

MANAGING THE SOCIAL DIMENSION OF SECURITY THREATS IN THE PERSPECTIVE OF SENIORS

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Abstract. The social dimension of various security threats is managed integrally, with special attention to the elderly. The security issue for seniors remains serious and relevant. The article defines the term 'security', which is multifaceted. After all, creating security for older people includes the protection of their dignity and autonomy and ensuring conditions for a decent retirement. Human dignity and autonomy go beyond age. It is substantiated that concern for the safety of older people first involves ensuring their freedom of will and current living conditions and creating the basis for a dignified retirement. The article comprehensively examines the social dimension of security threats from the perspective of the elderly. The article provides a thorough analysis of the social dimension of security threats from the perspective of senior citizens. It is proved that the prospect of this phenomenon is a crucial and urgent social problem. The article is an attempt to analyze the socio-economic condition of the elderly in Poland, focusing, in particular, on the demographic challenges facing the country. It is found that demographic scenarios for 2014-2050 show an acceleration of the aging process, despite an estimated population decline of more than 4 million by 2050. By the end of the reference period, the number of people aged 60 and over is expected to increase to 13.7 million, representing more than 40% of the total population. The findings highlight the necessity to optimize older people's physical security (e.g. care services, daily living assistance, health maintenance, protection from violence and abuse), social security (e.g. benefits that ensure an appropriate level of consumption), and social participation. These measures aim to ensure a broad sense of security and well-being for older people. The final recommendations outline a roadmap for action and optimization of the physical, social, and economic security of the elderly in Poland. Several proposals are presented to ensure an independent, safe, and active social and cultural life for older people.

Keywords: management, safety, society, risks, social dimension, education of the elderly.

1. INTRODUCTION

The elderly's participation in the social life is one of the forms of providing them support and encouragement, where, in line with Article 25 of the Charter of Fundamental Rights of the European Union, the elderly are granted the right to exist in a dignified and independent way and to participate in social and cultural life. All initiatives undertaken to prevent age-related discrimination are also closely linked. Despite numerous protection mechanisms we still face the phenomenon of discrimination and unequal treatment. The elderly are particularly susceptible to them for multiple stereotypes regarding the old age persist in the social awareness (Cahill, Giandrea, & Quinn, 2006). The term 'ageism' is often used when discussing age-related discrimination. Ageism, similarly as sexism or racism, encompasses attitudes and beliefs based on stereotypes and prejudices, in this case related to the biological diversity of humans linked to the process of ageing pertaining to the competences and needs of people depending

on their age.

The diverse scope of threats and their sense of safety constitutes an important part of the functioning of the elderly. In the psychological dimension safety should be understood as an interactively perceived stability, certainty in various interpersonal relations based on the relationship between the individual and their environment. This functioning in specific situations has a social character and translates into individual dimension of security in the perspective of the elderly. Concern for the safety of seniors includes, first and foremost, the consideration of subjectivity, the living conditions of the elderly. Moreover, with every passing year of our life we are increasingly aware of it – it is linked with experiencing the meaning and learning the value of life. It's the sense of personal dignity that comprises the foundation of our existence. In Article 30, the Constitution of the Republic of Poland assigns the inherent and inalienable dignity the role of a source of our fundamental rights. The prospect of the social dimension of security threats in the context of the elderly begins with their subjectivity and participation. The aim of this study is to present the state of security and current socioeconomic situation of the elderly in Poland. It is also a presentation of minimal actions necessary for the improvement of the healthcare development strategy in a country with rapid growth of the older population, where senior health policy still remains on the sidelines of the healthcare polity (Derejczyk, Bień, Szczerbińska, & Grodzicki, 2012).

2. RESEARCH METHODS

The article uses theoretical research methods. They are aimed at creating theoretical syntheses and establishing logical connections between the phenomena under study. The analysis focused on the social dimension of various security threats from the perspective of senior citizens.

2. ANALYSIS AND DISCUSSION

3.1. Social dimension of security

The need for security, as aptly noted by (Szymanowska, 2008, p. 24), is one of the basic human needs, its satisfaction being therefore necessary for a person to be able to develop, engage in the implementation of values that can give meaning to their existence, be creative and achieve satisfaction in life. With respect to the ongoing political and cultural changes, the term 'security' can be defined in a plethora of ways. As indicated by (Łoś-Nowak, 2003, p. 37–38), security is not only a state that could be defined only in a specified time and place, here and now (*hic et nunc*), but also a dynamic process that changes over time.

It should be noted that as a person grows up and ages, they care more about their safety. As indicated by (Piss, & Kaczmarek, 1993, p. 9), an elderly person with a baggage of personal experiences personally exerts to a larger degree a more conscious influence on their own safety and consciously manages it, thus attempting to avoid treats by eliminating them. On the other hand, it may seem that the elderly oftentimes behave recklessly (crossing a busy street on a red light, eating unhealthy foods, overusing medications etc.). Such behaviour may mainly result from two factors – lack of knowledge regarding the impending danger and the impact of various diseases or senile dementia that hinders the proper perception of the surrounding environment. It should be emphasised that the need for security should be considered in the objective dimension where it pertains to the provision of physical conditions of normal existence and functioning, including surviving, viability, and on the other hand, in the subjective dimension that takes into consideration the sense of security, as highlighted by (Jarmoszko, 2016, p. 33). In a broad outline, the sense of security is a personal sense of satisfying the need for security – experiencing peace, certainty, mental comfort.

As other researchers (Leszczyński, & Mika, 2010, p. 104) point out, the dimension of security perceived by an individual as a subjective sensation is associated with fear, anxiety. In situations of a

true threat neurotic anxiety is defined as an individual aberrance. However, when anxiety spreads among many members of a society, it becomes a social fact with its objective expression. Within such a perception of security, unsatisfied needs of a human existence may also cause a true threat. According to (Daniecki, & Auleytner, 1999, p. 25) unsatisfied needs result in a state of absence that may become a factor of accumulation of various challenging situations in the lives of individuals and their families.

3.2. Socioeconomic situation of the elderly in Poland

- Demographic situation:

We are in a constant process that is today understood as the problem of a dynamically ageing society. According to (J. Krzyszkowski, 2018, p. 38), the demographics of Poland is characterised by two co-occurring phenomena: low fertility rate and increasing life expectancy. As a result, the share of elderly and dependent people in our society is increasing. The percentage of retirees is also growing. As (W. Walkowska, 2017, p. 3) states, one of the effects of such situation is the disappearing proportion between the percentage of working people and the recipients of pensions. Given that most European countries base their social policy on the welfare state solutions, rooted in Bismarck's assumptions drawn up in the end of the 19th century and then modernised by Beveridge, a thesis can be conjured that it may give rise to an imbalance in social security of millions of people. Hence, the ageing of societies brings consequences and challenges not only in the socio-cultural dimension, but also within the economic one. This situation is rooted in the past as demographic forecasts and analyses dating back to the 20th century clearly emphasised the emerging consequences of demographic processes.

For many years now, Poland has been classified as a country with old demographic, as explained by (M. Maier, 2015, p. 243). This statement should come as no surprise given that Europe is currently the oldest continent; thus, the position of Poland is not exceptional. Poland, however, is not only at risk of remaining a country with an old population; it risks being one of world's oldest populations, which implies many other consequences.

The results of Population forecast for the years 2014–2050 indicate furthering the process of ageing of the society. Despite the predicted decrease of in population by over 4 million until the year 2050, a systematic increase in the population aged 60 and more is expected. In the end of the time-frame of the forecast, the population of people in this age group shall increase to 13.7 million and shall comprise over 40% of the entire population. The fertility rate in Poland has been decreasing for twenty years and has reached the value of 1.289 in 2015, while the value allowing for generational replacement amounts to 2.2 (MRPiPS, 2016). In the end of 2021, the population of Poland amounted to 38.1 million, including over 9.8 million of people aged 60 and more (25.8%). Compared to 2020, the number of the elderly increased by 28.6 thousand people, i.e. by 0.3% (see: MRiPS Information on the situation of the elderly in Poland for the year 2021).

As soon as in 2050, Poland shall become one of the European countries with the highest rate of demographic ageing that shall increase twofold and amount to over 30%. One shall also take into account the growing share of the oldest group of people (80+), which currently comprises ca. 4% of the total population of Poland and which (according to Eurostat) will increase to nearly 10% in 2050. As research shows, as they become older, people aged 80 and more suffer from increasingly more diseases, become more reliant and dependent on assistance.

- Economic situation:

Compared to 2020, there was an increase in income per capita by 8.1% in households with solely elderly people, while in households headed by elderly people under the age of 60 the increase was lower and amounted to 7.1%. In 2021, the income situation of households headed by the elderly improved. In 2021, people aged 60 and more, living in households headed only by people this age, had at their disposal a median monthly disposable income per person amounting to PLN 2,346, i.e. 8.1% higher than a year before. In households headed by the elderly, average monthly expenses per one person amounted to PLN 1,671 (an increase of 9.2% compared to 2020). The share of expenses in the disposable income of

these people has increased from 70.6 in 2020 to 71.2%. In 2020, 3.3% of people aged 60 and more lived in extreme poverty estimated on the basis of the household expenses. It means that compared to 2020, the rate of extreme poverty among the elderly decreased by 1.0 percentage point (GUS, 2021).

Income from social benefits comprises the basic source of income for households headed solely by the elderly. In 2021, it accounted for 83.4% of the total income of such households. Retirement and disability pensions accounted for the highest share of income from social benefits, amounting to 79.3% of the total income. In 2021, median monthly gross retirement and disability pension paid from non-agricultural social security system was at the level of PLN 2,623 (increase by 6.9% compared to 2020), and the benefit paid by KRUS (Farmer's Social Security Fund) amounted to PLN 1,429 (increase by 3.8%). In 2021, 79.2 thousand of people aged 60 and more received ongoing benefits and their total value amounted to PLN 366.3 million, including 94.6% that was paid to the elderly living in a single-person household (GUS, 2021).

- Health and healthcare:

Based on the results of the EU statistics on income and living conditions (EU-SILC), it can be stated that in 2021, 32.4% of the elderly aged 60 and more living in Poland assessed their health as 'good' or 'very good'. Compared to the previous year, it means the increase of this indicator by 2.8 percentage points. In 2021, nearly 2/3 of people aged 60 and more (61.6% compared to 65.6% in the previous year) indicated long-lasting health issues or chronic illnesses that lasted (or were expected to last) for at least 6 months. Such problems were reported more often by women (64.1%) than men (58.1%). Larger proportion of people with long-lasting health issues or chronic illnesses was recorded in cities (62.4%) than in the countryside (60.2%).

In the end of 2021, 21,968 outpatient clinics, 674 specialist practice outlets and 3,079 dental practice outlets functioned as part of ambulatory care units. According to the reports submitted by healthcare facilities, in the analysed year people aged 65 and more received a total of 98.0 consultations (9.1% more than in a year before), which accounted for 30.9% of their total number. In 2021, there were 156 geriatric outpatient clinics, i.e. 5 more than in the previous year, where a total of 73.1 thousand medical consultations was provided.

In 2021, 899 general hospitals with 168.4 thousand beds provided inpatient care in Poland. There were 51 geriatric units in these hospitals with 1 thousand beds available. Compared to the previous year, the number of beds in these units increased by 0.3% and the number of patients treated there decreased by 2.8%. In 2021, 76.3 thousand of people aged 65 and more (7.6% more than in the previous year) were treated at welfare and nursing homes, nursing homes, hospices and in palliative care units. People aged 65 and more constituted 77.9% of the total number of patients at such facilities. The number of people aged 65 and more receiving treatment at sanatoriums amounted to 308.6 thousand which means an increase by 55.0% compared to the previous year.

3.3. Support and safety of the elderly

Social policy towards old age and the elderly (Woźniak, 2003, p. 80) is defined as a set of deliberate public actions and other social entities aimed at creating, improving, as well as maintaining social status, security and life quality of the elderly as well as the possibility of their participation in the culture and social life, thus increasing the chance of the oldest generation having an active and independent life. This issue requires a strategic approach not only at the declarative stage, but also actions enabling the functioning in new circumstances. These include increasing the activity and security of the elderly in society. In this scope the support provided to the elderly can be analysed within 3 dimensions (Report of the Greater Poland Programme for Supporting the Elderly for years 2021–2025):

- preventive measures aimed at sustaining the promotion of active living and independence as well as lowering the risk of severe problems in functioning,
- intervention consisting in providing support in solving serious crises posing a threat to daily functioning of the elderly,

- reintegration consisting in providing support during the return of an elderly person to the efficient functioning after experiencing serious problems.

The framework of the Government Programme for the Elderly Social Activity (ASOS) for years 2014–2020 encompassed efforts linked with the implementation of public services referred to in art. 14 sections 1 and 2 of the Act of 24 April 2003 on Activities of Public Interest and Voluntary Work (Journal of Laws of 2016, items 239 and 395). Therefore, the implementation of projects within the framework of the ASOS programme undertakes to systematically improve the quality of life of the elderly and provide security. The projects aim to support the elderly in their efforts to remain independent and active for as long as possible. It should be highlighted that the above-mentioned Programme presumed the practical inclusion of the voluntary sector to the actions aimed at engaging the elderly. Regarding the elderly needing support, recent years brought an intensified public debate on the reform of the elderly care system and the support for senior caregivers. The Convention on the Rights of Persons with Disabilities which was ratified by Poland, as well as the International Plan of Action on Ageing, the so-called Madrid Plan, developed by the UN (and accepted by Poland) set the standards of the new quality in social policy that is addressed to, i.a. the elderly. At the national level, a number of programmes and new instruments were implemented. These translate to the direct support of the elderly and their environment, including programmes such as Senior+ and “Opieka 75+”. It was through the actions of the central authorities within the scope of the policy focusing on the older people that a longtime Senior+ programme (for years 2015–2020) was approved by the Council of Ministers on December 20, 2016. The programme enabled local authorities to apply for funding to create Senior Day Care Centres and Senior+ Clubs, as well as provide financial help for the already existing facilities. The strategic aim of the programme was to increase the active participation of the elderly in the social life by expanding the support centres and increasing the number of places available in these facilities.

Somewhat simultaneously, besides the actions taken by central authorities, over the last few years local authorities have taken independent action towards the elderly that covered, among others, the inclusion of the elderly in the strategies concerning solutions to social problems and creating separate action plans to improve their quality of life. Increasingly often, detailed politics, such as housing or spatial policy, also recognise the specific needs of the elderly. The institutions of the local policy focusing on the elderly include local social welfare, education, culture and healthcare facilities, but also senior councils and the universities of the third age as indicated by (Krzyszowski, 2018, p. 41).

Unfortunately, despite the implementation of the above-mentioned changes, lack of coordination and integration of actions within the entire reform of the short- and long-term elderly care was noticed in the context of health and social policy. “Part of institutions and care systems lies with the Ministry of Health while the Ministry of Family and Social Policy is responsible for other issues. There is no political body (at a central level) that would shape the actions aimed at satisfying the needs of the elderly in these two segments in a coordinated way as explained by (Bakalarczyk, 2021, p. 66). Traditionally in Poland it is the family that cares for the elderly, while accommodating older family members in a public residential care homes for the elderly is rare with less than 0.5% of people over the age of 65 living there (Raław, 2010).

Deinstitutionalisation is an important direction of actions undertaken to provide social services and support to the elderly. It is a process of transition from care provided in large institutions towards the creation of a local (community-based) support system or a system of small quasi-familial institutions in the place of residence of people requiring such support.

It is worth highlighting that deinstitutionalisation does not assume the total closure of institutions providing round-the-clock care for they are an important support link from the viewpoint of social policy and life situation of some people using such help. In general, however, these should become smaller (friendly) facilities where the support provided recognises the subjectivity of the beneficiaries and their individual needs to a larger extent, which cannot be achieved in the current situation, in facilities inhabited by a few dozen people (Report of the Greater Poland Programme for Supporting the

Elderly for years 2021–2025).

Deinstitutionalisation is a chance to implement a varied range of social services provided in local communities and gives, e.g. social workers or community support workers the possibility to gradually implement support measures where it does not assume placing an elderly person in a round-the-clock facility in the first place (e.g. in the case of the elderly that are dependent only to some extent). Grading the support is understood as delivering the most optimal services adjusted to current needs, health condition, family situation, the scale of the crisis and dependence. To enhance the local potential to remove large institutions from the picture, it is necessary to be ready to provide a varied offer of services in the community, such as care services, making homes more accessible so that possible support at a facility (small, of a quasi-familial character) becomes the last, most advanced link in the support chain – one that is provided once all possibilities had been used (Budnyk, & Sydoriv, 2024). Living in a round-the-clock care facility significantly reconstructs the life of a given person who faces the need to leave their current place of residence.

At the level of the European Union and international organisations, deinstitutionalisation is deemed to be a priority process, which has been confirmed in The Common European Guidelines on the Transition from Institutional to Community-based Care (Report of the Greater Poland Programme for Supporting the Elderly for years 2021–2025).

The International Plan of Action on Ageing and conventions, recommendations, and resolutions by the International Labour Organisation, World Health Organisation and other UN agendas recommend specific actions for the elderly.

These issues specify the recommendations, regulations of appropriate conditions that are to provide the elderly with independent, safe and active life e.g. within the scope of:

Independence

- The elderly should have access to appropriate food and water supply, shelter, clothing and medical care by securing their income, support from the family and community, as well as forms of self-help.
- The elderly should be able to find employment or other forms of livelihood.
- The elderly should be able to participate in the process of deciding about the time and the rate of terminating the employment.
- The elderly should be able to use appropriate educational and training programmes.
- The elderly should be able to live in conditions that ensure security and that can be modified to accommodate personal preferences and the changing psychophysical fitness.
- The elderly should be able to live at home for as long as possible.

Participation

- The elderly should maintain their relations with the society, participate actively in the development and implementation of programmes that directly impact their living conditions, as well as share their knowledge and experience with younger generations.
- The elderly should be able to seek and use forms of help that would benefit their own communities and be able to work as volunteers on positions consistent with their interests and capabilities.
- The elderly should be able to launch movements or associations of the elderly people.

Care

- The elderly are entitled to care received from families and communities, as well as protection consistent with the systems of cultural values of particular nations.
- The elderly should have access to healthcare aimed at maintaining or restoring the optimal level of physical, mental, and emotional activity, as well as preventing illnesses or delaying their occurrence.
- The elderly should have access to social and legal services to enhance their autonomy, protection, and care.
- The elderly should be able to use appropriate form of institutional care providing protection,

rehabilitation, as well as social and mental stimulation in a humane and safe environment.

- The elderly should be able to exercise human rights and fundamental freedoms while staying at institutions providing shelter, care or medical aid, including fully respecting their dignity, beliefs, needs, and privacy, including the right to decide about the form of care and quality of life.

Self-fulfilment

- The elderly should have appropriate conditions to fully develop their potential.
- The elderly should have access to educational, cultural, spiritual and recreational resources of societies.

Dignity

- The elderly should be able to live a dignified, safe life that's free from exploitation and physical or mental abuse.

- The elderly should receive dignified treatment regardless of age, gender, racial or ethnic background, disability or any other attributes shall be respected no matter their economic usefulness.

Constant education regarding social threats constitutes an important element of safety. Police plays this leading role in providing safety to citizens, but the actions of the officers have to be supplemented by social education in the scope of raising awareness among the elderly on the impact of correct actions on their own safety. Threats related to fraud, theft, domestic abuse and traffic hazards are commonplace in today's world.

4. CONCLUSIONS AND RECOMMENDATIONS

Guaranteeing the safety of the elderly through, i.a. providing decent existence and proper care is becoming a challenge in today's society. One of the factors impacting the security of the elderly is shaping the awareness of threats and possible forms of protection ensuring safety by:

- optimising the sense of senior's security in the physical (e.g. care, help with activities of daily living, services maintaining health, protection against violence and abuse), social (benefits ensuring proper level of consumption) and civic (ensuring social participation) dimension (Yang, Meng, & Dong, 2020);

- maintaining the active lifestyle and independence of the elderly for as long as possible; reinforcing informal social relationships in the place of residence if they wish to do so; modifying the place of residence in such a way that it is elderly-friendly;

- creating knowledge and education of the elderly regarding the enhancement of interpersonal safety (Vasianovych, Budnyk, Melnyk, et al, 2023);

- it is also a challenge to ensure good psychophysical condition of the elderly – preventing loneliness, intensifying health prophylaxis, and, in general – extending the period of independence of the elderly and maintaining the seniors' ability of handling stressful and crisis situations (Jason, & Erving, 2022);

- in the scope of healthcare, the following will be needed in the upcoming years: maintaining the priority of the development of geriatrics, the improvement of access to health services financed from public finances and educating and professional training of all healthcare professionals within the scope of gerontology;

- all new actions should be developed with the participation of the elderly and based on the comprehensive diagnosis of the needs and resources of this group. Among others, governors', presidents', mayors', starostes' plenipotentiaries for the elderly are involved in their implementation. Their main activity consists in coordinating the entirety of tasks/actions and programmes properly undertaken for the elderly.

The final conclusions set the direction of changes and optimise the sense of physical security of the elderly, including: (care, aid in activities of daily living, health-supporting services, protection against violence and abuse). As well as seniors' social security within the scope of social (e.g. benefits ensuring

proper level of consumption) and civic safety (e.g. ensuring social participation)

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Received: August 15, 2024; **revised:** September 03, 2024; **accepted:** September 28, 2024; **published:** September 30, 2024.

Кобявка Анджей. Управління соціальним спектром загроз безпеці з перспективи людей похилого віку. *Журнал Прикарпатського університету імені Василя Стефаника*, 11 (3) (2024), 99-107.

Управління соціальним спектром різних загроз безпеки здійснюють цілісно, приділяючи особливу увагу людям похилого віку. Питання безпеки старшого покоління залишається важливою та актуальною проблемою. У статті подано визначення терміну «безпека», який є багатограним. Адже створення безпеки літніх людей охоплює захист їх гідності та автономії, а також забезпечення умов для належної старості. Людська гідність і автономія виходять за вікові межі. Обґрунтовано, що турбота про безпеку літніх людей, передусім, передбачає забезпечення їх свободи волі, умов життя в сьогоденні та створення основ для гідної старості в майбутньому. Комплексно розглянуто питання соціального виміру загроз безпеці з погляду людей похилого віку. Доведено, що перспектива цього явища є вирішальною і актуальною соціальною проблемою. Стаття є спробою аналізу соціально-економічного становища літніх людей у Польщі з урахуванням, зокрема, демографічних викликів, що стоять перед країною. Виявлено, що демографічні прогнози на 2014-2050 роки засвідчують про прискорення процесу старіння, незважаючи на передбачуване скорочення населення на понад 4 мільйони до 2050 року. Очікується, що до кінця прогнозного періоду чисельність населення у віці від 60 років зросте до 13,7 млн осіб, що становить понад 40% від загальної чисельності населення. Висновки підкреслюють необхідність оптимізації фізичної безпеки людей похилого віку (наприклад, послуги з догляду, щоденної допомоги, підтримання здоров'я, захист від насильства та жорстокого поводження), соціального забезпечення (наприклад, пільги, що забезпечують відповідний рівень споживання) та участі в суспільстві. Ці заходи спрямовані на забезпечення всебічного відчуття безпеки та благополуччя для людей похилого віку. Остаточні рекомендації окреслюють напрям дій та оптимізацію фізичної, соціальної та економічної безпеки людей похилого віку в Польщі. Подано низку пропозицій, спрямованих на забезпечення самостійного, безпечного та активного соціокультурного життя людей похилого віку.

Ключові слова: управління, безпека, суспільство, ризики, соціальний вимір, освіта літніх людей.