisation of people with disabilities, it is also necessary to intensify the cooperation of the pedagogical sub-disciplines of pedagogy (education), especially special needs education, social pedagogy, pedagogy of elderly and ageing people (geragogics) in the field of scientific research, but also practical activities, building systemic activities for the sake of the elderly. This is due to the fact that old age is the time when more and more health problems appear, resulting in reduced efficiency or loss of functionality. It would be worthwhile, however, to ensure that this minimises the quality of human life as little as possible.

For a long time, such activities (subdisciplinary studies on issues) have been undertaken in the case of children and young people. The issue of educational integration, and in recent years especially inclusive education, has prompted researchers of the issues, in the case of special needs education, as well as other sub-disciplines of pedagogy, which are focused on children and young people, to undertake research, analysis and reflection related not only to the isolated group of e.g. students with disabilities or without them, but to recognise the educational situation of the whole group of students. To find the determinants of effective solutions in this area, taking into account the needs of the whole group. Analogous actions must, in my view, be taken also in the context of the problems of old age and ageing.

As Adam A. Zych points out, 'traditional geragogics has so far been concentrated on a normally ageing human being, but the beginning of our century clearly draws attention to the social issues of elderly people with disabilities, the evidenced of it is the creation of special geragogics'⁴. The goals of special geragogics are the same as for gerontopedagogics (geronto-education), but they are explicitly

⁴ A. A. Zych, *Pedagogy of the persons with obtundation as the new field in special needs geragogy (Pedagogika osób z otępieniem jako nowy obszar geragogiki specjalnej)*, LABOR et EDUCATIO, no. 2/2014, p. 275.

addressed to disabled people who are ageing⁵. The author points out that within analysing and reflecting on the 'traditional' pedagogy of ageing and old age, focusing on healthy elderly and ageing people, which develops its sub-disciplines (gerontology of education, geragogics of free time, culture and media, music geragogics), the issue of disabled elderly people remains on the margin of consideration⁶.

An ageing person, even a person who has not experienced disability in the past, will certainly lose efficiency within many functions of the body, so his or her characteristics in old age will be closer in this period of life (than in any previous) to the one of a person with a disability. The experience of special needs education, academic merit of the discipline, can provide important knowledge about not only the difficulties in functioning, but also the consequences of losing efficiency and fitness.

A well-recognised phenomenon in literature is the issue of marginalisation and exclusion of the elderly people in the social sphere. It was the subject of interest of many authors, whose area of scientific interest is a person in senior age. Most often, among the areas of exclusion, there are: poverty (i.a. Kubiak 2011, Szatur-Jaworska 2000, Trafiałek 2003), financial services market (i.a. Kubicki 2013), medical services (i.a. Derejczyk 2001, Trafiałek 2003), digital exclusion (i.a. Szmigielska, Bąk, Hołda 2012) or cultural activity⁷.

⁵ A. A. Zych, *Special needs geragogy – necessity, need or moral obligation? (Geragogika specjalna – konieczność, potrzeba czy moralny obowiązek?)*, in: *Special needs pedagogy in service of the family (marginalisational, resocialisational and psychological aspects) (Pedagogika społeczna w służbie rodziny [aspekt marginalizacyjny, resocjalizacyjny i psychologiczny])*, K. Gąsior, T. Sakowicz (ed.), Kielce: Świętokrzyskie Centrum Profilaktyki i Edukacji, vol. 2, 2005.

⁶ A. A. Zych, *ibid.*, 2014.

⁷ M. Kubiak, *Poverty or exclusion of elderly people (Ubóstwo czy wykluczenie ludzi starszych)*, in: M. Popow, P. Kowzan, M. Zielińska, M. Prusinowska, M. Chruściel, (ed.), *Faces of poverty in modern Poland (Oblicza biedy we współczesnej Polsce)*, Gdańsk: Wydawnictwo UG 2011; B. Szatur-Jaworska, *Elderly people and senility in the social politics (Ludzie starzy i starość w polityce społecznej)*, Warszawa: Wydawnictwo ASPRA-JR 2000; E. Trafiałek, *Old age in Poland in the age of changes (Polska starość*

In the case of people with disabilities in the senior age, the phenomenon of marginalisation and exclusion seems even more serious, as it results from the overlap of exclusion areas resulting from disability and ageing. There is, however, no scientific research that would identify the phenomenon, its severity and consequences for the life situation of this group of people.

Today, in developed countries, averagely one in seven people (in the general population) is over 65 years old. In 2030-2040 it will be every fourth citizen of the world. The projections for the year 2030 indicate that most people over 65 will live in Europe. 43.2% of the continent population will be at age 65 and over.⁸ According to Eurostat's demographic projections, the population ageing process will be even faster after 2035. In Poland, after 2060, median age is expected to exceed 54 years and will be the highest, apart from Slovakia, in the EU⁹.

w dobie przemian), Katowice: WN „Śląsk” 2003; P. Kubicki, *Elderly people on the financial services market. Analyses and recommendations (Osoby starsze na rynku usług finansowych. Analizy i zalecenia)*, Warszawa: BRPO 2013; P. Kubicki, *Poverty and the social exclusion of elderly people (Ubóstwo i wykluczenie społeczne osób starszych)*, www.eapn.org.pl/wp-content/uploads/.../Ubostwo-i-wykluczenie-osob-starszych.pdf [accessed on 24 August 2017], J. Derejczyk, *Geriatrics and the healthcare reform in Poland (Geriatrics, a reforma ochrony zdrowia w Polsce)*, *Służba Zdrowia* nr 61-64, 2001, B. Szmiągalska, A. Bąk, M. Holda, *Seniors as the Internet users (Seniorzy jako użytkownicy Internetu)*, *Nauka* 2/2012, L. Frąckiewicz, *Exclusion and social cohesion in view of the process of the aging of population (Wykluczenie i spójność społeczna wobec procesu starzenia się ludności)*, in: M. Halicka, J. Halicki (ed.), *To leave a mark on earth (Zostawić ślad na ziemi)*, Białystok: Wydawnictwo Uniwersytetu w Białymstoku 2006.

⁸ Italy is growing to be one of the oldest countries of the world, demographically speaking. In 2000, over 18% of Italians has reached the age 65 and more; in Greece and Sweden – 17,3%; in Japan – 17%; in Spain – 16,9%; in Belgium – 16m8%; in Germany – 16m2%; in France – 16%, Z. Szweda-Lewandowska, [in:] P. Błędowski, B. Szatur-Jaworska, Z. Szweda-Lewandowska, P. Kubicki, *Report on the situation of elderly people in Poland (Raport na temat sytuacji osób starszych w Polsce)*, IPiSS, Warszawa 2012, p. 21.

⁹ P. Błędowski, *Consequences of the demographic process of population aging as a task for the public administration (Konsekwencje procesu demograficznego starzenia się ludności jako zadanie dla administracji publicznej)*, [in:] P. Błędowski, B. Szatur-Jaworska,

Table 1. The forecast of the population of 65+ people in different regions of the world in 2030

Region	65-75 years	75-80 years	Above 80 years
Europe	24,3%	11,8%	7,1%
Northern America	20,3%	9,4%	5,4%
Oceania	16,3%	7,5%	4,4%
Asia	12,0%	4,6%	2,2%
Latin America	11,6%	4,6%	2,4%
Middle East and North Africa	8,1%	2,8%	1,3%
Sub-Saharan Africa	3,7%	1,3%	0,6%

Source: own elaboration on the basis of K. Kinsella, V.A. Velkoff, *The Demographics of Ageing*, "Ageing Clin. Exp. Res" 2001, 14, p. 160 on: Z. Szweða-Lewandowska, *Ageing and Old Age - General Characteristics (Starzenie się i starość - ogólna charakterystyka)*, in: P. Błędowski, B. Szatur-Jaworska, Z. Szweða-Lewandowska, P. Kubicki, *Report on the situation of the elderly people in Poland (Raport na temat sytuacji osób starszych w Polsce)*, IPiSS, Warszawa 2012, p. 20.

With the increase in the population of elderly people, the state expenditure connected with social and health care will increase. Elderly age does not have to be a synonym for poor health and disability. Socio-cultural factors play an important role here. The most important ones are, i. a. gender, social status or cultural experience.¹⁰ A team of researchers led by Piotr Błędowski points out that, among the diagnosed and important features of the ageing process of Polish society, there are: feminisation – by 2030 in Poland it is

Z. Szweða-Lewandowska, P. Kubicki, *Report on the situation of elderly people in Poland (Raport na temat sytuacji osób starszych w Polsce)*, IPiSS, Warszawa 2012, p. 39.

¹⁰ *Operational Program Human Capital, National Strategic Reference Framework 2007-2013, Ministry of Regional Development (Program Operacyjny Kapitał Ludzki, Narodowe Strategiczne Ramy Odniesienia 2007-2013, Ministerstwo Rozwoju Regionalnego)*, Warszawa, 2007, see: I. Chrzanowska, *Old age with disability (Starość z niepełnosprawnością)*, [in:] *The person and the family in view of losing health and ability (Człowiek i jego rodzina wobec utraty zdrowia i sprawności)*, A. Nowicka, J. Bąbka (red.), Prymasowskie Wydawnictwo Gaudentinum, Lublin 2010, s. 98.

estimated that the percentage of men over the age of 65 will be 40.7%, and at the age of 80 and over approx. 33.5%; singularisation – forecasts indicate a possible high percentage of single-person households among the elderly people (by 2030, 53.3% of one-person households will probably be run by 65-year-olds); regionalization – forecasts for 2030 indicate that the largest percentage of people aged 75+ will live in Łódź voivodship – 12.6%, Dolnośląskie and Śląskie – 12.5%, 12.4%, the only region with a rate below 10% will be Podkarpackie Voivodship (9,9%)¹¹.

The problem of ageing society is becoming increasingly important for many countries (including the EU). Despite the fact that the forecasts have long been known, models of actions aimed at the diverse needs of a dynamically growing group of the elderly people have not been developed.

According to the Madrid International Plan of Action on Ageing, which was ratified by Poland in 2002, the most important areas of action for elderly people were identified. These include: building a friendly society for people of all ages; reduction of poverty among the elderly people (including the idea of productive ageing, employment of elderly workers, education of the elderly people, strengthening of intergenerational relationship); providing for good health of seniors; providing care for care-dependents; promoting intergenerational solidarity and a positive image of the elderly people¹². What are the priority areas for the disabled population? Are these the most important steps that need to be taken to identify the living conditions of older people with disabilities? What are the needs of disabled elderly people and elderly people who have not experienced congenital or acquired disabilities are analogous in old age? These are some of the questions that arise as those that need to be answered in the research of special needs education (pedagogy)

¹¹ P. Błędowski, B. Szatur-Jaworska, Z. Szweda-Lewandowska, P. Kubicki, *Report on the situation of elderly people in Poland (Raport na temat sytuacji osób starszych w Polsce)*, IPiSS, Warszawa 2012, p. 5-6, p. 27.

¹² P. Błędowski, 2010, p. 11.

in Poland, but also in interdisciplinary and subdisciplinary studies within the framework of pedagogy.

To a large extent, and in most countries affected by the problem, system solutions are focused on aid activities. They are often the cause of more or less distinct social divisions, dichotomising and opposing the interests of young people and older people, which, along with the increase of the ageing population, will increase. Especially in countries that did not respond to forecasts early enough and did not launch operations, i. a. educational activities aimed at shaping individual choices as well as social relationships in this field. There is no doubt that, in the case of disabled elderly people, at least some of the problems identified here will be more severe. Unfortunately, disabled people are expected to turn out to be a particularly vulnerable group within social divisions, with a much greater danger of marginalising their needs, and even more social roles.

Contemporary analyses, for example from the local area, which refer to the elderly population (excluding disaggregated analyses referring to disabled elderly people), clearly indicate the factors that determine the quality of life satisfaction of elderly people. These are:

- health condition – in general, the situation is not best among elderly people. Research shows that better educated people and people in the better financial situation have better health¹³. The situation of people with disabilities in the senior age in the context of ‘health condition’ is much worse. Cross-sectional analyses for some groups of people with disabilities show that, for example, people with intellectual disabilities often have additional conditions that, with age, tend to overlap and develop.¹⁴ It seems that education will not have a signifi-

¹³ B. Bień, *Health situation of the people of advanced age (Sytuacja zdrowotna osób w podeszłym wieku)*, [in:] *Geriatrics with elements of general gerontology (Geriatry z elementami gerontologii ogólnej)*, T. Grodzki, J. Kocemba, A. Skalska (ed.), Via Medica, Gdańsk 2006, p. 42-46.

¹⁴ A. Krause, A. Żyta, S. Nosarzewska, *Normalising of the social environment for people with intellectual disabilities (Normalizacja środowiska społecznego osób z niepełnościami intelektualną)*, Toruń: Wydawnictwo Edukacyjne akapit 2010, p. 95.

cant impact in the case of this group of people with disabilities. Financial situation, however, might have. A significant proportion of people with disability, not only with the mental one, get money for life from pensions and attendance allowances. If the elderly person with disabilities still has parents, this situation is overlapped by the additional necessity of the distribution of funds from the household budget for the treatment of the person with disability and his or her parents¹⁵. This is already happening in the period preceding the old age and it is likely to have consequences on the physical condition of people in old age;

- life activity - activity gives life meaning, makes it more interesting and valuable¹⁶. At the same time, it counteracts boredom and the feeling of emptiness, which can lead to the emergence of depressive episodes. And in the context of this indicator, the situation of people with disabilities in old age appears to be less beneficial. Disability does not have to be synonymous with passivity. Here, the significant conditions are the type and severity of disability, but also a number of other variables, which include: developmental support and its effectiveness, access to education, its various forms and its effectiveness, employment, access to employment in the common labour market. Recognition of these, but also other conditions, as well as the relationship between them seems to be a necessary area of scientific analysis in the field of special needs education;
- level of education - studies show that elderly people with higher education enjoy better mental well-being. Good mood is four times more common among people with higher educa-

¹⁵ *Ibid.*, 2010 p. 95.

¹⁶ H. Zielińska-Więczkowska, K. Kędziora-Kornatowska, *Determinants of the life satisfactopn in the late adulthood in view of reseach findings (Determinanty satysfakcji życiowej w późnej dorosłości - w świetle doniesień badawczych)*, „Psychogeriatría Polska 7(1) 2010, p. 13.

tion than those with basic one¹⁷. Unfortunately, the situation of people with disabilities at senior age will be more problematic in this area than in the general population, for a simple reason – indicators of people with higher education in the population of people with disabilities are much lower than in the general population. According to BAEL (Study of Economic Activity of Population) data from 2016, 10.8% of people with disabilities have a higher education degree, with 28.6% among those without disabilities. Proportions are reversed for the lowest levels of education: lower secondary, basic, incomplete basic and uneducated: 24% and 9% respectively; vocational qualification: 39.9% and 25.3% respectively¹⁸. Recognising the validity of this criterion as essential for the feeling of the life satisfaction of elderly people with disabilities, it should be recognised that a greater proportion of people with disabilities than those without them will need support in old age in this range;

- optimism in life – as indicated by the results of the study, the highest is among those with higher education performing managerial functions¹⁹. Taking into account previously presented data on e.g. the education of people with disabilities, it seems that the indicators of the optimism of life of elderly people indicated by Janusz Halik will probably not be the most likely precondition for the life optimism of elderly peo-

¹⁷ J. Halik, *Mental wellbeing of elderly people and its conditions (Samopoczucie osób starszych i jego uwarunkowania)*, [in:] *Elderly people in Poland. The social consequences of the aging of the society (Starzy ludzie w Polsce. Społeczne skutki starzenia się społeczeństwa)*, J. Halik (ed.), ISP, Warszawa 2002, p. 71-75.

¹⁸ *Data pertaining to the education of the disabled persons on the basis of BAEL, 24 March 2017, Office of the Government Plenipotentiary for Disabled People (Dane dotyczące wykształcenia osób niepełnosprawnych na podstawie BAEL na dzień 24.03.2017, Biuro Pełnomocnika Rządu ds. Osób Niepełnosprawnych)*, <http://niepełnosprawni.gov.pl/bookmark/education/> (zakładka edukacja).

¹⁹ J. Halik, *Mental wellbeing of elderly people and its conditions (Samopoczucie osób starszych i jego uwarunkowania)*, [in:] *Elderly people in Poland. The social consequences of the aging of the society (Starzy ludzie w Polsce. Społeczne skutki starzenia się społeczeństwa)*, J. Halik (ed.), ISP, Warszawa 2002, p. 71-75.

ple with disabilities. The low proportion of people with disabilities with higher education and the probably lower of people with disabilities performing managerial functions does not necessarily mean that disabled elderly people are not optimistic about life. It is therefore important to recognise what factors condition this state for people with disabilities and, in the context of the elderly, this group of people;

- sense of coherence – the results show that people with a high sense of coherence are less depressive, are more adaptive, enjoy life more.²⁰ In the literature review, I have not found any scientific research directly related to the problem of coherence of people with disabilities in their senior years. In studies executed by Krystyna Kurowska and Iwona Szumacher²¹, which were held among disabled workers at supported employment enterprises in Bydgoszcz (mean age 46 years, age range 24-67 years), it was found that the type of disability is not a factor, which determines the level of coherence. However, the authors point out that the research was done on a small research group (69 people) of the working people, their socio-economic status was therefore higher than of those who were financially family-dependent (p. 97). The sense of coherence is recognised as an important determinant of life satisfaction²². Life satisfac-

²⁰ L. Zając, *Psychological situation of the older person and its determinants (Psychologiczna sytuacja człowieka starszego oraz jej determinanty)*, [in:] *Senility and personality (Starość i osobowość)*, K. Obuchowski (ed.), AB, Bydgoszcz 2002, p. 53-112; A. Antonovsky, *Unraveling the mystery of health. How people manage stress and stay well (Rozwikłanie tajemnicy zdrowia. Jak radzić sobie ze stresem i nie zachorować)*, IPN, Warszawa 2005.

²¹ K. Kurowska, I. Szumacher, *Sense of coherence and the received support among the disabled workers employed in sheltered workplaces (Poczucie koherencji a otrzymywane wsparcie wśród niepełnosprawnych pracowników zatrudnionych w zakładach pracy chronionej)*, *Problemy Pielęgniarstwa* 19(1) 2011.

²² H. Zielińska-Więczkowska, W. Ciemnoczołowski, T. Kornatowski i wsp., *Sense of coherence and the life satisfaction of the auditors in the University of the Third Age (Poczucie koherencji a satysfakcja życiowa słuchaczy Uniwersytetu Trzeciego Wieku)*, *Gerontologia Polska* 19(2) 2011.

tion, in turn, is linked to a sense of quality of life, and one of the most important determinants of it (quality of life) is health²³. Assuming that the health status of people with disabilities at senior age is worse than in the general population, the level of coherence of disabled elderly people should be expected to be low, at least lower than in the general population. Is that so? It is difficult to say, there is a lack of in-depth research in this field in the scientific merit of Polish special needs education. The specificity of the problems with regard to people with disabilities are indirectly reflected in the analyses and reflections of Stanisław Kowalski. Admittedly, in relationship to earlier life period – adulthood – the author writes that in the case of people with acquired disabilities, there might be the reduction of adulthood, the sudden transition to a condition that resembles old age, changes that resemble the situation of functionality loss in old age, which are impossible to reverse²⁴;

- family – especially relationships with adult children are important for a sense of life satisfaction (the higher it is, the higher the level of feeling of happiness due to achievements of a child is). It is also important to have a sense of intimacy with the family²⁵. Adam A. Zych²⁶, in the context of ageing and old

²³ B. Woynarska, *Health education (Edukacja zdrowotna)*, Warszawa: PWN 2007.

²⁴ S. Kowalik, *Adulthood of the disabled people in the light of the lost development theory (Dorosłość osób niepełnosprawnych w świetle koncepcji utraconego rozwoju)*, in: K. Rzeźnicka, A. Kobylańska (ed.), *Adulthood, disability, modern times. On the margins of special needs pedagogy (Dorosłość, niepełnosprawność, czas współczesny. Na pograniczach pedagogiki specjalnej)*, Kraków: Oficyna Wydawnicza Impuls 2003.

²⁵ M. Halicka, *Family – a factor influencing life satisfaction in the old age (Rodzina – czynnik warunkujący satysfakcję życiową w starości)*, „Annales UMCS” ; 59, Lublin 2004, p. 289-294.

²⁶ A. A. Zych, *Special needs geragogy – a special needs pedagogy of the people advanced in age (Geragogika specjalna – pedagogika specjalna osób zaawansowanych wiekowo)*, in: A. Nowicka, J. Bąbka (ed.), *The person and the family in view of losing health and ability (Człowiek i jego rodzina wobec utraty zdrowia i sprawności)*, Lublin: Wydawnictwo Uczelni Zawodowego Zagłębia Miedziowego 2010.

people, mentions violence in the form of neglect, age discrimination and prejudice. In the case of people with disabilities, in his opinion, he can even talk about double discrimination due to incomplete functionality and because of age and gender. In addition, there is a widespread perception that people with disabilities will not be able to, or at least to a large extent, be hindered by their performance in the role, which stimulates able elderly people to activity, for example in the role of grandparents taking care of their grandchildren. Again, there is no scientific study confirming this 'colloquial knowledge'. It cannot be stated which groups of people with disabilities and to what extent these restrictions will apply. What will their determinants be like? It seems that it is worth the effort to acquire knowledge on this subject.

Studies on the subject group of people with disabilities in senior age are justified by the fact that the index of people with disabilities aged 65+ in 2011 (national census results) was higher than in the general population and equalled almost 41% (to 14.7% in the general population). More than half of this group (57%) have legal proof of their disability²⁷. It is notable that, compared to 2002, the percentage of older people with legal certificate of disability degree declined (from 71% to 57%), the percentage of elderly people with biological disabilities has risen by nearly a half, from 29% in 2002 to more than 43% in 2011. Particularly high growth was observed among people living in rural areas (from about 31% to almost 50%, in urban areas the rate increased by 12% (from about 28% to 40%)). According to NSP 2011 (national census) data, the largest number (from 42.2% to 47%) of people with disabilities aged 65+ live in Podlaskie, Mazowieckie, Lubelskie, Małopolskie and Opolskie voivodships. The rates at level of 38.8% - 42.2% were recorded in the fol-

²⁷ *The demographic situation of elderly persons and the consequences of the aging of the population of Poland in the light of the prognosis for the years 2014-2050 (Sytuacja demograficzna osób starszych i konsekwencje starzenia się ludności Polski w świetle prognozy na lata 2014-2050)*, GUS, Warszawa 2014, p. 18.

lowing voivodships: Łódzkie, Świętokrzyskie, Podkarpackie, Śląskie and Dolnośląskie, at the level of 36.6% – 38.8% in Pomorskie and Zachodniopomorskie voivodships. The lowest number of 65+ disabled people live in Warmińsko-Mazurskie, Kujawsko-Pomorskie, Wielkopolskie, Lubuskie²⁸. Given the demographic forecasts, it is expected that the population of elderly people with disabilities (especially those with biological disabilities) will increase, if additionally, as it was in years 2002 to 2011, the high rate of incidences of incapacity for independent living, people requiring professional support in the area of care, treatment and rehabilitation emerge. This is undoubtedly also a challenge for special needs education (pedagogy) in the context of the design of human resources training that will be able to accomplish such tasks. A challenge that should be taken promptly, but with parallel activities constituting a new occupational group of assistants of elderly people with a disability.

The life situation of people with disabilities in older age is, as indicated earlier, much more difficult than of the elderly people in the general population. It is not a simple sum of limits that each of these situations entails. Apart from the obvious in this case health issues, they can also be seen in the social and material sphere. Taking into consideration the sanitation and technical conditions of flats in which people with disabilities live, it can be stated that they are more difficult than in other cases. Only 45% of families with a person with a disability (about 65% in urban areas and about 14% in rural areas) have access to the water supply, bathroom with toilet, central heating and gas (52.5% in the general population). The economic status of most families with people with disabilities is low²⁹. According to GUS (Central Statistical Office) data, 95% of people

²⁸ *The demographic situation of elderly persons and the consequences of the aging of the population of Poland in the light of the prognosis of Central Statistical Office of Poland for the years 2014-2050 (Sytuacja demograficzna osób starszych i konsekwencje starzenia się ludności Polski w świetle prognozy na lata 2014-2050, GUS, Warszawa 2014), p. 18-19.*

²⁹ M. Zrałek, *Disability in the elderly (Niepełnosprawność osób starszych)*, [in:] J. T. Kowaleski, P. Szukalski (ed.), *Our aging society. Hopes and dangers (Nasze starzejące się społeczeństwo. Nadzieje i zagrożenia)*, Wydawnictwo UE, Łódź 2004, p. 101-103.

with disabilities get money from retirement pensions, 28.1% from disability pensions, 5.5% from family pensions, 3.7% from social pensions, 0.8% from unemployment benefits for the unemployed and 0.4% from benefits and pre-retirement benefits and social welfare benefits³⁰. If we realise, in addition, that an elderly person with a disability is most likely a person with low education, the possibility of changing the economic status seems almost impossible. If this is due to the loss of strength and efficiency resulting from old age and pre-existing disorders, a significant proportion of people with disabilities will appear as unable to live independently, without control over it and the ability to decide on anything.

The results of the research on the issue of adolescence and old age of people with disabilities show that one of the main fears of parents of people with disabilities, especially those whose type and degree of disability significantly impair their ability to live independently, for example with a deeper mental disability, is anxiety for the future. Parents still think about with who and where their children will live when they become adults and parents will not be with them anymore³¹. It is important in this context, and not the undertaken issue, how people with disabilities can cope with traumatic stress after losing their parents, the need to live in a new, unknown place, among strangers.

Another problem, which is well recognised in the general population of elderly people³², but not recognised in the case of people with disabilities at senior age is the phenomenon of violence and neglect. The prevalence of this phenomenon has led to the definition of 'elder abuse' at the WHO forum³³. It is understood as single or

³⁰ http://www.stat.gov.pl/gus/5840_14834_PLK_HTML.htm

³¹ A. Krause, A. Żyta, S. Nosarzewska, 2010, p. 93.

³² M. Halicka, J. Halicki (ed.), *Violence against elderly people. On the example of the survey field studies in the podlaskie voivodeship (Przemoc wobec ludzi starszych. Na przykładzie badań środowiskowych w województwie podlaskim)*, Białystok: Wydawnictwo Temida2 2010.

³³ B. Mikołajczyk, *International protection of the elderly persons' rights (Międzynarodowa ochrona praw osób starszych)*, Warszawa: Wydawnictwo Wolters Kluwer Polska 2012.

repetitive actions, or lack of such action (abandonment, e. g. neglect), occurring in relationships where trust and care should be expected, and which cause harm and danger to the elderly people³⁴. The understanding of the concept is very broad, it means not only physical and mental violence against the elderly, but also all forms of exploitation, including financial one. Malgorzata Halicka and Jerzy Halicki (2010) suggest, basing on a literature review of typology, and point out various possible forms of violence against older people. They include physical, psychological, financial, sexual, symbolic, neglect, abandonment (2010, p. 26-27). Symbolic violence refers to enforcing behaviour that is comfortable for dominant groups. Neglect, in turn, is a recurrent deprivation of care and help, which are needed for elderly man in important daily activities. In the world, the problem of violence against elderly people, as Halicka and Halicki point out, was of interest in the 1950s, but public recognition of the problem dates back to the 1970s. In Europe, the problem has been seriously dealt with since the late 1980s and in the 1990s the phenomenon of violence against the elderly was undertaken by the WHO. Estimated indicators of the phenomenon (based on studies in five developed countries: Canada, Finland, the Netherlands, the United Kingdom and the United States) are 4%-6% (taking into account physical, mental and financial abuse and neglect).³⁵ These indicators are different in different countries. For example, according to Halicka and Halicki, in Korea it is 6.3%, in Israel 18.4% (with predominance of neglect) and in the Czech Republic up to 20% (various forms of violence against 60+ people)³⁶.

In Poland, the origins of research on the subject date back in the 1970s. The problem was then signalled in the context of other stud-

³⁴ B. Mikołajczyk, *ibid.*, 2012, s. 51.

³⁵ M. Halicka, J. Halicki, *ibid.*, 2010, p. 33; D. Jaszczak-Kuźmińska, K. Michalska (ed.), *Domestic violence againsts the elderly and the disabled. A guide for the first contact social workers*, (*Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Poradnik dla pracowników pierwszego kontaktu*), Warszawa, MPiPS 2010, p. 44.

³⁶ M. Halicka, J. Halicki, *ibid.*, 2010, p. 33.

ies, e. g. concerning intergenerational conflicts. The first systematic study of the elderly people as an object and subject of social pathology date back between the 1980s and 1990s. They confirmed the existence of a sense of danger, abuse and neglect in relationship to people in senior age.³⁷ Violence against elderly people is very common in families, but also in all types of institutions, which were established to help, provide services to elderly people. According to PAN (Polish Academy of Sciences) studies commissioned by the Ministry of Labour and Social Policy (2010), 11.8% of Poles isolate older family members, 13.2% use economic violence against.³⁸

Violence in the family is primarily directed towards those who are physically weak, often unable to defend themselves. Factors that influence the increase of the risk of suffering among elderly people are: cognitive, physical impairment and social isolation. In turn, cultural risk factors are: discriminatory attitudes (in this case against elderly people), sexism, tolerance of violence. Such phenomena can foster the emergence and intensification of violent attitudes: loss of traditional roles of elderly people, erosion of the family and social ties, high unemployment. Risk factors may also be the characteristics of victims, among them there are: limited functional capacity, problems caused by illnesses (e. g. dementia) or social isolation of people.³⁹ These are important findings in the context of the threat of

³⁷ The Halicka's research from the years 90 of the XX century shows that over 20% of men aged 70 were complaining about the lack of care, 13% had a feeling of being separated from the family matters; there were instances of the negligence of care in case of 13%-17% women; 14% of women aged 80 was neglected in the psychological sphere (withdrawal of affection). About 12% of the elderly people was taken advantage of financially; in the group of the 80 years old this rate equaled 19% (Halicka, Halicki 2010, s. 35). More on the phenomenon of violence against the elderly in the publication of Halicka, J. Halicki, 2010.

³⁸ D. Jaszczak-Kuźmińska, K. Michalska (red.), *Domestic violence againsts the elderly and the disabled. A guide for the first contact social workers (Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Poradnik dla pracowników pierwszego kontaktu)*, Warszawa, MPiPS 2010, p. 12.

³⁹ *Ibid.*, 2012, p. 40-42.

violence against people with disabilities. The association of violence and disability with the role of the person with disability as its victim, is present in Polish literature in the field of social sciences.⁴⁰ However, in this case, there were no studies analysing the occurrence of the phenomenon in relationship to the senior age of people with disabilities or individual types of disability. The research conducted by Krzysztof Korzeniowski and Piotr Radkiewicz on the phenomenon of violence against people with disabilities, taking into account their age, ends in category 60+ (there is therefore recognition of the issue in regard to seniority). The results of the study for the 60+ group indicate that, in the case of physical, economic and psychological violence, the average score on a scale from 1 - never, to 5 - very often, was in the context of violence outside of family and the first three types of violence 1,6, sexual - 1,4. In regard to family violence respectively: 1,2 and 1,1.⁴¹

When authors analyse the phenomenon of violence against people with disabilities, they usually focus on two groups of people with disabilities: intellectual and physical (Zima 2010, p. 71, 73)⁴² (health problems: physical or mental, Korzeniowski, Radkiewicz

⁴⁰ K. Korzeniowski, P. Radkiewicz, *Violence against the elderly and disabled persons. The report on the all-Poland research from the year 2015 and the comparative research from the years 2009-2015. (Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Raport z badania ogólnopolskiego 2015 r. oraz badania porównawczego z lat 2009-2015)* Warszawa PAN IP 2015; D. Jaszczak-Kuźmińska, K. Michalska (ed.), *Domestic violence against the elderly and the disabled. A guide for the first contact social workers. (Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Poradnik dla pracowników pierwszego kontaktu)*, Warszawa: MPiPS 2010.

⁴¹ K. Korzeniowski, P. Radkiewicz, *ibid.*, 2015, p. 75. It's worth adding that the analyzed group didn't consist of the people with disabilities; the research was conducted in the group of 1000 respondents, in a cluster sampling representative for the inhabitants of Poland aged 18 and more, p. 13.

⁴² M. Zima, *Violence against the disabled people (Przemoc wobec osób niepełnosprawnych)*, in: D. Jaszczak-Kuźmińska, K. Michalska (ed.), *Domestic violence against the elderly and the disabled. A guide for the first contact social workers (Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. Poradnik dla pracowników pierwszego kontaktu)*, Warszawa: MPiPS 2010, p. 71-73.

2015, p. 60). They also point out that in Poland there is no reliable data on the phenomenon of violence against people with disabilities (Jaszczak-Kuźmińska, Michalska 2009, p. 82).

Monika Zima⁴³ indicates that violence against people with disabilities, as evidenced by research, may be related, for example, to unattractive external appearance, which may lead to disturbances in the formation of the link and indirectly to the occurrence of violence. Estimates also show that people with intellectual disability, in connection with violence, suffer three times more severe injuries than those without disabilities. The analyses of the relationship between the phenomenon of violence and disability show the worse situation of people with disabilities in this range, compared with the people without disabilities. This applies to all types of violence: economic, psychological, emotional, physical, sexual. The effects of overlapping disability with ageing, in the context of family and institutional violence, have not been recognised due to the old age and institutional, instead of family care. Particularly, as shown by the results of the conducted studies, the percentage of estimation of violence against people with disabilities outside of the family is higher. The combined responses of frequent and very frequent violence (observed over the past few years) provide percentages in the systems: outside of the family and in the family, respectively, for physical: 10.1% and 5.7%, economic: 12.2% and 7.4 %, psychological: 13.3% and 6.3%, and sexual: 3.8% and 2.4% violence. The results are slightly lower most frequently, when the respondents were asked about the last year (respectively, physical 9.1% and 5.5%, economic 10.6% and 5.8%, psychological 9.7% and 5, 7%, sexual 3.6% and 2.4% violence)⁴⁴.

In conclusion, it is worthwhile to note the necessary areas of analysis that should be considered in the context of special needs education (pedagogy), and which would broaden the scope of deliberations to identify phenomena connected with gerontology (geragotics) as this area appears to be particularly 'neglected' in the

⁴³ M. Zima, *ibid.*, 2010, p. 84.

⁴⁴ K. Korzeniowski, P. Radkiewicz, *ibid.*, 2015, p. 77-78.

reflections of special needs education (pedagogy). This will not be a closed list, as it only refers to selected issues, which are raised in the text. It seems therefore worthwhile to undertake research on:

- the characteristics of the ageing process of people with disabilities, even in relationship to those indicated by Piotr Błędowski and his colleagues⁴⁵, which are observed in the general population e. g. feminisation, singularisation, regionalisation, as well as looking for other, specific for persons with disabilities in senior age;
- satisfaction with life, including health condition, vital activity, quality of life, including one of its important indicators, i.e. the sense of coherence of disabled elderly people with regard to e.g. the type of disability, level of education, family situation, etc.;
- violence in and outside the family (the so-called institutional violence), against people with disabilities in their senior years, intensification of the phenomenon, its determinants.

Few indicated areas of research that I believe are necessary, derive from the author's choice of area of reflection in this text. In reality, however, the analysis of the scientific merit in the field of ageing and old age leads us to reflect on the need to conduct research within the range of special needs education (pedagogy) aimed at recognition of life situation, identifying problems and getting to know the determinants of life of people with disabilities in the senior age. In this aim, it is also worth pursuing interdisciplinary research, or even sub-disciplinary one within the range of pedagogy. Comparative studies of the population of elderly people and elderly people with disabilities also appear to be an unquestionable value. It would give basis to the expectation of creating a coherent support system, designing systemic actions aimed at the actual needs of each group, and thus avoiding the scenario of 'lost old age', referring to the group of people of senior age.

⁴⁵ P. Błędowski, B. Szatur-Jaworska, Z. Szweda-Lewandowska, P. Kubicki, *Report on the situation of elderly people in Poland (Raport na temat sytuacji osób starszych w Polsce)*, IPiSS, Warszawa 2012.

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