Report on networks of services and stakeholders involved in person-centered community-based care and strategies to link them to the CBITs

Poland, Lodz Voivodship

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CONTENTS

1 Characteristics of the territory

The chapter was prepared on the basis of the Strategy for the Development of the Łódź Province 2030 (SRWŁ 2030). It is a strategic planning document that sets out the objectives, priorities and directions of the region's development until 2030. It is the most important regional development document prepared by the provincial self-government in accordance with the Act on the Principles of Development Policy. The strategy is the basis for the programming and implementation of public policies, including investments financed by national and EU funds[1] . The figures and statistics contained in this chapter are taken from the Statistical Yearbook of Łódzkie Voivodeship for 2024[2] , other data from the Central Statistical Office, publications of the Social Insurance Institution and, in the absence of more recent data, from the SRWŁ 2030 based on 2019 data.

1.1 Basic demographic data of Łódzkie voivodship

Łódzkie Voivodeship is situated in central Poland and covers an area of 18,219 km², placing it in 9th place in the country in terms of size. The voivodeship is inhabited by just under 2.4 million people (6th in terms of population). In this respect, the region's population has decreased by almost 100,000 people compared to 2019. The population density is 135 persons per km² and is higher than the national average (123 persons/km²); it reaches 1,320 persons/km² in urban areas and 54 persons/km² in rural areas. The urbanisation rate is 62.4%, which places the Łódź Province in 7th place in the country.

Łódź is facing a major challenge due to the growing demographic burden. These changes will have serious consequences for, among other things, the labour market, the health care system and social services. Particular attention should be paid to peripheral areas and the largest cities, where the problems may be most severe.

[1] https://strategia.lodzkie.pl/wp-content/uploads/2021/05/SRWL-2030_6.05.2021_uchwalona.pdf
[2] https://lodz.stat.gov.pl/publikacje-i-foldery/roczniki-statystyczne/rocznik-statystyczny-wojewodztwa-lodzkiego-2024,6,26.html

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Population ageing (data for 2023)[3]

- Share of people of working age: above the national average
- Share of children and young people (pre-working age): below the national average
- The dependency ratio (number of people of working age per 100 people of working age):
  - Province: 45.37 (Poland: 40.38)
  - City of Łódź: 51.49
  - Bełchatów city: 46.93 (2010: 13)

Forecast to 2030 (according to CSO) :[4]

- The dependency ratio of the Łódzkie voivodship will rise to 49.1.
- The situation will be worst in the cities, especially Łódź and Piotrków Trybunalski.
- Better indicators in the rural areas of the south and east of the province.
- Areas most at risk: the periphery of the north and south-east.
- In the case of Belchatow, the dependency ratio is projected to rise to 57 in 2030.

1.2 Social and health structure of the population (e.g. share of elderly, disabled, etc.).

Łódź Province is one of the regions with the most unfavourable demographic structure in Poland, characterised by the highest share of the population in the post-working age bracket in the country. The ageing of the population directly translates into the deteriorating health condition of the inhabitants and a growing burden on the health care system. The region records some of the highest death rates in Poland due to diseases of

[3] Source: https://svs.stat.gov.pl/175/55/171
[4] Source: SRWŁ 2030

civilisation, including cancer, cardiovascular diseases and neurological conditions typical of the elderly. In 2018, the Łódź Province ranked 1st in the country in terms of mortality from cancer and respiratory diseases, as well as high in other categories of causes of death. Despite a decrease in the number of deaths due to heart diseases, the increasing trend in cancer mortality is worrying. This situation calls for urgent action to reorganise health care, especially in the area of care for the elderly.

1.3 Health and social challenges at the local level

Łódź Province is confronted with numerous health problems among its inhabitants. A high incidence of mental disorders and addictions (e.g. to designer drugs) places the region at the forefront of unfavourable national statistics. Diabetes mellitus is a growing problem - the Łódź Province is among the regions with the highest proportion of sufferers. Men in the voivodeship live the shortest lives in Poland, and the situation is particularly bad in rural areas. Health problems in the working age population (especially over 50) result in high sickness absence - the highest in the country. In addition, poor air quality in many cities in the voivodeship (e.g. Piotrków, Radomsko) worsens the health of the population. The situation is complicated by unhealthy lifestyles: low physical activity, improper diet, high levels of obesity and low enrolment in preventive examinations.

1.3.1 Health problems in the Lodz region - summary with thematic breakdown

Mental disorders and addictions[5]

- 2nd place in Poland in terms of incidence of mental illnesses and disorders including addictions
- In 2023, 6,579 people (per 100,000 inhabitants) were treated in mental health clinics in the Łódź Province.

[5] Source: https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2023-roku,1,14.html

Malignant tumours

- Łódź Province is one of the provinces where the incidence of malignant tumours is significantly above the national average among both women and men.

Diseases of civilisation - diabetes[6]

- Diabetes affected 101.4 people per 1,000 inhabitants (2018), 2nd in the country (after the Silesian Province).
- Increase in the proportion of adults with diabetes in Poland: from 7.9% (2013) to 9.1% (2018).

Mortality and life expectancy[7]

- Shortest male life expectancy in the country:
  - Men: 73.2 years (Poland: 74.7),
  - Women: 81.2 years (second from last, Poland: 82.0).
- The city of Łódź ranks last in Poland in terms of male life expectancy (73.3 years) and second from last in terms of female life expectancy. Life expectancy for both men and women is more than 1 year shorter than the national average
- High over-mortality of men of working age, especially in rural areas.

Sickness absence and occupational health[8]

- Highest sickness absence rate in the country: 12.20 days per insured person (2023).

[6] Source: SRWŁ 2030
[7] Source: https://stat.gov.pl/obszary-tematyczne/ludnosc/trwanie-zycia/trwanie-zycia-w-2023-roku,2,18.html
[8] Źródło: https://www.zus.pl/documents/10182/39590/Absencja+chorobowa_raport_2023+.pdf/9be10057-0b2b-74f5-d397-2de1eefb1259?t=1710850664000

- As many as 83% of people over the age of 50 have at least one chronic disease.

Air pollution[9]

- 7 cities from Lodz among the 50 most polluted in the EU:
  - Opoczno, Rawa Mazowiecka, Radomsko, Tomaszów Mazowiecki, Piotrków Trybunalski, Zduńska Wola, Brzeziny.
- Main source of smog: domestic cookers using poor-quality fuel.

Lifestyle and prevention[10]

- 49.8% of the population is overweight or obese (Poland: 45.7%).
- Worse results than the national average in terms of:
  - Smoking,
  - Consumption of fruit and vegetables,
  - Participation in NFZ screening.
- Low physical activity:
  - Only 28% of adults participate in sport (EU: 40%),
  - 60% of adults - total lack of physical activity outside of work.
- A higher proportion of abstainers and lower alcohol misuse than the national average.

2 Map of existing health and social care services and institutions

The region is characterised by average, by Polish standards, infrastructural health care facilities and a significant number of specialists employed in this sector. Data from the

[9] Source: SRWŁ 2030
[10] Source: SRWŁ 2030

Central Statistical Office (Główny Urząd Statystyczny) for 2023 indicate that 62 general-purpose hospital facilities operated in the Łódzkie Region, of which 10 were directly subordinate to the provincial authorities. The Łódzkie region has the second highest ratio of hospital beds per 10,000 inhabitants (Łódzkie: 48, national average: 42.8)[11] .

There are 1,707 outpatient clinics in the Łódź Province (4th result in the country), but the region fares worse when broken down into urban and rural areas (in terms of the number of outpatient clinics in rural areas, the Łódź Province is ranked 7th).

In relation to the number of physicians working directly with patients to the number of population in 2023, the first two places are occupied by the Mazowieckie and Łódzkie Voivodships (52.2 and 43.1 physicians per 10,000 population respectively). The national average for this indicator is 37.6. The high availability of doctors in the region is strongly influenced by the Medical University of Łódź. Łódzkie is also characterised by a high proportion of midwives working with patients; the result of 16.7 per 10,000 inhabitants is third in Poland. On the other hand, the region fares worse in terms of the availability of nurses per 10,000 inhabitants (55.5 is below the national average, which is 57.4). [12]

In the context of the ongoing demographic changes related to the increasing lifespan of citizens, the provision of adequate long-term care is becoming a priority.

In the Łódzkie Voivodeship there are 55 Nursing Homes (6th place in Poland).[13] Only 12.3% of Polish seniors over 65 positively assess the state of their health (in comparison, the average in OECD countries is 44%). Łódzkie Voivodeship, characterised by the highest proportion of older people, was only ranked ninth nationally in 2019 in terms of the number of places in nursing, care and treatment centres and hospices per 100,000 population. Seven counties were completely lacking in such facilities. The region also

[11] Source: https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2023-roku,1,14.html
[12] Source: CSO - Personnel resources in selected health professions based on sources administration in 2023.
[13] Source: https://www.gov.pl/web/zdrowie/przeglad-strategiczny-opieki-dlugoterminowej-w-polsce-opracowany-przez-bank-swiatowy

faces great needs in terms of various forms of community care, especially long-term nursing care for patients with chronic diseases in their place of residence.

The figures for the number of psychiatrists are particularly worrying against the background of the need for mental health treatment. In 2019, there were only 168 psychiatrists (0.68 per 10,000 inhabitants), 23 child and adolescent psychiatrists (0.09 per 10,000 inhabitants) and 753 psychologists (1.4 per 10,000 inhabitants) working in the Łódź Province. A serious challenge in the Łódź region is also the insufficient number of geriatric specialists. There were 0.06 geriatricians per 10,000 inhabitants of the province in 2019. It is worth noting that geriatric beds in 2019 were only available in 2 wards of hospitals in Łódź and Zgierz. Difficulties in accessing medical services mainly affect rural areas and smaller urban centres. Digital solutions and the dissemination of electronic services are playing an increasingly important role in the healthcare system .[14]

2.1 Health services

2.1.1 Public healthcare facilities (hospitals, primary healthcare centres, specialist clinics)

The basic elements of health care in Poland are the practice of doctors, nurses and midwives, clinics and hospitals.[15]

Primary health care (PHC) is primarily the general practitioner (GP) to whom the patient goes in the event of illness, for periodic check-ups and vaccinations. You receive care in the outpatient clinic and, in medically justified cases, also at home (also in a nursing home). Within the PCP, you choose a doctor, a nurse and a midwife.

If specialist treatment is required, the GP writes a referral to a specialist (outpatient specialist care - AOS). The referral must be renewed if you have not received treatment within 730 days. No referral is necessary for certain specialities (psychiatrist, gynaecologist and obstetrician, oncologist, venereologist, dentist).

[14] Source: SRWŁ 2030
[15] Source: https://pacjent.gov.pl/system-opieki-zdrowotnej

The third tier of the health care system in Poland is hospitals, to which a patient can be referred by both a PCP and a specialist.

According to data from the Central Statistical Office[16] in the Łódź Province in 2023 there were 62 hospitals (68 in 2015) with 11,346 beds available (12,985 in 2015) and 1,707 outpatient clinics. More statistical data on healthcare in Łódź Province is available in the Rocznik Statystyczny Województwa Łódzkiego 2024 .[17]

The Lodz Voivodeship Self-Government is the constituting entity for 13 health care entities, including: 10 hospitals (within which there are 3 care and treatment facilities), an occupational health facility, a medical rescue station and one Independent Public Health Care Facility.

2.1.2 Long-term and home care services (e.g. nursing long-term care, hospices)

Long-term nursing care[18] (POD) is a health care service financed by the National Health Fund (NHF) that is provided in the patient's home. The legal basis for this service is the Regulation of the Minister of Health of 22 November 2013 on guaranteed services in the field of nursing and care services in the framework of long-term care[19] . The aim of the POD is to provide systematic professional nursing care to chronically ill persons incapable of independent living.

To be covered by this form of assistance, the patient must meet certain criteria:

- The condition requires regular nursing care, but does not require hospitalisation.
- The assessment of the independence scale is carried out according to the Barthel scale - to qualify for long-term care, the patient usually scores ≤ 40 points.

[16] Source: https://lodz.stat.gov.pl/files/gfx/lodz/pl/defaultstronaopisowa/887/14/1/202412_r_24w_dzial_09_2.pdf
[17] Source: https://lodz.stat.gov.pl/publikacje-i-foldery/roczniki-statystyczne/rocznik-statystyczny-wojewodztwa-lodzkiego-2024,6,26.html
[18] Source: https://pacjent.gov.pl/archiwum/2021/pielegniarska-domowa-opieka-dlugoterminowa
[19] Source: https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20240000253/O/D20240253.pdf

- Need for continuity of treatment and care after hospitalisation or for chronic diseases.
- The patient must not be in an acute phase of mental illness.
- The patient does not simultaneously use home care for mechanically ventilated patients, a home hospice, an inpatient care facility (nursing or residential care).

Nursing long-term care involves, among other things:

- Patient health assessment and care planning,
- Care of pressure sores, chronic wounds,
- Administration of medication (e.g. injections, drips),
- Control of vital signs (RR, pulse, temperature, glucose levels),
- Insertion and replacement of catheters, dressings,
- Teaching and supporting family/carers with care,
- Advice on how to get the rehabilitation and medical equipment you need.

In the Łódzkie Voivodeship there are numerous facilities offering long-term home nursing care under the National Health Fund (NFZ). Currently, this form of support is offered by 75 entities in the voivodeship (15 in Łódź alone). The list of facilities where you can use POD is available on the website of the NFZ: https://gsl.nfz.gov.pl/GSL/GSL/Uniwersalne after entering the phrase "Long-term nursing care" in the field "Specialisation" and possibly specifying other search parameters (e.g. province).

Another form of long-term care is palliative and hospice care. The rules under which it is provided are set out in the Regulation of the Minister of Health of 29 October 2013 on guaranteed palliative and hospice care services[20] . It is a comprehensive and holistic care for patients. It consists of symptomatic treatment of incurable diseases - in these cases the causes cannot be treated and the disease progresses and significantly limits patients.

Palliative and hospice care has - where possible:

- improve the quality of life of patients,
- prevent (or relieve) pain,

[20] Source: https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20220000262/O/D20220262.pdf

- prevent (or relieve) other somatic symptoms of the disease,
- alleviate mental suffering.

Depending on the setting in which palliative and hospice care services are provided (inpatient, home, outpatient), they include:

- healthcare provision provided by doctors, nurses, psychologists, physiotherapists and physiotherapists;
- pharmacological treatment;
- pain management according to World Health Organisation guidelines (analgesic ladder);
- treatment of other disease symptoms;
- prevention of complications;
- free lending of medical devices and aids (e.g. inhalers, glucometers, wheelchairs, crutches, blood pressure equipment) by home hospices;
- tests ordered by a doctor employed by a home hospice for adults or for children up to the age of 18;
- an examination ordered by a doctor employed by an inpatient hospice or palliative care unit;
- the provision of medical devices and aids necessary for the performance of the guaranteed service, in an inpatient hospice or palliative medicine unit;
- counselling care, which involves admission of the patient to an inpatient hospice or palliative care unit for a maximum of 10 days;
- support for the patient's family.

Palliative and hospice care is provided mainly to people with cancer, AIDS, sequelae of diseases of the central nervous system, certain types, respiratory failure, cardiomyopathy, chronic wounds, pressure ulcers[21] . All forms of palliative and hospice care are provided on the basis of a referral from a healthcare insurer (general

[21] Source: https://pacjent.gov.pl/archiwum/2021/opieka-paliatywno-hospicyjna

practitioner, oncologist or other specialist) or from a doctor on discharge from hospital. Medical indications are decisive for the referral.

Facilities offering palliative or hospice care are available on the NFZ website listed above. In order to find a suitable form of care, you need to enter 'home hospice', 'in-patient hospice' or 'palliative medicine', as well as other search criteria. In the Lodz Voivodeship, palliative and hospice care in various forms is provided by several dozen entities, some of which offer several forms of the above-mentioned support.

2.1.3 Psychiatric and addiction services

Assistance for people in mental health crisis or struggling with addictions is provided on an outpatient, day psychiatric and inpatient basis. With a few exceptions, no referral is required to receive assistance[22] .

According to the National Programme for Mental Health developed by the Ministry of Health, the Łódzkie Region has the highest prevalence of mental disorders in Poland . [23]

The main objectives of the Programme are:

- Providing people with mental disorders with multifaceted care appropriate to their needs;
- carrying out activities to prevent stigma and discrimination against people with mental disorders;
- monitoring and evaluating the effectiveness of the Programme's activities.

In terms of providing people with mental disorders with multifaceted care appropriate to their needs, the Programme envisages the following activities:

- dissemination of the community mental health care model,
- the dissemination of diverse forms of social assistance and support,
- Vocational activation of people with mental disorders,

[22] Source: https://pacjent.gov.pl/artykul/pomoc-psychiatryczna-i-leczenie-uzaleznien
[23] Source: https://www.gov.pl/web/zdrowie/narodowy-program-ochrony-zdrowia-psychicznego1

- coordination of available forms of care and assistance,
- providing psychological and pedagogical support to students, parents and teachers.

One of the outcomes of the programme is the establishment of Mental Health Centres (MHCs), the functioning of which will be discussed in more detail later. Their activities are regulated on the basis of the Regulation of the Minister of Health of 27 April 2018 on the pilot programme in mental health centres . [24]

2.2 Socio-health services

In recent years, measures have been taken in Poland and the Lodz Voivodeship to promote social and community-based services to care for the elderly, the long-term sick or those at risk of social exclusion. One of these initiatives is the previously mentioned National Mental Health Programme. In addition to this, Social Service Centres have been established since 2020 to integrate and coordinate services provided by various local service providers (public and non-public) cooperating with the centre. At the level of the Lodz Voivodeship, the need for the development of community care is expressed in the strategic document "Regional Plan for the Development of Social Services and Deinstitutionalisation of RPDI 2023-2025"[25] .

2.2.1 Community Mental Health Centres

The Mental Health Centre (MHC) is the place to go for immediate, free help for mental health problems 24 hours a day, without the need for a referral or prior appointment. The range of support at the CZP includes, as appropriate, visits to a mental health clinic, a stay in a day or 24-hour ward, and the support of a community treatment team that visits patients in their homes to support both patients and their families. CZPs are dedicated to people over 18 years of age .[26]

[24] Source: https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20240000875/O/D20240875.pdf
[25] Source: https://rcpslodz.pl/content/files/rpdi-dla-wojewodztwa-lodzkiego-1687873483.pdf
[26] Source: https://www.gov.pl/web/zdrowie/centra-zdrowia-psychicznego

There are 6 Mental Health Centres in the Lodz region:

- John Paul II Regional Hospital in Belchatow
- Specialist Psychiatric Healthcare Complex in Łódź (Łódź-Bałuty)
- Specialist Psychiatric Healthcare Complex in Łódź (Łódź-Górna)
- Primate Cardinal Stefan Wyszyński Provincial Hospital in Sieradz
- Tomaszowskie Centrum Zdrowia Sp. z o.o.
- Independent Public Health Care Facility of the Central Clinical Hospital of the Medical University of Lodz

2.2.2 Medical and community day care homes

A day care home (DDOM) is one form of deinstitutionalisation of care for dependent persons. A DDOM is a structurally separate part of a health care entity (a health care entity providing primary health care, hospital treatment or outpatient specialised care, including, for example, a geriatric clinic or long-term care). In a day care home, medical care is provided in a home-like setting.

Support is aimed at dependent persons, in particular persons over 65 years of age, whose health condition does not allow them to remain exclusively under the care of primary health care and specialised outpatient care, and at the same time do not require round-the-clock medical and nursing supervision carried out in a stationary mode. Day care home services are provided to patients who, due to their state of health, require nursing, caring and rehabilitation services and the continuation of treatment, and who do not require hospitalisation in a hospital ward, and who have scored 40-65 points in the assessment of the level of independence (Barthel scale).

A medical day care home provides medical care combined with a continuum of therapy and an improvement process in functional and cognitive processes. The main categories of health care services provided in a medical home include:

- nursing care, including patient education on self-care and self-care;
- advice on the selection of appropriate medical devices;

- motor improvements;
- stimulation of cognitive processes;
- occupational therapy;
- preparing the patient's family and carers for continuity of care (educational activities).[27]

2.2.3 Rehabilitation services, community support teams

Community self-help homes (CEHs), otherwise known as support centres, serve to build a network of social support and prepare for life in society and for functioning in the community. They are intended for people with chronic mental illness and intellectual disabilities. They are periodic day or 24-hour facilities where people with mental disorders can receive partial care and assistance in meeting their vital needs, as well as a meal.

The community self-help home provides services through individual or team self-help and social skills training, consisting of learning, developing or maintaining skills in activities of daily living and social functioning.

There are 51 community self-help homes in the Łódzkie Voivodeship. The register of ŚDS is available at https://www.gov.pl/web/uw-lodzki/wykaz-srodowiskowych-domow-samopomocy-2021.

2.3 Social services

Social services are, inter alia, social assistance activities "undertaken by the municipality to meet the needs of the local government community, provided in non-material form directly to individuals, families, social groups, groups of residents with specific needs or the general population".[28]

[27] Source: Ministry of Health, 'Day Care Home. Organisation and tasks': https://www.funduszeeuropejskie.gov.pl/media/6854/Zalacznik_1_Dzienny_dom_opieki_med.pdf
[28] Source: https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20190001818/T/D20191818L.pdf

Directions for the development of social policy in the region are defined in the "Strategy for social policy in the Łódzkie Voivodeship until 2030"[29] . The document emphasises that people in need of support on a daily basis rely mainly on the help of their relatives, who act as de facto carers. As the population ages, the number of dependent people will increase, while the caring potential of families will decrease and the need for social services will increase.

In the Łódzkie Voivodeship, there are almost 150,000 people in need of support in daily life. These are people who require assistance in performing so-called activities of daily living, i.e. activities in the area of both self-care and household management.

2.3.1 Social Welfare Centres and their branches

Social Assistance Centres play a key role in the social support system in Poland. Their task is not only to provide material assistance, but also to activate people in need, support them in returning to an independent life and counteracting social exclusion.

Social Assistance Centres (SACs) in Poland are organisational units of municipalities whose main objective is to support individuals and families in difficult life situations. They operate on the basis of the Act of 12 March 2004 on social assistance and local legislation.

The non-material assistance offered by the OPS consists, among other things, of:

- social work (assistance in solving social problems),
- specialist counselling services (psychological, legal, family),
- residential care and specialist services,
- crisis intervention,

[29] Source: https://rcpslodz.pl/content/artykuly/files/OSTATECZNA_Strategia%20w%20zakresie%20polityki%20spo%C5%82ecznej%20wojew%C3%B3dztwa%20%C5%82%C3%B3dzkiego%20do%202030%20roku.pdf

- Support for the family and the foster care system (in cooperation with District Family Support Centres).

2.3.2 Nursing homes

A social welfare home provides living, caring, support and educational services to the extent and in the forms resulting from the individual needs of the persons residing there. The social welfare home may also provide care services and specialised care services for persons not residing there.

Social care homes, depending on who they are for, are divided into the following types of homes: for the elderly, chronically somatically ill, chronically mentally ill, intellectually disabled adults, intellectually disabled children and adolescents, physically disabled persons, alcohol-dependent persons.

There are 55 public and 15 non-public social welfare homes in the Łódzkie Voivodeship. The register of these institutions is available at: https://www.gov.pl/web/uw-lodzki/rejestr-domow-pomocy-spolecznej-funkcjonujacych-na-terenie-wojewodztwa-lodzkiego-w-2025-roku.

2.3.3 Support centres for senior citizens, people with disabilities

In addition to the institutions mentioned in the previous section, there are other forms of assistance for seniors and people with disabilities. The most important of these are:

- Day Care Homes (provide assistance to people of working age who are not in employment, non-working pensioners and non-working disabled people in organising their leisure time and social activation by: making it possible to stay and rest on the premises of the Home; meeting social and cultural needs; participating in activities to maintain psycho-physical fitness, depending on the needs of the participants and the capabilities of the Home; providing full board) .[30]

[30] Source: https://uml.lodz.pl/seniorzy/informator-60/domy-dziennego-pobytu/

- Senior Citizens' Clubs (meeting places for older people). They are most often informal groups run by senior citizens themselves, often supported by the units by which they operate, i.e. cultural centres, housing cooperatives, housing estate councils or NGOs. The idea behind Senior Citizens' Clubs is to integrate and support the activities of older people close to their place of residence.
- Social Integration Centres and Social Integration Clubs (their task is to provide services aimed at social and professional reintegration of people who are long-term unemployed, homeless, disabled, alcohol and drug addicts, mentally ill, released from prisons and refugees)
- Occupational Activity Establishments (units that provide employment for persons with severe disabilities and persons with moderate disabilities who have been diagnosed with autism, mental retardation or mental illness. These persons require special so-called protected working conditions)
- Occupational Therapy Workshops (people with a moderate or severe degree of disability, with an indication for occupational therapy, may apply for rehabilitation within the framework of the Occupational Therapy Workshops in order to gain independence, skills and qualifications that will eventually enable them to take up employment)

2.3.4 NGOs and other social support providers

In the introduction to the paper "Diagnosis and analysis of the functioning of non-governmental organisations in the area of care in Poland. Conclusions from empirical studies" (W. Goleński, A. Rączaszek), the authors point out that "Civic organisations (NGOs) as care institutions or, in a broader sense, social policy entities (operating in the area of social assistance, education, health care) are considered an essential link in local care systems. This so-called third sector is intended to compensate for the shortcomings of public institutions and market actors in providing goods and services to local communities"[31] .

[31] "Diagnosis and analysis of the functioning of NGOs in the area of care in Poland. Conclusions from empirical studies", W. Goleński, A. Rączaszek, Wrocławskie Studia Politologiczne 25, 2018

There are a number of NGOs in the region offering services in the area of social assistance and care for the elderly and disabled, such as:

- Ja-Ty-My Association. The association runs two vocational activity centres, a community self-help home, an occupational therapy workshop, a day care home, and four community service centres.
- Hansel and Gretel Foundation. It directs its activities primarily to people at the centre of autism and ADHD. The Foundation runs a clinic for the diagnosis and therapy of autism and ADHD, runs schools and kindergartens in Lodz and Warsaw, and organises occupational therapy workshops and training courses for diagnosticians, therapists and educators building competence in supporting neuroatypical people - autistic, with ADHD and other conditions.
- Colourful World Foundation. It works for children with disabilities, runs a centre for premature babies with neurodevelopmental disorders, a nursery and school for children with disabilities and offers free rehabilitation for children with developmental defects and genetic syndromes.
- Spring-Autumn Foundation. The Foundation carries out tasks in the fields of long-term care, home care, social activation and telemedicine for seniors.
- Caritas Archdiocese of Lodz. In terms of assistance to senior citizens, Caritas runs, among other things, two day care homes and the Senior Citizen's Home "Pomocna Dłoń". As part of its assistance to people with disabilities, Caritas runs a vocational activity centre where it provides medical, vocational and social rehabilitation, as well as vocational counselling and job placement. Caritas also offers care to people in terminal illness through the Caritas Home Hospice and the Palliative Medicine Clinic in Lodz.
- Society of Friends of the Disabled. It directs its services to people suffering from mental disorders, especially those suffering from schizophrenia and related types of disorders. TPN offers 24-hour care (a 24-hour community care centre, a social welfare home, a care and treatment facility), day care (three community self-help

homes), care at home, vocational activation (two vocational activity centres) and hippotherapy.

3 Summary

In summary, medical and social services in Poland aimed at people requiring support other than hospitalisation are scattered. A large group of services is referred to by a general practitioner, who has decision-making powers in this area.

There are no organised CBiTs in Poland, although a government pilot programme for such services is currently underway. However, the services provided by individual institutions largely reflect those that should, in principle, be provided by CBiTs.

In the absence of appropriate statutory and organisational solutions, all medical, psychological and social services that could be organised within the CBiT are provided separately. Individual units are required to cooperate with each other, but there is a lack of good solutions in this area, as well as a lack of a leader who would set the direction for such activities.