European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Poland

European Agency for Safety and Health at Work

Safety and health at work is everyone's concern. It's good for you. It's good for business.

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Table of Contents

Tables

Figures

Abbreviations

CIOP-PIB	Central Institute for Labour Protection – National Research Institute
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organization
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
NIOM:	Nofer Institute of Occupational Medicine
OECD:	Organisation of Economic Cooperation and Development
OMS:	Occupational Medicine Service
OSH:	Occupational Safety and Health
P.p.:	Percentage points
RTW:	Return to work
SII:	Social Insurance Institution
WHO:	World Health Organisation
WS&HS:	Work Safety and Hygiene Service

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

In Austria, the expert workshop “Safe and healthy workplace in the context of an ageing society” took place on 8 May 2014, with around 35 participants. The Austrian Labour Inspectorate, EU-OSHA’s focal point, provided extensive support for the organisation and execution of the workshop. Due to the holistic approach favoured in Austria for OSH prevention and rehabilitation, making a distinction in the discussions between the OSH of older workers and rehabilitation/return-to-work was not justified. The discussions at the workshop therefore considered the two topics together.

Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the Chamber of Labour, the Chamber of commerce, the Austrian Workers’ Compensation Board (AUVA) and several Austrian businesses gave presentations to introduce the topics for discussion. All relevant stakeholders for OSH in Austria, including representatives from the social partners, then took part in the active discussions. A summary of the stakeholders’ views is provided in the conclusions of this report.

The present report describes policies and strategies in Poland, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Austria, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Poland with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Poland that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Poland with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of older people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of older persons.[4]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[5]

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

Table 1, Overview table of main indicators

	Poland	EU-28
Median age 2013 (2060)	39 (50)	42 (46)
Share of population aged 55 to 64 years (2013)	14%	13%
Share of population aged 65+ (2013)	14%	18%
Old age dependency ratio (65+/15-64) 2013 (2060)	20% (61%)	28% (50%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	41% (+14 p.p.[6])	50% (+10 p.p.)
Official Retirement age[7]	67	
Effective retirement age (2012) [8]	60.2(f)/62.3(m)	60.9(f)/62.3(m)*[9]
Share of pensioners (50-69) who quit working for health or disability reason (2012)	20%	21%
Pension expenditures (% of GDP) (2011*)		

[3] Definitions extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)

[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)

[5] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

[6] Break in time series

[7] See section 1.4 on Pension system; official retirement age will gradually increase from 60 (women) and 65 (men) in 2012 to 67 for men until 2020 and 67 for women in 2040

[8] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[9] These figures refer to the EU-27

	Poland	EU-28
All pensions	11.6%	13.0%[10]
Old-age pensions	7.1%	9.5%
Disability	1.1%	0.9%
Life expectancy at 65 years, in years (2011)	17.9[11]	19.7
Women	19.9	21.3
Men	15.4	17.8
Healthy life years at the age of 65 (and 50) (2011)		8.6 (17.7)
Women	8.3 (17.8)	8.6 (17.9)
Men	7.6 (15.4)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	35.9%	11%[12]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	9.6% (5.5%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	36.3% (26.6%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	60%	60%[13]
Women	63%	64%
Men	56%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[14] (2010)	61%	71%[15]
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace[16] (2013)	23%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS).
*figure refers to 2011; ** estimated figures only (by Eurostat)

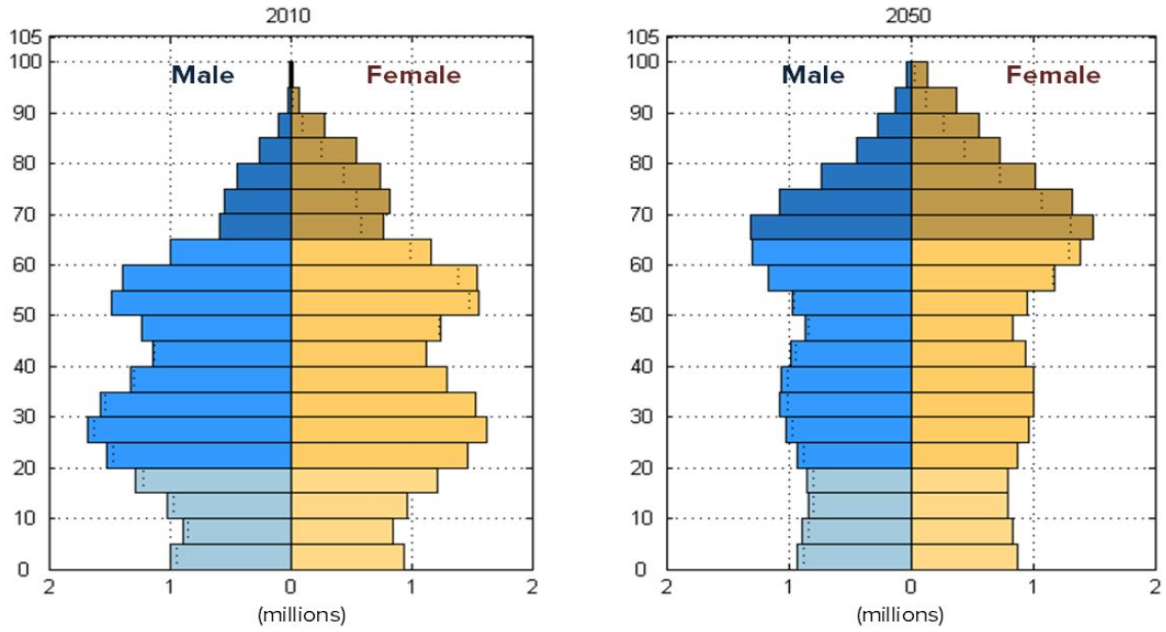
Demographic developments

Poland's population has been continuously ageing since the 1960s[17]. While the median age in 1960 was 26 years, it was 39 years in 2013 (compared to 42 years for the overall EU population)[18]. This ageing is also reflected in the distribution of the population across the different age groups and their development between 1990 and 2013. The share of the oldest age group (over 65) has increased from 10% to 14% between 1990 and 2013 (but is still lower than the EU-28 average of 18%). The share of the group of 55 to 64-year-olds increased from 10% in 1990 to 14% in 2013 (EU-28: 13% in 2013).

The population ageing is predicted to continue. The age group "65+" will more than double between 2013 and 2060, from 14% of the total population in 2013 to 33% in 2060. This ageing is also shown in the age pyramid below (Figure 1) which shows that between 2010 and 2050, the age group of 20 to 65-year-olds is predicted to decrease while the age group of 65+ is predicted to increase. This is also reflected in the old-age dependency ratio (see Table 1).

[10] Figures for pension expenditures are provisional
[11] Break in the time series
[12] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[13] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[14] Source: European Working Conditions Survey 2010
[15] This Figure refers to the EU-27
[16] Source: European Commission, Flash Eurobarometer on Working Conditions, 2014. Fact sheet on Poland. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_pl_en.pdf (accessed December 2014).
[17] Source: Eurostat population statistics 2013, structural indicators.
[18] Source: Eurostat population statistics 2013, structural indicators.

Figure 1, Total population by age group and gender, 2010 and projection for 2050

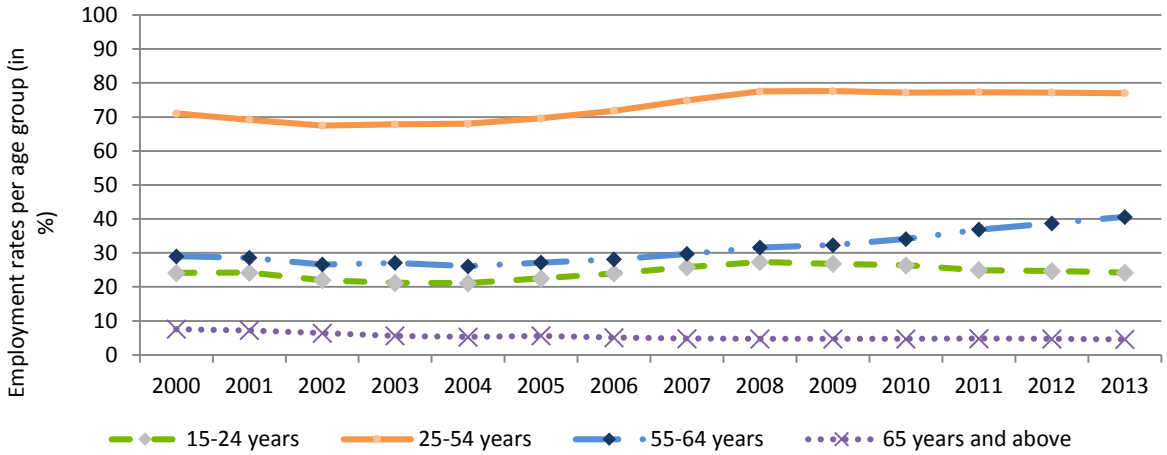


Source: International Conference on Population and Development Beyond 2014, Poland Country Implementation Profile[19].

Labour market participation

The employment rate among the Polish population between 55 and 64 years has been constantly increasing since 2004 and was at 41% in 2013. However, it is still considerably lower than the EU average employment rate of this age group, which was 50% in 2013 – this is even more striking given the fact that the shares of this age group in the total population are similar in Poland and across the EU-28. Furthermore, the employment rate of the oldest age group (65 years and above) in Poland has been slightly decreasing since 2000 – especially between 2000 and 2008, since when it has remained stable. Still, the employment rate of individuals aged 65 or over is almost at the same level as the EU average (4.6% in Poland compared to around 5% across the EU-27).

Figure 2, Employment rates per broad age groups, trend 2000-2013, residents in Poland, all nationalities



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

[19] International Conference on Population and Development Beyond 2014, Poland Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[20] the following conclusions can be drawn with regard to the working conditions of older workers[21] in Poland:

- The share of older workers having to *carry heavy loads* for at least a quarter of the time decreased considerably in 2010 (35%) compared to 2000 (46%). However, in 2010, older Polish workers were slightly more exposed than older workers across the EU (32%).
- In Poland, the share of older workers indicating that their job involves *tiring and painful positions* (almost) all of the time is 19%, higher than the EU average (16%).
- A higher share of older workers in Poland is exposed to *shift work* than across the EU-27 (17% compared to 14% on EU average). The same is true for exposition to *night work* for older workers: in Poland the share is of 20% while the EU average is 16%.
- In Poland, satisfaction with the *work-life-balance* among older workers is higher than the EU-average: in 2010, 87.4% of the older Polish workers felt that their working hours fit in well or very well with their family or social commitments outside work, while the EU-average was 84.5% for that year.
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Poland: 24% of young workers report that at least three external factors determine their work pace against only 15% of older workers (considerably lower than the EU-27 average of 27% of older workers).
- In Poland, a lower share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 22% compared to 26% respectively.
- The share of older workers who reported that their *health was affected mainly negatively by their work*, was higher in Poland (37%) than across the EU (27%).
- The share of Polish workers who were not *satisfied with their working conditions* increases slightly with age: while 12% of workers below the age of 30 years were not satisfied with their working conditions in 2010, this increased to 18% for older workers (slightly higher than the EU average). However, the share of all workers who were unsatisfied with their working conditions has decreased considerably (by around 10 percentage points (p.p.) for each of the groups) between 2000 and 2010.
- The share of older workers who think they will still *be able to do the same job at the age of 60* was considerably lower in Poland (61%) than across the EU-27 (71%).
- In Poland, 23% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Four percent of those that responded did not know whether their workplace had been adapted to older workers[22].

Health

In 2011, estimations showed that Polish men of the age of 65 years had a *life expectancy* of around 15.4 additional years[23] including 7.6 considered "*healthy life years*", which is lower than the EU average (life expectancy of 17.8 years including 8.6 "*healthy life years*").[24] The figures for women are quite similar to those of the EU population in general. Women of the age of 65 had a life expectancy of 19.9 additional

[20] Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010 (Accessed December 2014).
[21] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.
[22] European Commission, Flash Eurobarometer on Working Conditions – Fact sheet for Poland, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_pl_en.pdf (Accessed December 2014)
[23] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec]
[24] Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye).

years (21 years in the EU) including 8.3 “healthy life years” (compared to the 8,6 at EU level).

The *perceived health status* among employed persons in Poland worsens with age as demonstrated in Table 2 below.

Table 2, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	1.6%	5.5%	9.6%	19.7%

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]

As shown in Table 3, the share of Polish workers between the age of 55 and 64 years who reported that they suffered from *work-related health problems* was significantly higher than the EU average for the same age group in 2007.[25]

Table 3, Self-reported work-related health problems by workers in Poland and EU-27, by age group

PL 25-34 yrs	11%
PL 35-44 yrs	20%
PL 45-54 yrs	**29%**
PL 55-64 yrs	**36%**
Men	**37%**
Women	**35%**
EU-27* 55-64 yrs	***11%***

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]; according to Eurostat, ‘minor wording, conceptual, or cultural differences were identified’ for data from this country; therefore, comparability with other countries has to be interpreted with caution[26]. *this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

The *most serious work-related health problems* reported among the 55 to 64-year-olds were – as in most other countries – musculoskeletal disorders (MSDs) (Table 4).[27] However, compared to the EU average, the prevalence of cardiovascular disorders was also high in Poland, especially among men. While the prevalence of physical illnesses (cardiovascular disorders and musculoskeletal disorders) as most serious work-related health problems increases with age, that of psychosocial disorders (stress, depression and anxiety) decreases.

[25] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems “Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]”; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

[26] See Eurostat Evaluation Report AHM 2007, p. 26, available at:
http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf

[27] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

Table 4, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem during the past 12 months; by gender and by most prevalent types of diseases[28]

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total**	4.8	67.3	9.4	2.1
	(EU-27*)	(2.9)	(60.9)	(16.4)	(4.9)
	Women	4.2	63.1	11.5	1.7
	Men	5.4	71.6	7.3	2.6
45-54 yrs.	**Total**	9.9	65.2	6.6	2.6
	(EU-27*)	(6.2)	(61.3)	(13.5)	(4.7)
	Women	8.2	64.9	8.1	2.0
	Men	11.7	65.6	5.1	3.2
55-64 yrs.	**Total**	19.3	59.8	4.6	3.3
	(EU-27*)	(11.3)	(59.9)	(9.2)	(5.8)
	Women	16.7	63.3	4.8	1.6
	Men	22.1	56.3	4.5	5.0

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution.[29] *this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests using the aggregate without France.

Definition

In Poland, there is no formal, or at least publicly-accepted, definition of an older worker. Some scholars and stakeholders agree with the definitions proposed by the UN and the WHO, and define older worker as a person in employment aged 45 or over[30,31]. Others conventionally ascribe the status to workers aged 50 or over[32,33] or go even further and claim that older workers are those, who have entered their last five years of employment[34].

[28] More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: http://ec.europa.eu/eurostat/web/lfs/data/database

[29] See Eurostat Evaluation Report AHM 2007, p. 26, available at: http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf

[30] Korzeniowska, E., 'Sposoby myślenia i postępowanie w sferze zdrowia starszych pracowników średnich i dużych firm' (Health beliefs and health behaviour in older employees of medium- sized and large enterprises), *Medycyna Pracy*, 55(2), 2004, pp. 129-138.

[31] Urbaniak, B., 'Jak zachęcić pracowników po 45 roku życia do dalszej edukacji. Rekomendacje praktyków' (How to convince workers aged 45+ to further education. Recommendations of practitioners), *Program Narodów Zjednoczonych ds. Rozwoju (UNDP)*, Warszawa, 2008, pp. 36-40. Available at [in Polish]: http://www.zysk50plus.pl/storage/fck/file/PUBLIKACJE/edukacja_sojuszdlapracy.pdf (Accessed October 2014)

[32] Manpower, *Nowe spojrzenie na pracowników 50+* (New outlook at workers aged 50+), Warszawa, 2008, pp. 1-4. Available at [in Polish]: http://www.zysk50plus.pl/storage/fck/file/Nowe%20spojrzenie%20na%20pracownik%C3%B3w%2050+_wyniki_Polska.pdf (Accessed October 2014).

[33] Mól, D. 'Osoby 50+ na rynku pracy' (People aged 50+ on the labour market), *Biuletyn FISE nr 7,* Fundacja Inicjatyw Społeczno-Ekonomicznych, Warszawa, 2008, pp. 1-14. Available at [in Polish].: http://www.bezrobocie.org.pl/files/1bezrobocie.org.pl/public/biuletyny_fise/biuletyn_fise_nr7_osoby_50_na_rynku_pracy.pdf (Accessed October 2014)

[34] Giza- Poleszczuk, A., Góra, M., Litwiński, J. and Sztanderska, U., *Dezaktywizacja osób w wieku około emerytalnym. Raport z badań* (Inactivation of people of around- pension age. Report from investigation), Departament Analiz Ekonomicznych i Prognoz, Ministerstwo Pracy i Polityki Społecznej, Warszawa, 2008. Available at [in Polish]: http://www.mpips.gov.pl/userfiles/File/Raporty/dezaktywizacja/zal.10a.pdf (Accessed October 2014).

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Poland.

Overall Structure

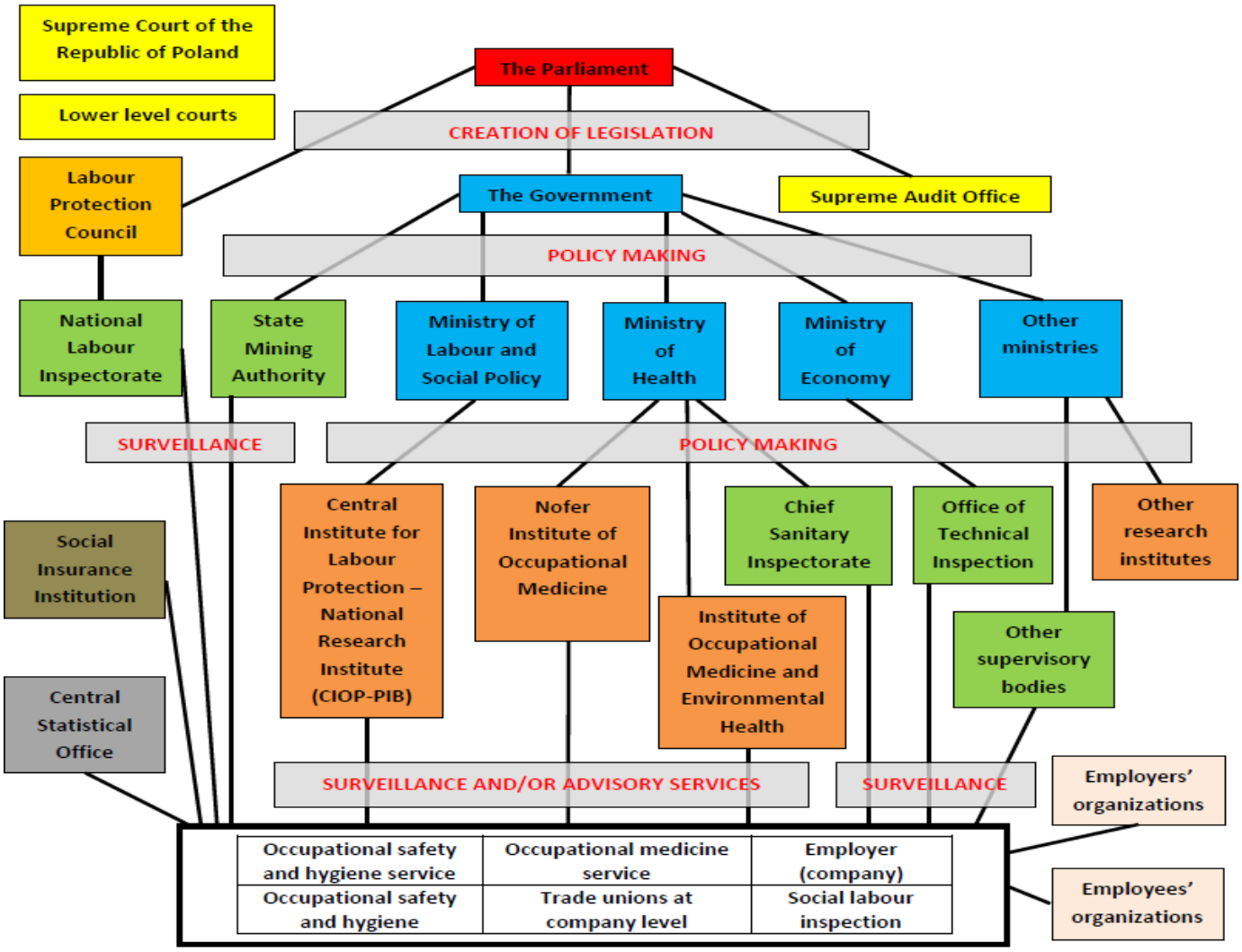
From a legal point of view, the main stakeholders for health and safety at work in Poland are:

- **Ministry of Labour and Social Affairs** *(Ministerstwo Pracy i Polityki Społecznej)* responsible for issues related to occupational safety and hygiene (including the transposition of the majority of the EU OSH directives). The Ministry supervises the activities of the Work Safety and Hygiene Service.
- **The Ministry of Health** (*Ministerstwo Zdrowia)* responsible for issues related to occupational health (medicine) and the monitoring of the occupational medicine service (OMS).
- **The State Labour Inspection** plays a significant surveillance role by checking whether or not the employers fulfil their OSH obligations. The Inspection also conducts awareness-raising campaigns on OSH.

Social security

- The **Social Insurance Institution** (Zakład Ubezpieczeń Społecznych, SII) is the main national actor in the field of social insurance and accident/injury prevention. It is divided into regional services, which are responsible for sickness and maternity cash benefits and pensions for retirement, invalidity, survivors, accidents at work and occupational diseases. The Social Insurance Institute collects all social security contributions and transfers them to the appropriate organisations (e.g. pension funds).
- The **State Fund for the Rehabilitation of Disabled Persons** (Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych, PFRON) is responsible for disabled person's access to employment and rehabilitation. All rehabilitation and employment programmes, including sheltered work, are financed from levies on employers not meeting the disability quota (funds, which are collected by PFRON).

Figure 3, The OSH infrastructure in Poland on an implementation level



Source: Scheme based on an article from www.ciop.pl based on the publication 'Nauka o pracy – bezpieczenstwo, higiena i ergonomia, Prawna ochrona pracy' by J. Kowalski (Ministry of Labour and Social Policy)

At company-level

From an operational point of view, occupational health services are performed by the following two services (founded and regulated by separate acts):

- The **Work Safety and Hygiene Service** (WS&HS) is regulated by *the Labour Code Act of 1974*[35] (see Section 1.3). The Service operates within enterprises and, in general, is responsible for advising employers on all aspects of work safety and hygiene. It includes representatives of different professions and trades, yet does not include medical specialists. Depending on the size of the enterprise, the employer either creates the service (in businesses with more than 100 employees), enlists a competent person from the staff to undertake respective duties (in businesses with fewer than 100 employees), or takes such responsibility himself (in case of very small enterprises). Alternatively, the employer may contract an external expert. In other cases, the representatives of the WS&HS are all employed by the employer. That way, the service operates in-house (i.e. is not an external service) and is directly held into account by the employer. The main duties of the service, among others, comprise: supervision of work conditions, informing

[35] Labour Code Act of 26 June 1974 (Official Journal 1974 No 24, pos. 141 with amendments) Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20140000208 (Accessed October 2014).

the employer about identified occupational risks and the possible mitigation measures, reviewing of work safety and hygiene instructions for individual work posts, participation in the risk assessment process as well as in the assessment of circumstances and causes of accidents at work, initiation and dissemination of information and knowledge about work safety and hygiene as well as ergonomics at the workplace.

- The **Occupational Medicine Service** (OMS) is regulated by *the Act of 2 September 1997 concerning the occupational medicine service*[36]. Contrary to the WH&HS, it operates mainly outside enterprises and is primarily responsible for preventive healthcare. Even though the Act treats the OMS as a multidisciplinary service, in practice there are very few non-medical professions (i.e. psychologists, ergonomists, etc.) involved. According to Polish legislation, every employment must be preceded by the performance of a compulsory medical examination. Following such an examination, a certified physician issues a certificate, which states whether or not there are any contraindications for one to perform work at a particular post. This rule applies to all workers and workplaces, irrespective of the working conditions. As a consequence, the service carries out 4.5 million preventive examinations every year but does not carry out any curative activities whatsoever. The OMS is also entitled to perform periodic and control medical examinations of workers, however the structures of the service are not entitled to the National Health Fund's financial resources (which in practice means that the OMS units cannot contract their activities with the National Health Fund, which is the national purchaser of activities/services in the general healthcare system).

Research institutes

Additionally, two major research institutes (The Central Institute for Labour Protection- National Research Institute and the Nofer Institute of Occupational Medicine) provide their expertise on OSH issues, for example by participating in meetings of the Labour Protection Council and/or by providing feedback on draft versions of legal acts. The institutes also organise courses and workshops for employers and OSH staff as well as conduct scientific work and field research (e.g. assessments of the concentrations/intensities of hazardous substances).

- **Central Institute for Labour Protection – National Research Institute (CIOP – PIB)** deals with OSH issues, especially in terms of improvements of work conditions. The main activity of CIOP-PIB is research and development (R&D), which leads to new technical and organisational solutions in the field of OSH, ergonomics and widely understood labour protection. The Institute houses the EU-OSHA focal point. CIOP-PIB is also the coordinator of the Programme for the Improvement of Work Safety and Work Conditions **(phases from 2007 to 2016) described in section 2.1.**The main activities of the Institute include:
    1. Performance of R&D works and implementation of the results in practice in order to eliminate or reduce the causes of accidents at work and occupational diseases
    2. Dissemination of the results of scientific works via publications, competitions, exhibitions, conferences, symposia and seminars
    3. Creation of educational curricula (including aids) for the national education system, training and postgraduate education.
    4. Certification of products and services related to OSH, performance of laboratory tests for certification purposes.
- **Nofer Institute of Occupational Medicine (NIOM)** is a public research institute, which deals with virtually all issues relating to environmental, occupational and public health. It offers a range of services, which can be divided into three main groups:
    1. Expertise and consultancy (e.g. carcinogenesis, asbestos, noise and vibration)
    2. Diagnostics and treatment (e.g. acute poisoning, allergies and hearing disorders)
    3. Health promotion and prophylaxis (e.g. organisation of occupational healthcare, workplace health promotion and prevention of occupational stress).

[36] The Act of 27 June 1997 concerning the occupational medicine service (Official Journal 1997 No 96, pos. 593 with amendments). Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19970960593 (Accessed October 2014).

Social Dialogue

There is a relatively strong tradition of social dialogue in Poland, which has especially developed since the late 1980s, when the country went through systemic transformation. The tripartite dialogue is conducted at most of the important social and political stages. However, the success of the dialogue is variable, as parties do not always reach an agreement. This often depends on the 'social importance' of the issues discussed and the level to which each party is willing to compromise. The most important players, both on the employees and employers side, in the social dialogue are mentioned below. It should be noted that according to the OECD, trade union density[37] has decreased in Poland from 19% of all employees in 1993 to 12.5% in 2012 and has remained consistently below OECD average (17.1% in 2012).[38]

Concerning OSH, it seems that although the field is regarded as important in general, it remains hard for parties to reach an agreement on sensitive topics. For example, the necessity to conduct prophylactic health examinations for occupational purposes among all employees is often perceived by the unions as a legally-bound right (Art. 229 of the Labour Code Act[18]), whereas employers' representatives tend to question the sense and value of these health checks.

Employees' organisations

There are two large confederations in Poland, NSZZ Solidarność and OPZZ:

- **Solidarity** *(NSZZ Solidarność)* is the largest Polish union, which represents over 700,000 workers. Union members can be found in each industry/service branch, irrespective of whether they are managers, back office, scientists, skilled workers, technicians or even pensioners/retirees.
- **All-Poland Alliance of Trade Unions** *(OPZZ)* is the second biggest union in Poland and a full member of social dialogue bodies, both at national level (Tripartite Commission for Socio-Economic Affairs) and regional level (Voivodship Commissions for Social Dialogue).

Employers' organisations

- **Employers of Poland** (*Pracodawcy RP*) is the oldest and largest organisation of employers in Poland. The confederation forms an association of entrepreneurs of over 7,500 companies, who employ around 4 million individuals. The confederation is also a partner in the social dialogue- not only as a participant of the Tripartite Commission for Socio- Economic Affairs, but also as an initiator of independent dialogue.
- **Confederation Lewiatan, formerly Polish Confederation of Private Employers PKPP Lewiatan** (*Konfederacja Lewiatan, dawniej PKPP* Lewiatan) was established in January 1999 as a nation-wide representation of employers to the state. Today, it is an organisation of 62 sectoral and regional associations of private employers as well as 25 individual members. In total, the confederation affiliates over 2,700 companies, which employ around 700,000 workers.

1.3 Labour, OSH and anti-discrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

[37] Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics).*Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

[38] OECD (Online OECD Employment database: http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union (accessed October 2014)

Occupational health and safety legislation

The framework laying out the obligation to ensure safe and healthy working conditions is described by the **Constitution of the Republic of Poland of 2 April 1997**[39], whereas the rights and duties of the employees and employers, as well as the working conditions for employees are regulated by the Labour Code Act.

The **Labour Code Act of 1974** (with subsequent amendments)[40] regulates the rights and duties for both parties of the employment relationship, meaning the employer and the employee, the consequences for violating the health and safety regulations, supervision over working conditions, procedures in case of accidents at work and occupational diseases as well as their respective benefits and payments.

The **Social Insurance Act of 2002** regulates the issues related to occupational accidents and diseases[41]. The definition of an occupational disease is provided in the Labour Code (above) whereas the Social Insurance Act describes the various categories for work-related accidents covered.

Employment and labour legislation

No specific dispositions related to sustainable working conditions have been identified in the labour and employment legislative framework, other than those described in the previous and following categories in the Labour Code and the Employment Promotion Act.

Antidiscrimination Legislation

In 2010, the Government has enforced the **Equal Treatment Act**[42], which has transposed EU Directives on equal treatment. According to article 8 of the Equal Treatment Act, unequal treatment of natural persons (on any of the following grounds: gender, race, ethnic origin, nationality, religion, belief, outlook, disability, age or sexual orientation) is forbidden in relation to:

1. Employment agreements
2. The exercise of vocational training, requalification and internships
3. The membership and participation in trade unions or employers' organisations or occupational self-governments, including respective benefits
4. The access to and conditions of use of labour market instruments and services, as defined in the **Employment Promotion Act**[43].

The most direct relation between the provisions of the Equal Treatment Act and OSH can be found in article 27 and the resulting article 23a of the **Act of 27 August 1997 concerning occupational and social rehabilitation** [44], which states that the employer is obliged to provide the necessary improvements for a disabled individual (including one that is being recruited, one that is doing an internship or one that undergoes vocational training) (see Section 3 for more details).

[39] Constitution of the Republic of Poland of 2 April 1997, Journal of Laws of 1997 No 78, item 483. Available at [in English]: http://www.sejm.gov.pl/prawo/konst/angielski/kon1.htm (Accessed October 2014)

[40] Labour Code Act of 26 June 1974 (Official Journal 1974 No 24, pos. 141 with amendments) Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20140000208 (Accessed October 2014).

[41] The Act of 30 October 2002 concerning social insurance in relation to accidents at work and occupational diseases (Official Journal 2002 No 199, pos. 1673 with amendments). Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20021991673 (Accessed October 2014).

[42] The Act of 3 December 2010 concerning the implementation of the chosen European Union legislation in the field of equal treatment (Official Journal 2010 No 254, pos. 1700 with amendments). Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20102541700 (Accessed October 2014).

[43] The act of 20 April 2004 concerning the promotion of employment and labour market instruments (Official Journal 2004 No 99, pos. 1001 with amendments). Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20040991001 (Accessed October 2014).

[44] The act of 27 August 1997 concerning occupational and social rehabilitation and employment of disabled persons (Official Journal 1997 No 123, pos. 776 with amendments) Available at [in Polish]: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19971230776 (Accessed October 2014).

1.4 The pension system

The structure of the Polish pension system is complex and therefore subject to multiple regulations. Three of the most important ones are:

- The act of 28 August 1997 concerning the organisation and functioning of the pension funds[45]
- The act of 13 October 1998 concerning the social insurance system
- The act of 17 December 1998 concerning pensions and benefits from the Social Insurance Fund[46].

Retirement age (pensionable and actual)

Until recently, the official retirement age in Poland was 60 for women and 65 for men; however in 2012 these thresholds were raised to 67 for both genders (effective from January 2013). The transition will take place gradually – every four calendar months the pension age will go up by one month. The pension age of 67 will be effective for men and women in 2020 and 2040, respectively[47]. According to OECD, the effective retirement age in Poland in 2012 was 60.2 for women and 62.3 for men[48].

Since its implementation in 2012, the reform of the pension system was discussed extensively by the social partners; the unions have highly contested the increase in retirement ages. The government and unions failed to reach a consensus and changes in legislation were implemented contrary to the objections of employees' organisations. One Polish union 'Solidarność' therefore initiated a campaign, organised demonstrations and launched a website dedicated to the reform and its likely consequences for workers[49].

Early retirement

Under certain conditions, the pension age is set at 60 years for men and 55 for women. Likewise, certain professional groups are entitled to an early pension (e.g. railway workers, school teachers, police and other state officers), however, such provisions are described in detail in other regulations (very often they are specific to a given professional group or industry branch).

According to the latest legislation, there is a limited possibility to receive an early pension. The most decisive factors here are: the age of an individual and the span of his/her working life. This generally equals either 60 years of age or 35 years of working life for males (55 years of age or 30 years of working life for females). However, it should be stressed that there are no general requirements for early retirement, meaning that conditions apply to anyone without any restrictions: early retirement is largely a profession-related benefit and not an age-related one.

[45] The act of 28 August 1997 concerning the organization and functioning of the pension funds (Official Journal 1997 No 139, pos. 934 with amendments). Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19971390934 (Accessed October 2014)

[46] The act of 17 December 1998 concerning pensions and benefits from the Social Insurance Fund (Official Journal 1998, No 162, pos. 1118 with amendments). Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19981621118 (Accessed October 2014).

[47] Ministry of Labour and Social Affairs, *Information on the pension reform 2012*, 2012. Available at: http://emerytura.gov.pl/ (Accessed October 2014)

[48] Source: OECD estimates on the "average effective age of retirement versus the official age, 2007-2012"

[49] KK NSZZ Solidarność (Solidarity Trade Union), *Stop 67 campaign,* 2012. Available at: http://www.stop67.pl/ (Accessed December 2014)

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Poland to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/government-affiliated organisations

Occupational health and safety policies:

The **Programme for the Improvement of Work Safety and Work Conditions** was established by means of a Resolution of the Council of Ministers in 2007. The function of coordinator of the Programme has been entrusted to the Central Institute for Labour Protection – National Research Institute (CIOP-PIB). The first phase of the Programme was implemented between 2008 and 2010. The necessity to create the Programme stemmed from various regulations, both national and international, including the Community strategy 2007-2012 on health and safety at work. The Programme is currently in its third phase of implementation (2014 – 2016) and covers five broad aims:

1. Work towards a state, in which the fulfilment of strategic documents on work safety and hygiene, including EU directives, will be fully possible,
2. Develop the necessary solutions to protect people who work in hazardous conditions and prevent the exclusion of such individuals from the labour market,
3. Develop a systemic approach towards the management of work safety and hygiene, with a particular emphasis on the reduction of occupational risks in the SME sector,
4. Build on the current understanding of the causes of workplace accidents and occupational diseases,
5. Shape and promote the preventive and safety culture among employers and workers, through the development of a modern system of education and information.

In order to achieve the five objectives, the Programme is structured around two separate modules, which specify the activities to be carried out by (a) the national services and (b) other actors, including research institutes. It should be noted that the activities listed in the Programme focus primarily on issues of occupational safety and '*hygiene*' (term used instead of the term 'health'). For this reason, it is believed that the long-term Programme should be treated cautiously. While its success in combatting the problems of *work safety and hygiene* should be acknowledged, it should be stressed that the Programme is only partially successful when it comes to tackling the comprehensive OSH issues (as per the ILO understanding).

The Programme does refer to older/ageing workers, MSDs, workplace health promotion and work ability. However, these references appear in the general (background/justification) sections of the Programme and not as part of the detailed activities/interventions. For example, it is acknowledged that Polish society is ageing and that this calls for the adaptation of work posts to the needs of older workers, but no examples of such adaptations are provided.

Older workers could however benefit indirectly from the actions implemented as a result of the Programme. For example, section 4 of the Programme (tasks for national services) includes the following aim: "(...) improvement of activities, undertaken within enterprises, whose aim is to maintain the employment of 50+ year olds". Under this heading, it is likely that respective national services will, for example: host workshops on age management or raise awareness on the value/experience that older people bring to the companies and the reasons for their retention.

The following can be mentioned as examples of scientific projects, undertaken within the Programme for the Improvement of Work Safety and Work Conditions, which have been either completed, are

planned (or in progress) and which concern older workers:

- Evaluation of activities targeted at the employability of older workers (50+) in Polish enterprises (2011- 2013)
- Evaluation of the effectiveness of activities related to employees' work-life balance (planned for 2014- 2016)
- Profile of psychological requirements responsible for the efficiency and safety at work among professional drivers aged 55+
- Influence of stereotypes on professional functioning of older workers (planned for 2014- 2016)
- Identification of selected individual and organisational factors of older workers' motivation to continue their careers (planned for 2014- 2016).

The **Work programme of the Labour Inspectorate (2013-2015)** includes broad OSH-related objectives and a number of specific tasks. However, none of them relate to the OSH or working conditions of the older workforce or to topics related to the sustainability of working conditions (such as workplace health promotion, work ability, the rehabilitation/return to work of injured or sick workers, etc.).

Besides these policies, in Poland there are many online resources that address the problem of an ageing workforce. For example, **BHP INFO**, developed and managed by the Central Institute for Labour Protection- National Research Institute, which also houses the EU-OSHA focal point, is an online platform, which gathers and makes available all information related to OSH in Poland. The platform contains links to legislation (at both EU and national level), guidance documents, information sheets on different factors and tools for different sectors of economic activity, including SMEs. Majority of these materials is relevant in the age context, besides the platform also contains a section dedicated to ageing workers[50]

Active ageing policies

In February 2014, the government adopted the **Assumptions for the long-term senior policy in Poland (2014-2020)**[51]. The assumptions are a framework document addressed at two target groups: firstly, the general public and secondly public authorities (at all levels). The assumptions contain four challenges, around which specific interventions for the improvement of the quality of life of the seniors will be developed (*senior policy strategy*). These challenges are:

- An increasing share of older people in the general population and readiness to respond to the consequences (social and economic ones) of this phenomenon
- Prolongation of professional activity
- Accommodation of the potential of older people and their inclusion in social life
- Reconciliation of family and professional lives of 50+ (e.g. development of such work- life balance measures that would allow the workers to take care of their grand-children or other dependants).

Employment policies

"50+ Solidarity across generations" is a Programme run by the Ministry of Labour and Social Affairs since 2008, which aims to increase the economic activity of people over 50 through a variety of measures and incentives, at national and local level.[52] One of the objectives of the Programme is to motivate entrepreneurs towards employing people aged 50 or more. At the same time, it fosters the improvement of qualifications, skills and effectiveness of older workers. The Programme is established on a more holistic approach, as it also includes measures concerning younger working groups and the way they are related to older workers, i.e. through transfer of knowledge. The Programme focuses more on employment aspects (e.g. how to create jobs for people aged 50+ and how to retain them in

[50] Website of the Central Institute for Labour Protection- National Research Institute. Available at http://www.ciop.pl/CIOPPortalWAR/appmanager/ciop/pl?_nfpb=true&_pageLabel=P300018313355391822 78&html_tresc_root_id=21878&html_tresc_id=21878&html_klucz=19558&html_klucz_spis= (Accessed December 2014).

[51] Website of the Ministry of Labour and Social Affairs. Available at: www.mpips.gov.pl/download/gfx/mpips/pl/defaultopisy/8489/1/1/ZDPS%2014-02-04%20%20Monitor%20Polski.pdf (Accessed December 2014)

[52] Ministry of Labour and Social Affairs, Available at: http://analizy.mpips.gov.pl/index.php/raporty-i-publikacje-topmenu-58/41-pliki-programu-50.html and at: http://zielonalinia.gov.pl/dokument-10309 (Accessed October 2014).

employment or to take up a new job) rather than on health and safety issues at the workplace for older workers. According to the government, the programme has produced good results, such as increased the average effective age of retirement (from 57 to 59 between 2008 and 2011) and the employment rate for people between 55 and 64 (from 31.6% in 2008 and 34% in 2011).[53]

Employment policies are also implemented at a regional/local level. Many **local Labour Offices** run programmes on vocational training, advice and counselling sessions or provide subsidies for entrepreneurs-to-be, with a specific focus on people aged over 50. The Regional Labour Offices of Torun, Nysa and Malbork have been acknowledged as great examples; their activities have received several awards such as the 'Benefit from Maturity Award' or the '50+ Friendly Institution of the Year'.

Human resources policies

"With age – With advantages"[54] is an awareness-raising programme focusing on the age group 45/50+ as the widest professional reserves, in terms of unused human capital. The programme was carried out by the Polish Agency for Enterprise Development, in collaboration with HR managers. The general objective of the Programme was to raise awareness and practical knowledge of employers and HR staff on both age management and employment of older people. It comprised three comprehensive, informative modules on age management, employment and redundancy-related policies and the management of employees' competencies. It did not specifically focus on OSH of older workers though.

2.2 Initiatives from social partners

No initiative by the social partners related to older workers or the sustainability of working conditions have been identified in Poland.

2.3 Initiatives from non-governmental organisations

The **Nofer Institute of Occupational Medicine** carries out several activities in the area of OSH. As a project coordinator, together with 14 Associated Partners from 13 EU Member States, the Nofer Institute recently launched the e-CAPACIT8 project entitled *'Strengthening Occupational Health Professionals' capacities to improve the health of the ageing workforces" (Wsparcie kompetencji zawodowych w zakresie umacniania zdrowia starszych pracowników)*[55]. The project falls in line with the Europe 2020 Strategy and the inclusive growth agenda. It also contributes to the 2nd Health Programme in terms of the promotion of health and the generation and dissemination of health information and knowledge. The project will be carried out from 2013 to 2016 (in three distinct phases). The ultimate aim of the project is to explore and systematise the existing training curricula for occupational health professionals (OHPs), as well as complement them with new, country- and sector- specific educational materials. Project activities will also include workshops and the launch of an e-learning platform.

In 2011, HRP Group, in collaboration with the University of Lodz, and with financial support from the EU, developed a communication/awareness raising programme aimed at enhancing the knowledge of the Age Management concept among employers and HR managers. The programme **'Age management methodology as an innovative solution to facilitate professional activity of workers aged 50+'**[56] was organised in three phases. Phase 1 involved data collection, analysis and methodology development. During the second phase, employers and HR managers had the chance to apply the proposed solutions in their own companies and also find out the employees' perception of age management in their own enterprise (older employees were requested to fill in an anonymous questionnaire). One of the deliverables of the project was a handbook on age management, which focused mainly on the general importance of age management throughout business life (including the planning for and actual recruitment of people aged 50, their subsequent development and opportunities

[53] Central Europe – Ageing Platform, *Country fiche of Poland on demographic change and ageing*, published in May 2011. Available at: http://www.ce-ageing.eu/images/documents/products/PL_Country%20Fiche_actualisation%202012.pdf (Accessed October 2014)
[54] Polish Agency for Enterprise Development. Available at: https://www.parp.gov.pl/index/more/9616 (Accessed October 2014).
[55] Website of the e-CAPACIT8 project. Available at: www.e-capacit8.eu (Accessed October 2014).
[56] Project website. Available at: http://www.zarzadzaniewiekiem.com.pl/nasze-publikacje/ (for project- related publications) (Accessed October 2014).

for career progression). One chapter relates slightly to OSH, as it concerns the adaptation of work posts to the needs and capabilities of workers aged 50+ and it includes some hints and solutions as examples of activities that can be undertaken by the employer.

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Poland, to benefit from occupational and social rehabilitation services, a person needs to have an official recognition of disability. Rehabilitation and RTW services mostly target people with disabilities to encourage their employment by companies. The employment rate of disabled people rose constantly from 19% in 2007 to around 22% in 2013 but the unemployment rate of disabled people also rose from 14% in 2007 to around 17% in 2013 (which could illustrate an increasing activity of people with disability on the labour market, even if to register for unemployment benefits – rather than disability benefits). Almost 88.6% of economically inactive disabled persons of working age do not look for jobs because of their illness or disability.

Some of the barriers to the employment of people with disabilities stem from the fact that many work environments do not have the capacity to accommodate the needs of people with disabilities. In addition, legislation does not provide a definition of 'reasonable accommodation' that employers would have to provide to avoid the discrimination of a disabled person or a person with a long-term illness or injury[57].

The following chapter first describes the institutional system in Poland for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick or injured workers

Legal and policy framework

Dispositions, which concern disability, rehabilitation, sickness absences and return to work can be found in several legal acts, of which the most important ones are (see Section 1.3):

- The **Act concerning occupational and social rehabilitation and employment of disabled persons** of 1997,[58] which states that the employer is obliged to provide the necessary improvements for a disabled individual (including one that is being recruited, one that is doing an internship or one that is undergoing vocational training). These improvements should result in changes or adaptions that are specific to the needs of the disabled individual (as per the needs reported to the employer).
- The **Social Insurance Act** of 2002
- The **Labour Code Act** of 1974
- The **Act concerning healthcare services financed from public funding** (27 August 2004)[59]
- The **Act concerning social insurance benefits due to illness and maternity** (25 June 1999)[60]

[57] Zheltoukhova, K., Bevan, S., Reich, A., *Fit For Work? Musculoskeletal Disorders and the Polish Labour Market*, the Work Foundation, September 2011, p55.

[58] The act of 27 August 1997 concerning occupational and social rehabilitation and employment of disabled persons (Official Journal 1997 No 123, pos. 776 with amendments) Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19971230776 (Accessed October 2014)

[59] The act of 27 August 2004 concerning health care services financed from public funding (Official Journal 2004 No 210, pos. 2135 with amendments). Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20042102135 (Accessed October 2014)

[60] The act of 25 June 1999 concerning social insurance benefits due to illness and maternity (Official Journal 1999 No 60, pos. 636 with amendments) Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19990600636 (Accessed December 2014).

Main actors and steps in the rehabilitation process

Given the relationship between one's health status and work, the circumstances in which one receives rehabilitation services may be twofold: work-related and not-work-related. Irrespective of whether the need for rehabilitation arises on work-related grounds or not, the following types of rehabilitation can be put in place:

- medical/curative rehabilitation
- occupational/vocational rehabilitation
- social rehabilitation.

Each rehabilitation type relates to different areas of an individual's life. Medical rehabilitation aims to restore (either fully or to the maximum possible extent) such factors as physical fitness, mental agility, work capacities and quality of life. Occupational rehabilitation refers to the creation of employment opportunities, retention of jobs and career promotion of disabled individuals, especially via the assistance of job advisory services, employment agencies or via professional training. Finally, social rehabilitation aims to facilitate the access and participation of disabled individuals in social life.

Medical rehabilitation

According to the legal framework,[61] medical rehabilitation is primarily financed from public sources and organised within the national healthcare system. The **Ordinance of 6 November 2013 concerning guaranteed medical rehabilitation services**[62] stipulates in detail the list and conditions for the provision of respective services. Such services are offered in out-patient units, day-clinics (services provided during daytime hours only) and as a part of in-patient treatment or in home-care conditions. The scope of services is wide and based on current medical knowledge. In instances of a certified occupational pathology, medical rehabilitation may also be provided by the workplace occupational medicine service, provided that it is the subject of a written contract between the employer and an occupational medicine service unit.

Experts have shown that in Poland, general practitioners (GPs) are reluctant to recommend the early return to work of people suffering from health problems fearing that going back to work too early may exacerbate the condition of the person. In addition, the concept of a work ability assessment is not very well understood and there are limited links between a person's GP and their work environment[63].

Occupational and social rehabilitation

The main dispositions for both rehabilitation types can be found in the **Act on occupational and social rehabilitation and employment of disabled persons**. In order to achieve the main goal of *occupational rehabilitation*, which is to facilitate the employment, job retention and career progress of disabled individuals, the following actions/measures are typically undertaken:

- assessment of work abilities (via the performance of medical and psychological examinations)
- provision of assistance of the job advisory service, which, by taking account of the results of the above-mentioned assessment, helps choose the appropriate jobs and/or training
- vocational training
- determination of an appropriate workplace and desired equipment, including technical means, which will facilitate the performance of work.

To achieve the main goal of *social rehabilitation*, which is to facilitate the access and participation of disabled individuals in social life, the following actions/measures are typically undertaken:

- building of resourcefulness and inducing social activity of disabled individuals
- building of the abilities to fulfill social roles among the disabled individuals
- building of the right attitudes and approaches towards the disabled in the whole society, with a particular focus on the integration of disabled individuals
- elimination of barriers, particularly of architectural (especially visible in terms of: city, and

[61] The Act on occupational and social rehabilitation and employment of disabled persons and the Act on health care services financed from public funding.
[62] Ordinance of the Minister of Health of 6 November 2013 concerning guaranteed medical rehabilitation services (Official Journal 2013 No 0, pos. 1522). Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU20130001522 (Accessed December 2014).
[63] Zheltoukhova, K., *Fit For Work? Musculoskeletal Disorders and the Polish Labour Market*, p67.

transport planning) and informational nature (e.g. websites available for poorly-sighted individuals, information in braille, etc.).

Moreover, the Act defines the basic forms of support in terms of both occupational and social rehabilitation, namely:

- 'therapy-through-activity' workshops
- rehabilitation camps

Workshops may be organised by foundations, associations as well as other entities. Costs of the workshops are covered partially by the local authorities and by the National Fund for the Rehabilitation of the Disabled Persons (see below). The camps on the other hand, may be organised by natural persons, who meet the special requirements (as per the provisions of the act) and only in specified venues.

In Poland there is a separate entity – **the National Fund for the Rehabilitation of the Disabled** (with 16 regional branches), whose main goal is to secure and distribute funds for the occupational and social rehabilitation of disabled individuals. The main tasks of the Fund include:

- rehabilitation and vocational development of the disabled including provision of individual assistance to the disabled, via e.g.:
  - subsidies for the set-up of own businesses,
  - reimbursement of social insurance premiums,
  - financing of labour market instruments (training, internships).
- social rehabilitation
- provision of assistance in terms of service delivery by NGOs
- acquisition of funds (mainly from employers' contributions) and their distribution

The employer can apply to the Fund for the following types of assistance (mainly financial subsidies):

- co-financing of salaries or training costs of disabled employees
- reimbursement of costs related to the adaptation or equipment of a work post, at which a disabled individual is employed
- refund of the costs related to the employment of an individual, whose duties are to assist a disabled person at work.

Social insurance

The cause of the injury or disease leading to disability is important in terms of compensation. The **Social Insurance Act of 2002** enumerates the following circumstances, which entitle one to receive an appropriate benefit:

- being the victim of an accident at work
- being the victim of an accident treated equally as an accident at work (e.g. during works commissioned by trade unions)
- being the victim of an incident treated as an accident at work (e.g. during a sports competition)
- suffering from an occupational disease.

The same act lists several compensation benefits (all of a financial nature). Individuals suffering from work-related accidents and/or occupational diseases are entitled to certain benefits (depending on the circumstances), including:

- a sickness benefit and, after its expiry, a rehabilitation benefit
- a compensatory allowance (to cover for the difference (possible decrease) in the salary of an individual, in case the latter arose as a result of an accident at work or an occupational disease)
- single compensation
- an 'inability-to-work' pension (for an insured individual, who has become unable to work as a result of an accident at work or an occupational disease)
- an educational pension (for an insured individual who is unable to continue previous work as a result of an accident at work or an occupational disease, but is able to undergo training and take up a different job)

All these benefits are paid out by the **Social Insurance Institution (SII)**, which is the main national actor in the field of social insurance and accident/injury prevention. Accident insurance premiums are paid by

'premium payers' which, in practice, are often the employers. The premium is calculated on a yearly basis.

In order to get people back to work earlier, and so minimise the number of social benefit receivers, the Social Insurance Institution may refer the individuals to medical rehabilitation[64]. Early referral is a priority, because a quick start of the rehabilitation process enables an earlier return to work. Full cost of such rehabilitation is covered by the SII. This is the most direct way of helping individuals go back to work earlier, although it should be stressed that the SII may also undertake other actions, which may indirectly contribute to this goal. Such actions include:

- the commissioning of scientific analyses, which concern the causes of inability to work and respective prevention means
- co-financing of: scientific conferences, awareness-raising campaigns and the development of educational materials[65]
- publication of a quarterly entitled 'Prevention and Rehabilitation', which includes articles on various aspects of widely understood accident and benefit prevention[66].

Compensation system

Compensation system for sickness absence

According to the **Labour Code Act**, employees have the right to receive remuneration for the first 33 days of inability to work throughout the duration of a calendar year. In the case of persons aged 50 or over, that period is shorter – 14 days. The remuneration is paid by the employer. After that period (33 or 14 days in case of older workers), the obligation to compensate for one's sickness absence is taken over by the Social Insurance Institution, which pays sickness benefit (see above).

In general, sickness benefit is 80% of an average monthly salary for the period of 12 months preceding the moment when inability was assessed. In case of a hospital stay, the general rule is that the benefit is reduced to 70%. If, however, the reason of inability to work is an accident at work, accident on the way to or from work, or it is related to an occupational disease or pregnancy, the benefit equals 100% of the basis for calculation. Besides the aforementioned general conditions (which are most commonly applied), there are more detailed regulations, which are applicable in very specific circumstances.

3.2 Specific initiatives

In addition to the benefits paid by and the role of the Social Insurance Institution, examples of other, RTW-related initiatives are presented below. These initiatives are typically stand-alone actions, which support the activities of the SII, but they are not formally built into the Polish system of rehabilitation and RTW, also because they result from externally funded actions (as, for example in the case of RTW programmes coordinated by the Nofer Institute, which were co-financed by the EU in the framework of the Human Capital Operational Programme).

During 2008-2011, the **Nofer Institute**, in collaboration with occupational physicians, certifying physicians (on behalf of the Social Insurance Institution) and employment office advisors who deal with the mobilisation of people with occupational diseases, carried out the project '*Elaboration of comprehensive RTW programmes for workers with vocal disorders, conioses or allergic diseases*'[67], in the framework of the Human Capital Operational Programme. The aim of the project was to enable RTW for people with certified occupational diseases or for workers who have been absent from work for a longer period due to diseases indirectly associated with working conditions. The specific objectives of the project included:

[64] The act of 13 October 1998 concerning the social insurance system (Official Journal 1998, No 137, pos. 887 with amendments). Available at: http://isap.sejm.gov.pl/DetailsServlet?id=WDU19981370887 (Accessed October 2014).
[65] Social Insurance Institution, section: 'Annuity prevention'. Available at: http://www.zus.pl/default.asp?p=4&id=420 (Accessed October 2014).
[66] Social Insurance Institution, section: 'Publications'. Available at: http://www.zus.pl/default.asp?p=4&id=426#p3153 (Accessed October 2014)
[67] Project website. Available at: http://www.programyzdrowotne.pl/programypowrotudopracy/Default.aspx (Accessed October 2014)

- recognition of factors, which made RTW hard or impossible
- improvement of self-esteem and motivation of professionally inactive individuals to undergo due rehabilitation and thus RTW
- preparation of medical procedures prior to the performance of intensive rehabilitation
- elaboration of comprehensive RTW programmes.

The project was implemented through various actions such as the establishment of a Centre for Advice and Diagnostics for employees, employers and physicians of different specialisations and other information and promotion related activities.

The project entitled 'Framework guidelines for the design and adaptation of premises and work posts to the specific needs of disabled individuals' is executed by the **National Fund for the Rehabilitation of the Disabled** together with the Central Institute for Labour Protection- National Research Institute and funded by EU funds. Deliverables of the project will include:

- Framework Guidelines (document)
- A catalogue of good practice cases
- 15 examples of expertise on the design and adaptation of premises and work posts to the specific needs of disabled individuals
- An IT tool (supported with VR- virtual reality techniques) to assist the aforementioned design and adaptation processes

In 2007, five women aged 50+, all cancer patients who had undergone a mastectomy, founded the **Social Cooperative 50+ from Gdynia**[68], which promoted social entrepreneurship of (and between) seniors. Since then, the cooperative, with the involvement of social partners, individual businesses and the Town Hall of Gdynia, offers services tailored to the capabilities of its employees (breast cancer patients, aged 50+). These activities include: care-giving and cleaning services, distribution of leaflets and other promotional materials, organisation of classes and support groups for peers over 50. The services are contracted by individuals, companies as well as the Town Hall of Gdynia, and the employees of the cooperative take part in various courses (funded e.g. by the ESF) and continually develop their skills. The cooperative offers flexible forms of employment, including part-time arrangements, allowing its members to cumulate their income with pension. The activities of the cooperative are still very successful and largely contribute to the successful reintegration of older women into the labour market and social life.

[68] Online atlas of good practice of social entrepreneurship.
Available at: http://www.ekonomiaspoleczna.pl/x/779945;jsessionid=9D4EAEEBD20FA31D93FB9F066BD1649E (Accessed October 2014).

4 Conclusions

General context

Facts and figures

- The *demographic situation* in Poland is slightly different to that of the overall EU population with a lower median age in 2012 (38 in Poland compared to 42 in the EU) and therefore a younger population and consequently workforce than the EU average. However the Polish population is ageing, like in all other EU Member States, and will actually age at a dramatic speed over the next 50 years. The age group "65+" will more than double between 2013 and 2060, from 14% of the total population in 2013 to 33% in 2060. This will be reflected in the old-age dependency ratio (OADR) which will go from 20% in 2013 to 61% in 2060, more than 10 percentage point higher than the OADR in the EU population overall.
- *Life expectancy* and the estimated "*healthy life years*" at the age of 65 were similar to those at EU level in 2011 for Polish women. However Polish men have a lower life and 'healthy life years' expectancy at the age of 65 than the overall EU population over 65.
- With regard to the *labour market situation*, the situation is quite critical in Poland with an employment rate of 55-64 year olds of 39% in 2012 compared to 49% in the EU. The employment rate of the 65+ workers is similarly low to that in the EU (4.7% in PL and 5% EU-27 average).
- With regard to *working conditions*, older Polish workers report a slightly worse situation than older workers in the EU with respect to carrying heavy loads, being exposed to tiring and painful positions or to shift work. Only 61% of Polish workers over 55 think they will be able to do the same job at 60 compared to 71% of EU workers over 55. Surprisingly however, the share of older Polish workers satisfied with their working conditions was the same as that of EU older workers overall.
- In 2012, the official *retirement age* has increased in Poland to 67 for both genders by 2020 (for men) and 2040 (for women). Early retirement possibilities exist in Poland but are mostly profession-based rather than age-based.

Legal and institutional framework

In Poland, the responsibility for OSH is split between different stakeholder groups. In contrast to the vast majority of European systems, there is *no single occupational health service*. Instead, there are two independent services (the in-house based work safety and hygiene service, as well as the external occupational medicine service). Both are supervised by different ministries (Ministry of Labour and Social Affairs and Ministry of Health, respectively), but there is little coordination between the two.

Social partners generally seem to have a big interest in OSH, though it is often hard for them to reach an agreement, especially on sensitive topics. Discussions tend to focus on key themes (prevention of occupational diseases, reduction in the number of accidents at work, compulsory medical examinations), but relatively little attention is paid to both the needs and actual take-up of resources and initiatives at ground level. Likewise, there is little focus on OSH interventions for specific groups such as older workers.

Existing legal dispositions focus primarily on how to raise the employment rate of older people, but fail to go beyond that.

OSH and older workers

In Poland there is no coherent, long-term strategy on OSH of older workers and/or sustainable work. The choice of accompanying actions in relation to OSH in Poland is generally scarce. Individual initiatives (projects, campaigns) could be identified that focused on older workers, but the visibility of the OSH aspects within these initiatives is very poor.

The *concept of age management* is still new, but employers and HR managers who took part in related projects or initiatives were satisfied with these actions and often saw an added value in the deliverables (mainly handbooks or guidelines). Given the positive feedback from the ground level, it feels justified to promote the age management concept across a greater number of enterprises. At the same time, attempts should be made to clearly highlight the links between age and the resulting, possibly changing, health and safety needs of the workers. A more holistic approach, with broader overlaps between the different policy areas is recommended. Likewise, steps should be taken to make the actors more aware of the benefits that stem from all OSH-related interventions. Finally, attempts should be made to ensure that such initiatives are not stand-alone actions, but rather are a part of a bigger effort. In that regard, appropriate coordination mechanisms should be also put in place.

The main strength of the state-of-play as regards OSH initiatives is the legislative framework. Although there is no single strategy on OSH or sustainable work, respective obligations of employers are quite detailed and relatively well executed. However, there are many unemployed young people, so as long as there is a supply of candidates, the OSH of older workers is not perceived as a top priority, even in the legal framework.

Views of the stakeholders[69]

The lack of a clear-cut, comprehensive strategy for older workers is not considered as a particular problem by the social partners as there seems to be a general agreement that OSH actions should start early into the career and be continued throughout, promoting a framework for sustainable employment throughout the working life.

In general, stakeholders have divided opinions regarding the need for a policy framework on the OSH of older workers at national level, with a fear from certain experts that this may cause an unwelcome stigmatisation of this group of workers. It is more important to implement OSH measures where they are most necessary- directly in the workplaces; with much greater focus on prevention.

Experts agree that the main barrier towards successful OSH interventions is generally poor awareness of the factors which influence work ability (e.g. working conditions, lifestyle, etc.) and their relation to age; of the effective (and available) means of responding to the problem of ageing at work; and of the evidence that OSH interventions can be a benefit for both employers and employees.

Rehabilitation/Return to work

As in the case of OSH and older workers, there is no single, stand-alone strategy for rehabilitation or return to work in Poland and it is hard to speculate whether such a strategy is at all needed. The take-up of the topic seems lower than in the case of OSH. The main actor in the field of rehabilitation and return to work in Poland is the Social Insurance Institution (SII), which pays out benefits to individuals, who have been the victims of accidents at work, accidents and/or incidents treated equally as an accident at work or occupational diseases.

Although the number of benefits one can claim is considerable, it should be emphasised that the system, although well-functioning, is very much based on compensation. The SII may, however, direct one for medical rehabilitation, which is the most direct way of helping individuals go back to work earlier. Unfortunately though, the emphasis in the system is on reinsertion into the labour market once a disability/injury has occurred, rather than early intervention (e.g. via prevention). Moreover, the distinction between different rehabilitation types (medical, occupational and social) is quite strong, so there is little cross-referencing and coordination between the three. There should be a better integration and coordination between the key sectors (social security, health system and employment).

The choice of accompanying actions in relation to rehabilitation and return to work in Poland is even scarcer than for the OSH and older workers. Initiatives which do exist are fragmented and poorly integrated into the overall system- partially because they are often dependent on external funding, most often from the EU.

[69] These views were expressed during the national expert workshop on “Safer and Healthier Work at Any Age”, which took place on 17 June 2014 (more details provided in the introduction to this report).

Views of the stakeholders

According to the stakeholders, the two main barriers to the implementation of rehabilitation and return-to-work programmes are relatively favourable demographics (although this will change in the next 50 years) and poor awareness of the benefits such programmes bring. Experts are of the opinion that in order to mainstream rehabilitation and return-to-work programmes, a system of incentives should be developed, so as to involve the employers more directly in the process. The incentives should go beyond those, which are foreseen for the employment of individuals, who are officially certified with a disability.

General conclusions

Although Poland has not developed an overall policy framework or a strategy in relation to the promotion of sustainable working conditions throughout the working life, many activities are on-going on the topic of age management and employers and workers' awareness on this issue is starting to rise. With regards to rehabilitation and return to work, although the current system for the rehabilitation of workers after a health problem is quite solid, it focuses mostly on workers with a disability and lacks a coordination mechanism which would ensure that return-to-work is considered as early as possible during the medical rehabilitation. Even if it does not seem to be a policy priority at the moment, the conditions are present in Poland to develop a framework for sustainable work in the coming years.

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The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1996 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU-27 Member States and beyond.

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