REVIEW ARTICLE

MANAGING THE COST OF SERVICES FOR PEOPLE WITH DISABILITIES: AN INTERNATIONAL APPROACH. PART I: POLAND

Zarządzanie wydatkami na opiekę osób z niepełnosprawnościami. Podejście międzynarodowe. Część I: Polska

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Abstract

Introduction: The cost of care for people with disabilities is rising, whereas all forms of support for them are decreasing. Countries and communities develop different ways to serve the disabled. We examined the comprehensive state of care from the perspective of cost management of services for individuals with disabilities in Poland. **Method:** This paper is based on a review of relevant international literature, with a special focus on the situation in Poland. A keyword search was completed in both Polish- and English-language databases. **Results:** In Poland, people with disabilities usually live with their families, and specialized services are offered outside the place of residence. Community and privately-owned housing resembling family homes is being developed. However, for many families with disabled members, such an option is unaffordable. **Discussion:** New policy programs are being developed to protect, care for, and support people with disabilities in Poland. However, some of these policies have not been implemented due to limited financial resources. Overall, the development of health care services offered in places where individuals with disabilities live improves their quality of life but also increases the costs of care.

Streszczenie

Wstęp: Zarządzanie wydatkami na opiekę osób z niepełnosprawnościami staje się coraz bardziej utrudnione ze względu na wzrost cen i zmniejszający się wybór usług. W wielu środowiskach i krajach wypracowywane są różne optymalne metody wsparcia grup wymagających opieki. W tej pracy postanowiliśmy przedstawić system opieki osób z niepełnosprawnościami w Polsce. **Metoda:** Artykuł powstał w oparciu o przegląd odpowiedniej literatury międzynarodowej, ze szczególnym uwzględnieniem sytuacji w Polsce. Przeprowadzono wyszukiwanie słów kluczowych w bazach danych w języku polskim i angielskim. **Wyniki:** W Polsce osoby niepełnosprawne zazwyczaj mieszkają z rodziną, a specjalistyczne usługi świadczone są poza miejscem zamieszkania. Tworzy się budownictwo komunalne i prywatne na wzór domu rodzinnego. Dla wielu rodzin żyjących z niepełnosprawnymi członkami rodziny taki wybór nie jest możliwy, ponieważ jest zbyt kosztowny. **Dyskusja:** W Polsce powstają nowe przepisy prawne normujące zasady pomocy dla osób z niepełnosprawnościami i przyznające niezbędne usługi. Jednak pomimo dobrych przepisów gwarantujących poprawę warunków życiowych, ich zastosowanie często sprawia trudności ze względu na cenę i dostępność usług.

Keywords: housing; services; financial management; social work; residential care

Słowa kluczowe: domy opieki; usługi; zarządzanie finansami; mieszkanie; praca socjalna

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Introduction

Since 2020, we have observed monumental changes in our world within a very brief period. As with any global event, we reevaluated our values, goals, and resources after COVID-19. In addition to the accelerated transformation of our personal and professional lives, there are also slow but substantial changes, like the aging of society and the rising cost of living. These two kinds of phenomena, fast and slow, have opposing effects on people's lives. On the one hand, we have learned to value our quality of life; on the other, we are forced to limit spending. The goal of adjusting to this new reality is to improve financial management with a focus on enhancing quality of life. This article presents our findings on how social workers, internationally and specifically in Poland, are striving to achieve this adjustment in a changing world. We understand that improving quality of life requires a better understanding of the often-dynamic needs of our clients, as well as the needs of those who provide our clients with necessary care and services, some of which are, predictably, economic in nature.

An aging society is a significant global phenomenon. With aging, there is an increase in the number of people who depend on the financial resources of a younger population that, by contrast, is declining in numbers. This smaller group faces a comparatively higher cost of living and has obligations to preceding generations that now expect their care. Among those aging populations are people with deteriorating health and neurocognitive disorders, which further increases the already significant number of people with disabilities [1, 2].

With recent progress in medicine and science, we have gained a deeper understanding of the specific needs of people with developmental and acquired disabilities. Alongside new medical and technical approaches to health, we have also developed a better grasp of the social determinants of well-being. In the case of an aging population, we have shifted away from discussions about death and dying, instead focusing on people's autonomy and choice, safety, and competence. Today, the vision of placing people with disabilities in isolated institutions appears to be insensitive and heartless. We value the principles of self-determination and community inclusion. As mentioned earlier, on the one hand, we strive to offer people with disabilities the best quality of life; on the other, we need to justify the financial resources necessary to support our commitment to the needs of the disabled [3, 4].

Challenges of serving people with disabilities

Housing people with disabilities in large residential centers (institutions) today sounds inhumane. We are in an era focused on human rights, the rights of persons with disabilities, self-determination, and inclusion. People with disabilities often need the support from others in daily living activities. This need limits the ability to control their own lives, creating vulnerability and dependency toward the general population. People with disabilities receive support from family members, volunteers, and/or paid workers [4].

For centuries, people with disabilities were stigmatized, marginalized, and neglected [5]. With new theoretical approaches based on human rights and the importance of inclusivity, social relations, and interdependence [2, 6], we now examine the welfare of individuals with disabilities through questioning (Critical Disability Theory) former approaches to disabilities [6, 7]. Today, we see disabilities as a dynamic process that evolves with an individual's age and health status. Every person may one day become a person with a disability. There is no longer an "us" and "them". In accordance with Living Disability Theory, we work collaboratively with people with disabilities to improve their quality of life [8]. People with disabilities are highly diverse in terms of barriers to employment and access to society as a whole. These barriers include factors related to physical or cognitive abilities, stigma tied to sociocultural background, and the effects of social marginalization, such as low education level and poverty. We view disability through different dimensions of human existence, paying attention to education, housing, employment, and health care [2].

Unfortunately, although we have made significant progress in understanding the impact of disability on social policies, funding remains insufficient to make further progress. Government and public funding is limited, and frequently, available funds go unused because people are not aware of them [9]. In these circumstances, the cost of living of people with disabilities is too high to fully support many initiatives for independence and inclusivity.

There is no extensive research on the actual cost of living for people with disabilities and their caregivers. This is an important issue because even the best ideas for independent living in the community and promoting access to necessary services and activities might not be realistic due to financial constraints. We need a better understanding of how to implement the principles of "moral economy" when resources are insufficient [2].

In this article (Part I) and the accompanying article (Part II), we will concentrate on the living compound that provides services for people with disabilities in the places where they live, available whenever needed, day or night. We will focus on paid care providers who offer their services in healthcare provider agencies, group homes, intermediate care facilities (ICFs), or any other housing system intended for people with disabilities. Depending on the type of disability, this group of professionals faces significant challenges in supporting their clients.

To meet the demands of housing and supporting people with disabilities, the costs of assistance need to be reasonable, if not low. To reduce the cost, we need to consider the minimum possible requirements concerning the level of education and experience of paid workers assisting people with disabilities. However, this may lead to inadequate preparation of direct service staff in specialized housing for persons with disabilities. Poorly trained staff often leads to a well-known lack of competence and low confidence among professional staff such as nurses and social workers working in the field of developmental disability [10]. These conditions, in total, create substandard services for people with disabilities.

There are research data informing about the needs of people with disabilities concerning their housing condi-

tions. Following the process of de-institutionalization, we now consider two different models of housing: healthcare provider agency homes, commonly (if erroneously) synonymous with ICFs and/or group homes, and individualized housing with available specialized services. Each model has its limitations, but when considering financial management and economical constraints, healthcare provider homes seem to be the most practical. Research on quality of life has shown that each facility needs to feel like a "home", where residents feel safe and can treat the space as their own. They need to have the right to choose with whom they share their private space and the freedom to organize their time and environment. Given their vulnerability, the power imbalance between staff and residents in each housing setting needs to be considered and regularly evaluated [11, 12].

Another significant issue is the separation between community mental health organizations and the developmental disabilities system. Organizations that offer mental health services are often not well-equipped to assist people with developmental disabilities. In addition, disability services are not well integrated with the bio-psycho-social approach of social services [10].

Lessons from an international approach: goals and research methods

Across the world, people with disabilities present challenges to the economy of their families and the communities they live in. National governments and private health insurance companies attempt to establish a basic financial safety net to improve their living conditions and support their caregivers, most often their families. People with disabilities, due to their conditions, often have difficulties accessing available resources and making others aware of their problems. Their political impact is insufficient, and they are at constant risk of becoming a forgotten group of citizens.

Frąckiewicz [13] categorized different countries based on population income and how their level of a poverty (or wealth) affects their attitudes toward people with disabilities. She noted that, for example, Poland, the last country in the post-Soviet region to implement de-institutionalization of housing for people with disabilities, lacks sufficient options for independent housing. According to Frąckiewicz, people with disabilities have become just another "invisible group" in society, not quite free from institutions and unable to achieve the independence of having their own home and participating in community life [13].

The authors of this article examine the international approach to social work, especially in the context of "invisible groups", and we are acutely aware that this "invisibility" is often a function of available financial resources and political power. Unfortunately, people with disabilities lack political power, and their financial resources are very limited. In Poland, housing and specialized services for individuals with disabilities are scarce [14]. However, Poland does have a very good policy that outlines the rights of persons with disabilities. Unfortunately, instead of giving power to social activists, these legislative norms restrict people's freedom of choice and self-determination.

The system of care for individuals with disabilities struggles with insufficient public financial support. In her studies on people with old age and intellectual disability, Żabińska [1] concluded that there were two most important needs for people from the groups she studied: professional help services and housing appropriate to the nature of the individual's disabilities and limitations. According to Komorowska and Kozłowski [15], the most unmet need among people with cognitive disability is housing.

Communities often face the decision of whether to establish affordable housing facilities with limited services or to create different housing programs tailored to the needs and means of people with disabilities. The goal of our studies is to evaluate different approaches across countries in designing the best professional help and housing services for people with disabilities. While we understand that such solutions can be far from the model described by Critical Disability Theory, we are interested in understanding how the economy and financial constraints limit the achievement of such an ideal. We will discuss different organizations of public and private care systems for people with disabilities in Poland (Part I) and propose a model for system improvements based on research in public health and the increase in service costs in the US (Part II). Since Poland and the US have similar economic systems but different traditions of public services, it might be of value to assess how different approaches can help improve the care of people with disabilities.

The subject of this research is the management of the system of support, assistance, and care for people with disabilities, based on a review of the specific forms of care and support in Poland and the USA. The main method used in both parts of the article is secondary research on various aspects of management. The theoretical basis is provided by studies conducted by experts in the field of disability, mainly politicians, sociologists, economists, and demographers – indicating the need to change the current model of assistance and support.

The main purpose of the study is to present the state of knowledge regarding proposed solutions offered by the social assistance system. Our research takes the form of a scoping review of articles published in Polish and English, often focusing on authors' exploration of financial management of services for people with disabilities. We also evaluated the special needs and conditions related to diversity among disabilities and how this diversity affects social response. The fact that authors are professionals in each of the countries studied brings additional value to understanding the dynamics and history of social changes in the field of disability.

The value of the history of how different cultures and political systems address social work with vulnerable groups is especially informative when studying the situation in Ukraine, a country undergoing slow systemic change due to Russian domination [16, 17]. Comparing Ukraine to the rest of Europe also provides useful insights [18].

Some features of the care and support system for people with disabilities in Poland

When approaching the issue of management, or rather the allocation of financial resources for the care of people with disabilities, several key factors in the aid, support, and care system should be considered. The most crucial thing is the availability of care, medical, rehabilitation, and nursing services for all individuals, regardless of whether they have a legally recognized disability or subjectively feel that they are not fully functional. Building a system of broadly understood care for people with disabilities is a challenging task, as it requires meeting numerous conditions. It is undoubtedly important to precisely diagnose the barriers and obstacles to the social and spatial functioning of people with disabilities.

According to experts in the field of public policy for people with disabilities, there is a long list of problems to solve, which makes it difficult to construct an optimal system of care and support for this diverse social category. According to Agnieszka Dudzińska, "an accurate and comprehensive description of the specificity of various types of disabilities is not possible, because there are as many types of disabilities as there are people with various dysfunctions" [19]. Based on data from Statistics Poland, individuals with disabilities constitute quite a large population especially among the elderly, but also among middle-aged people. For example, among those aged 40–49, people with disabilities constitute 7.9%, but at the age of 50–59 the proportion is 15.1%, at the age of 60–69 the percentage increases and amounts to 22.9%, while at the age of 70–79 it is 32.5%, with the highest percentage falling in the age category of 80 years and over. More than half of people with disabilities are in this age group (52.2%) [20].

In Poland, the system of support, assistance, and care for people with disabilities is extensive, with many forms of support provided within the home environment. According to the Act on Social Assistance for Disabled Persons, forms of assistance include a fairly long catalog of allowances and benefits, care services, and placements in day and 24-hour care facilities. The availability of these forms of support depends on the individual's degree of disability, age, and financial situation. One example of support for older people and people with disabilities is care services, well-documented professional help offered to people who cannot manage their daily tasks on their own. Eligibility for such services is precisely defined and depends on financial and social support [21].

One of the goals of the article is to draw attention to a specific phenomenon in the field of organizing the protective role of the state towards people with disabilities. This phenomenon involves taking action aimed at deinstitutionalization in the field of 24-hour care and expansion of access to medical services, while, paradoxically, facilitating the process of the institutionalization of commercial services.

According to Zofia Szweda-Lewandowska, there are no comprehensive public statistics regarding the population of potential caregivers or the number of people requiring support. Information is also lacking on care provided within the family network and within the 'gray zone' of unregulated care services [22].

Based on the analyses carried out by Polish researchers, it appears that environmental support for individual groups varies significantly by group due to their diverse needs. Elderly individuals, people with disabilities, and other children and youth in foster require specific types of assistance [23]. People with multiple disabilities have specific needs, e.g. deaf-blind individuals, who require a different type of support from those with only impaired hearing or vision [24].

In the opinion of Paweł Kubicki, separating policies for people with disabilities and those for the elderly means that the expected changes in the field of deinstitutionalization and defamiliarization of assistance are unlikely to be realistic. The researcher sees the reason as the habits and expectations of older adults as well as the resistance among existing institutions and the limited influence of the community of people with disabilities [25]

Analyses by Polish researchers clearly show that there is a great demand for caregivers for the elderly, currently estimated at around 350,000, and it is expected that as many as 500,000 caregivers will be needed in 2035 [22].

Social welfare and private care homes in Poland are divided into the following types: 1) for chronically mentally ill individuals; 2) for the elderly; 3) for adults with intellectual disabilities; 4) for children and young people with intellectual disabilities; 5) for people with physical disabilities; and 6) for those addicted to alcohol. In Poland, most care for the elderly and disabled is provided by families. Despite the expansion of the private care services sector, institutional care, i.e. nursing homes, is usually considered a last resort rather than a choice. It is worth noting that there is also new research concerning the financial management of caregivers of children with disabilities [26].

If there was a diversified offer consisting in the availability of nursing homes with varying levels of rehabilitation and care services, there would probably be more interest in such solutions, depending on the needs of a disabled person. In practice, most social welfare homes in Poland combine care functions, offering assistance to disabled people and the elderly. The exception are homes for individuals with intellectual disabilities. There are also small, family-style community homes for people with intellectual disabilities, where they live alongside assistants. In Poland, they are run by the L'ARCHE foundation in Wrocław (since 2002). It manages two houses, each accommodating six to seven residents living together.

In Poland, there is a noticeable shortage of small nursing homes with a community-based character that replicate family-like conditions. The obstacles are high standards regarding equipment and the need to meet all the conditions contained in the regulations regarding facilities for people with disability. Financing such houses is a problem as well. For parents of adult children with disabilities, the greatest concern is care for their disabled child after their death. Associations, foundations, and church orga-

nizations are trying to solve this problem. Generally, parents of disabled children are reluctant to place their child in a social welfare home. In Poland, there are examples of communities specifically designed for people with intellectual disabilities which serve as alternatives to social welfare homes. These alternatives provide a safe and welcoming environment to live in conditions similar to a family home.

The optimal form of assistance for adults with disabilities is "supported housing", which provides living services and assistance in performing activities necessary for everyday functioning. The aim of this assistance is to maintain and develop the independence of a person with a disability based on the level of his or her psychophysical capabilities. The duration of stay in such apartments is not limited. A similar function is served by "training apartments", which are intended to provide living services, strengthen independence, and improve self-care skills. They are also designed to promote social integration and are intended specifically for people with intellectual disabilities. The duration of stay in training apartments is time-limited. As of 2021, there were 1,475 apartments in Poland (including supported and training apartments), housing 4,454 individuals. Using care options such as supported housing and training apartments is a very good alternative to living in an institution, i.e. in a social welfare home.

In Polish tradition, the choice of an institutional form, i.e. a social welfare home, has been and continues to be considered as a last resort. According to Statistics Poland (pl. Główny Urząd Statystyczny, GUS), as of December 31, 2022, there were 2,082 stationary care facilities operating with a total of 131.5 thousand places. However, only 118.8 thousand people stayed in these facilities (including 58.6 thousand women), which shows that there are vacancies, mainly in the private sector.

The costs of stay, regardless of whether they are nursing homes in the public or private sector, depend on the standard of the facility, its location, and the size of the town. For example, there are 14 social welfare homes in Warsaw, and the cost of stay typically exceeds PLN 9,000 per month. There are also four homes run by religious congregations, where the cost is slightly lower, from PLN 7,000 to 8,000. A nursing home for Alzheimer's patients charges PLN 9,000 for care. Private nursing homes in Warsaw have varying prices, often reaching several thousand PLN per month of stay. In 2023, the average monthly salary in Poland was PLN 7,590. Some private homes also accept individuals whose stay is financed by social welfare centers.

Some private nursing homes offer rehabilitation stays lasting 14 days, combined with an individual rehabilitation program. The range of physiotherapy treatments is very wide, including therapies based on special methods, classic massages, physical therapy, and kinesitherapy. However, not all private homes disclose the actual costs of stay, i.e. the cost of above-standard physiotherapy services. Private nursing homes theoretically offer a broader package of services and have professional equipment. The wider the package of services offered, the higher the cost of stay. For example, in Warsaw, the cost is PLN 8,000, while in the Kuyavian-Pomeranian Voivodeship it is PLN 5,500. Some nursing homes offer a one-day stay for PLN 210 or PLN 300, with a package of therapeutic services already included. It is also worth adding that disabled individuals living in social welfare homes in the public sector can apply for funding for participation in rehabilitation stays if they meet the conditions set out in the law regarding the rehabilitation of disabled people.

The costs of stay in private homes are typically quite high, reflecting the living conditions in Poland, and are typically higher than the costs of staying in the public sector. Based on the offers from private homes, prices for a multi-person room start from PLN 5,000 per month (with rehabilitation treatments included) to PLN 8,600 for a single room (excluding medicines and hygiene products). Most private nursing homes offer a range of services including nursing care, medical care, support of care staff, rehabilitation treatments, and occupational therapy. Longer stays are preferred, and if the services are used for only one month, the cost is higher. There is no detailed information on the frequency of physiotherapy services; generally, it is stated as being "dependent on the condition and recommendations of the physiotherapist". Some private nursing homes offer luxury facilities with a full range of rehabilitation services and advertise their modern rehabilitation equipment. Prices for a monthly stay are higher than standard rates, e.g. a stay in a single room can cost PLN 7,000. The advantage of these homes is their location outside the city, near forests, parks, and recreational areas. In addition to private nursing homes, disabled people (regardless of age) can use a wide range of services at private rehabilitation centers that offer physiotherapy, rehabilitation and correction services, electrotherapy, laser therapy, kinesiotherapy, massage treatments, etc. In such outpatient centers, prices vary between PLN 160 and PLN 180 for an individual 50-minute therapeutic treatment.

Creating a home and offering rehabilitation services for people with disabilities

There is currently an ongoing discussion in Poland on how to effectively help people with disabilities. The concept of comprehensive rehabilitation aimed at recovery and return to work is sound but difficult to implement. In other countries, investments are made in physiotherapy to reduce treatment costs and ensure that patients have fewer complications, stay in hospital for a shorter time, and do not require third-party care. Rehabilitation can take place in hospitals, outpatient clinics, and home settings. Financial resources allocated for rehabilitation treatments vary, which affects the availability of physiotherapy services. The crisis in Polish physiotherapy is largely due to low remuneration rates for physiotherapists set by the National Health Fund (pl. Narodowy Fundusz Zdrowia, NFZ). The effects are most acutely felt by people who need home rehabilitation, as the rates for these services are the lowest. Accessing rehabilitation services through the NFZ is challenging.

Rehabilitation services for people with disabilities are available as a part of rehabilitation stays, which are organized and co-financed by the State Fund for the Rehabilitation of Disabled Persons (pl. Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych, PFRON). This form of service is intended for individuals who have a certificate of significant or moderate disability, or a certificate

of total or partial incapacity for work. It is also available to people with disabilities who are under 16 years old and those who are under 24 years old but still studying, generally for individuals who are not employed. The stay at these camps is aimed at therapeutic and social rehabilitation, with participants engaging in group activities and learning to become more independent.

One of the goals in planning services for people with disabilities is the creation of rehabilitation services that would allow them to improve their financial situation. Such services could diminish physical barriers in accessing the workplace and vocational education, especially when learning new technologies [18]. However, the most common need remains improving physical accessibility to gain as much independence as possible.

It is worth noting that there are 75,000 physiotherapists working in Poland, but only 29,000 are under contracts with the NFZ. According to official data, only 38% of patients can benefit from free care in this area. The problem lies in the unavailability of physiotherapy, resulting in excessively long waiting times for rehabilitation treatments. Most Poles rely on the services of private physiotherapy offices, mostly out of necessity rather than choice. In Poland, there are 1,005 facilities providing free advice as part of orthopedic services offered by the NFZ. The average waiting time for an appointment with an orthopedist is 110 days, but in the voivodeships with the longest waitlists it can extend to as much as 151 days (as of August 27, 2023). Therefore, for those needing prompt advice from an orthopedist, the only option is to seek private consultations, which can be arranged within a few days or even immediately. The cost of one visit, depending on the town and facility, is PLN 200–300. Other free medical services covered by the NFZ also require long waiting times; for example, the average waiting time for a free cardiologist appointment is 5.7 months, for a pediatric cardiologist 7.3 months, for a consultation with a neurosurgeon 5.3 months, and with an immunologist 9 months.

A key issue in the discussion about disability problems is the availability of rehabilitation services and the costs associated with providing them. In Poland, four entities are responsible for the financing of therapeutic rehabilitation: 1) the NFZ; 2) the Social Insurance Institution (pl. Zakład Ubezpieczeń Społecznych, ZUS); 3) the Agricultural Social Insurance Fund (pl. Kasa Rolniczego Ubezpieczenia Społecznego, KRUS); and 4) the Provincial Occupational Medicine Center (pl. Wojewódzki Ośrodek Medycyny Pracy, WOMP). In 2020, another source of financing was introduced, with the commencement of benefits for people with disabilities from the Solidarity Fund. The most important entity is the NFZ, which spends approximately ninety percent of public funds allocated to therapeutic rehabilitation.

According to the Supreme Audit Office report [27], the Polish system lacks coordination of treatment within the public health care system. In 2019, 3.5 million people benefited from therapeutic rehabilitation, but not all patients did so at the most appropriate time for rehabilitation. Institutions financing rehabilitation do not create a coherent system. Therapeutic rehabilitation should be a mandatory treatment profile within the system of basic hospital health care services [27].

Plan for the future. Practical and theoretical conclusions

On the one hand, the principle of deinstitutionalization is implemented in official policy, while on the other, the phenomenon of institutionalization occurs. This is evident in the private care sector, where there is an increase in the number of private institutions providing commercial care services, and in the rise in the number of nursing homes intended for both older people with disabilities and younger individuals with physical limitations.

The best conclusion for this study is the annual action plan for people with disabilities announced by the Ministry of Family and Social Policy. It will continue tasks related to the implementation of the respite policy for caregivers of disabled people, activities in the field of personal assistance for people with disabilities, as well as initiatives under the "Centers" program for care and housing. The aim of this program is to assist adults with disabilities and to provide accommodation, care, and specialized services tailored to their needs. In general, housing for people with disabilities is more expensive when additional services are offered. People with disabilities and their families can choose the standard of housing (and their price) with specialized assistance or opt for less expensive housing and seek external services that are not easy to access. The goal of the action plan is to improve access to rehabilitation services. The solution of more addordable housing and external professional services seems to be the most realistic for people and families with limited incomes and higher costs of living [28]. The presented plan is the closest to the ideal described by Critical Disability Theory, though it still requires greater social awareness that the quality of life of people with disabilities is important for all members of the society [29, 30].

The ministerial plan for 2024 also includes the implementation of the "Family Support Centers" program, which involves creating a support system in various areas of life for people with disabilities and their families. The program is set to be implemented by entities and units that are not part of the public finance sector. While these are important, they are complementary activities. A health policy ensuring coherent actions across the entire health care and rehabilitation system for people with disabilities would be much more important. The experience of recent years has proven that it is necessary to repair the entire system and synchronize therapeutic and rehabilitation efforts.

It should be added that an important new form of support for people with disabilities, called Supported Living Communities, is set to be launched in 2025. Access to this form of assistance will be determined by provincial teams for assessing disability – based on a scale from 70 to 100 points measuring the need for support. Recruitment to the Supported Housing Communities will be carried out by organizations without the involvement of PFRON, while the stay, scope, and type of services will be regulated by the provisions of the contracts concluded between residents and the organization running the facility. It is planned that the financing of this form of support will be provided by PFRON, with a fifty percent contribution from the residents themselves. It is hoped that people with disabilities in this form of housing will be able to receive care in accordance with their individual needs resulting from limited

mobility. The future will show what the long-term effects and costs of running such facilities will be.

One of the most interesting responses from Polish people with disabilities and their families is their organization into a voluntary movement and support system. They have established voluntary groups and communities that help their members share information and resources, which can also fuel political advocacy [13].

The systematic approach to solving the financial conundrum of improving quality of life with limited financial resources is suggested by the H.O.P.E Network, an organization based in Cleveland, Ohio, and presented in Part II of this work.

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