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Title: Importance of community and local social networks for the elderly in Slovenia and their change in time

Abstract

Neighbors have rarely an important role as support givers, however they can represent an important source of support for the elderly, whose diminished mobility more often limits them to the neighborhood in their contacts. In addition, the support in the community brings us to the question whether today local community can be active in providing social support, i.e. function as an agent, or is it just an arena where support is provided by other agents, like locally based formal organizations and family members. In the article the importance of neighbors in social support networks and relations in local community are analysed on the basis of a quantitative survey among Slovenians. The research also allows us to observe the changes in the role of neighbors and relations in the neighborhood. The results indicate that the role of neighbors is more important for the elderly than for other age groups. However, somewhat disquieting is the indicated trend of diminishing importance of these networks and with that potential for community support in time (from 1987 to 2005).

Introduction

There is growing awareness of the changes occurring in the lifestyles and living circumstances of the elderly. With a concern for the quality of life of the elderly, researchers have emphasized the significance of living in the community versus institutionalization of the elderly. Living in the community enables older people to stay in familiar surroundings, making it easier to move around in a known environment and enables them to keep a sense of home, an important part of which are also the neighborhood and people in it (Ekstrom 1994). This gives them a sense of continuity along with a feeling of familiarity and ontological security. The importance of community living for the elderly and community support is emphasized in European and other international documents on ageing.

‘There is a consensus on giving priority to home care services and introducing new technology (e.g. independent living systems) which can help to enable people to live in their own home for as long as possible’ (Joint report on social protection and social inclusion 2007:8).

The community is seen as an important resource, aiding other actors in caring for the elderly, especially in the context of overburdened employed women. ‘Families must therefore be supported to a greater extent. This is where social services and networks of solidarity and care within local communities come in’ (Green paper from the European Commission 2005:10).

However, in postmodern times many theorists and researchers have warned about the disappearance of ties in the community (Bauman 2001), diminishing participation in local organizations (Putnam 1995, 2000), the ever greater individualization of people (Beck 1992) and increasingly superficial contacts (Gergen 1991). Many authors also argue that space has lost its importance in providing a link between people, of being the source around which one establishes an identity (Harvey 1996, Auge 1999). This can also be labeled the community lost discourse, as Wellman and Leighton (1979) defined it. Stimulated by an increase in cheap transport and other changes brought by the modern lifestyle people are no longer perceived as limited in their contacts to their locality. In this perspective, local social networks are becoming smaller and less dense (contacts are decreasing) and consequently do not enable solidarity and local mobilization.

According to Wellman and Leighton (1979), there are two other ways of viewing the development of community, namely the community saved and community liberated perspectives. The emphasis on the importance of local ties still persists in both. Much research on neighborhoods and the community confirms that local networks remain important and are not necessarily decreasing in time (Guest and Wierzbicki 1999, Henning and Lieberg 1996).

Local ties in Central and Eastern Europe have been less extensively studied and what the trends here are is less clear. As Uslaner and Badescu (2003) warned, the importance of local ties in CEE countries has dropped after the transition, while they played an important role in the period before it. The high levels of distrust that prevailed during communism have influenced the relationships that were built.

In this article we will analyze local ties in Slovenia over time before and after the transition. We will specifically focus on the elderly population as these local ties might be more important for them than for the general population. This is indicated in research done in Europe and the USA. It is also linked to the idea of the community as an agent capable of social support. Consequently, the analysis will try to show the changes in people's attitudes to the community and the people living in it (such as trust and the availability of support).

The first part of the article presents theoretical background on the role of neighbors and neighborhood in the lives of the elderly. This is followed by a description of the research methodology and results. We conclude with some possible implications of these for the quality of life of the elderly population in Slovenia.

Role of neighbors and the local community in caring for the elderly

In this section we briefly overview the vast literature on the role of neighbors in giving support to the elderly. We try to link this discourse, which often stems from social network analysis where neighbors are only one of many possible support-givers, with the discourse on community and community care.

Can the community provide care?

Community care of the elderly is most commonly understood as care provided by institutions based in a certain community, i.e. as formal care of the elderly by 'Home and community based services' (Karner 1998, Muramatsu and Campbell 2002). Community-based organizations ('CBOs') is a term defining nonprofit organizations that operate within social services and within a geographically limited area (Anheier and List 2005). In the UK community care has been defined as a set of political goals developed in the 1950s as a response to institutional care. These were oriented toward establishing smaller units of care in the local community. In 1970 these goals were expanded from mainly the group of people with mental health problems to the group of the elderly. A new emphasis was also given, namely from 'care in the community' to 'care by the community'. However, even though the term is care by the community, community care is still mainly perceived as the development of various services in the community that enable the elderly to live in the community longer (Alcock et al. 2002).

This view portrays the community not as an active agent in the provision of care, but only as an arena in which care is provided either by organizations or by family members; the latter being more common. The feminist critique has emphasized this last point, namely that community care *de facto* means care of the elderly by (most often female) family members and that in social policy the term is used as a way to shift the burden of care of vulnerable members of society to women (Alcock et al. 2002).

Loghran (2003) argues that the community can still be seen as an active agent in providing care for its members. However, we must not speak then of care in its narrow sense, i.e. of personal, long-term care of the elderly. Care by the community must be observed in the wider sense, as general 'caring' for the well-being of others, of whom we have some limited knowledge, a readiness to help when help is needed or asked for. That is how we will comprehend care in this article. This type of care is something that researchers have found readily available in, for example, 'all-black' African-American communities, also termed 'community covenants of care' (see McAuley 2001).

'(C)ovenants of care tend to be highly situated within and focused upon the towns themselves. Thus they transcend friendship and family support systems (...) and encourage support for town residents' (McAuley 2001, 179).

Neighbors as care-givers

Neighbors can be observed as people actively performing community care of the elderly. Due to their proximity and ready availability, they are appropriate agents for establishing weak ties (Henning and Lieberg 1996). These weak ties mean that neighbors can perform irregular small help, but usually not long-term personal support. They can be an important complement to the care given by family members or the formal care of community organizations (Baker 2002).

We can therefore describe neighbors as one agent of informal care provision with specific tasks. This view is in line with the so-called task specific model of care for the elderly, as one of the four models of relations among formal and informal care (along

with compensatory, substitution and complementary) (Ward-Griffin and Marshal 2003). The latter sees care tasks as being divided among different formal and informal care providers where, for example, informal family care is more suited for personal and everyday care, while formal care is better suited to provide other tasks of a more predictable and technological nature.

Wenger (1994) defined the expectation and normative responsibilities that are linked to neighboring as mainly being of a practical nature. What is expected is: being available, showing a limited amount of concern and providing help in emergencies. Neighbors therefore chiefly provide small aid in everyday chores. In the case of elderly people, more regular help can be provided when the elderly have smaller needs. However, the relationship can also be broken off when the needs of the elderly exceed the normative expectations (Wenger 1994). This indicates that there is a thin line between being a neighbor and sometimes being an important care-giver. Baker (2002) emphasized this. Her research into non-family care-givers of the elderly has shown that people offering help often see their role only as being a good neighbor¹. The finding of McAuley (2001, 178) was similar as one of the town residents said when helping an elderly person that he was 'just helping out', as he 'loves helping people'. Consequently, there is unclear distinction in being a good neighbor and providing appropriate support for the elderly in need, and the role of a more formal caregiver.

The analysis of social networks clearly distinguishes different support-givers, who usually are also quite hierarchically ordered. The closest family members are normally the most important support providers, followed by friends and neighbors, with professionals usually found more at the bottom of the support list. Various network analyses have shown that neighbors are not the main carers or support-givers (see Wenger 1994, Henning and Lieberg 1999, Litwin 1998, Hlebec 2003, 2004, Barker 2002). Yet neighbors are more important members of social support networks among the elderly than among the general population (Campbell and Lee 1992, Guest and Wierzbicki 1999). The elderly usually have smaller networks and have fewer contacts but they also have more frequent contacts with their neighbors – like talking or visiting (Campbell and Lee 1992, Guest and Wierzbicki 1999, Henning and Lieberg 1996).

The research described above indicates how important the role of neighbors can be in terms of caring for the older people, especially for specific groups of elderly like those without family members. The various types of support given by neighbors can be viewed as a form of community care. However, another question is whether it is in reality provided in the community and to what degree. Many theorists believe that the community today is a community lost and that people are becoming more alienated and less trusting (Bauman 2001, Gergen 1991, Putnam 1995, 2000). Lower provision combined with higher (political) expectations that the community will provide care can signify discrepancies and perhaps a need for additional policy measures to boost 'community care'.

¹ Even family members do not necessarily see themselves as care-givers, but see their role as an extension of their relational role (O'Connor 2007).

Influences on the availability of care in the community

What kind of community care is available to the elderly in the sense of small help, 'caring for the well-being of others', can depend on many factors. These are cultural expectations linked to the role of one's neighbors, characteristics of the neighborhood (physical, demographic, organizational) and the formal organization of care for the elderly.

Cultural expectations of the role of neighbors in people's lives influences to what extent neighbors offer support, i.e. provide care to the elderly. We therefore can expect quite significant cultural differences in this respect among the network types. Wenger (1994) found in her analysis of networks of the elderly in the UK that, among the five identified types of social network, there is one where neighbors represent the primary source of social support (usually the elderly without children, living alone), while in all but one network type neighbors play an important role as support-givers. Litwin (1998) showed that in Israel only two out of five identified networks types include neighbors to a significant degree. For Slovenia, Hlebec (2003) identified six network types of the elderly and the majority of them are strongly family oriented. The more locally oriented are two network types; however, they represent much less common network types of the elderly than the family-oriented ones (35% vs. 65%). These results show that neighbors are usually not the main care-givers, although some countries might be even more family oriented (like Slovenia and Israel) than others.

Regarding the influence of neighborhood characteristics, researchers have found stronger ties among people in neighborhoods where there is greater stability and less migration (Wenger 1994). Moorer and Suurmeijer (2001) found that the size of the social network of the elderly is affected (albeit modestly) by the proportion of elderly people in the neighborhood, neighborhood crime rates and the number of activities for the elderly in the neighborhood.

Further, another important factor is the availability of formal help. The level of state commitment to develop home and community-based services ('HCBS') influences in several ways the level and mix of services available, the norms and expectations about care-giving and potential roles that informal network members play in acting as a bridge between an elderly person and service providers. A higher level of state expenditure on HCBS is associated with the greater use of formal personal assistance by the elderly, as well as the bigger use of any informal assistance (Muramatsu and Campbell 2002). This is perhaps a somewhat surprising finding, indicating that formal help is not a substitute for informal help but that the two are complementary.

In addition to the influences described above, there is also a change of regime that has to be considered in Slovenia which has influenced the organization of local communities, the organization of formal elderly care and (potentially) local relationships.

The former socialist period is often described as a period of low trust and few linkages. The general trust and other indicators of social capital in Slovenia are quite low compared to Western European countries (EQLS 2003), even though among the

transition countries it is placed high up the list. This has been described by Uslaner and Badescu as the condition when 'the state repression ended, but the culture left by more than half a century of authoritarian government endured. People had been socialized not to trust their neighbors' (Uslaner and Badescu, 2003: 219).

What was the role of neighbors in the former regime? The high levels of distrust that prevailed during communism made people turn to the private domain of the primary groups – their family, friends and neighbors. Since trust was given with difficulty, the networks were strong when established – even discussing politics implied high levels of trust (Flap and Volker, 2003). Flap and Volker (2003:43) described the conditions in East Germany as 'small islands of intimacy in a sea of instrumental sociability'. This would indicate that neighbors could become a core member of a social network in the past, but this would be less likely today.

In addition, there have been significant changes at the local organization level. Before the transition, Slovenia was organized into municipalities where obligatory constitutive elements of each municipality were so-called 'local communities'. Local communities were very involved in the social area and concerned with local problems, while the municipality had many responsibilities delegated from the state. After the transition, this organization has been transformed. The local level only consists of municipalities (however much smaller than the former ones) with practically no obligations delegated from the state (Grafenauer 2000). The consequence of the disappearance of the local communities has led to the loss of many community places (for gathering etc.), which has left many localities impoverished, less informed and less able to organize themselves (see Dragoš and Leskošek 2003).

Another important factor may be the changed formal provision of care for the elderly. The welfare system before the transition comprised a well-developed and regionally dispersed network of public/state organizations and institutions. The number of 'homes for the elderly' has been growing slightly in the last 10 years, with 69 homes existing in 2006. That meant providing care for just 3.8% of the elderly population in Slovenia (65 years and above). However, the number of applicants is rising and the waiting periods for being accepted in a 'home for the elderly' are becoming longer (SORS 2007).

Voluntary organizations and associations were not among the important or numerous service providers, but they have developed after the transition and play an important role in providing care for the elderly. Different community-based organizations for the elderly have developed and, for example, in the country's capital city Ljubljana in 1993 the users of community services were already more numerous than the users of institutional care (Hojnik-Zupanc and Kramberger 1996: 39). However, stationary or alternative formal services for elderly (for example senior centers), as well as mobile services for help at home (like transport) are less developed than abroad (Hojnik-Zupanc and Kramberger 1996). Further, most health care providers are public-state owned and only 2.1% of private nonprofit organizations in Slovenia are active in the field of health care, which is less than in other EU countries (Kolarič et al. 2005). In general, we can therefore say that the availability of services in the community has expanded after the transition; however, in many cases this does not come close to what is already available abroad.

Methodology

In the article we will observe the potential of community care for the elderly in the broader sense of support and smaller practical help that people from the community can offer an elderly person. Here we will observe changes over time by comparing 1987 and 2005.

First part of the data is taken from two representative surveys on social networks in Slovenia. The data from 1987 was gathered by survey *Stratifikacija in kvaliteta življenja v Jugoslaviji 1987* (Boh in skupina 1987a). Comparable data was gathered in 2002 (Ferligoj in drugi 2002). Only three social support networks were estimated as comparable in methodological sense: support in case of illness, financial and emotional support. (Hlebec in Kogovšek 2005). The comparison was evaluated and carried out in course of a project *Social integration of the elderly*, lead by V. Hlebec and financed by the Slovenian Research Agency².

Table 1: Characteristics of the representative samples (in %)

		1987	2002
gender	male	46	48
	female	54	52
education	primary or less	58	30
	secondary - vocational	13	28
	secondary (4 or 5 years)	23	29
	higher than secondary	7	12
age	18-24	17	13
	25-34	21	19
	35-49	26	30
	50-64	21	24
	65-75	15	14
n		279	4612

Source: Hlebec in Kogovšek 2005

Other set of data were gathered in a small sample survey conducted for the same project *Social Integration of the Elderly*. The data are not representative yet the outcome makes an interesting explorative survey. It gives results for two points in time as the questionnaire used was completed by the same people twice – first for the current year of the survey (2005) and for 1987 by encouraging people with 'memory stimulants' (data, a description of that period) to answer the same questionnaire for 1987.

The data were gathered based on a family tree, thereby getting data from the first generation (which will not be analyzed here), the second generation (parents) and the third generation (grandparents). The methodological instrument used was Antonucci's

² For detailed information on the project and its methodological design, see Hlebec and Kogovšek (2005) and Hlebec et al. (2007).

hierarchical design (1986). The types of support measured were: financial support, social companionship, small and larger instrumental/material support, support in the case of sickness, advice regarding important life changes, talk when depressed, giving a feeling of respect, self-affirmation, and trusting important things. The number of people interviewed all together was 275; with 95 in the second generation and 92 in the third generation. 187 answered the questionnaire for 1987 (since for the first generation it was irrelevant). In the table below the characteristics of the sample are shown.

Table 2: Characteristics of the non-representative sample

2005		2nd generation (%)	3rd generation (%)	Total (%)
gender	male	20	9.8	13,1
	female	80	90.2	86,9
education	primary or less	8.4	58.1	22,5
	secondary	68.4	33.3	65,6
	higher than secondary	23.2	8.6	12
place	larger town (center)	15.8	9.7	16,3
	suburbs	15.8	19.4	18,5
	smaller town	22.1	19.4	19,2
	village	46.3	51.6	46
age (average)		48,7	75.2	49.5
1987				
gender	male	20	10.9	15,5
	female	80	89.1	84,5
education	primary or less	9.5	58.2	33,3
	secondary	68.4	33	51,1
	higher than secondary	22.1	8.8	15,6
place	larger town (center)	20	16.5	18,3
	suburbs	15.8	15.4	15,6
	smaller town	20	18.7	19,4
	village	44.2	49.5	46,8
age (average)		30.7	57.2	43.7

To measure the relations in the community the following questions were asked:

1. In some areas people socialize and help each other, while in others they do not socialize and keep more to themselves. How is it in your neighborhood? Answers are: 1 - people help each other; 2 - everybody cares only for themselves; 3 - people help only those that they know, and do not care about the others.
2. The majority of the people in our neighborhood/village are honest and I trust them. Answers range from 1 - I completely disagree to 5 - I completely agree.
3. The majority of the people in our neighborhood/village are willing to help you if you need help. Answers range from 1 - I completely disagree to 5 - I completely agree.
4. I feel that the people in my neighborhood/village accept me. Answers range from 1 - I completely disagree to 5 - I completely agree.

Community relations and networks in Slovenia

Social support networks

According to the literature, the role of neighbors in social support networks is relatively small. Our data also confirms this. They are rarely members of social support networks in case of illness or financial support, or even emotional support (talking about important things). In both years there are differences among various population groups: people from urban areas less often turn to their neighbours, elderly or widowed more often turn to their neighbours for various kinds of support, as do those with lower education.

Comparison of the two periods does not give conclusive evidence on the change. In talking to neighbours about important things a significant decrease is evident. It seems that people talk less with their neighbours than they used to. However, the more detailed analysis shows that change is most evident among the male population, while for the women there was practically no change at all.

Table 3: Share of neighbors in different types of support networks (representative samples)

	1987			2002		
social support	illness	talk	financial	illness	talk	financial
first choice	1,8	12,7	1,6	5,4	3,9	4
second choice	8,4	15,8	5,6	5,8	5,1	4,2
Gender						
male	1,6	20,8	0,9	5	2,7	3,6
female	2,1	5,5	2,3	5,8	4,9	4,3
place of residence						
urban	2,8	12,8	0	4,4	1,8	2,6
suburban	8	6,3	0	6,6	3,3	4,6
rural	0	13,8	2,4	5,7	5,5	4,8
household type						
single	0	15,7	0	4,2	1,7	1,1
divorced	7,7	10	0	5,5	3,8	2,3
widowed	14,8	8,3	0	11,8	10,8	6,3
married	0	11,7	3,2	5,1	3,8	5,1
age						
18–24	0	8,3	0	1,5	1,2	0,9
25–34	0	14,6	1,9	2,7	0,9	1,7
35–49	0	5,6	3,6	4,3	2,1	4,1
50–64	4,1	15,8	2,2	7,1	5,7	7,2
65–75	8,1	22,2	0	11,4	10,4	6,1
education						
primary or less	1,3	15,1	2,3	7,7	8,1	8
secondary	3	11,4	1,1	4,9	2,3	2,7
higher education	0	0	0	2,6	1,4	1,4

The results of the non-representative survey paint a similar picture (see the table 3). Neighbors represent only 1% of social networks for the second generation, which

increases slightly in the third generation to 2.5% of the general social network in 2005. If we observe the network according to the proximity circles, they are, as we could expect, more often found in the third, namely the more distant circle of people who are important in someone's life.

However, when comparing the data gathered for 2005 with the data for 1987 the presence of neighbors in people's social networks was more notable in 1987. Then, they represented 3% of the social network for the second generation and 6% for the third generation. This comparison already indicates the diminishing role of neighbors in the social support network. However, this could also be the effect of aging. A comparison of the third generation in 1987 and the second generation in 2005, who are approximately the same age group, again indicates a decrease in the share of neighbors in social networks (6% vs. 1%). This might consequently indicate that it is not just an effect of ageing, but that it may be linked to the changes we have described, i.e. changes in the importance of the community and neighbor contacts over time.

Table 4: Composition of social networks according to generation

2005	relatives	friends	neighbors	co-workers
2nd generation n = 124	77.5	16.8	1.1	3.
3rd generation n = 93	89.3	6.6	2.5	0.1
1987				
2nd generation n = 123	67.8	20.5	3.2	6.3
3rd generation n = 121	78	12.5	5.9	2.8

When observing social networks according to individual types of support, it is evident that neighbors play the most important role in the following areas: socializing and small material help. This is congruent with Loughran's (2003) supposition that the community offers other, less specific forms of care to the elderly. The importance of neighbors is also somewhat higher for giving a sense of self-esteem and in cases of depression (even though it is still very minor). These findings might be less expected since neighbors are not usually linked to these types of support.

When observing the individual types of social support, a significant difference can be seen between the second and third generations – the importance of neighbors is greater for the third generation in both years. The importance of neighbors has decreased when comparing 1987 and 2005 in all the observed types of social support for both generations. There is only one increase in the role of neighbors that can be observed, that is in socializing, for the third generation. This is probably best explained by the change in life-cycle. In 1987 the third generation was approximately 57 years old, while in 2005 the average age of the respondents was 75 years. The mobility of the elderly has consequently decreased, limiting them more to their immediate contacts than was the case before. This is partly congruent with the findings of other researchers (Campbell and Lee 1992, Guest and Wierzbicki 1999) that contacts with one's neighbors increase although the network size decreases with age.

Table 5: Share of neighbors in different types of support networks – received support

received support	2005		1987	
	2nd generation	3rd generation	2nd generation	3rd generation
trusting important things	0.1	1.1	1.0	3.2
improving self-confidence	1.5	1.9	0.8	3.0
giving a feeling of respect	1.3	2.1	1.0	5.6
talk when depressed	0.4	3.8	0.8	5.6
talk about health	0.7	2.1	0.7	3.6
advice regarding important life changes	0.0	0.4	0.6	2.5
help in case of illness	0.7	0.3	1.1	3.6
small material support	1.9	3.2	2.5	10.8
larger material support	1.4	0.6	2.0	4.0
socializing	2.3	5.7	3.0	4.0
financial help	0.0	1.3	0.8	3.0

General attitudes toward/in the neighborhood

To validate the observed trends of changes in social networks we also observe changes in general relations in the community. As we have seen in the social network analyses, the importance of one's neighbors' help is not very high in everyday life. However, it is relevant to evaluate the general perception of whether this help could be obtained if needed. The questions below therefore describe the general community 'climate'.

Table 6: Neighborhood relations in 2005 and 1987

	2005			1987		
	2nd gen.	3rd gen.	Total	2nd gen.	3rd gen.	Total
Mutual help						
people help each other	29.5	34.4	30.8	55.8	53.8	54.8
everybody takes care of themselves	11.6	11.8	12.7	5.3	5.5	5.4
The majority of people in the neighborhood are honest and I trust them (agree)	65.2	64.2	58	71.6	75.8	73.6
The majority of people in the neighborhood are willing to help (agree)	73.7	71.7	63.9	78.9	84.6	81.7
I feel accepted by people in the neighborhood (agree)	83.2	87.0	79.2	81.0	91.1	85.9

One-third of respondents in 2005 said that people help each other in the community and almost two-thirds feel that the majority of people in the community are willing to help. There is no big difference in these attitudes between the two generations. Further, the majority of people also feel that people in the community can be trusted (58%) and the majority feel accepted by the community (79%). This paints quite a positive picture of the relations among people in the community, whereby help can be obtained when needed and social ties can function as a source of social capital.

However, what is most interesting is the time change. In all the observed questions we can see a significant decrease in trust and help. The only exception is the question of a feeling of acceptance in the community where there is only a small drop in the share of people feeling accepted. In 1987 half the respondents said that people in the community help each other (which decreased to 31%) and 82% agreed that the majority of people in the neighborhood are willing to help (which fell to 64%). Again the differences among the age groups are small.

The observed differences might partly be due to methodology – painting 'a rosier picture' of the past when comparing it with the present, which is an effect of the memory selection process. However, in reality it might also be a sign of a changed relationship in the neighborhood and community where help is not so readily given as in the past or at least the perception of its availability is lower. It is also in line with the argument put forward by the analysis of social networks.

Conclusions

The small sample survey indicates that there have been changes in the role the neighbors play in people's lives, which has been also partly confirmed by the representative data. Even though neighbors are more important for the elderly than for the other age groups, their role seems to have decreased over time.

Perhaps this might be partly ascribed to the changes that the transition brought in Slovenia in line with what Uslaner and Badescu (2003) have argued – the need for neighbors as a trustworthy source was lessened with democratization and changed attitudes, more towards general trust in people. This is what Iglič (2004) described in her analysis of social capital in Slovenia as a slow normalization after the transition. It might also be that neighbors are less needed due to the development of various types of formal support that were not available before the transition.

However, the results might also indicate the changing role of the community today, where less support can be found. What does this indicate for the quality of life of the elderly? It runs contrary to our expectations that the elderly will be increasingly living in the community for as long as possible and will receive community help. It looks as if the community itself will be unable to help them as contact and trust among neighbors have diminished. This means that community care will only be provided by professional associations – if they are available – or by family members. Consequently, the family might be becoming further burdened by care tasks that were previously at least to some degree done by other informal care-givers.

However, there is another group of support-givers that has not been explicitly analyzed in the article but which seems to be becoming more important – friends. They may also be one of the reasons for the decreasing role of neighbors. Since mobility has increased and communication across distance has become easier, friends might have taken on the roles and 'caring-tasks' previously in the domain of neighbors, but which now have diminished (like emotional support). This would confirm the 'community liberated' perspective – the growing importance of extra-local ties. However, our data do not confirm this perspective since the share of friends in the social support network has also

decreased. Another question also arises - whether these care providers provide the same caring tasks and can therefore supplement the care that was offered by neighbors. It could be that one source of care is being lost or is at least decreasing, as our data indicate. This might not influence the quality of life of the general elderly population. However, it might mean the diminished quality of life for those elderly who, for example, have no family members and live alone in the community.

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