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### STUDIES

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## Special Geragogics: Pedagogy of the Elderly with Disabilities<sup>1</sup>

## Geragogika specjalna: pedagogia człowieka starego z niepełnosprawnościami

“Disability and old age have always been  
a serious challenge for people  
and a task for the whole society”.  
Piotr Pawłowski (1966–2018)

### Disability as a major social problem

It is widely believed that disability is one of the most important social problems of many countries in the modern world, whose rank can be confirmed by the number of those disabled. The National Census (NSP) conducted in

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<sup>1</sup> The Polish version of this study will be published in the handbook Kilian, M. (ed.) (2020). *Geragogika specjalna. Teoretyczne podstawy pedagogiki specjalnej w starszym wieku* (Special Geragogics. Theoretical Foundations of Special Pedagogy in Old Age). Warszawa: Difin (in print). I am also grateful to Dr Andrzej Diniejko, D. Litt., of the University of Warsaw for the faithful translation of this article into English.

1978 revealed that there are about 2.5 million people with psychophysical disabilities, which constituted 7% of the total population of Poland. Over the quarter of the century, the number of disabled people in Poland has more than doubled, as the NSP showed in 2002, there were over 5,456,000 people with disabilities in Poland, which means that every seventh inhabitant of Poland (14.3% of the population) was a disabled person.

Apart from the census data from 2011<sup>2</sup>, I would like to refer to the European Health Interview Survey (EHIS), conducted in the end of 2014, which showed around 7,690,000 people with biological disabilities, every fifth inhabitant of Poland (20.2% of the population) was thus a biologically disabled person (Table 1), i.e. one that, due to various health problems, had limited ability to perform everyday activities.

The occurrence of disability clearly intensifies with age – over 57% of all disabled people are those aged 60 and over, and people aged 80+ constitute almost 78% (Table 2). Attention should also be paid to the universality of the effects of disability and the fact that disability is on the rise. The proportion of handicapped people in Polish society is growing, and the number of young people and people with disabilities is increasing. The average age (i.e. median) of the disabled was 63 years in 2014, and compared to the 2009 health survey, there was an increase of 2 years.

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<sup>2</sup> This omission took place due to seriously underestimated disability data. In the last National Census (NSP) of 2011, answers to disability questions – due to the specificity and sensitivity of the subject – were held on a voluntary basis, and as the NSP preliminary report states: “The 2011 census results showed initially that the number of people who declared limited ability to perform ordinary basic activities for their age and/or had a valid decision qualifying them to be included in the group of disabled persons, amounted to 4,697,500, which constituted 12.2% of the population of the country, compared to 14.3 % in 2002. It should be emphasized here that due to the voluntary nature of disability questions, nearly 1.5 million respondents refused to respond. It can be assumed that there are people with disabilities in this group who may have a documented medical certification, but did not want to answer form questions in the disability section. Lack of data may also affect the disabled people’s structure”. (see Report on results..., 2012, p. 63).

**Table 1.** Significant data regarding people with biological disabilities according to the EU in Poland in 2014 (data from the Central Statistical Office, EHIS)

Specification	Population of Poland		Disabled people	
	Number in thous.	%	Number in thous.	%
Total	38 047,4	100	7 689.8	20.2
Place of residence	Number in thous.	%	Number in thous.	%
Town	22 869,2	60,1	4 656.0	12.2
Village	15 178,2	39,9	3 033,8	8.0
Sex	Number in thous.	%	Number in thous.	%
Women	19 668,9	51,7	4 333,2	11.4
Men	18 378,5	48,3	3 356,6	8.8
Subpopulation	Number in thous.	%	Number in thous.	%
Children	5 751,2	15,1	275,8	0.7
Adults	32 296,2	84,9	7 414,0	19.5

Source: Own study based on: *State of health of the Polish population in 2014. Statistical information and studies*, Warsaw 2016, table VII / 1.

**Table 2.** The incidence of biological disability according to the EU in Poland in 2014 by age groups (GUS, EHIS data)

Age group	Polish population		Disabled people			
	Population in thous.	%	Population in thous.	% in population	% in age group	% in subpopulation
0–14	5 751,2	15,12	275,8	0.72	4,80	3.59
15–19	2 102,3	5,52	114,6	0.30	5,45	1.49
20–29	5 143,9	13,52	326,8	0.86	6,35	4.25
30–39	6 111,1	16,06	548,9	1.44	8,98	7.14
40–49	5 092,9	13,39	782,8	2.06	15,37	10.18
50–59	5 260,8	13,83	1 378,5	3.62	26,20	17.93
60–69	4 732,9	12,44	1 761,4	4.63	37,22	22.91
70–79	2 362,3	6,21	1 342,0	3.53	56,81	17.45
80+	1 491,1	3,92	1 158,9	3.05	77.73	15,07
Total	38 047,4	100	7 689,8	20.21	–	100

Source: Own study based on: *State of health of the Polish population in 2014. Statistical information and studies*, Warsaw 2016, table VII / 1.

## Disability of aging and the elderly

Admittedly, one should not identify old age with illness, and diseases with disability; still, many diseases appearing upon crossing the *shadow line* can ultimately lead to disability. Therefore, one should not ignore the position of experts of the World Health Organization (WHO), who think that in the subpopulation of aging people a phenomenon of the so-called cause-and-effect sequence may occur: illness – injury – handicap – disability, and consequently dependence on others. Examples may include diseases and/or disorders related to geriatric issues. These are chronic dysfunctions that may cause functional disability in aging and/or the elderly; important factors include also the time of occurrence, scope or scale, degree and type of disability.

American geriatricians have classified these problems in the form of a dozen of I's, and the author will mention the most important ones in the alphabetical order (Zych, 2013):

- *Immobility*, or lack of mobility and/or impossibility of movement, usually leading to age-related motor disability.
- *Immunological deficiency*, or lowering or lack of immunological immunity.
- *Impotence*, i.e. sexual impotence, also referred to as erectile dysfunction, which, for example, may be associated with depression, benign prostatic hyperplasia (BPH) or Alzheimer's disease.
- *Inanition*, or exhaustion, malnutrition, body wasting and / or apathy.
- *Incontinence*, i.e. sphincters, causing urinary and/or stool incontinence.
- *Insomnia*, which is often one of many symptoms of the depressive syndrome or Alzheimer's disease.
- *Instability*, i.e. locomotion and balance disorders causing as a consequence fall, which sometimes occurs in Alzheimer's or Parkinson's disease.
- *Intellectual impairment*, or disability, limitation or mental retardation, most often in the form of dementia and / or dementia disorders with their most acute form – Alzheimer's dementia (Alzheimer's disease).
- *Isolation*, or social isolation, so characteristic of the syndrome of lonely old age or mental disorders of advanced age.

The major geriatric syndromes include, among others, locomotion and balance disorders (posture stability) followed by falls, urinary incontinence

and/or stool incontinence, cognitive impairment, dementia, depression and mood disorders, decreased and/or impaired vision and hearing, iatrogenic geriatric syndrome. The multicausality of this type of disorders and the interconnectedness make them extremely difficult to recognize and treat, and, subsequently, to implement a possible rehabilitation treatment.

We must – as a society – face a completely new problem, which is the late adulthood and old age of persons marked by chronic illnesses, disability, invalidity, weakness or multi-disability syndrome (polypathology).

Professor Jan Szewieczek (2017) wrote: “Multimorbidity – the most important feature of geriatric epidemiology – has been relatively recently recognized as a challenge for medical care systems, medical education and research (...). The clinical picture of a patient suffering from several coexisting conditions is not a simple sum of each of them: it is a new, unique clinical quality, with changed diagnostic and therapeutic needs and a different prognosis. It is not included in the Polish health care system, which seems to have a significant, adverse effect on the functioning of the system itself, as well as the effects of treatment on patients. Geriatrics, which could significantly help in rationalizing and optimizing care for the elderly, occupies a marginal position in this system, as evidenced by the level of its financing (1 promil of NHS expenditure). The Act of 29 September 2017, amending the act on healthcare services financed from public funds [...] (The Act, 2017), does not provide for the existence of geriatric wards, which after all are necessary for the education of doctors, nurses and physiotherapists in this field, and which are clinical basis for research. While in many countries the development of geriatrics and, more broadly, gerontology, was considered the most important for solving problems of care for seniors, I think that there must be reflection on this issue in our country”.

An important goal of geriatrics – understood as a field of gerontology and medicine handling the basic aspects of health and healthcare for the aging and elderly, as well as aging-associated diseases (prevention, diagnosis and treatment of them), is not to prolong human life, but to make it as comfortable as possible in old age. In other words, its aim is to care for the quality of life of those aging and elderly. The same applies to geragogics (pedagogy of aging and old age), whose important goals may be: nurturing mental and physical efficiency, rehabilitation of life forces, achieving greater satisfaction in old age, understanding oneself, the world and society, control over one's own life and remaining active in the world.

Referring to the above-mentioned cause-and-effect chain, we can build special geragogics on the following pillars: diagnostics – therapy – rehabilitation – counseling – care – support, while the latter three are dedicated to people who are subject to gerontopedic interactions, as well as to their families or carers. Let us add that the family is often not prepared to perform care and assistance functions. As Piotr Pawłowski (2018) wrote: “Our families are not prepared either for old age or for disability. Nobody teaches how to live in a family, how to be a family and how to support one another in such situations. The strength of disability and old age strikes most and above all in the family, then affects friends, neighbours, later medical staff, as well as teachers, officials, employers, and finally accidental passers-by on the street”.

At this point an explanation is necessary. I used the term “pedagogy” in the title of this article because I think that both geragogics and special geragogics should not only be theoretical disciplines that form theoretical foundations, bring new concepts, paradigms, build models of disability and patterns of support, help and senior care, , but first and foremost they should be applied and practiced, not so much in the character of the craft as in the art of teaching and self-education, upbringing and self-upbringing, treatment and self-healing. And in this sense, *pedagogy* – according to the ancient Greek root [παιδαγωγία] – will lead a person who is less efficient, dependent, suffering and/or requires help through the meanders of everyday life ...

### **Towards a disabled elderly person**

The main goal of social policy towards the disabled people in their late years should be a comprehensive compensation for the possibility to independently satisfy one’s basic needs – biological, psychological and social – that decreases over years. Some of the care and assistance tasks for disabled aging people can and should be taken over by the family, as well as by non-governmental organizations and informal groups, but these activities cannot be treated only as an opportunity for savings in public spending, but as an investment in man. The second serious task is to create from scratch a special pedagogy of the aging and elderly (special geragogics), clearly focused on the needs of an aging generation of disabled people. Special geragogics – in the light of the previously given statistical data and empirical facts – becomes not so much the need and necessity of the coming times as it is the moral duty for the modern

population given the relationship between the society and the weakest which testifies to its spiritual culture.

It is worth recalling the history of this emerging field (Zych, 2019). The term “geragogics” (‘Geragogik’ in German) was first introduced to scientific terminology in 1952 by the West German neurologist and psychiatrist Ferdynand Kehrer (1883–1966) for the designation of aging and old age pedagogy (German ‘Altenpädagogik or Alterspädagogik’); at the same time Wilma T. Donahue (1900–1993) initiated the trend of “education for later maturity” (1955) in the United States, and in 1962, Otto Friedrich Bollnow (1903–1991) introduced the concept of “gerontogogics”, understood as a discipline concerning the education and “conducting the elderly”. Another German educator and gerontologist, Hans Mieskes (1915–2006) classified geragogics, on the one hand, as one of gerontological sciences (apart from geriatrics and its specific disciplines), being independent and parallel to psychogerontology and gerontosociology, as a subfield of social gerontology and, on the other (apart from pedagogy of children and youth and andragogy) – as a discipline fitting the theory of education, including the pedagogy of people of all ages and handling human evolution through all phases of life until old age. Similarly, his compatriot Ludger Veelken (2000) treats geragogics as a gerontosocial concept. The creation and development of geragogics as a new gerontological and pedagogical discipline in many countries of the world is not only a sign of the times and a challenge for the future, but above all a result of the growing influence of demographic and social factors in the current picture of the world. People now live longer than ever, average human life expectancy has increased by almost a half in the past century. Modern industrialized societies are rapidly demographically aging and a new social class has emerged in our time called “leisure people”, which initiated social movements in defence of their economic, health, social and psychological needs. Finally, establishing “pedagogy of the aging and elderly” is closely related to the systematic development of the concept of lifelong learning. This idea, including the concept of education for old age, was propounded for the first time in the history of pedagogical thought – by the eminent Polish lawyer and philologist Szymon Marycjusz (Maricius, 1516–1574), and above all by the outstanding Czech educator Jan Ámos Komenský (Comenius, 1592–1670), who in the work *Pampaedia* (1656), in accordance with human development, distinguished eight types of school institutions, i.e. school of birth (*schola*

*nativitatis*), school of childhood (*schola infantiae*), school of boyhood (*schola pueritiae*), school of adolescence (*schola adolescentiae*), school of juvenility (*schola juventatis*), school of men (*schola virtutis*), school of aging (*schola senii*), and school of death (*schola mortis*). Comenius (1986) justified the need for school of old age in the following words: “Since old age is part of life, therefore it is part of school; hence school must have its teachers, its regulations, its aims and studies, and its discipline, so that progress in the lives of the elderly might be possible”. Further he argued “what is weak must receive guidance and support. And since old age is the weakest of all periods of life, it must not be neglected and deprived of help. A geragogic motif can also be found in Comenius’ volume entitled *Didaktika velká* (*The Great Didactic*, 1638), in which he discusses the principles of prolongation of life, and concluded that the prolongation of human existence consists in acquiring the art of its proper use. Gerontological education – in the present sense – is thus part of universal enlightenment, or more precisely, an integral fragment of the schools of the old age and death.

In turn, the Polish social educator, Aleksander Kamiński (1903–1978) treated education for old age as an important factor in the adaptation of old people to a modern society, that is adaptation to civilization, technical and technological novelties, an ever-wider sphere of free time, as well as fashion, communication methods or new habits and customs, taking into account the desire for an independent lifestyle of older people which comes to the fore. First of all, the point is to achieve social adaptation, adapt aging and old people to new situations, to cultural and socio-political changes, as well as changes in technology. “Correct education for old age is the best way to reconcile with old age. Perhaps even something more – not only a way of accepting the old age, but also the expectation of old age as a period of life with specific charms” (Kamiński, 1978).

The Czech and Slovak educators, such as: Emil Livečka (1979), Rozalia Čornaničová (2007), or Naděžda Špatenková and Lucie Smékalová (2015), recognize geragogics as a relatively independent “scientific discipline within diverse and specialized sciences about upbringing, according to the age division of the educational and educational process of man (pedagogy, andragogics, geragogics), which deals with preparation for old age, presenioral education, proper education in seniors’ age and intergenerational education” (*Výchova a vzdelávanie dospelých...*, 2000), where geragogics is defined as education

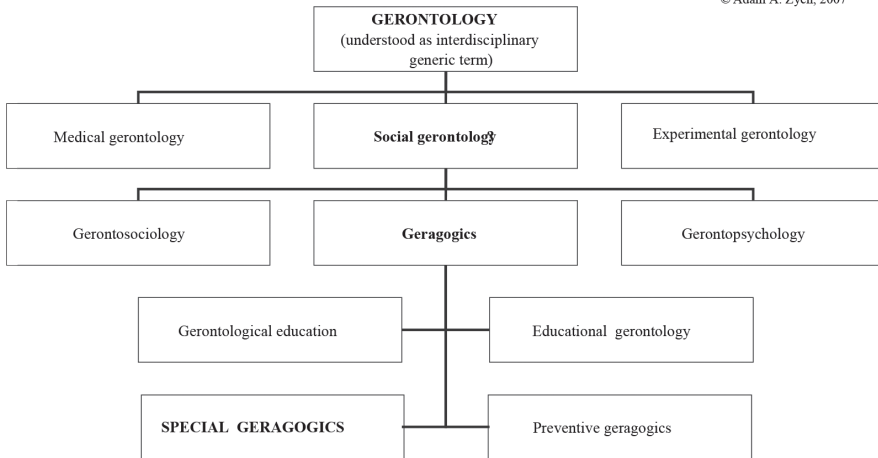


for and in old age. This field of research tries to implement the idea of active aging, shaping in those who are crossing *the shadow line* important personality and life dimensions such as: independence, participation in social life, dignity, care and self-fulfillment. In turn, the German gerontopsychologist Hilarion Gottfried Petzold (born in 1944) placed geragogics on the borderline of social sciences and social work, classifying it as part of applied gerontology, while Iwona Chrzanowska (2017) and Marlena Kilian (2018) locate special geragogics (special pedagogy of older people) on the border of gerontology and special pedagogy. According to Kilian (2017): special geragogics “combines the subject of aging and disability by defining a common interdisciplinary area in research, didactics and professional dimension – for the areas previously operating in separation. For example, it derives from geragogics (pedagogy of older people) and special pedagogy (pedagogy of people with functional disorders), as well as from geriatrics (e.g. clinical picture of diseases of old age), social work (e.g. care for an elderly person), psychology (e.g. difficult situations in old age), and even architecture (e.g. design for people with various disabilities) and the latest technologies (e.g. rehabilitation aids). Co-operation developed in the field of many scientific disciplines provides a holistic approach to individuals. Special geragogics is developed in the field of rehabilitation, education, upbringing, care and social adaptation of seniors with reduced functional abilities due to difficulties such as visual, auditory, motor, mental, communication or social maladjustment”.

In my view (see Figure 1), special pedagogy permeates all disciplines in the human life cycle, beginning with paidagogy to tanatopedagogy. Therefore, the creation of geragogics, as well as special geragogics, closes the education cycle of the individual in a developmental system consistent with the increasingly widespread view that education should be extended to all generations. Such an approach to educational processes was postulated by the above-mentioned Maricius and Comenius, as well as Ruth Benedict (1887–1948), Erich Fromm (1900–1980), Aleksander Kamiński (1903–1978), Abram Kardiner (1891–1981) and Ralph Linton (1893–1953). It is consistent with the view of Jerzy Halicki (2003, vol. 2, p. 29) that “geragogics makes us sensitive to the unique area of teaching and learning of older people who are less independent and do not necessarily have set goals when entering educational situations”.

The place of this new specialization in the gerontological and pedagogical disciplines is shown below:

**Figure 1.** Place of geragogics among gerontological disciplines The goals and tasks of special geragogics



The goals of special geragogics are identical with the goals of gerontopedagogy, except that they are clearly related to disabled people who are aging, and to older people who lose their efficiency. The issue is not to stop the inevitable process of aging, but above all, to make life worthy and valuable despite old age and, often, disability. German gerontopedagogue Walter Bachmann (1925–1992) rightly pointed out that “in the face of biologically conditioned degenerative processes occurring in aging and elderly people, in the face of increasing loneliness and isolation, in the face of a significant dependence on the outside world and an alien environment, a similar medical and pedagogical responsibility must be applied to this circle of people as the one undertaken to stimulate the development of children and young people with disabilities or those at risk of disability” (Bachmann, 1990).

In the field of basic cognitive research, special geragogics may involve the following detailed problems (Zych, 2014):

- learning about the aging of people with disabilities understood as the process and phase of their lives, and at the same time diagnosing the process of becoming a disabled person during the normal aging;
- recognition of the life situation of older people with disabilities (including determination of their health condition, scale of disability,

life resourcefulness, expectations and plans, as well as learning about the economic and social situation of these people);

- development of methods and means of support, assistance and care for disabled aging and old people;
- creating optimal, humane living conditions for people with disabilities in their old age and creating opportunities to seize life to a maximum extent (relative to health, age and disability, its scope and type); the issue here is to “equalize life chances” of not only disabled adults, but also inefficient aging and elderly;
- valorisation of disabled old age, i.e. actions aimed at raising the family and social status and the role of a disabled elderly person, and, consequently, at increasing the value of the final phase of life.

In the field of research in special geragogics, the author recognizes the need to find a solution to the following problems:

- education for mutual understanding and good rapport, tolerance and dialogue of generations, which is associated with shaping the right attitudes towards disabled people - both young and old/aging, implementation of the idea of creating a society for all age groups, i.e. building such a community which adapts its structure, policy, planning and functioning to the needs and abilities of all, thus freeing the potential of people of all ages for the benefit of everyone, including those less able or disabled;
- adapting the disabled person to the aging process and approaching old age, and at the same time preparing the elderly for the possibility of incomplete performance and coping with illness, suffering and disability, which are related to specific preventive, therapeutic and/or rehabilitation measures and actions, as well as actions within the resocialization and revalidation framework (cf. Stochmiałek, 2007, pp. 383–385); in particular, the issue is to help adapt the individual and their family to a chronic disease that may result in a reduction or loss of efficiency. It is also important to be aware of one’s own limitations in old age and to be able to learn to compensate for limitations related to disability;
- consultancy and advisory activities, i.e. geragogic counseling and socialization, aimed at increasing the social activity of disabled aging people and extending their living space;

- finally, inspiring and stimulating reflection on a difficult disabled old age, which should have a significance; this can enable one to set new goals and life tasks in the period of aging and old age; as well as “to reconcile with the inevitable” (Kamiński, 1986), or the preparation of an individual, also a disabled person, for suffering, dying and death.

A few years ago, I attempted to formulate the basic tasks of gerontologopedia being developed in Poland, which may fall within the scope of special geragogics (Zych, 2015; 2018a), and I included the following:

- diagnosis and therapy of aphasia in people with neurodegenerative disorders and dementias, especially with Alzheimer’s, Parkinson’s and Pick’s diseases, after brain strokes, as well as in people with neurological disorders in old age, especially individual choice of methods and forms of communication and speech therapy exercises adjusted to a specific patient;
- building a good relationship with the patient and/or carer, as well as preparing the carer to communicate with a convalescent – person suffering from speech or pronunciation disorders, including auxiliary and alternative communication (AAC), because traditional speech therapy focuses mainly on speech disorders and/or pronunciation in children and adolescents; meanwhile, one can try working with aphasic people in their late adulthood or older age,
- creating individual strategies for dealing with aphasic speech and speech disorders in the elderly, depending on the type of aphasia and the type of neurodegenerative, vascular or oncological disease, e.g. in the case of laryngeal cancer;
- getting to know and passing on the principles of building a good relationship between the carer and the patient, and engaging relatives (friends and family) for systematic logotherapeutic work with the patient;
- development of methods and forms of supportive and alternative communication, including multimedia (including the use of personal robots) with people suffering from various types of aphasia or with speech or pronunciation disorders, as well as learning the possibilities of modifying and adapting speech therapy methods not only to the needs, but also to the perceptual, verbal, intellectual or motor limitations of a particular patient, as well as taking into account

language competences and communication skills of older people as important areas of diagnosis, therapy and support within speech therapy activities.

### **Social policy towards the elderly disabled people and incomplete efficiency**

The process of demographic aging affects not only healthy and efficient people, but also representatives of groups with different types and degrees of disability. The increasing number of aging and old people among the population of our country, and especially among people with various disabilities, poses a significant challenge for the concern and care of this group of Polish society.

This is a bipolar problem, as on the one hand, the progressive process of physical and psychical involution causes a decrease in efficiency and independence, leading in many cases to infirmity and the need for care on the part of the family or social services, and on the other hand, individuals disabled physically, intellectually and mentally from birth or early youth are especially subject to the laws of nature and time; in other words, they are inevitably getting older. Therefore, it is indispensable to develop and consistently implement an adequate social policy aimed at helping elderly, disabled people. It becomes necessary to recognize, diagnose and improve their life situation, aspirations, needs and expectations, along with a multiaspect analysis of the basic determinants of the most important life problems. Such diagnoses constitute only a starting point for the development of assistance and self-help programs, as well as a social strategy for disabled elderly people in Polish society, which inevitably becomes aged.

Social policy towards the elderly is a policy in the face of a life cycle that adopts several important, yet obvious assumptions:

- the aging process, both in the dimension of an individual life cycle and from a demographic point of view, is one of an inevitable nature. Demographic aging, however, does not proceed at the same rhythm and pace – as subpopulations, disabled groups are aging much faster than the population of Poland. Social policy must be oriented towards those age groups that are the weakest, i.e. both children and seniors must find their right place in the circle of interest of social politicians. The youngest and oldest generations, including people with disabilities, should be prepared through education

and the process of upbringing for living a life in a society open to all age groups regardless of their level of efficiency. This preparation should also cover shaping awareness of the right of elderly disabled people to protection against discrimination and to its full and equitable use;

- the group of disabled aging and old people, which is also presented in this study, is extremely internally diverse, and at the same time is subject to social and health risks, which include loneliness and isolation, as well as decreasing living space that comes with age. Very often elderly, disabled people are referred to as invisible citizens because – as it is estimated – 8% of the disabled never leave their homes, and about 30% isolate themselves from society (Łyś, 2003). It can be assumed that in the group of disabled elderly people, loneliness and automarginalization are much higher. Loneliness and isolation among aging disabled people are a severe educational challenge for universities, social and educational organizations, such as the Society for the Fight against Disability and the Polish Gerontological Society, which should go beyond their statutory activity towards aging people with disabilities. In the light of the approaching demographic decline of generations entering the mainstream of higher education, universities – both public and private - should create opportunities for educating disabled people in the form of e.g. Universities of the Third Age for the Disabled, Silver Universities (Zych, 2018b), or Open Universities for people with special educational needs, offering remote education and/or digital learning, which also contribute to the prophylaxis of aging. These types of educational institutions can be a kind of educational community organized by and for people who want to remain active during their retirement. It is worth remembering that such forms of education of the aging and elderly play an important role in gerontologic prophylaxis and rehabilitation, and their aim is to maintain the spirit, give valuable and noble occupation and improve the living conditions of older people through mental, intellectual and physical activation, inclusion of elderly people to the system of lifelong learning and teaching “art of life” in their late years by way of implementing gerontologic prophylaxis. Such lectures, open to disabled seniors for many years, are run by universities in co-operation with religious organizations, for example in Austria and Germany.

Finally, important social integration problems should be pointed out not only in the youngest age groups but also with reference to fully and partly disabled people entering the stages of aging and old age. They include generational solidarity and intergenerational cohesion, although this can only be an “integrative illusion of postmodernity” (Krause, 2000). In spite of everything, I believe that the special education of aging and old age is connected with integration and emancipation geragogics, whose aim is to support independent life and autonomy of older people, often those less efficient, dependent or disabled. According to Viktor Lechta (born 1948) inclusive education, and within it inclusive geragogics, “is a new philosophy of education, ‘education for all’, in which each person is treated as individuality with their specific educational needs. The contemporary world should adapt to the disabled, and not the other way around. If we really want [...] inclusive education to be available to everyone, everywhere and always, then we must realize that meeting this expectation is a difficult and distant task for all parties participating in it” (Lechta, 2010).

Antonina Ostrowska, Joanna Sikorska and Barbara Gąciarz (2001), the authors of the report on the life situation of people with disabilities in Poland, have correctly stated: “With age and deterioration of the situation on the labour market for invalids, those who had much to lose actually lost the most. This points to the need to pay special attention in social policy to the group of older disabled people and to create conditions for this group enabling them to be more closely involved in the social life stream in the new reality”.

Perhaps a new intergenerational covenant in social life should be redefined to ensure all generations – efficient, less efficient and disabled people – justice and equality of economic, political and social situation in order to fully realize the beautiful idea of creating a community for all age groups, despite their greater or lesser degree of efficiency. It also requires improving communication on disability and promoting a positive image of aging and elderly with disabilities.

Specific tasks include the issue of changes in long-term care, in the form of institutionalization of the care services field, professionalization of caregivers, introduction of long-term care insurance, as well as adaptation of seniors’ programmes for the needs of older, less efficient and dependent people. Telecare, minigrants in the form of non-returnable payments for the adaptation of housing for the needs of those disabled, training housing for the

disabled, organizing rental of medical and rehabilitation equipment, and the creation of day care homes. An important problem of changes in long-term care is also “facilitating the combination of professional and family roles, as well as increasing the employment support of women. Female caregivers more often interrupt work or reduce its amount to take care of those in need. At the same time, the absence of care can be seen in the Polish discourse on disability. Solutions which can improve the situation of carers are considered to be hardly adequate” (Petelczyc, Roicka, 2015).

These constitute just selected tasks for special geragogics, which becomes an important educational challenge. Above all, its creation and development can be considered as a moral obligation for the coming generations.

**Abstract:** The subject of this paper is the disability of the elderly addressed as an exceptionally important social problem. The author describes the disability of aging and old people, presents the history of geragogics and defines the goals and tasks of special geragogics, concluding his work with the characteristics of social policy towards the old age of those disabled.

**Keywords:** ageing, disability, geragogics, old age, pedagogy, special needs geragogics, social policy

**Streszczenie:** Przedmiotem tego artykułu jest niepełnosprawność osób starszych jako niezmiernie ważny problem społeczny. Autor opisał niepełnosprawność osób starzejących się i starych, przedstawił historię geragogiki oraz określił cele i zadania geragogiki specjalnej, zamykając ten tekst charakterystyką polityki społecznej wobec starości osób niepełnosprawnych.

**Słowa kluczowe:** gergogika, geragogika specjalna, niepełnosprawność, pedagogia, polityka społeczna, starość, starzenie się



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