THE DEVELOPMENT OF GREEN CARE IN POLAND

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Abstract. The article presents research results and evaluation of the pioneering green farms in Poland. The aim of the research was to provide the data which would allow to define the conditions the farms must meet in order to provide green care services, while taking into account the local socio-economical characteristics at the same time. The study involved the qualitative methods such as the free-form interview, and the participant observation (a week-long stay combined with working on the "Kociewie Tuscany" farm). Altogether the authors visited 15 pioneering farms, and conducted 34 interviews with the people who provide green care services, representatives of the authorities and green care beneficiaries. The general conclusions are very positive: without a doubt Poland offers favourable conditions for the growth of green care farms, which are developing successfully. However, a serious concern is looming in the distance which might lessen the enthusiasm of would-be green care farmers: what will happen when the funding of the project has ceased? Unfortunately, there is no definite answer to this question yet. Currently, however, the major objective is to create the appropriate training schemes and the effective evaluation methods.

Key words: green care farms, green care, qualitative research methods. **JEL code**: I30, Q12, Q13, Z10

Introduction

The unfavourable demographic trends, especially the increasing proportion of the elderly citizens group within societies, pose a considerable challenge for the contemporary European and non-European states (Fonseca M.L., 2008; Kuijsten A.C., 1996; Lesthaeghe R., 2010; Malnar D., Malnar A., 2015; Reher D.S., 2007; Sackmann R. et al., 2014). Poland has one of the fastestageing population in the European Union (Krzyzowski L., 2011; Mucha J., Krzyzowski L., 2010; Richert-Kazmierska A., 2015; Rosochacka-Gmitrzak M.R., 2014; Sobolewska-Poniedzialek E., 2016). There have been numerous warnings by different analyses that the undesired shape of the population pyramid is not only a threat to the efficiency of the pension system but it also generates increased demand for medical and social services (Arai H., et al., 2012; Spillman B.C., Lubitz J., 2000; Weiner D.E., 2007). Another negative consequence of the ageing process of a society is the diminishing labour resources (Bookman A., Kimbrel D., 2011; Borsch-Supan A., 2003; Muramatsu N., Akiyama H., 2011; Niewiadomska A., 2016). It is estimated that the number of people aged 65 or over in Poland will grow from the current 15 % to 24.5 % by 2035, and the figure will reach 32.7 % by 2050. With regards to the number of 80-year-olds, compared to the current 3.9 %, the figures will reach 7.8 % and 10.4 % respectively (Sytuacja demograficzna ..., 2014). Depending on factors such as tradition, culture, patients' needs and available funding, different countries developed a range of methods aimed at providing help for the elderly and the people who need assistance in everyday life. This help takes the form of care services, which are may be provided by public, private, commercial and non-profit institutions and their success and efficiency is the derivative of successful cooperation between the government and non-government sectors.

However, as far as the strength of bonds between representatives of different generations are concerned, considerable cultural differences were observed among European regions. It is a common belief in many North-European countries that the elderly care should be guaranteed by the state, while citizens of the south-European countries believe otherwise, i.e. that this responsibility should rest on the families of the elderly relatives (Kujawska J., 2015). In Italy for example, the so-called "social farming" (L'agricoltura socjale) has been flourishing for a dozen or so

years which, according to Francesca Giare, is the natural derivative of the Italian farming and rural tradition. The Italians argue that the idea of social farming has numerous benefits. On the one hand, it influences consumer behaviour as more high-quality products enter the market. On the other, it creates new job opportunities for the socially-excluded people and, above all, working on a farm is a perfect supplement of medical treatment and care service. These characteristics can in effect redesign and re-evaluate the whole system of social care (Giare F., 2009). However, the pioneers in the development of green care are the Dutch (De Boer B. et al., 2017; Hassink J. et al., 2010; Dessein J. et al., 2013; Nowak S.J. et al., 2015) who build care facilities not only for the elderly but for people suffering from addictions or mental diseases. In 1998, there were 98 working welfare centres in Holland but the change of the finance system in the mid-90s of the twentieth century exerted a considerable effect on the development of these facilities in the following years. Green Care in Holland was inspired by the work of the American Corporation for Independent Living (CIL) (History, 2015), whose work influenced many Dutch institutions and personnel. The basic ground rule of the CIL is to provide a disabled person with individualized care, which means securing all the essential instruments so that these people can function as normally as possible, despite their disability (Haaster et al., 2012). This led to the creation of the Person Related Budget (Persoonsgebonden Budget, PGB) in Holland in 1995. It secured funds for eligible candidates who had been approved by the Care Assessment Centre (Centrum Indicatiestelling Zorg, CIZ). The level of care was carefully adjusted to the personal needs and living conditions of the patients. Since 1995 beneficiaries of care services in Holland, rather than choosing services provided by typical care organizations, have started considering alternative care services such as green care farms.

Living and working on a green care farm is more beneficial than staying in a typical clinic but also very different. Since the work is repeated daily, it becomes a routine which helps to divert patients' thoughts from their addiction. People who live in the countryside and work on farms know very well that there are always certain jobs and things to do. Despite all the improvements offered by technology, living on a farm still means hard work. Having said that, working on a farm brings numerous advantages (Artz B., Davis D.B., 2017; De Boer B. et al., 2017; De Bruin S. et al., 2017; DelSesto M., 2017; Lund I.E. et al., 2015; Steigen A.M. et al., 2016). For example, those people who have never experienced physical work learn how to respect nature, and realize that it follows its own patterns, which require discipline and responsibility. Naturally, hard physical work makes people hungry, and it is no secret that a full stomach helps patients to relax and regain their strength. The Dutch research proves that despite the fatigue, the patients who stay on green care farms gain a whole new experience, something they have never felt before. They learn anew how food is produced, they discover how much time and effort is required for crops to grow and become quality food. To quote one Dutch research respondent, "[Green care farm] is where people live in harmony with nature which affects them during every visit." (Elings M., Hassink J., 2008; p. 314). So, let us now investigate the situation of green care farms in Poland.

Fewer and fewer country dwellers are involved directly or indirectly in food production. Preoccupied with different investments on their farms, contemporary farmers have less time to engage in social activities. However, the research proves that a considerable number of them still participate in the work of different social organizations. Farming remains the main source of income for less than a half of country dwellers. The rest of them pursue other functions: tourist, welfare and residential, the latter being particularly popular with former city residents who prefer living conditions offered by the countryside. Although the development of welfare farms in Poland is still in its pilot phase, it has already brought some promising results. The aim of our research was to examine the leading welfare farms in Poland. Sharing our findings can benefit not only the development of non-agricultural functions of the countryside, but it can also provide the assistance and therapeutic support for the increasing group of beneficiaries.

By engaging in, inventing and promoting new forms of social activities, the farm owners are truly outstanding. Their guest patients are actively involved in such activities as onotherapy (donkey riding as a form of medical therapy), performing different farm works, and preparing Italian cuisine meals for themselves and the farm guests. It is the only farm in Poland which has already signed the next contract for providing welfare services within the Green Welfare Scheme, in partnership with the Social Services Organization in Nowe. The patients are soon going to be employed on a temporary basis, which will undoubtedly benefit their self-esteem and boost their confidence. This positive feedback has been confirmed by a consultant psychologist. The outstanding performance of the farm owner has been recognized by the Foundation for Social and Economic Initiatives (FISE), who invited him as the only Polish representative to take part in the International Meeting of the Social Leaders organized by the British Council in London.

The ups and downs of the welfare system

The first equivalents of contemporary welfare facilities in Europe were established as early as the Middle Ages. One of the most famous examples, described by Eugeen Roosens and Lieve Van de Walle, was a town called Ghel in Flanders, an area which belongs to Belgium today (Roosens E., Van de Walle L., 2007). The facility offered help by including patients in everyday farming work as a form of a therapy. More examples of farms which doubled as care facilities can be found in the second half of the 19th century. Mentally ill patients or those suffering from physical disabilities were placed under the care of institutions scattered around the countryside or in enclosed areas lying on the outskirts of big cities, close to parks, woods etc. (Bird W., 2007). We encountered the remains of such a facility in the area near the border between Poland and Germany during a joint research with archaeologists.

Many Polish people think of Germany as of a highly-developed country with strong economy, good organization skills, and attractive employment opportunities (Lada A., 2016). Numerous advertisements promoting work for those willing to provide care for the elderly in Germany are frequently displayed in Polish cities by different institutions. It is worth remembering that Germany has extensive experience in providing care services, which is supported by the evidence we found during our joint research with anthropologists and archaeologists working on the Tormersdorf-Toporow project. They studied the remains of former inmates of a care facility, which had been established by the protestant "Zaoryst" Guild of at the end of the 19th century. The facility was established in order to provide help for the neglected youth, pensioners, people with no means no secure their living and mentally-ill patients (Rozycki B.W., 2011). By using the osteological methods and looking for pathologies in the bone samples, the anthropologists were hoping to learn about the patients' condition (Konczewski P., et al., 2016). Although no publication including these findings has been released at the time of writing of this article, it is obvious that the facility in Tormersdorf maintained high medical standards. The skull remains proved that some inmates suffered from serious genetic disorders. According to the researchers, one of the inmates

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must have been at least 16 or 17 at the time of death, which proves that the care at the facility must have been superb as the deficiencies exhibited in the skeletons proved the existence of such in-born defects as split upper jaw (meaning that the child could not have been fed by its mother), serious intellectual deficiencies and, in all likelihood, not having been able to talk. Experts agree that with such serious shortcomings a child would not have been able to survive for more than a few years without high-quality care. During the Second World War the facility served as a temporary camp where the Jews from the Silesia were imprisoned (Rozycki B.W., 2011).

We can only speculate how well the German care would have developed had it not been for fascism, its propaganda and Hitler's demands to introduce the Euthanasia Programme, which was codenamed "T4" (Adamczewski L., 2013). This is how Adolf Hitler commented on the propaganda film entitled Opfer der Vergangenheit ("Victims of the Past"), which documented the life of patients of mental care institutions spread across Germany: "All that is weak inevitably dies in nature. People have sinned against the law of natural selection. Not only have they protected worthless lives but they also secured their reproduction. This is what we have brought upon us: the sane live in dark narrow streets and collapsing barns while the idiots and retards dwell in palaces built especially for them, palaces they cannot even appreciate" (Adamczewski L., 2013, pp. 85-86). Paradoxically, this central European country equally shocked and surprised with its discipline and efficiency, including the welfare of the weak, the sick and the elderly. After all, it is in the contemporary Germany where, apart from France and Iceland, public institutions and national health service operate with passion and devotion in perfect harmony with green care farming. Although each of the countries can boast numerous examples of model farms which provide highquality green care, there are no universal solutions which might be used in anywhere. The same is true about statistical data. While it illustrates how the work on green care farms can help the elderly or the disabled, it is merely the information about their range and popularity. Good practices used in green care farming are particularly valuable to us in Poland, as they set the example to follow. Using experience from other countries, we can develop our own solutions, based on human resources, social, economic, institutional and natural assets.

The pioneer green care farms in Poland - research results

The research was conducted between March and December 2017 in 15 pioneering green care farms in Poland located in the Kujawsko-pomorskie province. Its aim was the qualitative assessment of the operation of the farms, diagnosing basic problems and drawing conclusions for further research with a view to make green care farms more popular in Poland and provide ground for their legal recognition.

The appearance of green care farming as a new trend in the, so called, social farming or farming for social purposes is a relatively new idea in Poland. Social farming is an uncharted area on the map of the farming industry in Poland and it functioning is still in the experiment phase. Although different public health institutions have already recognized the potential and values of the natural environment as elements assisting therapy, the new approach, the one in which farms begin to acquire new, therapeutic functions is typically pioneering in character. The efforts to create green care farms in the Kujawsko-pomorskie region were inspired by similar attempts, which were carried out between 2002 and 2004 in Podkarpacie and Lubelszczyzna provinces (Ordyczynski M., 2004). In 2013, the employees of the Kujawsko-pomorskie Agricultural Advisory Centre (KPODR) in Minikowo initiated talks with a group of farmers from the Tuchola Forest area, belonging to "The

Tuchola Forest Agricultural Farm Association". The discussion concerned the possibility to include new functions and provide welfare services by the farmers. During several meetings, owners of agritourist farms were informed and acquainted with the idea and the functioning of green care farms in Holland. Actually, one member of the Association Board, who had already been to Holland and had known about the Dutch system, immediately became an eager supporter of its introduction in Poland. Apart from the agritourist farm owners, a number of participants attended the meeting. They included representatives from the County Office in Tuchola, "the Tuchola Forest" Local Action Group and other local leaders. After several meetings, the KPODR specialists agreed upon the future course of action. The major task was to enlarge the scope of the Farmer Vocational Re-orientation Project called "New Job, New Opportunity", financed by the Regional Operational Programme (8.1.2), so that it would encompass the international co-operation component. The idea of the international component was to inform the farmers who would be interested in offering welfare farm services about the functioning of green care farms in Holland, and to develop recommendations for similar initiatives in Poland.

In Autumn 2013, a group of 17 agritourist farm owners or their family members participated in an intensive two-hundred-hour-long course for workers who provide day care for the elderly and the disabled. The course included both theoretical and practical components. The trainees spent at least 100 working hours in a nursing home in Wysoka in the Tuchola district. During this time, they had the opportunity to learn about the essentials of care work, and to develop relationships with the patients. The experience allowed them to make an informed decision, whether they were ready to undertake the duties of a care worker looking after the elderly and people with disabilities. Not surprisingly, the agritourist farm owners were very interested in the course.

The development of the international component of the project was launched in 2014 followed by co-operation with a Dutch company called "DLG Government Service for Land and Water Management". Owing to the extensive experience of the Dutch it was possible to prepare the layout for introducing green care farms in the Tuchola Forest. The first stage was a visit by a Dutch expert to examine the farms whose owners wished to start offering care services. It was followed by a series of seminars for farm owners and stakeholders from the Tuchola county. The visit helped to prepare the initial plan of action and guidelines for a study visit in Holland which took place in June 2014. During their stay in Holland the Polish farmers and specialists (people who would assist in the introduction of the green care farms in the Kujawsko-pomorskie province) had opportunity to visit several green care farms. They exchanged ideas with farm owners and patients, learned about the running and functioning of the farms, each of which had different characteristics. Without a doubt, the time spent in Holland was very productive and helped farmers to plan the launch of similar facilities in Poland. What was particularly important for them was realizing the special requirements of different target groups of patients.

After return from Holland, during several days of seminars and visiting every farmer who wanted to undertake the new challenge, a general layout of the green care concept in the Tuchola Forest was laid out (Individual Plans for Green Care Farms – IPUGO in Polish). After that every farm was scrutinized to ensure that its rooms and the whole facility meet strict technical standards necessary to offer the patients high quality care. An initial financial analysis was prepared in order to advise farmers about the cost of transforming the existing farming business or agritourist farm into green care farm. In 2016, KPODR Minikowo launched another project aimed at developing day

care services within the 2014-2020 Regional Operational Programme (Priority Axis 9 Solid Society, Action Plan 9.3: Developing Health and Social Services, Sub-action 9.3.2: Development of Social Services). In Autumn 2016, 15 care farms have been selected in the following counties: Brodnica, Mogilno, Swiecie, Tuchola and Wabrzezno. After personnel training, adaptation of rooms and farm facilities, the farms started providing care services in January 2017 and will continue to do so until mid 2018. The patients are people who depend on assistance of other people in everyday life. They will be able to benefit from support and special classes for up to eight hours a day, five days a week (in groups of 3-8). Every beneficiary (225 people altogether) is entitled to use the services for 6 months. The project provides each farm with professional advice, and support for its functioning and developing its offer so that it is best suited for the patients' requirements. What is more, both the patients and the personnel have unlimited access to psychologist services. Further training sessions will be organized to promote green care farm services in the whole country. At the moment, the elderly in Poland can benefit from individual type of care, which lasts less than eight hours a day. The project provides group therapy which, by introducing the social context, will help to solve psychological problems of the elderly who suffer from solitude.

Conclusions

- 1) A good prognosis in this case is the fact that appropriate provisions have been included in the Strategy for Responsible Development (Strategia ...,2017) under the auspices of the Ministry of Economic Development. Elderly care, as the element of levelling development opportunities and fighting social exclusion, is one of its priorities. In fact, a number of strategic projects refers directly to the situation of the elderly. Following a suggestion by KRUS (Farmers' Insurance Fund), one of the strategic projects entitled "Fighting unfavourable demographic-epidemic trends. Health precautions" will now include the "Active elderly farmer" component. Its operations will concentrate on improving farmers' health by eliminating unnecessary risks.
- 2) Our observations indicate that both institutions and individual people should double their efforts in order to diversify their actions and initiatives aimed at helping the elderly and people who depend on others in their everyday lives. The elderly inhabitants of rural areas almost always find themselves at a disadvantage regarding such aspects of life as satisfying one's needs and aspirations, working conditions, satisfying salary, access to public services and cultural assets, being a part of a local society, having influence on processes and changes affecting individuals, and having access to medical centres or welfare facilities (cf. Leonard R., Johansson S., 2008; Manthorpe, J. et al., 2008; McCann S. et al., 2005).
- 3) On the other hand, the elderly represent human capital which often remains unused in rural areas. We are confident that activation and self-realization helps the elderly remain independent for longer periods in their lives. However, creating a universal care system, with the potential to help every elderly person is nearly impossible as every commune in Poland is a separate social environment, which may be friendly or hostile to its residents. Despite certain similarities, they may differ, for example, in the way the residents' needs are satisfied (Rosner A., Stanny M., 2016). For residents of a small village the major concern may be the road network and accessing basic facilities such as shops or a kindergarten, while those living in bigger villages will be more concerned with issues such as the access to public offices (police station, village hall, medical centre).

4) The ageing of the society requires us to find new response mechanisms, and to engage both government and non-government institutions. Therefore, every group of people requires specific social security measures depending on the place where they live and the type of social structure. Green Care farms are the innovative type of providing complex care for the elderly citizens in Poland.

Bibliography

- 1. Adamczewski, L. (2013). Dymy nad Gdanskiem. Agonia Prus Zachodnich (Smoke over Gdansk. Agony of West Prussia). Wydawnictwo Replika. Zakrzewo.
- Arai, H., Ouchi, Y., Yokode, M., Ito, H., Uematsu, H., Eto, F., Oshima, S., Ota, K., Saito, Y., Sasaki, H., Tsubota, K., Fukuyama, H., Honda, Y., Iguchi, A., Toba, K., Hosoi, T., Kita, T. (2012). Toward the Realization of a Better Aged Society: Messages from Gerontology and Geriatrics. *Geriatrics & Gerontology International*, *12*(1), pp. 16-22. doi:10.1111/j.1447-0594.2011.00776.x.
- 3. Artz, B., Davis, D.B. (2017). Green Care: A Review of the Benefits and Potential of Animal-Assisted Care Farming Globally and in Rural America. *Animals*, *7*(4), 31. doi:10.3390/ani7040031.
- Bird, W. (2007). Natural thinking: Investigating the Links between the Natural Environment, Biodiversity and Mental Health. Royal Society for the Protection of Birds. Retrieved: http://www.rspb.org.uk/Images/naturalthinking_tcm9-161856.pdf Access: 03.04.2015.
- 5. Bookman, A., Kimbrel, D. (2011). Families and Elder Care in the Twenty-First Century. *Future of Children*, 21(2), 117-140.
- Borsch- Supan, A. (2003). Labor Market Effects of Population Aging. Labour, 17(s1), 5-44. doi: 10.1111/1467-9914.17.specialissue.2.
- De Boer, B., Hamers, J.P., Zwakhalen, S.M., Tan, F.E., Beerens, H.C., & Verbeek, H. (2017). Green Care Farms as Innovative Nursing Homes, Promoting Activities and Social Interaction for People with Dementia. *Journal of the American Medical Directors Association*, 18(1), pp. 40-46. doi:10.1016/j.jamda.2016.10.013.
- De Bruin, S., de Boer, B., Beerens, H., Buist, Y., Verbeek, H. (2017). Rethinking Dementia Care: The Value of Green Care Farming. *Journal of the American Medical Directors Association*, *18*(3), pp. 200-203. doi:10.1016/j.jamda.2016.11.018.
- 9. DelSesto, M. (2017). Green Care for Human Therapy, Social Innovation, Rural Economy, and Education. *Agriculture and Human Values*, 34(1), pp. 239-240. doi:10.1007/s10460-016-9735-y.
- Dessein, J., Bock, B. B., De Krom, M. P. (2013). Investigating the Limits of Multifunctional Agriculture as the Dominant Frame for Green Care in Agriculture in Flanders and the Netherlands. *Journal of Rural Studies*, *32*, pp. 50-59. doi:10.1016/j.jrurstud.2013.04.011.
- 11. Elings, M., Hassink, J. (2008). Green Care Farms, a Safe Community Between Illness or Addiction and the Wider Society. *Therapeutic Communities*, 29(3), pp. 310-322. Retrieved: https://www.academia.edu/20256813/Green Care Farms A Safe Community Access: 22.12.2017.
- Fonseca, M.L. (2008). New Waves of Immigration to Small Towns and Rural Areas in Portugal. *Population, Space and Place*, 14(6), pp. 525-535. doi:10.1002/psp.514.
- 13. Giare, F. (2009). Introduzione (Introduction). In: Pascale, A. (ed.) (2009). *Linee guida per progettare iniziative di Agricoltura Sociale (Guidelines for planning social farming initiatives)*. INEA Istituto Nazionale di Economia Agraria, Roma.
- 14. Haaster, H.V., Janssen, M., Wijnen, A.V. (2012). *Persoonsgebonden budget, eigen regie en empowerment*. Amsterdam/Eexterveen. Retrieved:
- http://landbouwzorg.nl/files/pgb %20eigen %20regie %20en %20empowerment.pdf Access: 22.12.2017. 15. Hassink, J., Elings, M., Zweekhorst, M., van den Nieuwenhuizen, N., Smit, A. (2010). Care Farms in the
- Netherlands: Attractive Empowerment-Oriented and Strengths-Based Practices in the Community. *Health & place*, *16*(3), pp. 423-430. doi:10.1016/j.healthplace.2009.10.016.
- 16. History (2015), CIL, Hartford. Retrieved: http://www.cil.org/about.html#history Access: 22.03.2015.
- 17. Kuijsten, A.C. (1996). Changing Family Patterns in Europe: A Case of Divergence? *European Journal of Population/Revue Europeenne de Demographie*, *12*(2), pp. 115-143. doi:10.1007/BF01797080.
- Konczewski, P., Szczurowski, J., Wroniecki, P., Mackiewicz, M., Zawadzki, P. (2016). Projekt badawczy Tormersdorf-Toporow (Research Project Tormersdorf-Toporow). In: Nocun, P., Przybyła-Dumin, A., Fokt, K. (ed.): Wies zaginiona. Stan i perspektywy badan. Muzeum "Gornoslaski Park Etnograficzny w Chorzowie" (The Village is Missing. Status and Prospects of Research. Museum "Upper Silesian Ethnographic Park in Chorzow"), Chorzow, pp. 147-172. Retrieved: http://www.academia.edu/30829234/Projekt_badawczy_Tormersdorf-Toporów_Research_project_Tormersdorf-Toporów Access: 22.12.2017.
- Kujawska, J. (2015). Organizacja i zarzadzanie opieka nad osobami starszymi (Organization and Management of Care for the Elderly). *Zeszyty Naukowe Uniwersytetu Szczecinskiego. Finanse. Rynki finansowe. Ubezpieczenia*, (74 T. 1 Rynek kapitalowy, wycena przedsiebiorstw, inwestycje), pp. 709-722.
- 20. Krzyzowski, L. (2011). In the Trap of Intergenerational Solidarity: Family Care in Poland's Ageing Society,". *Polish Sociological Review*, 1(73), pp. 55-78.

Proceedings of the 2018 International Conference "ECONOMIC SCIENCE FOR RURAL DEVELOPMENT" No 49 Jelgava, LLU ESAF, 9 11 May 2018, pp. 307-315 DOI 10.22616/ESRD.2018.148

- 21. Lada, A. (2016). Barometr Polska Niemcy 2016. Polacy i Niemcy o sobie nawzajem 25 lat po podpisaniu traktatu o dobrym sasiedztwie i przyjaznej wspolpracy (The Barometer Poland-German. Poles and Germans about each other 25 Years after Sign Treaty on the Good Neighbourhood and Friendly Cooperation'). Instytut Spraw Publicznych. Fundacja Bertelsmanna. Warszawa. Retrieved: http://www.isp.org.pl/barometr2016/pl/Barometr 2016 pl.pdf Access: 22.12.2017.
- 22. Leonard, R., Johansson, S. (2008). Policy and Practices Relating to the Active Engagement of Older People in the Community: A Comparison of Sweden and Australia. *International Journal of Social Welfare*, 17(1), pp. 37-45. doi:10.1111/j.1468-2397.2007.00497.x.
- 23. Lesthaeghe, R. (2010). The Unfolding Story of the Second Demographic Transition. *Population and Development Review*, *3*6(2), pp. 211-251. doi:10.1111/j.1728-4457.2010.00328.x.
- 24. Lund, I.E., Granerud, A., Eriksson, B.G. (2015). Green Care From the Provider's Perspective: An Insecure Position Facing Different Social Worlds. *SAGE Open*, *5*(1), doi:10.1177/2158244014568422.
- 25. Malnar, D., Malnar, A. (2015). Demographic Security Trends in Southeastern Europe. *Croatian International Relations Review*, 21(73), pp. 57-87. doi:10.1515/cirr-2015-0011.
- 26. Manthorpe, J., Iliffe, S., Clough, R., Cornes, M., Bright, L., Moriarty, J. (2008). Elderly People's Perspectives on Health and Well- Being in Rural Communities in England: Findings from the Evaluation of the National Service Framework for Older People. *Health & Social Care in the Community*, 16(5), pp. 460-468. doi:10.1111/j.1365-2524.2007.00755.x.
- 27. Muramatsu, N., Akiyama, H. (2011). Japan: Super-Aging Society Preparing for the Future. *The Gerontologist*, *51*(4), 425-432. doi:10.1093/geront/gnr067.
- McCann, S., Ryan, A.A., McKenna, H. (2005). The Challenges Associated with Providing Community Care for People with Complex Needs in Rural Areas: A Qualitative Investigation. *Health & Social Care in the Community*, 13(5), pp. 462-469. doi:10.1111/j.1365-2524.2005.00573.x.
- 29. Mucha, J., Krzyzowski, L. (2010). Aging in Poland at the Dawn of the 21 st Century. *Polish Sociological Review*, (170), pp. 247-260.
- 30. Niewiadomska, A. (2016). The Aging of the Labor Force Challenge for Labor Market Policy on the Example Poland and the Czech Republic. In: *International Scientific Conference on Development and Administration of Border Areas of the Czech Republic and Poland*, Ostrava, Czech Republic, pp. 122-134.
- 31. Nowak, S.J., Molema, C.C., Baan, C.A., Oosting, S.J., Vaandrager, L., Hop, P., De Bruin, S.R. (2015). Decentralisation of Long-Term Care in the Netherlands: The Case of Day Care at Green Care Farms for People with Dementia. *Ageing & Society*, 35(4), pp. 704-724. doi:10.1017/S0144686X13000937.
- 32. Ordyczynski, M., (2004). Rodzinne gospodarstwa opiekuncze (Family Green Care Farms). [In:] Futymski, A., et al. (ed.): Nowe podejscie do rozwoju obszarow wiejskich w Polsce. Doswiadczenia projektu "Budowanie Instytucji na Rzecz Rozwoju Wsi w Pilotazowych Regionach Polski IBRD" (A New Approach to the Development of Rural Areas in Poland. Experiences of the Project "Building Institutions for Rural Development in the Pilot Polish Regions IBRD"), Lezajskie Stowarzyszenie Rozwoju, Lezajsk, p. 30.
- 33. Reher, D.S. (2007). Towards Long-Term Population Decline: a Discussion of Relevant Issues. European Journal of Population/Revue europeenne de Demographie, 23(2), pp. 189-207. doi:10.1007/s10680-007-9120-z.
- 34. Richert-Kazmierska, A. (2015). Demographic Changes in Poland-The Regional Dimension. *Equilibrium*, *10*(1), pp. 113-128. doi:10.12775/EQUIL.2015.006.
- 35. Rosochacka-Gmitrzak, M.R. (2014). Intergenerational Dialogue as an Ageing Europe Toolkit for Meeting its Challenge. In: International Multidisciplinary Scientific Conferences on Social Sciences and Arts, Vol. 2, Psychology and Psychiatry, Sociology and Healthcare, Education, Albena, Bulgaria, pp. 455-461.
- 36. Roosens, E., Van de Walle, L. (2007). Geel Revisited After Centuries of Rehabilitation. Garant Uitgevers N V.
- 37. Rosner, A., Stanny, M. (2016). Monitoring rozwoju obszarów wiejskich. Etap II (Monitoring Rural Development. Stage II). IRWiR PAN. Warszawa.
- 38. Rozycki, B.W. (2011). Zachodnie kresy Rzeczpospolitej. Wzdluz granicy na Odrze i Nysie. Nie tylko przewodnik (Western Borderlands of the Commonwealth. Along the Border on the Odra and Nysa. Not just a Guide). Oficyna Wydawnicza Rewasz. Pruszkow.
- Sackmann, R., Bartl, W., Jonda, B., Kopycka, K., Rademacher, C. (2014). Coping with Demographic Change: A Comparative View on Education and Local Government in Germany and Poland. (Vol. 19). Springer, Cham.
- 40. Sobolewska-Poniedzialek, E. (2016). Implementation of the Concept of Silver Economy in the Context of Demographic Challenges in Poland and the Czech Republic. In: *International Scientific Conference on Development and Administration of Border Areas of the Czech Republic and Poland*, Ostrava, Czech Republic, pp. 154-164.
- 41. Spillman, B.C., Lubitz, J. (2000). The Effect of Longevity on Spending for Acute and Long-Term Care. *New England Journal of Medicine*, *342*(19), pp. 1409-1415. doi:10.1056/NEJM200005113421906.
- 42. Steigen, A.M., Kogstad, R., Hummelvoll, J.K. (2016). Green Care Services in the Nordic Countries: An Integrative Literature Review. *European Journal of Social Work*, 19(5), 692-715. doi:10.1080/13691457.2015.1082983.
- 43. *Strategia na rzecz Odpowiedzialnego Rozwoju (Strategy for Responsible Development)* (2017), Ministerstwo Rozwoju, Warszawa.
- 44. Sytuacja demograficzna osob starszych i konsekwencje starzenia sie ludnosci Polski w swietle prognozy na lata 2014–2050 (The Demographic Situation of Older People and the Consequences of the Aging of the

Proceedings of the 2018 International Conference "ECONOMIC SCIENCE FOR RURAL DEVELOPMENT" No 49 Jelgava, LLU ESAF, 9 11 May 2018, pp. 307-315 DOI 10.22616/ESRD.2018.148

Polish Population in the Light of the Forecast for 2014-2050) (2014), GUS, Warszawa. Retrieved: http://stat.gov.pl/obszary-tematyczne/ludnosc/ludnosc/sytuacja-demograficzna-osob-starszych-i-konsekwencje-starzenia-sie-ludnosci-polski-w-swietle-prognozy-na-lata-2014-2050,18,1.html Access: 22.12.2017.

45. Weiner, D.E. (2007). Causes and Consequences of Chronic Kidney Disease: Implications for Managed Health Care. *Journal of Managed Care Pharmacy*, *13*(3 Supp A), pp. 1-9.