1 Older adults – terra incognita?*

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This chapter makes an attempt to show the richness of gerontological areas of research. It shows the correlation between the gerontological and other scientific disciplines approaches and their tangent points. The author makes the useful tabular summary about the research priorities in gerontology, functions and aims of gerontological diagnosis and categorial profiles of older adults.

The chapter also reveals the gaps in knowledge about ageing and old age indicated by international experts, and signals the need to synthesize the national achievements of gerontology and to undertake in-depth research on the profiles of older people revealing the real diversity of older citizens. For this purpose, it is necessary to establish the National Gerontology Institute to coordinate research on the ageing and old age process in Poland and to collect and synthesize the achievements of Polish and world gerontology.

Introduction

Ageing is not one but several processes, characterized by an individual, ontogenic course, which don't manifest themselves during the same period of life or in the equal manner. Not all changes occur simultaneously and their individual and social consequences alter depending on the living conditions, place, time, sex or the social status of the ageing person. The majority of changes evidenced among ageing people are associated with the normal physiological process of ageing of cells, organs and systems; however, some of them stem from pathologies (chronic diseases), others are the effect of the excess use or disuse of life resources (lifestyle, organization of collective life).

Ageing as a state may generate so-called personal problems, which are related to and focused on one individual (e.g., poor health and mobility, poverty, lack of social contacts) and their immediate environment. Not every individual case becomes a public issue but, if it does, it can impact on personal problems in lives of particular people. In such an approach, old age is not a social problem per se¹ but the effects of population ageing may bring social problems that require a deliberate intervention of various collective and individual entities in order to resolve, eliminate or even alleviate them.

Population ageing also poses questions of an ethical and political nature with regard to older adults' equal access to resources and their distribution, full participation of the eldest generation in social life, improvement of the quality of life of ageing citizens, selecting the method of medical and social intervention which is adequate to their state of health, the proportion of public and private funding for care, delaying and accelerating death of an ageing person. Moral dilemmas are also posed by issues connected with public and private

expenditure in long-term care, access to this sort of care and its duration, as well as the protection of civil rights of poor, disabled and older people.

Old age (the state) and ageing (the process) are sufficiently varied in their manifestations so that we may, depending on the problems we consider/describe/resolve (health and physical condition, psycho-emotional support, activity, conditions and quality of life, social status, estimation of needs senior citizens, development of the institutional infrastructure of care for the eldest etc.), build:

- 1 multidimensional, interdisciplinary and holistic concepts, models, patterns of ageing and differentiation of situation of the eldest generation in terms of their status (the theoretical and cognitive function: basic research of the universal, bio-psychosocial aspects of ageing and its consequences, conducted within particular branches of science – Figure 1.1);
- 2 empirically documented profiles of older adults that are varied depending on their health, socio-demographic, socio-economic and cultural features (the implementational function – utilitarian objectives: the development of the social policy strategy aimed at older adults and creating gerontological programs – see Table 1.2, later in the chapter).

Science must, therefore, make an effort to elucidate the multidisciplinary knowledge on the sources, diverse forms and manifestations of the process of ageing for the real world of

Figure 1.1 The interdisciplinary character of the knowledge of ageing and old age.

Source: updated and extended proposal of Eyde and Rich (1983: 39).

ageing people, as well as to rebuild and bring to public awareness the problems caused by ageing of populations and individuals. Thus, having a relatively accurate diagnosis of the situation is essential to describe and explain the phenomena related to ageing as well as to assign steps that are adequate to the situation and potential of older adults and allow them to age in a satisfying manner and provide health and social security which is worthy of a person and a citizen.

The majority of countries with an ageing demographic structure (particularly those at different stages of a political transformation) face the necessity of expanding the area of research on ageing and funding for it.

The most frequently researched areas include the following (Bengtson, Putney and Johnson, 2005: 3–20; Bartlett and Harper, 2006; Andrews et al., 2006: 7–14):

- 1 demographic trends;
- 2 issues related with the role of grandparents;
- 3 the informal input (contribution) of the eldest generation for the family and local community (e.g., child-minding, help in running the household of their offspring, intergenerational transfers, voluntary work of older adults, involvement in activities for local development);
- 4 matters pertaining to the productivity of older adults and their presence in the labor market;
- 5 analysis of the infrastructure necessary in the process of facilitating autonomy and independence of the eldest generation (e.g., housing, healthcare and welfare, pensions);
- 6 care for older adults (e.g., potential carers).

In view of inadequate gerontological knowledge, international expert groups, having reviewed the subject research to date, have been signaling, for several years, an urgent need for expanding the research area, taking into account a few significant methodological issues (see Table 1.1).

Over recent years, there has been a growing number of social policy strategies and/or solutions aimed at various social categories, adopted by public authorities on different levels. However, this is not accompanied by the development of universal diagnostic tools, employed in repeated research and comparative inter-regional studies on the regional/district level. Despite the modest number of geriatricians, particularly gerontologists (in Poland, gerontology is still “patchy” in nature), there is a relatively large body of research that is thematically repetitive, non-representative and restricted territorially, which offers descriptive material for select categories of older adults, the state of their health and constitution, material and social needs etc.

The process of population ageing is not only a cost/burden, but it is also a unique opportunity for making use of the potential of older people and, at the same time, a necessity to deal with the needs of a society characterized by a large share of the eldest generation in its structure (in the family, local community, greater social groups). Thus, there is a need for obtaining a multidisciplinary diagnosis (empirical knowledge) performing the cognitive, analytical, educational, managerial, motivational and lobbying function, which allows synchronizing various policies (population, economic, health, social) and proper allocation of assistance for the eldest generation (Table 1.2).

The objective and extended view of Polish old age is distorted by the one-dimensional, polarity-based perception both of the process of ageing as well as of older persons:

Table 1.1 Research priorities in gerontology indicated by international experts

<i>Key methodological challenges</i>		
<p>A necessity for developing, consolidating/unifying appropriate concepts, notions and standardization of research tools that would allow comparative analyses of the situation, needs and functioning of older adults on the international, national, regional and local level.</p> <p>Developing methods for integrating bio-psycho-social research with due diligence for securing high ethical standards (particularly in the new areas of bio- and psycho-medical research) coupled with accepting social responsibility for interpretation of findings and their dissemination as well as protection of human and citizen rights and privacy of test subjects.</p> <p>Priority for multifaceted longitudinal research (cohort and intergenerational studies) allowing tracking of the process of ageing and its consequences on the individual and social group level.</p> <p>Consolidating and archiving information originating from various sources, including data bases, as well as conducting primary and secondary analyses of existing data, followed by sharing the data with international and national researchers.</p>		
<i>Problem</i>	<i>Research priorities</i>	<i>Research indicated as urgent</i>
Macrosocial changes and development.	<p>Mutual relations: ageing population and socio-economic development.</p> <p>Scenarios for the projected development of the ageing society.</p> <p>Older adults' contribution to the collective life – economic intergenerational transfers.</p> <p>Senior citizens in the labor market and the function of the “silver economy”.</p> <p>Current and optional forms of maintaining/fostering economic security of ageing citizens.</p>	<p>Documenting, monitoring and analysis of the influence of demographic transformations on the functioning of older adults and society as a whole.</p> <p>Needs of the eldest generation caused by economic and technological changes.</p> <p>Ability to work and possibilities for employment for older people (man for work–work for man).</p> <p>Older adults as consumers.</p> <p>Redistribution and transfers of public funding and material and financial resources and services for older adults.</p> <p>Identification and categorization of risk factors for the loss of life independence of the eldest (old-old) people as well as those qualified as members of the “socially vulnerable groups”.</p> <p>Level and correlates of poverty in various categories of older adults.</p>

Health, fitness and well-being of older adults.	<p>Interactions between the genetic and biological markers, environment and health behaviors of ageing people.</p> <p>Biomedical, social and economic implications of health and life span (including biotechnology and anti-ageing medicine programs).</p> <p>Mental health and old age.</p> <p>Epidemiology and determinants of major diseases and disabilities of older people.</p> <p>Geriatric care – infrastructure and human resources.</p> <p>Establishing working definitions and indicators for the quality of life on the national/international level.</p> <p>Meta-analysis of the quality of life of older adults, based on the available research results.</p> <p>Key parameters of the quality of life of ageing people in the physical, psychological, spiritual and social dimension (hierarchization of parameters).</p> <p>Environmental diversity of the quality of life among older adults.</p>	<p>Individual and social correlates of healthy ageing of men and women.</p> <p>Effectiveness of programs for promoting health and preventive treatment.</p> <p>Availability of medical benefits and services to older adults.</p> <p>Intervention and rehabilitation strategies intended for persons at risk of disability.</p> <p>Long-term and palliative care – the demand and supply of institutional and informal caregivers.</p> <p>Indicators for the quality of life of older adults (existential profile, relations with the environment as well as achievement of personal goals, fulfilment of needs and aspirations).</p> <p>Quality of life of older adults living with their families, in independent households as well as those living in care centers.</p> <p>Quality of life of the eldest (old-old) citizens.</p> <p>Adaptive strategies of older adults and coping with difficult situations.</p>
Quality of life in old age.		
Social integration and participation of older adults.	<p>Intergenerational relations – the perception of old age by generations on the extreme ends.</p> <p>Determinants of the participation of older adults in the social mainstream.</p> <p>Manifestations and level of age discrimination (ageism).</p> <p>Older adults in the education system.</p>	<p>Strategies and programs for intergenerational integration in local communities and larger groups.</p> <p>Image of old age and social attitudes towards old age and older adults.</p> <p>Adaptive strategies and programs of the education system aimed at the needs and challenges posed by population ageing (adult education, lifelong learning, retraining, requalifying etc.).</p> <p>Psychosocial determinants of social integration and participation of older adults (<i>priority</i>: persons living alone and socially vulnerable groups).</p> <p>Manifestations and level of the integration of residents of care centers with the environment.</p> <p>Extent and correlates of negligence, abuse, exploitation and violence against older adults.</p> <p>Social marginalization and isolation of older adults in the countryside and city.</p>

continued

Table 1.1 Continued

<i>Problem</i>	<i>Research priorities</i>	<i>Research indicated as urgent</i>
Family of an older person.	Older adult in the family and the senior's family. Family roles of older adults. Intergenerational transfers in the family.	Changes in the structure and functions of a family with an older adult. Benefits/drawbacks as well as barriers related to an older person's dwelling with their family. Functioning of older adults running an independent, single-person household (priority: <i>aged people</i>). Family caregivers – resources, competencies and needs.
Welfare systems aimed at citizens in later life.	The impact of changes in the structure and functions of the family on the shape of the care and welfare system for older adults. Older patients' access to medical services on each reference level of the welfare system.	Determinants of older adults' capacity for self-care. Documenting, monitoring and designing resources and forms of formal and informal care for persons in later life. Neighbors as a potential source of assistance for older adults. Situation and functioning of residents of care facilities. Place of gerontological policy in goals and tasks of the social policy.
Social policy against ageing and in aid of older adults.	Objectives and tasks of the gerontological social policy as well as directions of development of gerontological programs (needs of today – capabilities of tomorrow). Evaluation of the expenditures-effects relation in governmental, self-governmental and non-governmental policies for older adults as well as gerontological programs.	Strategies of gerontological policy and the periodical evaluation of effects. Collecting and disseminating "good practices" in social policy – foreign, national and local practices. Influence of migration on the employment policy of ageing people.

Sources: Powell and Biggs, 2003: 2; Bengtson, Putney and Johnson, 2005: 3–20; Bartlett and Harper, 2006; Andrews et al., 2006: 7–14; Blood and Bamford, 2010; Araujo de Carvalho et al., 2012; Czekanowski 2012).

- 1 Pole One presents old age as an individual's life drama, a time permeated by anguish and despair, a period perceived solely through the prism of deficits and pathologies, rising costs of living, medical treatment and care of the eldest generation. This over-medicalized image of old age and ageing does not foster the proper understanding of these phenomena by the other participants of the collective life, nor does it contribute to changing the negative image of old age in public awareness or devising programs intended for diverse categories of older persons. The reality refutes this over-medicalized vision of old age since gerontological research findings conclude that despite the increased frequency of chronic diseases among older adults, the majority function independently (even among representatives of the most aged groups). Indeed, we may observe long-term medical conditions among older adults, however, only 3–4 percent of them are bedridden or use wheelchairs, a further 6 percent experience problems with moving around their apartments and, lastly, another 6 percent are unable to leave their homes. It may thus be stated that depending on the country, approximately 70–80 percent of older adults function autonomously, in spite of their diseases and impairments, whereas only a small part of them require specialized forms of support and care from their environment (Woźniak, 2016).
- 2 Pole Two is dominated by the over-optimistic (heroic) models of old age, resembling manifestos, of sorts, characteristic for minority groups. Such perceptions are common among socially active older adults and/or organizations advocating for older adults, which is not really conducive to objectivizing the situation and potential of older adults. In this convention of idealizing old age we may also find endless and futile discussions on the appropriateness of using, in speech and writing, the terms that have been in use for decades, such as “old person”, “old people”, “the elderly”, in turn, proposing the more favorable words such as “older persons”, “ageing people”, “members of the third age”, “seniors” etc., which is dictated by political correctness and not completely justified moral argumentation (dignity, respect). Nevertheless, the “alchemy” of wording will not be able to “re-forge” attitudes and behaviors that discriminate against old age into positive counterparts. Therefore, all possible names defining persons belonging to the “third age” should be employed as synonyms, without any intentions of valuating the use of “harder” terms pertaining to old age or ageing. This does not undermine the image of the older generation, whereas using them interchangeably in texts undoubtedly allows authors to avoid frequent repetitions, which improves the clarity of the message. I am one of the few who opt for the use of these notions as synonymous. I have been “called to order” for refraining from the use of euphemisms more than once; nevertheless, whenever I address this issue, I recall a situation which took place many years ago when I was asked by one of the participants of classes of the University of the Third Age about the use of the term: “an older person? – older than whom?” (Czekanowski, 2012: 104–107).

The “polarity” of the overview of problems experienced by older adults in Poland is “sustained” by the following gaps and inadequacies of knowledge on ageing and old age:²

- 1 absence of syntheses – prevalence of frequently repeated studies of issues of the secondary nature and local scope, characterized by a low degree of generality;
- 2 lack of longitudinal studies that would allow examining processes and phenomena related to ageing of individuals and populations (it is a secondary effect of the way science is funded);

Table 1.2 Functions and aims of gerontological diagnosis

Cognitive function

Making use of the existing, and always limited, potential of institutions, organizations (including the non-governmental sector), social benefits and services as well as taking political decisions which are rational and adequate to needs, necessitates that the decision-makers are in possession of the information that is suitable, objective and available at the right time. In order to initiate a program of creating an effective strategy of social (senior) policy, it is essential to find answers to the following questions:

- 1 What is contained within the information resources at the disposal of public authorities that may be used for the benefit of the system of social support?
- 2 What sort of data from this source may be useful for diagnostic and professional purposes?
- 3 What information is still missing on the level of national/regional/local structures in order to achieve a complete picture of resources available for gerontological programs?
- 4 What data will have to be input to routine reports of all sectors so that programs intended to resolve problems of older adults are effective and pertinent to their needs?

Research and analytical function

Public authorities must/should have at their disposal an information-diagnostic system which expands the “signal network”, which fosters better understanding of needs, social expectations, opinions of decision-makers and executors (officials), who guarantee proper allocation of assistance, control over the use of resources and modifying (expanding) the array of benefits and services in the sector of social services and welfare. The goal of the diagnosis is to obtain information concerning the state and needs of citizens in later life as well as institutional resources in order to:

- 1 know, so that events can be predicted and pre-empted;
- 2 assess the potential, functioning and access to the infrastructure supporting gerontological programs;
- 3 categorize the areas of life of ageing citizens who are under the threat of dysfunctionality, requiring a reaction/support;
- 4 make realistic choices that are appropriate to older adults’ needs and projections of future policies.

Educational function

Work on the development of the program and monitoring of the social policy strategy intended for the eldest generation ought to be the basis for evaluation of the effectiveness of inputs and outputs (evaluation) for public authorities. The experiences of joint efforts, however, should serve the education of all participants of the process of planning, carrying out and assessing gerontological strategies and programs (assessment of substantive issues and civic opinions of older adults themselves)

Managerial function

Results of analyses, recommendations and projections based on diagnosis ought to provide public authorities with the following tools:

- 1 decision-making support at various stages of implementations of social programs and current tasks;
- 2 development of strategies and tasks of strategies aimed at different segments of the population of older adults (profiles of older adults and risk groups);
- 3 assessment of their own situation as compared with other self-government entities of the region/country;
- 4 synchronization of various policies (population, economic, health, social etc.).

Motivational function

- 1 Research reports, analyses and interpretations provide public authorities with evidence that the information and reports that are passed on:
 - a don't disappear without a trace but return to authors and their partners in the form of synthetic publications, proposals for changes/amendments of the current and future actions;
 - b become useful in the daily work of local governments and the public administration;
 - c allow partners of local authorities to objectivize their own position toward public affairs;
- 2 diagnosis provides data enabling promoting and disseminating original and innovative solutions for the social policy and sectoral policies (including the senior policy) as well as the social support system.

Lobbying function

Analytical and program materials generated in the course of devising the strategy for the senior social policy and its programs should aim at:

- 1 playing the role of the advocate of interests of the eldest generation in relations with public authorities of all levels as well as institutions and organizations;
- 2 promoting innovative solutions in gerontological programs at various organizational levels of public authorities, the public and civic sector as well as the media;
- 3 promoting organizational and institutional solutions for expanding the range of services and benefits as well as assuring their quality.

Source: author's own elaboration.

- 3 scarcity of research projects that would allow creating generic categories from data-bases of particulars:
 - a corresponding to the health and psychosocial diversity,
 - b constituting a premise and foundation for developing well-aimed gerontological programs,
 - c useful to a wide array of intended recipients of this kind of information (science, public authorities, non-governmental sector, media, etc.) as well as its dissemination;
- 4 shortage of comparative studies of the social situation and functioning of older adults in the family, local community, region, country and within the European Union;
- 5 too great arbitrariness of the use of terms and notions in empirical research.

Thus, there is a need for a more comprehensive and extensive array of research programs characterized by a diversity of issues and in-depth analyses since, generally, studies are conducted and repeated in different parts of the country and consist in sociographic research of selected problems related to the ageing and situation of the elderly by means of the so-called boundary values (variables are described separately: age, sex, health condition etc.).

In this situation, a pressing issue would also be establishing the National Institute of Gerontology (NIG),³ which would:

- 1 coordinate research on the process of ageing and old age in Poland;
- 2 gather and synthesize the scientific output of Polish and world gerontology;
- 3 perform diagnostic and prognostic functions;
- 4 constitute a platform for the exchange of experiences of national and international researchers and practitioners;
- 5 educate gerontological staff (postgraduate education);
- 6 combine objectivized knowledge with concepts and proposals of public authorities in the process of developing strategies for resolving issues and satisfying needs of older adults;
- 7 be a center for formulating premises justifying the decisions of public authorities concerning the vital interests of the eldest generation;
- 8 constitute an institution collaborating with similar organizations abroad, in particular, countries that are members of the European Union and United Nations.

Another step toward expanding the scope of gerontological research ought to be allocating budget funds to nation-wide/regional programs (*priority: commissioned research*), whose outcomes are intended to aid in monitoring the social situation, health and functioning of diverse categories of older adults (research of categorical profiles of older adults – Table 1.3).

I have been trying, for many years and with mediocre results, to divert the prevalent vector of description and analysis of old and ageing adults to one that would allow generating categorical profiles of older adults (CPOA), based on data from empirical research:

- 1 covering similar subsets of older adults, categorized in terms of thematic groups as well as independent variables and characteristics, which would reveal the realistic diversity of older adults;
- 2 allowing for isolating groups of older adults on the basis of a particular aspect of their life (e.g., health, functional efficiency, psychological potential, family and financial situation) as well as their socio-demographic and territorial modes and correlates;

Table 1.3 Categorical profiles of older adults

I. Health profile	II. Psychological profile	III. Social profile
<p><i>Sub-profiles</i></p> <p>Self-assessment of the state of health</p> <p>Level of functional efficiency (<i>mobility, functional autonomy, orientation in the environment</i>)</p> <p>Type and severity of functional limitations</p> <p>self-care ability</p> <p>Psychophysical health – somatic and Psychiatric symptoms</p> <p>Subjective prognosis of one's health condition and functionality level</p> <p>Availability of medical benefits and services</p>	<p>Sense of control over one's own life</p> <p>Aptitude for and skill of problem-solving</p> <p>Special assets, skills and physical and intellectual capabilities</p> <p>Capacity for adapting to changes</p> <p>Self-criticism</p> <p>Ability to plan and carry out tasks</p> <p>Self-assessment of one's capabilities</p> <p>Ability to control emotions</p>	<p>Relations with the family and remaining primary groups</p> <p>Styles of communicating</p> <p>Forms of social activity</p> <p>Income and savings</p> <p>Material resources</p> <p>Budgeting</p> <p>Level of dependence on others</p> <p>Availability of social infrastructure and system of support (<i>healthcare, welfare, services, counselling, voluntary work, non-governmental organizations etc.</i>)</p>
<p><i>IV. Functional profile</i></p>		
<p>The synthetic indicator is based on the value of the profiles: health, psychological and social</p> <p>The functional profile defines the variants of the socio-health and psychological potential of the older adult as: optimal (high), moderate or low</p> <p>The potentials of the particular categorical profiles reveal bio-psycho-social resources of older adults and increase the quality of life of the ageing person; deficits, however, characterize groups of older adults that limit their autonomy and lower their life independence.</p> <p>Each of the sub-profiles and the functional profile modes are selected for analysis with the set of socio-demographic variables (age, sex, education, type of town, marital status, family status, size and composition of the household, financial standing, senior's activity).</p>		

Source: author's proposal.

- 3 facilitating identification of older persons who belong to the so-called vulnerable social groups⁴ (older adults isolated socially (Rathbone-McCuan and Hashimi, 1982: 1–3, 15),⁵ victims of violence, homeless members of ethnic groups, older persons of a different sexual orientation);
- 4 cataloguing similarities and differences of older adults living with their families, those living in households that are run independently as well as those staying at round-the-clock care nursing institutions;
- 5 enabling the assessment of individual and group resources and reserves thanks to which older persons, in particular those with disabilities and chronic medical conditions, can function on a par with their potential, as well as at the maximum level of autonomy for their age and capacity;
- 6 objectivizing and elucidating the criteria and selection of directions and goals in the social policy dedicated to older persons;
- 7 constituting the basis for comparative analyses so that public authorities of various levels could be granted access to universal diagnostic tools used for establishing hierarchy of older adults' needs in accordance with the adopted system of values as well as the role and scope of commitment of particular entities of the public system, which take part in the process of shaping and implementing the senior policy (*also outside the public sector*);
- 8 making it easier for holders of public funds as well as the public administration to indicate the areas in the policies that are to be promoted and protected;
- 9 allowing for bringing closer the activities of the authorities to the real world of older adults' needs as well as rational use of resources and addressing gerontological programs at appropriate target groups (ongoing corrections to the programs).

The proposed research of categorical profiles of older adults constitute a cognitive and organizational, as well as implementable, answer to transformations in the demographic structure of the country/region/community, as well as changes occurring in social and institutional systems, which derive from them.

The categorical profile of the senior is a tool intended for the in-depth analysis of the status and demands of the eldest generation: it will also be a global independent variable which will allow for more adequate – in terms of the potential of particular categories of older adults – allocation of activities aimed at facilitating ageing that is satisfying as well as guaranteeing decent living conditions for a human being and a citizen to people belonging to the group at a high risk of deprivation of social health security.

It has not been possible, as yet, to find a sponsor in the public sector that would finance such a national or even regional study of profiles of older adults. As a result of this endeavor, new research tools and analytical matrices would be created to be used in particular regions of the country.⁶

Notes

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1 A social problem is a series of phenomena, conditions and situations which hinder or preclude the achievement of social goals, disturb the functioning of society as a whole or its segments – the collective, society, social groups and/or upset the balance of social life. The existence of social problems is proof for the functioning of states of affairs necessitating changes or, at least, activity

- in the light of the given system of values and ambitions. The principal source of social problems is the organization of society (collective life), i.e., the method of functioning of social systems and institutions.
- 2 Despite the fact that the Polish population has entered the path of accelerated ageing, the holders of public funds for research have not seen the need for financing gerontological projects for numerous years: the first such initiative, with a national scope, started in 1974 and was finally completed after 35 years; the following one – in 2008 (*PolSenior* under the commissioned research project number: PBZ-MEIN-9/2/2006).
 - 3 At the European level, there is no similar institution of coordination and research character – the foundation for such an institution may be the existing entities such as: the European Network in Ageing Studies (ENAS), European Centre for Gerontology – University of Malta and International Institute on Ageing, United Nations – Malta.
 - 4 The Latin word *vulnerare* denotes a risk of being/becoming hurt, harmed, harassed, worried. Thus, if we follow this line of reasoning, we may state the individuals/groups that are vulnerable are entities that are at a higher risk of being exposed to social, cultural, political and economic phenomena and processes that limit their ability to cope with the negative effects of such phenomena, which leads to their marginalization and exclusion from the mainstream of collective life. The terms “susceptibility” and “vulnerability” are often used interchangeably, however, in order for the situation to be fully transparent, we need to distinguish between them, i.e., susceptibility denotes a risk stemming from endogenic factors (e.g., the state of nutrition of an individual, the state of immunity system, psychological predispositions, genetic determinants), whereas vulnerability is connected with external socio-cultural and economic conditions, manifesting itself in a higher probability of being exposed to environmental threats, a lower ability of coping with difficulties and adapting to new conditions and challenges (a deficit of means and potential). Social vulnerability is, most frequently, related to poverty, but may also be associated with isolated persons, deviants, individuals under a lot of pressure, those who helplessly face risk or unexpected/extraordinary events – it is a function of exposure and resistance/sensitivity to risk factors.
 - 5 As regards older adults, social isolation describes a process in which older persons lose the sense of personality integrity as well as ties with other social resources. These are situations or events which can be perceived as an impediment to maintaining personality integrity and social entanglement. We may identify the “rhythm of isolation” (personal patterns of variability in relations with other people may be established during earlier stages of development, and be sustained until late old age) and the “relativity of isolation” (individuals may evaluate their status on the basis of a comparison of their own situation with the one of their peers).
 - 6 The consortium of three universities in Poznań and the Polish Gerontological Society, initiated by the author of the present chapter, in 2013, applied to the National Centre for Research and Development (*Polish NCBiR*) for funding of the project under the title “Health and psychosocial profiles of older persons as a foundation for building regional programs for positive ageing. A model approach” (Herudzińska and Przybył, 2018). The project proposal had been rejected at the first stage, i.e., the pre-selection, and was not sent to the merit-based assessment since, according to the Team of Experts at NCRD: “the project was not geared towards implementing a solution offering an increase in the quality of life of the society, ... the proposed ideas were not an innovative solution but merely a standard and commonly used tool” (excerpt from the NCDR document No. DZP_SKB.7011.7.2013.JM:29). Among 16 projects qualified for implementation, only two were targeting older adults: “GRADYS”, a project developing software for enhancing cognitive functions of older adults, and “E-religious tourism”.

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